

EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES
DIVISION OF FAMILY & CHILDREN SERVICES



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

Alphabet Activity

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

K _____

L _____

M _____

N _____

O _____

P _____

Q _____

R _____

S _____

T _____

U _____

V _____

W _____

X _____

Y _____

Z _____

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/ohrmd/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

Case Example on the front...

Policy 2106 Special Investigations

2106.1 Introduction

2106.2 Assignment of an Investigator for a Special Investigation

2106.3 _____

2106.4 _____

2106.5 _____

2106.6 _____

2106.7 _____

2106.8 _____

2106.9 _____

2106.10 _____

2106.11 _____

2106.12 _____

2106.13 _____

2106.14 _____

2106.15 _____

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2106.18 _____

2106.19 _____

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2106.24 _____

2106.25 _____

2106.26 _____

2106.27 _____

2106.28 _____

2106.29 _____

2106.30 _____

2106.31 _____

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

2107.3 _____

2107.4 _____

2107.5 _____

2107.6 _____

2107.7 _____

2107.8 _____

2107.9 _____

2107.10 _____

2107.11 _____

2107.12 _____

2107.13 _____

2107.14 _____

2107.15 _____

2107.16 _____

2107.17 _____

2107.18 _____

2107.19 _____

2107.20 _____

2107.21 _____

2107.22 _____

2107.23 _____

2107.24 _____

2107.25 _____

2107.26 _____

2107.27 _____

2107.28 _____

2107.29 _____

2107.30 _____

2107.31 _____

2107.32 _____

Appendix A _____

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

Case example on the
front...

Policy section (answer)
on the back...

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 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?

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?

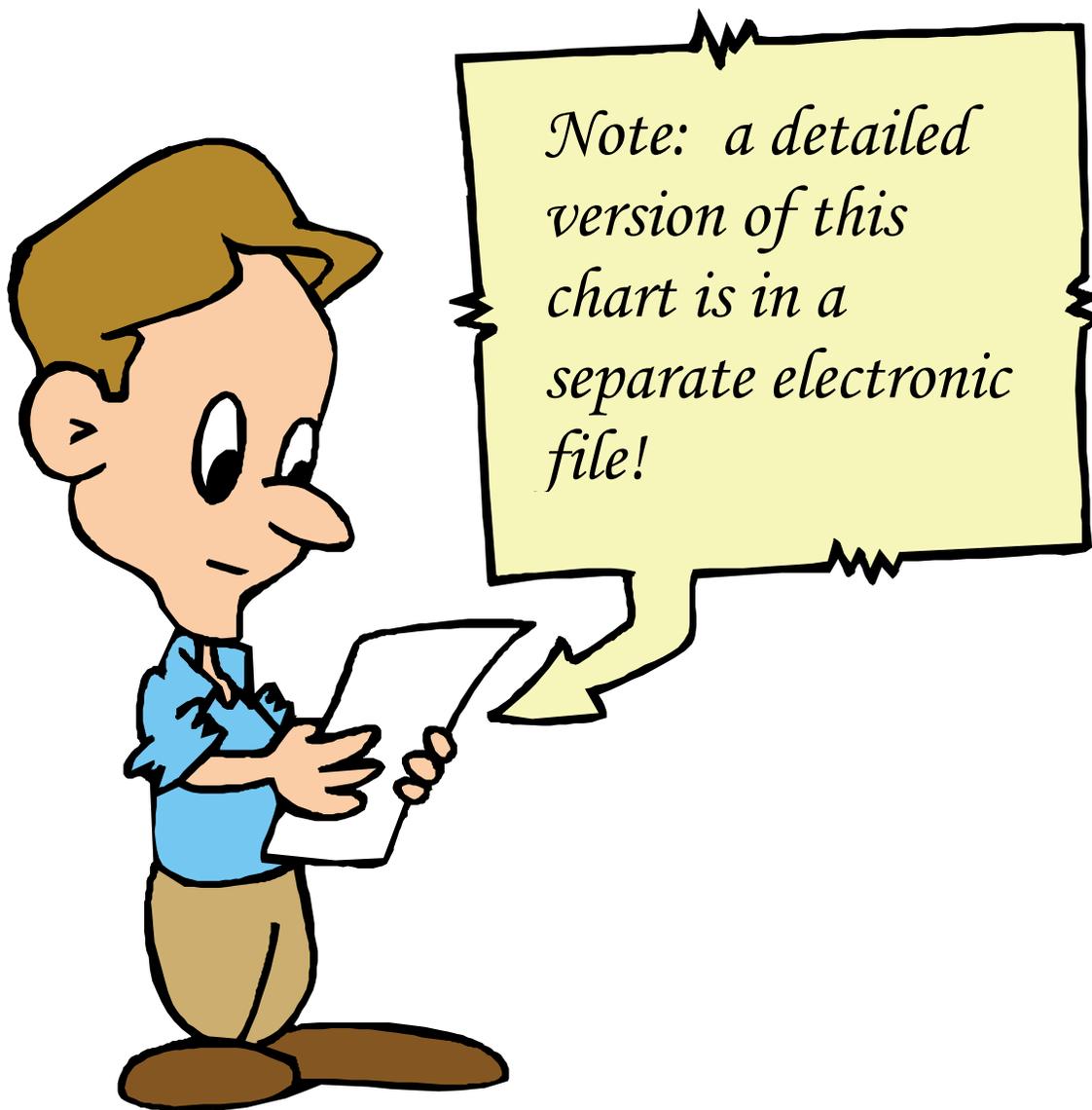
RESPONSE TO INTERVENTION

Attitude

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

Deception

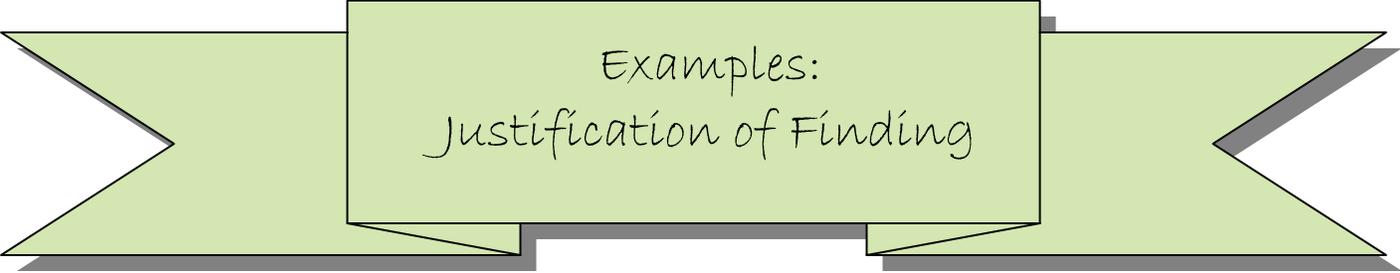
- Is any caregiver hostile toward or refusing to cooperate with CPS?
- Does any caregiver offer implausible explanations, attempt to deliberately mislead CPS, or refuse to disclose important information?





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.



Examples:
Justification of Finding

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 authority authorized 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: _____

How Do You Rate? Case Scenarios

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.

None Very Little Somewhat Considerable Extreme

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.

None	Very Little	Somewhat	Considerable	Extreme
Category: Functioning Scale of Concern				
Concept: Caregiver Capability				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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.

None	Very Little	Somewhat	Considerable	Extreme
Category: Physical Care Scale of Concern				
Concept: Quality of Care				
<ul style="list-style-type: none">• 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.

None	Very Little	Somewhat	Considerable	Extreme
Category: Social Climate Scale of Concern				
Concept: Social Environment				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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				
<ul style="list-style-type: none">• 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.

None Very Little Somewhat Considerable Extreme

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



CPS: PROCESS,

Y D Y Z R M C Y F Q X V K T U
T N E R H O R A L U X V Y N J
E N X P N C I X B I Q C S E U
F Q E C R W S R T K M U M M D
A B E M G I K N W G B A D S G
S P Z J T D V B U S L L F S M
T M I D H A Z E T F I P Q E E
U G O A L S E A D H N Z C S N
T C E L G E N R C R F E X S T
D E T A I T N A T S B U S A P
M S U D I S C I P L I N E X G
H J T A F G J X Q D A Q O U T
V T T E R B V G V D U M W V T
G E C A P Q D T Q E L R R Y R
D L E C J S B P I I P V E Q M

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

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: _____

(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

Child Vulnerability

- Child Fragility/Protection
- Child Behavior

Caregiver Capability

- Knowledge/Skills
- Control
- Functioning

Quality of Care

- Emotional Care
- Physical Care

Maltreatment Pattern

- Current Severity
- Chronicity
- Trend

Home Environment

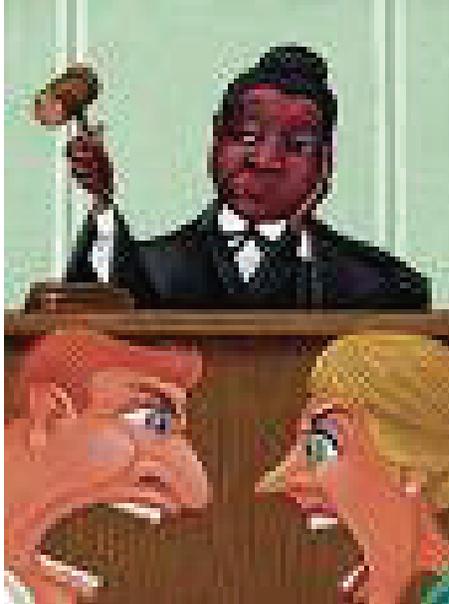
- Stressors
- Dangerous Exposure

Social Environment

- Social Climate
- Social Violence

Response to Intervention

- Attitude
- Deception



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 and 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):
 - 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.
 - Diversion worker to complete new Intake packet and submit along with diversion record to Supervisor within 24 hours from Form 453 referral date.
 - 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



DIRECTIONS: Role Play: Gary Ryder Case

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





VS.



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

- | | | |
|---------|---|--|
| # _____ | Make accurate case dispositions | 1) Identify caretakers abusing substances |
| # _____ | Prioritize which goals to work on first with a family | 2) Interview techniques that encourage family disclosure |
| # _____ | Obtain more information than the caller intends to share | 3) Accurately assess future risk of maltreatment |
| # _____ | Indicators of parents who abuse drugs/alcohol | 4) Analyze facts to draw conclusions |
| # _____ | This is not a skill or knowledge needed in CPS | 5) Managing caseload in my county |
| # _____ | Ability to connect to a child to discuss maltreatment issues | 6) Engagement skills in interviewing individuals |
| # _____ | Accurate assessment of child safety | 7) Understand high risk indicators |
| # _____ | Recognize risk indicators that are not mitigated by family strengths | 8) Determine which parent should have custody of a child |
| # _____ | Ability to identify family strengths | 9) Safety assessment process |
| # _____ | 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 | 10) Probing techniques for Intake Case Manager |

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**

<p>Write down the gender of the caller.</p>	<p>Write down whether this is a local or long distance call based on information gathered.</p>
<p>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.)</p>	<p>Ask who else has similar concerns you can contact as collaterals. This may help the Investigator later figure out who the original caller was.</p>
<p>Ask the caller to call back tomorrow to be sure DFCS has been able to locate the child.</p>	<p>Try to ascertain the motive for the call. Why are you calling today? Has something changed that has made you more concerned now?</p>
<p>Advise the caller that you fear that more information will be needed and no one will have access to call back to clarify.</p>	<p>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.</p>

SCREENING RESULTS SUCCESS: CULHANE FAMILY

ASSISTANCE UNIT/CLIENT SUBMENU - AMEN AMEN

Selection R

AU ID 887220013 Client ID
 Screen ID As Of Date
 Benefit Month (MM YY) Notice Type

A. Name/Part Inquiry	J. Registration	R. Interim/Hist Change
B. AU/Client Inquiry	K. Add A Person	S. QRF Change
D. Address Inquiry	L. Add A Program	Y. Spndwn Med Expnse Update
E. Trial Budget	M. Reinstatement	Z. Spndwn Med Expnse Inquiry
F. Trial Eligibility	N. Initiate Review	1. Spndwn Authorization
G. Batch Print Request	O. Interview	5. Prior Medicaid Copy
H. Notice History	P. Process Appl Months	6. Finalize Prior Medicaid
I. SPA Inquiry	Q. Finalize Application	

Message 0543
 0543 THIS DATA WILL BE WRITTEN TO THE DATABASE

03/41

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:55 AM

10:55 AM

CHANGE HOUSEHOLD ADDRESSES - ADDR ADDR 01

Month 11 96 0002 10 16 96

CO 049 LO 049 Load ID 2000 Client ID 796013324 Prev CO/LO
 HOH F Name MARCIE MI L Name CULHANE Suf

Auth Rep	Prim Lang	Voter Reg	Visually Impaired	Hearing Impaired	Public Hsng/ Rent Subsidy	Serial Number	Census Tract
N	E	N	N	N	N		

Residential Address

Address Line 1	Street	Number	Dir	Name	Line 2	Type	City	Dir	Apt
		123		NEGLECT	WAY				
City	ATLANTA		ST	GA	Zip	30309	Phone	404 656 9845	

Mailing Address Del

Address Line 1	Street	Number	Dir	Name	Line 2	Type	City	Dir	Apt
				SAME					
City			ST		Zip		Previous Addresses in last 2 years N		

Message 1884
 1884 STREET NAME NOT FOUND IN ZIP CODE AREA
 15-lett 21-narr 23-alau 24-del

13/23

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:35 AM

10:35 AM

ROSEBANK... File Edit View Tools Session Options Help

Month 11 96 ASSISTANCE STATUS - STAT 5191 10 16 96 STAT A
01

Remarks

AU ID 887220013 Prog FS Prog Type S Prev ABD Type Med COA Claim N
CO 049 LO 049 Load ID 2000 Conversion Date

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date	Appeal Ind
A		101696	101696	101696				

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T	Date
MARCIE	CUL	SE	OT	Y	RE	A 101696		101696	101696	101696		
HEATHE	CUL	CH	OT	Y	RE	A 101696		101696	101696	101696		

Message

20-rmen 22-alau (arch) 23-alau (curr)

00:00.1 13/18

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:42 AM



UPDATE REMARKS - REMA REMA 01

***** FSSTAT *****

11/3/2005 10:14 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
LIST THE OTHER HH MEMBERS NOT INCLUDED IN THE AU.
NOTE; ADULT CHILDREN UNDER AGE 22 LIVING W/PARENT CANNOT BE SEPARATE AU

NAME	RELATIONSHIP	AGE
:MURRAY AVERS _____	:BOYFRIEND_____	:12/10/60
: _____	: _____	: _____
: _____	: _____	: _____
: _____	: _____	: _____

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

MESSAGE

13-bott

00:00.1 03/04

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:42 AM



FILE EDIT VIEW TOOLS SESSION OPTIONS HELP
 [Icons]
 CHANGE CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 01
 Month 11 96 0002 10 16 96
 Client Name MARCIE CULHANE Suf Client ID 796013324
 Alt SSA/SSN SSN Appl SSN1 V More DOB V Sex Race Eth
 Name Appl For Date SSNs (MM DD YYYY)
 345 09 7654 CS 03 25 1965 CS F W N
 GA Marital Living RSM Min Par Boarder Amt Paid -- Family Planning --
 Res Status Arrngmt Ad/Ch /LA Num Meals for Meals Referral Date
 Y N AH
 Concurr SSI Depriv V Prenatal Care ----- Pregnant ----- FTC
 Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code
 CA FS MA Code Date Exp
 N N N
 Message
 15-lett 16-crs 23-alau
 :00.1 20/52
 Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:43 AM
 [Icons] 10:43 AM

FILE EDIT VIEW TOOLS SESSION OPTIONS HELP
 [Icons]
 CHANGE CLIENT DEMOGRAPHIC 1 - DEM1 DEM1 02
 Month 11 96 0002 10 16 96
 Client Name HEATHER CULHANE Suf Client ID 849003256
 Alt SSA/SSN SSN Appl SSN1 V More DOB V Sex Race Eth
 Name Appl For Date SSNs (MM DD YYYY)
 B 01 09 2005 CS F W N
 GA Marital Living RSM Min Par Boarder Amt Paid -- Family Planning --
 Res Status Arrngmt Ad/Ch /LA Num Meals for Meals Referral Date
 Y N AH
 Concurr SSI Depriv V Prenatal Care ----- Pregnant ----- FTC
 Out of St Recip Ind Good Cse Term/Due Term/Due V Num V Code
 CA FS MA Code Date Exp
 N N N
 Message 0005 0013
 0005 DATE CANNOT BE IN THE FUTURE
 15-lett 16-crs 23-alau
 :00.4 08/54
 Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:44 AM
 [Icons] 10:44 AM



_ | 5 | x



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CHANGE                               EARNED INCOME 2 - ERN2           ERN2 01
Month 11 96                          0002   10 16 96                01
Remarks
Client Name MARCIE                    CULHANE                        Client ID 796013324

Employer Name JOE'S BAR

          Avg Hrs 040   Freq WK   Day Week Pd FR   Extra Pay
Del
  Amt 1   V   Amt 2   V   Amt 3   V   Amt 4   V   Extra   V
  219.00 LE
-----
                Work Expenses
  Type  Amount   Freq  V           Type  Amount   Freq  V
-----

More Jobs
Message

```



_ | 5 | x

File Edit View Tools Session Options Help



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UPDATE                               REMARKS - REMA                       REMA
                                          01
***** ERN2 CAL *****
11/3/2005 10:20 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
APP(Y) REVIEW( ) NEW JOB ( ) RATE OF PAY ( ) HRS CHG ( )
DATE OF CHANGE: _____ DATE OF REPORT: _____ TIMELY ( ) UNTIMELY ( )
IF NEW EMPLOYMENT, RATE OF PAY/HOURS: _____
EMPLOYER: JOE'S BAR_ (VERIFICATION IN CASE RECORD) _____
  DATE PD   GROSS   TIPS   VERR   REP(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      :1120.00_ /:4_____ = :280.00_____ REP PAY
IF NOT REP, EXPLAIN: _____
FREQ OF PAY WK(Y) BIWK( ) SEMIMTH( ) MONTHLY( ) ACTUAL( )
HR RATE: $7.00 _____
CALCULATE Y/N ( ) CAL MONTHLY INCOME: _1213.32_____

More
MESSAGE

13-bott

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03/04

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71)

CAP NUM | 10:50 AM





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UPDATE                                REMARKS - REMA                                REMA
                                           01
***** CHILD CARE *****
11/3/2005 10:23 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
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 LW NOTIFIES CHILD
CARE WORKER OF AN TANF/FS/MAO CHANGES:
{ APPROVALS/CHANGES/CLOSURES }

MESSAGE
13-bott
4B :00.1 03/04

```



More

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71)

CAP NUM 10:51 AM



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UPDATE                                REMARKS - REMA                                REMA
                                           01
***** UINC *****
11/3/2005 10:24 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
DATE OF REPORT: TIMELY? Y/N ( )
UCB/SDX/BENDEX, DOCUMENT DISCREPANCIES:NO DISCREPANCIES/NO DOL HIT
:
TYPES OF UI:
DATE PAYMENT WILL BEGIN: END:
IF RSDI ON ANOTHER ACCOUNT? NAME: RELATIONSHIP:
CALCULATION FOR UI IF PAID OTHER THAN MONTHLY (OR USE UINC CAL)
:
REASON ANY FLUCTUATING INCOME IS NOT CONSIDERED REP:
WAS NET USED RATHER THAN GROSS? Y/N ( ) IF YES, EXPLAIN:
IF CONTRIBUTIONS, SOURCE: DURATION:
:
:

MESSAGE
13-bott
4B :00.1 03/04

```

More

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71)

CAP NUM 10:52 AM

CHANGE WORK REGISTRATION/PARTICIPATION - WORK WORK 01
 Month 11 96 0002 10 16 96

Client Name MARCIE CULHANE Client ID 796013324

----- Employment Services ----- - Applicant Job Search -
 Exempt Partic Number Supp DA/PE Non-Partic AJS Start
 Reason Stat Date Offenses Work Reason Date

CA
 FS EM NI 10 16 96 Y

High School -- FS ABAWD Non-Compliance --
 Grad/GED Non-compliance Cure Dates
 Y Bnft mth/yr Start End
 1
 2
 3

Message
 16-phme 17-mo< 18-mo> 23-alau

4B :00.1 10/62

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:52 AM

CHANGE SHELTER EXPENSES - SHEL SHEL 01
 Month 11 96 0002 10 16 96

Client Name MARCIE CULHANE Client ID 796013324 Remarks

Primary Receive Public SUA Number Phone
 Heat/Cool LIHEAP Housing/Exc Type Sharing STD
 G HC

Expense Type Amt V Expense Type Amt V
 Rent 250.00 LE Mortgage
 Taxes Insurance
 Gas Electric
 Telephone Water
 Sewer Garbage
 Disaster Repair Oil
 Other Fuel Other Housing

Landlord Name Phone
 Address City ST Zip

Message
 15-lett

4B :00.1 08/05

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:53 AM



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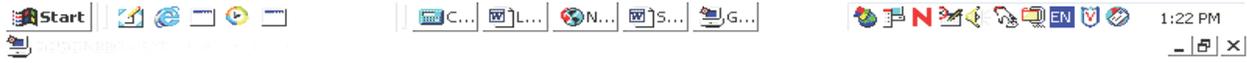
UPDATE                                REMARKS - REMA                                REMA
                                           01 More
***** SHELTER/UTILITY EXPENSE *****
11/3/2005 10:26 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
DOES ANYONE PAY PART/ALL OF THE SHEL EXP? Y/N(Y) IF YES, EXPLAIN
:MS. Culah LIVE IN BOYFRIEND PAYS HALF OF THE RENT.
HOUSING COST A/R INCURS RENT(H) MORTG( ) 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
13-bott

00.1 06/16

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNPPB4) NUM 1:22 PM



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UPDATE                                REMARKS - REMA                                REMA
                                           02
***** SHARED SHELTER/UTILITY EXPENSE *****
11/3/2005 10:28 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
DWELLING IS ELIGIBLE FOR UTILITY DEDUCTION BASED ON
H/C SUA BASED ON, HEATING(X) AC( ) LIHEAP( ) EXCESS H/C PUBLIC HSG( )
WHAT EXPENSE DOES THE AU INCUR:THE AU INCURS ALL UTILITY AND HALF RENT
DOES AU CONTRIBUTE TO ONE OF THE UTILITY EXPENSES THAT SUA OR ACTUAL
INCLUDES? Y/N (Y)
SHARED AU IS ELIGIBLE FOR H/C SUA(X), NON H/C SUA( ), ACTUAL( ),
PHONE STD( )

```

More

MESSAGE 0019
0019 UPDATE COMPLETED SUCCESSFULLY
13-bott

00.1 03/04

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:53 AM



CHANGE AU NON-FINANCIAL MISCELLANEOUS - MISC MISC A
 Month 11 96 5191 10 16 96
 HOH Name MARCIE CULHANE Client ID 796013324
 AU ID 887220013 Prog FS
 Pre Pre AU ATP ATP QRF QRF Pre- Calc Trial Pro Exp SLAM -Extended MA-
 Issn EBT Issn Prnt Cyc Status Ctr sump Elig HH Ovr Svc Cd Start Dt COA
 Card Mode Cnty Num Code Elig Ind Ind Cor
 E 2 U
 ----- Review ----- Auto ----- Lump Sum Remainder ----- Delay QMB RSM
 Compl Mand Last Reasgn Amount 100 % 133 % 185 % Rsn Ovr Elig
 Std Type Ovr Ovr
 N
 Sched Interview QC Penalty End Date
 Del Unit Number 191502 Inquiry Date 10 16 96 Load ID
 Next Review S Appt Date Appt Type
 Appt Begin Time (HH:MM) :
 Appt End Time (HH:MM) : Appt Letter Print Location L
 L Name/Appt Remarks
 Message
 13-note 14-schd 15-lett 20-schs 23-alau
 :00.1 01/71

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:54 AM
 Start No... GO... Cal... Do... 10:54 AM

UPDATE REMARKS - REMA REMA
 01
 ***** MISC FORM 354 *****
 11/3/2005 10:29 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
 FORM 354 IS IN THE CASE RECORD.
 MONTHLY EXPENSES :720.00
 AVAILABLE NET INCOME :760.00
 MGMT MET? Y/N (Y)
 IF NO, EXPLAIN DISCREPANCIES:MS.Culuhan ACTUAL RENT AMOUNT IS \$500.
 :HOWEVER, HER LIVE IN BOYFRIEND PAYS HALF THE RENT.
 :
 More
 MESSAGE
 13-bott
 :00.1 09/43

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNPPB4) NUM 1:23 PM
 Start C... L... N... S... G... 1:23 PM

CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A
 Month 11 96 5191 10 16 96 01

AU ID 887220013 Prog FS Prog Type S Med COA
 Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	101696			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARCIE	CUL	SE	OT	Y	RE	A 101696		101696	101696	101696	
HEATHE	CUL	CH	OT	Y	RE	A 101696		101696	101696	101696	

Message



CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A
 Month 11 96 5191 10 16 96

AU ID 887220013 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	150.40
Total Resources	250.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1087.00	Child Support Ded	.00
Gross Count Earned	948.99	Adjusted Net Income	475.00
Self Employ Expenses	.00	Net Income Standard	836.00
Earned Income Deductn	189.79	Thrifty Food Plan	218.00
Net Earned Income	759.20	Allotment Amount	75.00
Gross Count Unearned	.00	Recoupment Amount	.00
AFDC / Refugee	.00	Benefit Amount	75.00
Standard Deduction	134.00	Previous Benefit	75.00

Enft Eff Date	Enft Confirm	Reasons	Budgeting Method
101696			

Notice Type	Waive Timely Notice Period	Notice Override

Review Begin Dt	Review End Dt	Strat	Issue Type
10 96	12 96	2	

Message

13-note




 File Edit View Tools Session Options Help



```

CHANGE                               SESSION SUMMARY - DONE                               DONE
Month 11 96                                                                    01
                                                                              Narr

  AU ID   Prog  Med COA   Elig   Status -   - Benefit --   Outstanding
  Req     Code Cfirm     Amt   Cfirm   Verifications
887220013 FS           N     A           75     Y
  
```

Message 0428
 0428 PRESS ENTER TO COMMIT

16-prwp 20-edd 21-narr

:00.1 01/71

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:55 AM



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

<p>Immediate safety concerns</p> 	
<p>Indicators of future risk</p> 	

Family strengths



Identifiers: collaterals,
schools, relatives, etc.-
Specifics to complete Log
of Contact



Additional Information: Culhane Family



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.

Form 455A-SAFETY ASSESSMENT- INSTRUCTIONS

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





DIRECTIONS: Please complete form on every child, birth to age 5, having any of the conditions listed on 1st or 2nd page. Circle or fill in as much information as possible. Send form to local Children 1st Coordinator.

Screening and Referral Form

SECTION A				CHILD AND FAMILY INFORMATION					
Child: Last Name	First	MI	Mother: Last Name	First	MI	Maiden	Father: Last Name	First	MI
CHILD'S INFORMATION					MOTHER'S INFORMATION				
Child's Address: _____ Street/Route Apt Complex # / Mobile Hm Park # _____ City _____ County _____ Zip _____ Phone # _____ Emergency Contact # _____ Directions to Home: _____ Latino/Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Select one race: (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaska Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unknown <input type="checkbox"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Date of Birth _____ Birth weight: _____ Gestational Age: _____ Hospital: _____ Discharge Date: _____ Transfer Hospital: _____ Discharge Date: _____ Type of Insurance: Private <input type="checkbox"/> Tri-Care <input type="checkbox"/> PeachCare <input type="checkbox"/> Medicaid <input type="checkbox"/> None/Unknown <input type="checkbox"/> Medicaid #: (if known) _____					Age _____ Date of Birth _____ Education (last grade completed) _____ Marital Status (circle only 1): M NM SEP D W Live in Partner: Yes <input type="checkbox"/> No <input type="checkbox"/> Parity G: _____ P: _____ Pre-Term: _____ AB: Elective/Spontaneous _____ Prenatal Care (trimester) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> None <input type="checkbox"/> Medicaid # _____				
LANGUAGE NEEDS					GUARDIAN/FOSTER PARENT (If different from above)				
Primary Language: _____ Translator/Interpreter Needed: Yes <input type="checkbox"/> No <input type="checkbox"/>					_____ Last Name First MI _____				
SECTION B HOSPITAL INFORMATION									
Newborn Hearing Screening: Not screened <input type="checkbox"/> Family Refused Screening <input type="checkbox"/> Inpatient: Date: L: Passed <input type="checkbox"/> Referred <input type="checkbox"/> R:Passed <input type="checkbox"/> Referred <input type="checkbox"/> Equipment: AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other <input type="checkbox"/> Outpatient: Date: L: Passed <input type="checkbox"/> Referred <input type="checkbox"/> R:Passed <input type="checkbox"/> Referred <input type="checkbox"/> Equipment: AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other <input type="checkbox"/>							Vaccines Given During Hospital Stay: Hepatitis B (date) _____ HBIG (date) _____		
SECTION C LEVEL 1 RISK CONDITIONS (Families Offered In-Home Assessment)									
Conditions Identified at Birth XXX.11 <input type="checkbox"/> Negative Family Index (includes XXX.12, V62.3 & V62.9) XXX.12 <input type="checkbox"/> Maternal Age <20 years V62.3 <input type="checkbox"/> Maternal Education <12 Years V62.9 <input type="checkbox"/> No Father's Name on Birth Certificate XXX.13 <input type="checkbox"/> Negative Healthy Start Index (765, V23.7, & XXX.17) 765 <input type="checkbox"/> Birth weight <2500 Grams (5 lbs. 8 oz.) V23.7 <input type="checkbox"/> No 1st Trimester Prenatal Care XXX.17 <input type="checkbox"/> Mother Smoked and/or Drank (> 7 drinks/week) during Pregnancy XXX.14 <input type="checkbox"/> 2 or More of the 6 Risk Conditions Listed Above Medical/Biological Conditions Present in the Child (Any 1) ● XXX.15 <input type="checkbox"/> Special Care Nursery >48 hours (specify medical conditions on back) ● 764.9 <input type="checkbox"/> Small for Gestational Age (birth weight < 10% for gestational age) ● 795.8 <input type="checkbox"/> HIV+ by EI, WB or PCR ● 779.5 <input type="checkbox"/> Drug Withdrawal Syndrome in Newborn					Socio-Environmental Conditions Present in the Family (Any 1) V19.2 <input type="checkbox"/> Family History of Hearing Impairment V61.5 <input type="checkbox"/> Multiparity in Mother <20 Years (more than 3 pregnancies) V61.21 <input type="checkbox"/> Previous or Current Child Protective Services/Foster Care V61.8 <input type="checkbox"/> History of Family Violence V62.89 <input type="checkbox"/> Difficulty Parenting Due to Lack of Family/Social Support V61.20 <input type="checkbox"/> Questionable Mother/Child Attachment V61.7 <input type="checkbox"/> Abortion Sought or Attempted this Pregnancy V61.4 <input type="checkbox"/> Maternal Substance Abuse (alcohol, street, prescription or OTC drugs as documented by self-report, drug screen or court record) V60.0 <input type="checkbox"/> Homelessness V17.0 <input type="checkbox"/> Maternal Mental Illness, Especially Depression V18.4 <input type="checkbox"/> Maternal Mental Retardation V16-V19 <input type="checkbox"/> Maternal Physical Illness or Disability Affecting Care of Child V60.2 <input type="checkbox"/> Inadequate Material Resources Affecting Care of Child V62.5 <input type="checkbox"/> Parental Incarceration XXX.16 <input type="checkbox"/> Three or More Injuries in 1 Year Requiring Medical Attention XXX.06 <input type="checkbox"/> Other Maternal Conditions Significantly Affecting Care of Child Specify _____				
SECTION D 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)

Conditions Identified in Newborn Period

- ☞ 765.0 Birth weight <1000gms (2lbs. 3oz.)
- ☞ 765.14-765.15 Birth weight < 1500 Grams (3lbs.5oz.) and >1000gms
- 770.9 Significant Respiratory Distress (vent. > 48hrs)
- ☞ 768.5 Apgar < 3 at 5 Minutes (asphyxia)
- ☐ 772.1 Intraventricular Hemorrhage (IVH) Grade III or IV
- ☐ 434.9 Periventricular Leukomalacia (PVL)
- ☞ 774.6 Hyperbilirubinemia Requiring Exchange Transfusion
- 777.5 Necrotizing Enterocolitis Requiring Surgery
- ❖ 770.7 Bronchopulmonary Dysplasia
- 779.0 Seizures in Newborn
- 770.8 Apnea
- 362.21 Retinopathy of Prematurity
- 767 Injury During Perinatal Period

Serious Problems or Abnormalities of Body Systems

- ❖ ☞ 749 Cleft Palate/Lip
- ❖ 750-751 Digestive System
- ❖ 752-753 Genito-Urinary System
- ❖ 745-747 Heart/Circulatory System
- ☞ 744 Head, Ear and Neck
- ❖ 756 Musculoskeletal System
- ❖ 748 Respiratory System
- ❖ 493 Asthma
- ❖ 759 Other Congenital Abnormalities

Specify Conditions for All Above _____

Congenital Infections (Documented)

- ☐ ☞ 771.1 Cytomegalovirus
- 774.4 Hepatitis B (Infant)
- V02.6 Hepatitis B (Mother)
- ☐ ☞ 771.2 Herpes
- ☐ ☞ 771.0 Rubella
- ☐ ☞ 090 Syphilis
- ☐ ☞ 771.2X Toxoplasmosis

Other Significant Conditions

- ☐ 760.71 Fetal Alcohol Syndrome
- 783.4 Failure to Thrive/Growth Deficiency (Growth below 5th %)
- ❖ ☐ ☞ 389.9 Hearing Impairment
- ❖ ☐ ☞ 389.9X Suspected Hearing Impairment
- ❖ ☐ 369.9 Visual Impairment
- ❖ ☐ 369.9X Suspected Visual Impairment
- ☐ 299.0 Autism
- ❖ ☐ 358-359 Neuromuscular Disorder
- 779.3 Significant Feeding Problems/Reflux/Feeding Tubes
- ☐ 315.9 Developmental Delay
- ☐ 315.9X Suspected Developmental Delay
- ☐ 315.3 Speech/Language Delay
- ♥ ❖ 984 Lead Level > 20ug/dl (Venous) Specify _____
- ♥ 984.X Lead Level > 10 <20 ug/dl (Venous) Specify _____
- 960.6 -960.8 Ototoxic medications
- 854.00 Head Trauma
- 382.9 Recurrent or persistent otitis media
- 237.72 Neurofibromatosis Type II and neurodegeneration disorders
- ❖ XXX.03 Other Medical Condition(s) Affecting Child

Specify _____

Acquired Infections (Documented)

- ☞ 323.9 Encephalitis
- ☐ ☞ 320 Meningitis, Bacterial
- ☞ 321 Meningitis, All Other

Clinical Evidence of CNS Abnormality/Disorder

- 779.9 Abnormal Reflexes/Motor Functioning
- ❖ ☐ 343 Cerebral Palsy
- ☐ 740 Anencephalus
- ❖ ☐ 742.3 Hydrocephalus
- ❖ ☐ 742.1 Microcephalus
- ❖ ☐ 741 Spina Bifida/Myelomeningocele
- ☐ 348.3 Encephalopathy
- ❖ ☐ 345 Seizure Disorder/Epilepsy

Genetic Conditions

- ❖ ☐ ❖ 758.0 Down Syndrome
- ❖ ☐ 758 Major Chromosomal Abnormal Specify _____
- ❖ ☐ ❖ XXX.07 Metabolic Disease Specify _____
- ❖ ❖ 282 Hemoglobinopathy Specify _____

Symbols indicate conditions addressed by the programs below. The Children 1st Coordinator/appropriate staff should make referrals.

- High Risk Infant Follow-Up if <1 year
- ❖ Children's Medical Services
- ☐ Babies Can't Wait if <3 years
- ♥ Lead Program
- ☞ Track/Monitor for Hearing Loss
- ❖ Genetics

SECTION G COMMENTS

Have Parental rights been Terminated? Yes No If no, complete:
 Birth Parent(s) Name: _____
 Address-Street: _____
 City: _____ County: _____ Zip: _____
 Phone #: _____

Comments: _____

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: _____
 Referrals Resulting from Assessment
 Yes No
 Date of Referral Directly to PH Programs (Level 2 only): _____

Reason for Discharge (circle only 1):
 Cannot Locate Unresponsive
 Pending in _____ Moved out of State
 Active in _____ Moved out of Care
 Inappropriate Referral
 Consent Withdrawn/Refused Date: _____
 Out of Service Age Group

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).

Date of Discharge Indicate date child was discharged from hospital of delivery (indicate if unknown).

Type of Insurance Circle type of insurance coverage for child (indicate if unknown).

Medicaid # List child's Medicaid number if known.

Language Needs

Language List the primary language spoken by mother.

Translator Needed Circle yes or no to indicate if a translator or interpreter is needed for family.

Mother's Information

Age Indicate age of mother at time of referral (indicate if unknown).

Date of Birth Indicate month, date and year of birth (indicate if unknown).

Education Indicate highest level of education completed (indicate if unknown).

Marital Status 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).

Live in Partner Circle yes or no to indicate if mother is living with partner (indicate if unknown).

Medicaid # List Medicaid number if known.

Guardian/Foster Parent

Name of Guardian 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.

Child's Primary Medical/Health Care Provider

Primary Care Provider Information Indicate name of primary care provider, address, phone and fax number, include area codes (indicate if unknown).

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



Georgia Department of Human Resources
Division of Family and Children Services
Internal Data System

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 Number: _____ - _____			
General: Case Open/Close Date ____/____/____		Form Filled Out Date: ____/____/____	
Case Category: <i>(CPS and PLC Only – Select one only according to primary service of the case)</i>			
CPS categories		Placement (PLC) Categories	
<input type="checkbox"/> Intake/Investigation	<input type="checkbox"/> Ongoing/Family Preservation	<input type="checkbox"/> 1 – Foster Care	<input type="checkbox"/> 2 – Foster Care/Boarding +
		<input type="checkbox"/> 3 – Foster Care/ICPC Boarding (Not in GA Custody)+	<input type="checkbox"/> 4 – Foster Care/Parent Services Only +
		<input type="checkbox"/> 5 – Relative/ICPC Boarding (Not in GA Custody)+	<input type="checkbox"/> 6 – Adoption
		<input type="checkbox"/> 7 – Adoption/Boarding +	<input type="checkbox"/> 8 – Adoption/ICPC Boarding (Not in GA Custody)+
		<input type="checkbox"/> 9 – ILP	
Caseworker: _____			
<u>THE FOLLOWING QUESTION APPLIES TO PRIMARY SERVICE TYPE 3 – CPS REPORT ACCEPTED FOR SERVICE</u>			
A 431 will be generated for Initial & Reopen CPS cases. If one is not required please select appropriate reason.			
<input type="checkbox"/> 431 Required	<input type="checkbox"/> 431 Not Required	<input type="checkbox"/> 1 – Ongoing case received in transfer	<input type="checkbox"/> 2 – Request for Assistance
		<input type="checkbox"/> 6 – Courtesy Visit	<input type="checkbox"/> 7 – Duplicate Case Numbers
		<input type="checkbox"/> 8 – CPS Case Opened in Error/CPS Case Closed in Error	
PRIMARY CLIENT			
Demographic Info:			
Last Name _____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
First Name _____	DOB	_____	
Middle Name _____	SSN	_____	
Suffix (Select One) <input type="checkbox"/> Jr <input type="checkbox"/> Sr <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI	Hispanic Ethnicity	<input type="checkbox"/> No	<input type="checkbox"/>
Yes <input type="checkbox"/> UTD	<input type="checkbox"/> VII <input type="checkbox"/> VIII <input type="checkbox"/> IX <input type="checkbox"/> X <input type="checkbox"/> XI <input type="checkbox"/> XII		
Race: <i>(Check all that apply)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native			
<input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Unable to Determine			
<i>*Unable to Determine should only be used for child abandonment, adult incapacity/refusal</i>			
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

PRIMARY CLIENT Cont'd.

Is US Citizen? Yes (U.S. Native Born Citizen) Yes (Not U.S. Born) No

If Yes , (Not U.S. Born) select one type of verification from the following list:

Primary

- U.S. Passport
- Naturalization Certificate (N-550)
- Certificate of Citizenship (N-560)

Secondary

- Report of Birth Abroad/ U.S. Citizen (FS-240)
- Certificate of Birth (FS-545)
- Birth Certificate
- U.S. Citizen ID Card (I-97)
- American Indian Card (Issued by INS) Religious Record of Birth
- Final adoption decree
- Evidence of civil service employment by the U.S. government before June 1976
- Official military record of service showing a U.S. place of birth
- Northern Mariana ID card

Tertiary

- Extract of U. S. hospital record of birth created at least 5 years before the initial application date
- Life or Health or other insurance record showing U.S. place of birth created 5 years before initial application

Quaternary

- Census Bureau records of Birth/parentage
- Medical records of birth/parentage
- Religious Record of Birth
- Bureau of Vital Statistics records of birth/ Parentage
- Local government records of birth/parentage
- Confirmation of Birth

Non-US Citizens If No, the primary client is not a U. S. Citizen, check type of immigrant status.

- Documented Immigrant
- Undetermined Immigrant Status
- Undocumented Immigrant

If Documented Immigrant, check type of documented immigrant and the verification provided according to type:

- | | | | |
|--|--------------------|--|--------------------------------|
| <input type="checkbox"/> Refugee | Valid verification | <input type="checkbox"/> I-94 | <input type="checkbox"/> I-551 |
| <input type="checkbox"/> Asylee | Valid verification | <input type="checkbox"/> Asylum Approval Letter | <input type="checkbox"/> I-94 |
| <input type="checkbox"/> Parolee | Valid verification | <input type="checkbox"/> I-94 | |
| <input type="checkbox"/> Cuban Haitian Entrant | Valid verification | <input type="checkbox"/> I-94 | |
| <input type="checkbox"/> Certain Amerasians from Vietnam | Valid verification | <input type="checkbox"/> I-94 | <input type="checkbox"/> I-551 |
| <input type="checkbox"/> Lawful Permanent Resident | Valid verification | <input type="checkbox"/> I-551 | |
| <input type="checkbox"/> Victim of Human trafficking | Valid verification | <input type="checkbox"/> T-Visa | |
| <input type="checkbox"/> Special Immigrant Juvenile Status | Valid verification | <input type="checkbox"/> Court Order | |
| <input type="checkbox"/> Unaccompanied Minor Child | Valid verification | <input type="checkbox"/> Letter from U.S. Dept. of State | <input type="checkbox"/> I-94 |
| <input type="checkbox"/> Child under 5 found in U.S./Parents unknown | Valid verification | <input type="checkbox"/> Vital Records Documents | |

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 Country 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*) _____ Concurrent Permanency Plan: _____ (*Select only one of 2-6 if concurrent plan*)
 (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) 12-Hospital 13-Runaway 14-(R)YDC 15-Other 19-Emergency Shelter 16- Boarding County+ 17- Placement Services to Parents+

THE FOLLOWING SECTIONS APPLY TO AFCARS CHILDREN (Under 18, not in + placement type or + legal status)
 QUESTIONS WITH A ✓MARK ARE ONE TIME AFCARS QUESTIONS – DO NOT UPDATE DURING A SINGLE FOSTER CARE EPISODE

AFCARS
Case Info
Caretaker/s from whom child was removed:
 Family Structure Married Couple Unmarried Couple Single Female Single Male Unable to Determine
 Caretaker 1 DOB / / If Couple, Caretaker 2 DOB / /

✓ 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? / /
 ✓ Date of most recent removal from home / /

Reasons for removal from home (*Check all that apply*)
 Physical Abuse Child Behavior Problem Sexual Abuse Death of Parent
 Neglect Incarceration of Parent(s) Parent(s) Alcohol Abuse Caretakers Inability to cope
 Parent(s) Drug Abuse Abandonment Child Alcohol Abuse Child Drug 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-E Adoption Assistance 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*).
 Family Structure 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 / / If Couple, 2nd Foster/Adopt CT / /
 1st Foster/Adopt CT Hispanic/Latino Ethnicity No UTD 2nd Foster/Adopt CT Hispanic/Latino Ethnicity Yes No UTD

1st Foster/Adopt CT Race (*Select all that apply*) 2nd Foster/Adopt CT Race (*Select all that apply*)
 Black/African American White Asian Black/African American White Asian
 American Indian/Alaskan Native American Indian/Alaskan Native
 Hawaiian Native or Pacific Islander Unable to Determine Hawaiian Native or Pacific Islander Unable to Determine

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

AFGHANISTAN
 ALBANIA
 ALGERIA
 AMERICAN SAMOA
 ANDORRA
 ANGOLA
 ANGUILLA
 ANTARCTICA
 ANTIGUA
 ARGENTINA
 ARMENIA
 ASHMORE AND CARTIER ISLANDS
 AUSTRALIA
 AUSTRIA
 AZERBAIJAN
 BAHAMAS
 BAHRAIN
 BAKER ISLAND
 BANGLADESH
 BARBADOS
 BASSAS DA INDIA
 BELARUS
 BELGIUM
 BELIZE
 BENIN
 BERMUDA
 BHUTAN
 BOLIVIA
 BOSNIA AND HERZEGOVINA
 BOTSWANA
 BOUVET ISLAND
 BRAZIL
 BRITISH INDIAN OCEAN TERRITORY
 BRITISH VIRGIN ISLANDS
 BRUNEI
 BULGARIA
 BURKINA FASO (U Volta)
 BURMA
 BURUNDI
 CAMBODIA
 CAMEROON
 CANADA
 CAPE VERDE
 CAYMAN ISLANDS
 CENTRAL AFRICAN REPUBLIC
 CHAD
 CHILE
 CHINA
 CHRISTMAS ISLAND
 CLIPPERTON ISLAND
 COCOS (Keeling) ISLANDS
 COLOMBIA
 COMORO ISLANDS
 CONGO
 COOK ISLANDS
 CORAL SEA ISLANDS
 COSTA RICA
 CROATIA
 CUBA
 CYPRUS
 CZECH REPUBLIC
 DEMOCRATIC REPUBLIC OF CONGO
 DENMARK
 DJIBOUTI
 DOMINICA
 DOMINICAN REPUBLIC
 ECUADOR
 EGYPT
 EL SALVADOR
 EQUATORIAL GUINEA
 ERITREA
 ESTONIA

ETHIOPIA
 EUROPA ISLAND
 FALKLAND ISLANDS (Islas Malvinas)
 FAROE ISLANDS
 FIJI
 FINLAND
 FRANCE
 FRENCH GUIANA
 FRENCH POLYNESIA
 FRENCH SOUTHERN AND ANATARCTIC LANDS
 GABON
 GAMBIA
 GAZA STRIP
 GEORGIA
 GERMANY
 GERMANY (East)
 GHANA
 GIBRALTAR
 GLORIOSO ISLANDS
 GREECE
 GREENLAND
 GRENADA
 GUADELOUPE
 GUAM
 GUATEMALA
 GUERNSEY
 GUINEA
 GUINEA - BISSAU
 GUYANA
 HAITI
 HEARD ISLAND AND MCDONALD ISLANDS
 HONDURAS
 HONG KONG
 HOWLAND ISLAND
 HUNGARY
 ICELAND
 INDIA
 INDONESIA
 IRAN
 IRAQ
 IRAQ-SAUDI ARABIA, NEUTRAL ZONE
 IRELAND
 ISRAEL
 ITALY
 IVORY COAST
 JAMAICA
 JAN MAYEN
 JAPAN (also Ryukyu Islands - North)
 JARVIS ISLAND
 JERSEY
 JOHNSTON ATOLL
 JORDAN
 JUAN DE NOVA ISLAND
 KAZAKHSTAN
 KENYA
 KINGMAN REEF
 KIRIBATI
 KOREA, NORTH
 KOREA, REPUBLIC OF SOUTH
 KOSOVO
 KURDISTAN
 KUWAIT
 KYRGYZSTAN
 LAOS
 LATVIA
 LEBANON
 LESOTHO
 LIBERIA
 LIBYA
 LIECHTENSTEIN
 LITHUANIA
 LUXEMBOURG

MACAU
 MACEDONIA
 MADAGASCAR (Malagasy Republic)
 MALAWI
 MALAYSIA
 MALDIVES
 MALI
 MALTA
 MAN, ISLE OF
 MARTINIQUE
 MAURITANIA
 MAURITIUS
 MAYOTTE
 MEXICO
 MIDWAY ISLANDS
 MOLDOVA
 MONACO
 MONGOLIA
 MONTENEGRO
 MONTSERRAT
 MOROCCO
 MOZAMBIQUE
 NAMIBIA
 NAURU
 NAVASSA ISLAND
 NEPAL
 NETHERLANDS
 NETHERLANDS ANTILLES
 NEW CALEDONIA
 NEW ZEALAND
 NICARAGUA
 NIGER
 NIGERIA
 NIUE
 NORFOLK ISLAND
 NORTHERN MARIANA ISLANDS
 NORWAY
 OMAN
 PAKISTAN - KARACHI
 PALMYRA ATOLL
 PANAMA
 PAPUA NEW GUINEA
 PARACEL ISLANDS
 PARAGUAY
 PERU
 PHILLIPINES
 PITCAIRN ISLANDS
 POLAND
 PORTUGAL
 PUERTO RICO
 QATAR
 REUNION
 ROMANIA
 RUSSIA
 RWANDA
 SAN MARINO
 SAO TOME AND PRINCIPE
 SAUDI ARABIA
 SENEGAL
 SERBIA
 SEYCHELLES
 SIERRE LEONE
 SINGAPORE
 SLOVAKIA
 SLOVAKIA
 SLOVENIA
 SOLOMON ISLANDS
 SOMALIA
 SOUTH AFRICA
 SPAIN
 SPRATLY ISLANDS
 SRI LANKA (Ceylon)

ST. CHRISTOPHER AND NEVIS
 ST. HELENA
 ST. LUCIA
 ST. PIERRE AND MIQUELON
 ST. VINCENT AND THE GRENADINES
 SUDAN
 SURINAME
 SVALBARD
 SWAZILAND
 SWEDEN
 SWITZERLAND
 SYRIA
 TAIWAN
 TAJIKISTAN
 TANZANIA
 THAILAND
 TOGO
 TOKELAU
 TONGA
 TRINIDAD AND TOBAGO
 TROMELIN ISLAND
 TRUST Territory of the Pacific Islands
 TUNISIA
 TURKEY
 TURKMENISTAN
 TURKS AND CAICOS ISLANDS
 TUVALU
 UGANDA
 UKRAINE
 UNION OF SOVIET SOCIALIST REPUBLICS
 UNITED ARAB EMIRATES
 UNITED KINGDOM
 UNITED STATES OF AMERICA
 URUGUAY
 UZBEKISTAN
 VANUATU
 VATICAN CITY
 VENEZUELA
 VIETNAM
 WAKE ISLAND
 WALLIS AND FUTUNA
 WEST BANK
 WESTERN SAMOA
 WESTERN SHARA
 YEMEN (Aden)
 YEMEN (Sanaa)
 YUGOSLAVIA
 ZAIRE
 ZAMBIA
 ZIMBABWE
 Unknown

BLANK 431- CHILD ABUSE AND NEGLECT REPORT

Case Number: **County Name:**

Date Reported: **Starting Case Worker:**

Caretaker Information

Name of Parent(s)/Caretaker(s)	Marital Status	Sex	Race	Ethnicity	Date of Birth	SSN

Address: **City:** **State:** **Zip:**

Incident Information

Case Determination Status:

01-Substantiated Open
 02-Substantiated Closed
 03-Unsubstantiated Open
 04-Unsubstantiated Closed
 05-Pending
 06-Transferred within Georgia
 07-Transferred outside Georgia

Previous CPS History:

Yes
 No
If Yes, was most recent closure less than 1 year prior to the current report?
 Yes
 No

Reported By:

01-Custodial Parent/Guardian
 02-Relative
 03-Neighbor/Friend
 04-Non-Custodial Parent
 05-Religious Leader/Staff
 06-Lawyer
 07-Unknown
 08-Other Non-Mandated Person
 09-Anonymous
 10-School Personnel
 11-Law Enforcement/Court
 12-Hospital/Clinic
 13-Physician, Dentist, Podiatrist, Nurses
 14-Professional Counselors, Social Workers
 15-DHR Staff (Not TANF Sanction Related)
 16-Day Care Center
 17-Alleged Maltreater
 18-Victim
 19-TANF (Sanction Related)

Living Arrangement (at time of maltreatment):

01-With Family (Not Foster Care)
 02-Foster Care Relative
 03-Foster Care Non-Relative
 04-Group Home/Institution-Under DFCS Supervision
 05-Group Home/Institution-No DFCS Supervision
 06-Unknown

Family Violence:

01-Not Alleged
 02-Alleged but Unsubstantiated
 03-Substantiated-Children Emotion Abuse
 04-Substantiated-Children Physical Abuse
 05-Substantiated-Children No Substantiated Maltreatment

Special Circumstances:

01-No Special Circumstances
 02-Case Opened as result of "Safe Place for Newborns" Law
 03-Case Opened as result of "Physician Taking Child into Custody" Law
 04-Case Opened on order of Juvenile Court-No Maltreatment Alleged
 05-Other out of Home Arrangement

Adult Substance Abuse Status:

01-Not Alleged
 02-Alleged Unsubstantiated
 03-Alleged Substantiated
 04-Not Alleged But Substantiated

Where Did the Maltreatment Occur?

01-Victim's Home
 02-Other Private Home
 03-Center Based Daycare
 04-Family Based Daycare
 05-Residential Foster Care Home
 06-Group Home Foster Care
 07-Family Foster Home-DFCS
 08-Family Foster Home-Non DFCS
 09-Other Institution (School)
 10-Other

Substance Abuse Type:

01-Alcohol
 02-Prescription Medicine
 03-Controlled Substance
 04-Alcohol and Prescribed Medicine
 05-Alcohol and Controlled
 06-Prescribed Medicine and Controlled Substance
 07-All Types

Division of Family and Children Services
CHILD ABUSE AND NEGLECT REPORT – FORM 431

Case Number:

Case Determination Information

Date Investigation Completed: Person Completing Investigation:

Maltreater Information

Maltreater Unknown

<p>Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced</p>	<p>Race: <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unable to Determine</p>
<p>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>DOB:</p>
<p>Ethnicity: Hispanic/Latino: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Criminal Charges Filed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Household Members

	Name	Marital Status	Sex	Race	Ethnicity	Date of Birth	SSN	Family Role	Foster Child Case# (If Applicable)
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____

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:

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

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

	A	AU	AS	NAS		A	AU	AS	NAS
Neglect:					Emotional Abuse:				
<input type="checkbox"/> 01-Malnutrition/Failure to Thrive	<input type="checkbox"/> Verbal Threats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 02-Abandonment/Rejection	<input type="checkbox"/> Bizarre Discipline (Non Physical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 03-Inadequate Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Abuse:				
<input type="checkbox"/> 04-Inadequate Food, Clothing, Shelter	<input type="checkbox"/> 01-Case Opened on Report; however, No Maltreatment Reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 05-Inadequate Health, Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse:				
<input type="checkbox"/> 06-Emotional/Psychological Neglect	<input type="checkbox"/> 01-Fractures, Dislocations, Sprains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 07-Educational/Cognitive Neglect	<input type="checkbox"/> 02-Intracranial Injury, Skull Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 08-Gunshot	<input type="checkbox"/> 03-Spinal Cord, Nerve Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 09-Suffocation/Drowning	<input type="checkbox"/> 04-Subdural Hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 10-Birth Addicted/Birth Exposed	<input type="checkbox"/> 05-Internal Chest, Abdomen, Pelvic Injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sexual Abuse:					<input type="checkbox"/> 06-Lacerations, Cuts, Punctures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 01-Exhibitionism/Voyeurism	<input type="checkbox"/> 07-Bruises, Welts, Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 02-Fondling	<input type="checkbox"/> 08-Burns, Scalding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 03-Sodomy	<input type="checkbox"/> 09-Poisoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 04-Penetration	<input type="checkbox"/> 10-Suffocation/Drowning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 05-Genital Injury	<input type="checkbox"/> 11-FDM/MBP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 06-Contraction of Venereal Disease	<input type="checkbox"/> 12-Gunshot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> 07-Sexual Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

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



POLICY CHECK: 2105 CASE MANAGEMENT

(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

- ❖ _____
- ❖ _____
- ❖ _____

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

LOOK FOR...	OBSERVATIONS OF ONGOING CASE MANAGER
<p>Facial Expressions</p> <p><small>DAN/20221</small></p>	
<p>Body Language</p>	
<p>Questions Asked (good/bad?)</p>	

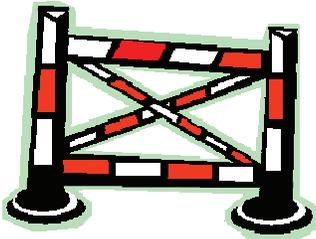
Engagement Skills

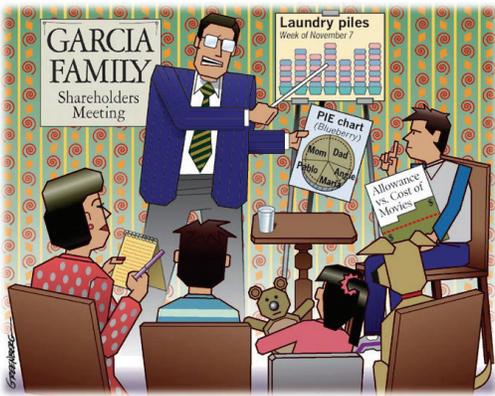


Ability to Motivate



Obstacles Created





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.

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

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.

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

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.

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

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

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

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.

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

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.

CPS: INVESTIGATION - CHILD MALTREATMENT (12)

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 defines 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.

COURT/LEGAL ISSUES (3)

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.