



Hotline

Procedural Operations Manual (POM)



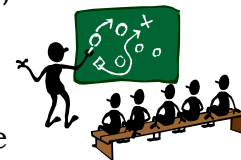
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INTRODUCTION

The Child Protective Services (CPS) Hotline Practice Guide (HPG) was specifically designed to provide a quick reference, hands-on guide for you, the Hotline worker. Whether reports are received through the Child and Family Services Agency (CFSA) call center command system, or through “walk-in” reports made by individuals who visit Agency headquarters, the step-by-step procedures necessary for receiving child abuse and/or neglect reports are provided in this Practice Guide. Once you receive a report, you become the gatekeeper for children entering the child welfare system. The information that comes through your report will help children receive immediate and thorough assessments that lead to decisive and expedient remedies for urgent circumstances, followed by long-range planning for permanency and well being.



The Practice Guide incorporates CFSA Hotline policy procedures as well as DC Code requirements. Both are critical for reinforcing best practice standards for the receipt, review, and screening of child abuse and neglect calls and thereby maintaining the highest quality responses needed to protect children and families in the District of Columbia.

This Practice Guide is a living document that may evolve over time to accommodate changing needs and demographics of children and families in the District. What won't change is the mission of the Agency to strengthen troubled families and to improve the **safety, permanency** and **well-being** of abused and neglected children and youth (through age 21). The role of the Hotline worker implementing this mission cannot be underestimated. The role of the Practice Guide is to support as fully as possible your ability as a Hotline worker to fulfill the mission.

Safety - All children have a right to be safe from abuse and neglect.

Permanency - All children need a permanent family who can provide an unconditional, lasting commitment to them.

Child and family well-being - Children deserve to grow up in nurturing environments where their physical, emotional, educational and social needs are met.



Thank you for serving the most vulnerable children and families in the District of Columbia! If you have any questions regarding this Practice

Guide, please contact your supervisor or upper management of the CPS administration.

OVERVIEW

The Hotline phone system receives calls 24 hours a day, seven days a week. There are generally two sources for reports of suspected cases of child abuse and neglect: persons who are required by law, *or mandated reporters* (page 9), and non-mandated reporters who may be classified as “concerned citizens”.

The Hotline is often the first point of contact for the community at large to report situations of suspected abuse or neglect. While child safety is the primary focus of the intake process, the Hotline worker also serves in a customer-service role for the Agency. Hotline staff members are therefore trained not just to take calls for investigations, but also to refer callers for services (as appropriate) and to help guarantee that suitable supports are provided to strengthen the family unit.



Guiding Principles

The Child Protective Services (CPS) administration holds fast to the following five guiding principles: 1) quality, 2) excellence, 3) accountability, 4) efficiency, and 5) timeliness. As a gatekeeper for those children and families entering the child welfare system, you are bound by these principles whenever you receive reports of alleged maltreatment, or child abuse and neglect.

Quality – High quality and customer-focused intakes are accomplished through respectful and customer-friendly engagement. As a Hotline worker, you should always approach the Hotline conversation with an open and accessible manner. When gathering information, it is important to convey to the caller that their report is being taken seriously, and that you are carefully listening to all of their concerns. Quality documentation and conduct are essential for all Hotline staff.

§

Excellence - Excellence in service delivery is a continuous process involving ongoing staff development, adherence to policy and procedure, and the use of best practices. Excellent professional and interpersonal interviewing and listening skills demonstrate a clear application of CFSA criteria for taking reports and maintaining best practice standards. This includes respectful and non-judgmental communication. As a Hotline

worker, you must be well-informed and precise when providing information, and always highly responsive.

§

Accountability - Good decision-making helps to ensure accountability. Accountability is also accomplished through comprehensive gathering of pertinent facts and details. Accurate and concise documentation of our decisions and the information which supports them prove our efforts. When in doubt, consultation with a supervisor protects accountability for the entire administration.

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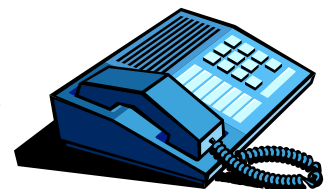
Efficiency - Through use of the Agency's state-of-the-art automated child welfare information system, known as FACES.NET, Hotline workers increase the efficiency of services to clients as well as the Agency's ability to track placement and permanency data. Combined with the improved client Hotline phone system, efficient performance competency is achieved.

§

Timeliness - Children in need of protection also need rapid intervention to secure their safety. The timeliness and accuracy of the Hotline worker's response and policy compliance ensure the best safety intervention process possible. Equally as important is timeliness in the documentation of a Hotline report. Details should be documented immediately, and concerns that need to be raised to a supervisory level should never be delayed.

The Hotline Phone System

The Child and Family Services Agency is fortunate to have an advanced automated call system that has the capability of receiving calls both on-site or offsite (during an emergency). Information received through the system is



displayed in “real time” and allows for supervisors and program managers to monitor calls, view a history of calls in relation to staffing and performance levels, and to generate Court Monitor Reports on Hotline Operation as well.

It is a good idea for Hotline workers to call the Hotline themselves prior to answering it for the first time so they know exactly what the caller is experiencing.

The automated system first informs the caller that he or she has reached the DC Child Abuse and Neglect Hotline. The recording then informs the caller that if there is a life-threatening emergency, he or she should hang up and dial 911 immediately.

There are several prompts when calling the automated system, including the option to speak in Spanish (or other languages), to contact other CFSA administrations, and/or to contact other District agencies. The recording informs the caller that the calls are being recorded for quality assurance purposes.

When the caller selects the prompt for the Hotline, the call is routed to the next available Hotline staff. If all available Hotline workers are busy with other calls, the system will place the call in a queue, which means the call is placed on hold. The caller is informed that the call has been placed in queue and the automated system will relay the number of calls waiting in advance.



Life Cycle of the Hotline Call

The average Hotline call takes about fifteen minutes while the documentation of the report and entry of data into FACES may take up to forty-five (45) minutes. There are four basic life stages of a Hotline call:

- (A) Receiving
- (B) Screening
- (C) Gathering and prioritization of information
- (D) Documentation

When a Hotline worker first receives a call, the individual on the other end of the line will be reporting something he or she has seen or heard that concerns the health and/or welfare of a child. It is the role of a Hotline worker to discern whether any information in the report indicates the immediate presence of danger or threat to the child. Gathering in-depth information during the call, followed by accurate documentation, is crucial to the success of the Hotline process. It is equally vital that the Hotline worker accurately assess each situation to ensure that the best possible assistance is provided during the initial contact. While handling these calls, you are expected to conduct a thorough and courteous interview utilizing your most professional interpersonal helping skills. This is true whether the caller is asking to make

an abuse report, requesting services for their own family, inquiring about emergency housing, and/or seeking cash assistance for needy families.

Each of the life cycle stages along with their associated procedures are described in further detail to follow.

Types of Reports

The Practice Guide details the various types of reports that you are expected to be proficient in handling, as well as the proper procedure for entering data in FACES for each report. (You will receive more succinct information on how to handle these types of reports later in the Practice Guide.)

In general, all reports fall into one of two categories: reports that trigger an investigation, and reports that refer the caller to another agency or administration, called “Information and Referral” calls. The table below gives you an alphabetical overview of the most frequent types of reports to expect.

| Reports that Trigger an Investigation | |
|---|---|
| 1. Caretaker is unwilling (or unable) to provide care. | 8. Inadequate Shelter |
| 2. Child Fatality | 9. Institutional Abuse |
| 3. Child is age 13 or younger with 3 or more delinquency petitions. | 10. Medical Neglect |
| 4. Child is left alone. | 11. Physical Abuse |
| 5. Critical Incident | 12. Physical Neglect |
| 6. Domestic Violence | 13. Sexual Abuse |
| 7. Educational Neglect | 14. Substance Abuse |
| Reports for Information and Referrals | |
| 1. Child maltreatment in another jurisdiction (courtesy interview) | 5. Persons in Need of Supervision (PINS) |
| 2. Custody Issue | 6. Physical or Sexual Assaults (not inter-familial) |
| 3. Duplicate or multiple reports | 7. Request from another jurisdiction to locate a family (Protective Service Alerts or PSAs) |
| 4. Juvenile Delinquency | 8. Requests for Services or Information |

When reports are accepted, the intake process and subsequent written referral provide the foundation for the beginning of a child welfare case, and provide the investigating workers with critical information to help inform the initial investigation activities.

Remember: Child Safety Always Comes First.



Legal Definitions

One of the most important goals for the Hotline worker is to determine whether an allegation meets the legal definitions of abuse or neglect. It is important that every Hotline worker familiarize themselves with the following meanings of abuse and neglect according to the DC Code (see the Appendix for definitions of additional terms specific to this Practice Guide):

Definition of Abuse -§ 16-2301(9)(A)(i)

The term "abused", when used with reference to a child, means:

- (A) (i) *infliction of physical or mental injury upon a child;*
- (ii) *sexual abuse or exploitation of a child; or*
- (iii) *negligent treatment or maltreatment of a child.*
- (B) (i) *The term "abused", when used with reference to a child, does not include discipline administered by a parent, guardian or custodian to his or her child; provided, that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. For the purposes of this paragraph, the term "discipline" does not include:*
 - (I) *burning, biting, or cutting a child;*
 - (II) *striking a child with a closed fist;*
 - (III) *inflicting injury to a child by shaking, kicking, or throwing the child;*
 - (IV) *non-accidental injury to a child under the age of 18 months;*
 - (V) *interfering with a child's breathing; and*
 - (VI) *threatening a child with a dangerous weapon or using such a weapon on a child.*

For purposes of this provision, the term "dangerous weapon" means a firearm, a knife, or any of the prohibited weapons described in § 22-4514. (ii) The list in sub-subparagraph (i) of this subparagraph is illustrative of unacceptable discipline and is not intended to be exclusive or exhaustive.

Neglect Definition - D.C. Code § 16-2301(9)

(9) The term "neglected child" means a child:

(A) (i) who has been abandoned or abused by his or her parent, guardian, or custodian, or whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child. For the purposes of this sub-subparagraph, the term "reasonable efforts" includes filing a petition for civil protection from intra-family violence pursuant to § 16-1003;

(ii) who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian;

(iii) whose parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity;

(iv) whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child's care, control, or subsistence, and the person or institution which is providing for the child states an intention to discontinue such care;

(v) who is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused;

Citation: Ann. Code § 16-2301 - Exceptions

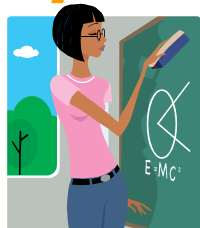
It is not neglect when the child's deprivation of parental care and control is due to a lack of financial means.

No child who in good faith is under treatment solely by spiritual means through prayer, in accordance with the practices of a recognized church or religious denomination by a duly accredited practitioner, shall for that reason alone be considered neglected.

ROLES AND RESPONSIBILITIES

The entire life cycle of the Hotline system involves many roles and responsibilities, not just those of the Hotline worker. There are also responsibilities involving that of the reporter as well as the supervisor who may elect to access live calls to assess worker performance for immediate supervisory feedback. While the Hotline Practice Guide is primarily focused on the role and responsibilities of the Hotline worker to perform to his or her optimum potential, other roles impacting the entire Hotline life cycle should be reviewed.

Reporters



Certain professionals are required by law [*D.C. Code § 16-2301 (9)*] to make a report when they know or have reason to suspect that a child has been or is in immediate danger of being mentally or physically abused or neglected. These individuals are known as **mandated reporters**. They may be privy to information regarding a potential child victim as a result of their professional relationship with the child. It is the responsibility

of a mandated reporter to give as much succinct information as possible when talking to the Hotline worker. Failure for a mandated reporter to call in abuse or neglect may result in a financial penalty and/or incarceration. Although the identity of the mandated reporter may be withheld from the alleged perpetrator, mandated reporters are required to give their name and relationship to the child. The following table lists examples of mandated reporters under District law.

| MANDATED REPORTERS | | |
|------------------------------|--|------------------------|
| Chiropractors | Licensed Nurses | Psychologists |
| Day Care Worker | Medical Examiners | Registered Nurses |
| Dentists | Mental Health Professionals | School Officials |
| Domestic Violence Counselors | Persons involved in the care and treatment of patients | Social Service Workers |
| Law Enforcement Officers | Physicians | Teachers |

NOTE: *All CFSA employees are mandated reporters and must report any new allegations of abuse and neglect to the Hotline, even if the allegations are on an open investigation or an existing case.*

Concerned citizens who witness or have knowledge of child abuse and neglect are **non-mandated reporters**. While they may feel a moral and/or ethical obligation to report the alleged abuse or neglect, they are not required by law to do so, and they face no legal consequences for failure to report. The table below lists examples of individuals who fall under the status of a non-mandated reporter.

| NON-MANDATED REPORTERS | |
|------------------------|----------------|
| Anonymous Reporters | Family Members |
| Children and Youth | Neighbors |
| Concerned Citizens | Parents |

Hotline Workers

It is worth repeating that being responsible for your role as the Hotline worker is crucial to the “healthy” life cycle of the Hotline call. In addition to following the guiding principles and maintaining customer service standards, one of the most important responsibilities for the Hotline worker is to maintain the confidentiality of the report.



- *All reports to the Hotline remain confidential.*
- *Hotline staff members are prohibited from disclosing to members of the general public, including media and family members, any information regarding reports made to the Hotline.* The Hotline worker shall refer such calls to the Office of General Counsel (OGC,) and follow-up the contact with the OGC via email to document that a call was received and successfully referred.
- Hotline staff members may disclose (as appropriate) *follow-up* information to a **mandated reporter** or a **non-mandated reporter** as to whether a report has been accepted for an investigation. The name and contact number of the CPS investigator and supervisor may also be provided.
- When a call is made to the Hotline requesting information contained in the Child Protection Register (CPR),* the Hotline worker shall refer the caller to the CPR supervisor.

* The Child Protection Register is a compilation of all names associated with substantiated abuse and neglect cases. For more information on the Register, contact 202-727-8040.

NOTE: *In the event of a report of suspected abuse or neglect that involves an individual of special interest, the Agency will provide an elevated level of confidentiality to avoid any conflict of interest. (See Administrative Issuance CFSA-09-11, Procedures for Special Interest Investigations).* Individuals of special interest include but are not limited to an elected or appointed official, including judges; an officer of the Metropolitan Police Department, including officers of the Youth Investigations Branch; other agency officials who share a role with CFSA, and/or employees of CFSA.

Maintaining confidentiality is equal in importance to the “core” set of responsibilities that define your function as a Hotline worker. This section of the Practice Guide summarizes these responsibilities.

1. Critical, not general, information must be gathered by you from the caller to determine if the report meets the District’s statutory criteria for child abuse or neglect. Is any information in the report indicating immediate threat of or the presence of impending danger? If so, you are directly responsible for entering the report into FACES under the “priority” screen.
2. Appropriate follow-up questions need to be asked in order to obtain as much relevant information as possible. Keep in mind that if you determine whether a report will be accepted for a CPS investigation, it is your responsibility to provide as much information as possible for the benefit of the investigator.
3. Prior CPS history may influence your determination for accepting a report for investigation, as well as your decision for an appropriate response time. Although prior history on a referral is reviewed in most instances by the CPS investigator, whenever possible you should determine (via a search of FACES) if there is any information or Agency history for each child, parent, caregiver, and/or household member identified.
4. Reports that meet the criteria for abuse or neglect must be transferred to investigations where a CPS social worker will provide prompt and appropriate action. It is your responsibility to make sure the reports are properly transferred.
5. Depending upon the nature of Hotline call you’ve received, you are also responsible for providing information and referrals for supportive and/or preventive services as applicable.

Hotline Supervisors

Supervision of the Hotline helps to maintain top quality service to children and families in need of protection, services, and/or referrals. In addition to oversight of Hotline workers and the management of the system



itself, supervisors are responsible for making sure they are accessible to the worker for consultative purposes. Hotline workers must have confidence in their supervisors and their supervisor's willingness to shepherd them through any questions or difficult circumstances. It is the responsibility of the supervisor to be available for consultation throughout the intake process but it is particularly important in the event of a child fatality, an allegation regarding a person of special interest (elected officials, CFSA staff, Metropolitan Police Department [MPD] officers, etc.), and/or a high profile incident being tracked by the media.

Supervisors are also responsible for making sure appropriate training is provided for the Hotline worker, as well as ensuring that the life cycle of the Hotline call is completed efficiently, professionally, and expediently. The following supervisory responsibilities are not all-inclusive but do highlight the most important roles of the Hotline supervisor: reviewing, approving, and signing off on Hotline documentation, including referrals, response times, critical events, complaints of sexual abuse, and fatalities.

GENERAL CONSIDERATIONS



Gathering Information

The CFSA Child Protective Services administration is managed by seasoned professionals whose expertise informs the procedures outlined in the Hotline Practice Guide. One of the first procedures is to gather information from the Hotline reporter. You are already familiar with the two generalized categories of reporters: mandated and non-mandated. Within these two reporter categories, however, you will discover there are many variations for the topic matter of any given individual call:

- The non-custodial father who has made a previous report against the caretaker of his children but feels nothing was done.
- A community provider who previously reported to a social worker the challenges working with a particular family. Now the situation has risen to a crisis level and the provider is calling to make a formal report to the Hotline.
- The caller who has been on hold for an extended period of time trying to make a report and is frustrated with the automated system. He or she is upset and begins the conversation with a barrage of verbally abusive phrases while venting frustration at the Hotline worker.
- A previous Hotline reporter who just received notice that their initial report was not accepted or substantiated by CFSA. They are still concerned and want to understand why.

- A school principal who knows one of the teachers made a report to the Hotline. The family has confronted school officials and is now angry at the school.
- The relative who is either a household member or caring for children, and knows the Agency is involved with the parent. He or she feels the Agency is not doing enough to protect the children.

The above-cited circumstances may require different techniques for gathering information from the caller so that the interview process will go smoothly and all pertinent information can be obtained. When you have a caller who is dissatisfied, your main tools are to use the skills of the professional helping relationship:

- ❖ Listen carefully.
- ❖ Be respectful and offer empathy.
- ❖ Make every effort to assist the caller.
- ❖ Refer the caller to the hotline supervisor as necessary or as requested.

There are two facets to consider: the stages of the interview, and the interviewing techniques, or types of questions asked during each stage of the interview.

STAGES OF THE INTERVIEW

The interview is the primary method used to gather information from the reporter. In fact, your ability to perform your primary responsibilities depends in large part to your interviewing skills. Therefore, you are encouraged to conduct the intake interview in a way that will “guide” reporters to provide the necessary information to make informed and effective decisions on behalf of the children, and to help develop an appropriate set of interventions.

There are three basic stages to the interview process: introductory, exploratory, and closing.

Introductory Stage

Whether you are responding to a first-time caller or a repeat caller, it is important to provide a general and brief summary of the Hotline intake process before you begin to gather information about the circumstances prompting the call. Remember that mandated reporters are required to self-identify!



Key points to remember:

Limit interruptions when the reporter begins to share information.

- Allowing information to be shared without numerous interruptions enables reporters to get immediate concerns “off their chest”.

- Once the initial information is conveyed, it is appropriate for the Hotline worker to determine what further and specific questions should be asked. This allows the reporter to then focus on additional details as the interview continues.

Pay attention to the emotional state of the reporter.

- Effective interviews require workers to correctly assess the emotions of the reporter. A highly charged or emotional reporter may not be able to provide clear and detailed information.
- The Hotline worker must engage the reporter as a full participant in the interview process.

Consider the relationship of the reporter to the identified family.

- It is important to know the basis for the reporter's information regarding an identified family prior to proceeding with the interview process.
- Although an interview is never based on questioning the credibility of the reporter, it may be necessary to consider whether a reporter has alternative motives and/or whether these motives might skew the presentation of facts.

The Introductory Stage of the Hotline interview concludes with an initial determination regarding sufficient justification for a CPS referral.

- It is the responsibility of the worker to discern whether the information provided by a reporter up to this point indicates the possibility of child maltreatment or endangerment.
- Determinations for whether a report legitimately requires a CPS referral or even a potential CPS referral must be consistent with CFSA mandates and screening criteria.

Exploratory Stage

During this stage of the interview process, the Hotline worker shifts his or her focus from listening to filling in any information gaps left in the reporter's story. The worker must differentiate between what is known and what is suspected. It is important that this stage of the interview result in as specific and detailed information as possible, including precise indicators of maltreatment and as many facts as available regarding family member functioning.

Key points to remember:



A standardized set of questions (see Section X) is laid out for the Hotline worker to maximize outcomes for this stage of the interview.

- Workers should seek answers to each question in the standardized set, even if the reporter may not have information about some of the areas. The

pursuit of such information may be pertinent for intake decision making.

It is the responsibility of the worker to clarify and determine whether information that is received during the exploratory stage of the interview meets the criteria for considering the child to be in present or impending danger (see Section X).

- A reporter may indicate that a caregiver seemed “depressed” or “often drinks alcohol” or “seems aggressive” etc. The Hotline worker should ask the reporter to clarify, i.e., to describe what they mean by “depressed” or “drinking alcohol” or “aggressive”.
- Clarifying statements help in general to qualify whether the caregiver’s condition, behavior, emotions, or perceptions are likely to have an immediately negative effect on a child.

Closing Stage

All essential information has now been collected, and as many gaps as possible have been filled, including information on demographics and family composition. At this stage, the Hotline worker gives the reporter a “final” opportunity to share any information that may not have been revealed during the Exploratory Stage of the interview.



Key points to remember:

It is important to ask the reporter’s opinion as to what he or she believes needs to happen in terms of intervention

- A reporter’s opinion may provide additional insight for the Hotline worker as well as reaffirm (positively or negatively) the reporter’s motivation for reporting.
- It is appropriate to query the reporter regarding his or her perception of how the family may react to CPS intervention.

Closing the interview is similar to opening it! Review the process for the reporter one more time.

- Assure the reporter of the importance of his or her call, and inform the reporter of the next steps that the Agency will take in making a decision regarding the referral and response to the family.

STANDARD INFORMATION COLLECTED DURING THE INTERVIEW

As a Hotline worker, you must gather detailed information from every reporter who gives an account of child abuse or neglect. Consistent and thorough information collection during this process assists in identifying safety concerns that may require immediate action, as well as assisting with the accuracy of documentation. After the interview is completed, it is essential that you document exactly what occurred during the conversation in the event that the report or call is reviewed for any reason. Documentation is also proof that your response to the call was professional and appropriate, and that any necessary additional steps have been also documented.

The following standard information is collected during each interview and documented in FACES:

1. *Information regarding the person making the report*
 - a. Contact information, including but not limited to name, telephone number, agency or affiliation, address, and relationship to the child and family. **(Remember: mandated reporters are required to provide this information. While non-mandated reporters**

are not required, you are still responsible for attempting to gather this information from the non-mandated reporter.)

- b. Motivation of caller and source of information, i.e., why is the reporter calling now? Are there any immediate actions that the reporter thinks should occur?
2. *Information on the child or children of concern (alleged victims)*
 - a. Name, date of birth or age of each child.
 - b. Additional demographics: grade and name/location of daycare or school.
 - c. The last time the reporter saw each child (date and location).
 - d. General condition and functioning of each child [state of mind, emotions, presenting fears or anxiety, sexualized behavior, etc.]
 - e. Proximity to threat (is the child in daily contact with the perpetrator of the abuse or neglect?)
 - f. Does the child have access to someone who can protect and help the child? Name and contact information for such person(s)?
 3. *Information regarding the alleged perpetrator of the abuse or neglect; demographic information as available*
 - a. Name, address, place of employment, etc.
 - b. Relationship to the child (biological parent, caregiver, teacher, etc.)
 - c. The specific behavior that prompted the reporter's call.
 - d. The person's current known access to the child.
 - e. Anything else the reporter wants you to know about this person?
 4. *Detailed information on the alleged child abuse and/or neglect*
 - a. What actually happened? When and where?
 - b. Did the reporter witness the alleged abuse or neglect? If not, how did he or she find out about it?
 - c. Who else witnessed or knows about the incident(s)? Name and contact information?
 - d. What particular circumstances can be identified that led up to the incident?
 5. *The child's current condition or safety status*
 - a. If the primary caregiver is not the perpetrator, has the caregiver been informed of the alleged abuse or neglect?
 - b. Are there any known current threats or imminent danger to the child's safety? Can they be rated according to severity:
 - i. seriousness of caregiver behavior
 - ii. seriousness of conditions/situation in family
 - iii. vulnerability of the child (according to age, health, etc.)
 - c. Has the child received medical care?
 - i. If yes, where?
 - ii. Contact information for the doctor or facility.
 - iii. Has the child's primary physician been notified?

6. *Names, birth dates, ethnicity, and relationship of all other children and adults in the household, along with their current location (if known). Include children who are part of the family unit but who do not reside in the home.*
 - a. For those children who may not live in the home, where do they reside and with whom?

7. *Information regarding the child's primary caregiver*
 - a. Name, relationship to the child, current known location, name of employer and address (if applicable and/or known), any other contact information.
 - b. General functioning of the caregiver.
 - i. interest in the child and care-giving responsibilities
 - ii. any known diagnosis of mental illness (and its impact on the parent/caretaker's ability to supervise, protect or care for the children)
 - iii. challenges or barriers to coping (lack of adequate housing, unemployment, substance abuse, domestic violence, etc.)
 - c. Information to help the investigator
 - i. caregiver's relations with the community and/or neighbors (names and contact information, if available)
 - ii. caregiver's previous history with CFSA or other social service agencies
 - iii. likely response to a CPS investigation
 - iv. safety of the neighborhood for the investigating worker to visit the house

8. *Risk factors*
 - a. Substance abuse
 - i. Does parent/caregiver appear to be currently under the influence of drugs or alcohol? (Request that the reporter give descriptive behaviors to support perception of substance use or abuse.)
 - ii. Impact of substance abuse on parent/caregiver's ability to supervise, protect or care for the children
 - iii. Do the children have access to drugs/drug paraphernalia?
 - b. Domestic violence (DV)
 - i. Does the current situation involve DV?
 - ii. Who is the primary aggressor/abuser?
 - iii. Is there any knowledge of the child attempting to protect the DV victim?
 - iv. History of DV
 1. prior allegations (including police involvement)
 2. orders of protection

3. severity and frequency
4. weapons involved (if known)
- v. Threats of death or bodily harm on the part of the abuser to self or others

9. Additional information provided by the reporter

FACES HOTLINE REPORT SCREEN

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

F A C E S . N E T

Referral Case Client Provider Admin Case Go

Referral I&R CPS Investigation Assessments Clients Removal Legal Status Placement More

Organizer Focus History

WorkLoad

- My Assignments
- My Units
- My Workers
- Other Program Areas

My Calendar

January 2006

| S | M | T | W | T | F | S |
|----|----|----|----|----|----|----|
| 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |

My Tasks

Hotline Report

* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields View Notes

Hotline Report

Date Created Time Created Referral ID

Intake Date* Intake Time* AM/PM* Referral Type Contact Type

1/17/2006 10:00 AM CPS Telephone

Household Name Staff Name

JACKSON ADMIN TRAINER Find

Institutional Abuse

CFSA Facility Provider Other Facility

Find

Reporter Information

Prefix First Middle Last Suffix Relationship to Report

Anonymous Reporter's Agency

Mandated Reporter

Address Phone 1 Type Phone 1 Extn

Phone 2 Type Phone 2 Extn

Phone 3 Type Phone 3 Extn

Edit

Critical Locations Client Details

Incident Address Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

Household Address Same as Incident Address Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

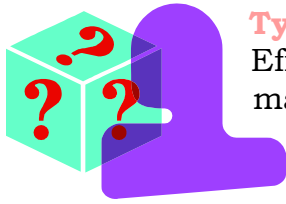
Current Location/Condition of Child and Parent. Perpetrator's access to child. Any other individual aware of the situation. When, where and who saw the child last?

Save Cancel Validate

INTERVIEWING TECHNIQUES

The “art of Hotline interviewing” is very specialized and must be approached with the reporter’s state of mind in consideration, particularly his or her comfort level and ability to relay facts accurately and objectively, as best as possible. Subtle changes in your pitch or tone of voice may influence the reporter. It is very important that you do not allow your own preconceived

notions about your role or your opinion of the circumstances of the report to be expressed through tone or pitch of voice, or through pace of the conversation.



Types of Questions

Effective questioning is the crux of the interview process. Four main types of questions are recommended for successful gathering of information: *open, clarifying, probing, and closing*. In addition, simple directive probing comments such as “please go on” offer encouragement to the reporter, along with requests for specific information such as, “What is the name of the child you are concerned about?”

The Open Question

Inviting the reporter to talk is a technique that “opens up” both the conversation and the reporter, putting him or her at ease and allowing for an initial “burst” of information to be shared. Your tone of voice should be authentic, confident, and self-assured. The open question also allows for follow-up questions to help inform the investigation. The invitation to talk usually begins with “how”, “what”, “could”, or “would.”

Examples: *“Would you please describe what you saw, step-by-step?”*
“How would you describe the child’s behavior the last time you saw him (or her)?”

The Clarifying Question

If you’ve received a description of circumstances or a portion of a story that you didn’t quite understand, the next question you ask will help to clarify the exact nature of the intended information. This technique may involve repeating a statement made by the reporter.

Examples: *“What exactly did you mean when you said little Sally wasn’t able to hear? Does she have any hearing impairments or was she in another room?”*
“You mentioned that the Uncle Joe was irrational. Do you think drugs were involved?”

The Probing Question

Clarifying and probing questions are similar insofar as they are both following up on information that you’ve just received from the caller. The probing question, however, is asked when you believe that further information is available, but hasn’t been addressed. You may also use the probing question if an answer seems vague, or you want to obtain more specific or in-depth information.

Examples: *“You mentioned the child had marks on her leg. Can you describe in more detail what the marks looked like?”*
“I understand that the marks were open wounds on the leg. Did the wounds look fresh or was there any scabbing?”

The Closed Question

Often, the reporter needs only to answer a question with one or two words, including “yes” or “no”. Questions leading to short or one-word responses are called “closed questions”. These questions usually start with words like “is”, “will”, “where”, “when”, and “did”.

Examples: *“Is Mark home from school again today?”*

“Did she take the child to his medical appointments as planned?”

Interviewing Strategies

The different types of questions outlined above are most effective when complemented with the use of tried-and-true strategies for ensuring a successful interview.

Repetition or rephrasing a reporter’s statement will help ensure accuracy.

Providing direction for the reporter is sometimes necessary when the reporter does not know what information is needed or is too emotional to know how to proceed. You are the one who can provide this direction by asking open, clarifying, probing, and/or closed questions.

Redirection is used to politely interrupt the reporter if the information being given is unproductive or not relevant to the purpose of the report. Follow the guiding principles set forth earlier in the Practice Guide to help you (page 3).

Encouragement helps the reporter to continue giving information, and helps to support whatever role they may be able to play to protect children in the aftermath of the report. Encouragement might simply be a statement that reaffirms the importance of the report, and the empowerment of the reporter.

Summarizing important information is used to be sure that the reporter has provided everything that is critical.

De-Escalation Techniques

In all probability, a certain subset of your callers will become upset, hostile, verbally abusive and/or threatening over the phone. These individuals can be parents, relatives, or even professional members of the community. Interaction with them should be anticipated and expected as part of your job as a Hotline worker. If necessary or requested, refer the caller to the Hotline supervisor.

When handling a difficult phone call, the key role you are expected to play is one of a calming influence so that you can gather the pertinent information that will help to protect (or save) a child. It is imperative that you keep a cool head and that you do not engage in the emotional drama of the caller! *Do not*

take anything personally. Even if this caller recognizes your voice from a previous report, you must remain objective and professional. The following popular strategies are useful for minimizing an angry or verbal attack from a caller:

- 1) *Simple Listening:* Wait until the caller is finished talking, listen for him or her to take a breath, and then ask a directed question, such as "What can I do to help you?" Your tone should be determined, not placating.
- 2) *Active Listening:* Make a genuine attempt to put yourself in the other person's situation as best you can. Listen to what is *not being said* as well as the words that are expressed. Identify the underlying emotions.
- 3) *Acknowledgement:* Respond honestly – and respectfully - when you calmly acknowledge the person's position. You might say, "I can see how something like that could cause some anger!" or "Man, if that happened to me, I would be angry, too." This confirms the legitimacy of the emotion, but it also diffuses the approach the caller has taken to communicate the intensity of the emotion.
- 4) *Apologizing:* Sincerely apologizing for anything in the situation that you recognize as problematic is not the same as taking the blame. You can always say, "I'm so sorry that happened to you" or "I'm sorry the situation is so frustrating." This allows the caller to feel that they are not alone, that you identify with them in the particular circumstance, and that a certain measure of trust can be invested in you as the worker.
- 5) *Agreeing:* There are usually three truths to any given situation – your truth, the other's truth, and THE truth. It is important to listen for THE truth, identify it with the caller, and agree with it. Agreeing with the truth of a situation can help redirect the interaction towards a productive outcome.
- 6) *Inviting Criticism:* Sometimes it is effective to invite the caller to get their criticisms out in the open. You might say something like, "Go ahead and tell me *everything* that has you upset. Don't hold anything back. I want to hear all that you have to say." It may seem at first that this strategy intensifies the caller's emotional state but eventually, the distraught caller will expend themselves and you will have the opportunity to continue gathering necessary facts.



Sample Questions & Answers

The following samples of potential questions and answers are general in nature to help you correctly address questions that may come up during the course of your call:

Question: Will the family I called about be able to find out my name?

Answer: The Agency is required by law to keep your identity confidential. I am not allowed to disclose the identity of any reporter to the family. All information regarding this call will remain confidential.

Question: Can I get into trouble for making a report of suspected abuse or neglect if it turns out to be untrue?

Answer: If the report is made in good faith, the reporter is protected from any criminal action. Anyone making a report of child abuse or neglect in good faith has immunity from both criminal and civil suits.

Question: Do I have to give my name?

Answer: If you are a *mandated reporter* – YES – you must give your name. The current mandated reporter law states that you must identify yourself, your occupation, and how CFSA can contact you. You must also describe any actions that you have taken concerning the child. If you are a *non-mandated reporter* – NO - you are protected from divulging your name and may make an anonymous report.

Question: How will CFSA decide what to do about my call?

Answer: When you call CFSA's Hotline to make a report, our goals are to determine whether the allegation meets the legal definitions of abuse or neglect, to ensure the safety of children involved, and to provide helping services to families. This process is accomplished through gathering accurate information, inputting the information into our specialized computer system, and speaking with a supervisor.

Question: How soon will an investigation start?

Answer: CFSA must initiate an investigation within 24 hours, unless the referral requires an immediate response due to the child's health or safety being in immediate danger. A CFSA social worker will investigate alone or in conjunction with the Metropolitan Police Department to determine next steps.

Question: What happens during an investigation?

Answer: The social worker will first ensure that the child in question is safe by conducting a face-to-face visit with the child. They will also interview all household members and other people who may be able to provide information about the allegations. They will gather essential information to determine the child's safety, family functioning, and the need for family supports, etc. Depending on the CFSA investigator's assessment of the situation, he or she will either find the allegation of abuse or neglect as substantiated (true), unfounded (false), or inconclusive (not enough

evidence to make a determination of substantiated or unfounded). Necessary actions to ensure the safety of the child will be put in place in accordance with the assessment.

Question: What happens if the social worker substantiates the abuse or neglect?

Answer: If the allegation is substantiated, the child may be removed from the home to ensure safety. If the allegation is not substantiated but there is still high risk, the child may remain at home but with Agency and community support services put into place to ensure safety. If the allegation is unfounded or inconclusive, CFSA may refer the family to community services, depending on their needs.

Question: What happens if CFSA decides not to conduct an investigation?

Answer: When a report does not meet the legal definition of abuse or neglect but the family still needs help, CFSA professionals who staff the Hotline will provide information to refer the family to community services.

WALK-INS



The majority of reports that you will receive as a Hotline worker will come through the automated call system. There are also a small number of individuals who will elect to come in person to CFSA headquarters to make a report or to obtain information.

These individuals are designated as “walk-ins” and you should be prepared for a modification in your procedures accordingly.

All individuals visiting the Agency will be greeted by the security desk and asked the purpose or nature of their visit. When applicable, the security desk will notify CFSA’s Child Protective Services (CPS) administration that a person has arrived and requests to speak with someone. If you are assigned to meet with a walk –in client, you will follow the procedures outlined below:

- a) Report to the lobby and escort the individual(s) to one of the interview rooms in the CPS section on the first floor of the Agency’s headquarters.
- b) Interview the adult(s) present in accordance with the guidelines set forth during a telephone interview, and determine if they want to make a child abuse or neglect report, or if they need referral information.
- c) Since you will not necessarily have the FACES screen right in front of you, you will have to take notes by hand to document the information as appropriate into FACES immediately after the interview when all information is still fresh in your mind.



Evaluating Information

Although you will naturally evaluate some information from the reporter during the interview (whether in person or over the phone), there are additional considerations outlined below that will help to guide you.

- Determine if the information being provided by the reporter is based on a guess, suspicion, belief or knowledge
- Apply a reasoning process to reach conclusions about the quality of the information provided by the reporter.
- Use deductive reasoning or inference to determine if the information amounts to a report of child abuse or neglect.

Based on your initial evaluation, there may be legitimate concerns regarding the child’s safety. Evaluating information about **child vulnerability** is crucial when trying to determine if a child’s safety is at immediate risk. Vulnerability is judged according to the child’s physical and emotional development, ability to communicate needs, mobility, size and level of dependence. The following table should guide you when evaluating child vulnerability factors:

| CHILD VULNERABILITY FACTORS | | |
|--|--|---|
| 0 – 5 YEARS OLD | MEDICALLY FRAGILE | PHYSICALLY DISABLED |
| DEVELOPMENTALLY DELAYED OR DISABLED | SEVERELY EMOTIONALLY DISTURBED | SERIOUS ILLNESS OR OTHER HEALTH PROBLEM |
| INABILITY TO COMMUNICATE | PRONE TO INCONSOLABLE CRYING | SERIOUS INJURY REQUIRING IMMEDIATE MEDICAL ATTENTION |
| FETAL ALCOHOL SYNDROME OR EFFECTS | POSITIVE TOXICITY FOR HIV/AIDS | SEXUAL ABUSE |
| MALNOURISHMENT | ISOLATION (E.G. LOCKED IN A CLOSET) | RESTRAINED (BOUND) |
| UNDER THE AGE OF 14 AND PREGNANT | SUICIDAL IDEATIONS | WITNESS TO VIOLENCE (DOMESTIC OR OTHERWISE) |

If you do receive a report that speaks to child vulnerability, please BE SURE to enter this information carefully in your assigned response time, and consult with your supervisor.



Screening Criteria

As stated above, it is the role of the Hotline worker to establish whether or not the information gathered during a report of child maltreatment falls underneath the legal definitions of abuse or neglect in the District of Columbia. If any portion of either definition applies, the following criteria must be included for supervisory approval and investigation of the allegation(s):

- a. The child victim is under the age of 18 years old (or up to age 21 if the youth is currently under the care of CFSA).
- b. The incident or ongoing allegations of child maltreatment have occurred within the District of Columbia.
- c. The perpetrator is the child's parent, guardian, or custodian.
- d. Location of the family's address and/or whereabouts is available.

NOTE: If there is legitimate concern that a child's safety is in jeopardy, and the location of the family is unknown, other identifying information (i.e. name, social security number, etc.) should be documented so that exhaustive efforts can be made by the investigator to locate the child and family.

- e. A report is made in good faith.

Note: If the Agency determines that a false report was made with the intention to provide misleading information, the Agency shall refer the report to the Office of the Attorney General which shall determine whether prosecution is warranted. See D.C. Code 2006 Ed. §4-1301.06.

Reports not meeting the criteria above shall be entered as I&Rs.

Note: If the family is currently known to CFSA through an open investigation, open a case with In-Home Reunification Services Administration or Permanency Services.



ASSIGNING A RESPONSE TIME

All CPS reports deemed to justify further investigation are assigned a response time of immediate (within 2 hours) or a response time of within 24 hours.

Immediate Response

An “immediate response” time is assigned when a report of suspected abuse or neglect is received that indicates the child’s health or safety is in *immediate danger*, i.e., there is a dangerous situation that can be viewed as an emergency requiring an immediate response. Examples of abuse or neglect in these circumstances may include but are not limited to the following criteria for an immediate response:

| SAMPLE ABUSE CRITERIA REQUIRING IMMEDIATE RESPONSE | |
|---|---|
| CHILD FATALITY | BONE FRACTURE OR DISLOCATION |
| TRAUMATIC BRAIN INJURY OR SKULL FRACTURE | HEMORRHAGING |
| OPEN OR DEEP WOUNDS | SUSPICION OF INTERNAL INJURIES |
| EVIDENCE OF TORTURE, BINDING OR CONFINEMENT | EVIDENCE OF SEXUAL ABUSE OR SEXUALLY TRANSMITTED DISEASE |
| BURNING OR SCALDING | CUTS, BRUISES, WELTS, BITE MARKS |
| SHAKEN BABY SYNDROME | SALE OR ATTEMPTED SALE OF THE CHILD |
| CHILD IS CURRENTLY HELD BY A HOSPITAL OR POLICE | DRUG INGESTION |

| SAMPLE NEGLECT CRITERIA REQUIRING IMMEDIATE RESPONSE | |
|--|---|
| CHILD LEFT ALONE OR LACK OF SUPERVISION (DEPENDS ON AGE, CIRCUMSTANCES) | |
| UNINHABITABLE CONDITIONS (NO RUNNING WATER, ELECTRICITY, ETC.) | PLAUSIBLE OR CREDIBLE THREAT MADE BY CAREGIVER TO INJURE THE CHILD |
| FAILURE TO THRIVE | MALNUTRITION |

| | |
|------------------------|---------------------------|
| MEDICAL NEGLECT | SEVERE DEPRIVATION |
|------------------------|---------------------------|

Better three hours too soon, than one minute too late.
- William Shakespeare

24-hour Response

A 24-hour response time is assigned to a report when there is no immediate danger or imminent risk of abuse or neglect. The response time may also be designated if there is reason to conclude that physical evidence to substantiate an abuse event will be available after the end of a 24-hour investigative response.

A report requiring a 24-hour response time may contain one or more of the following criteria:

| SAMPLE ABUSE CRITERIA for 24 HOUR RESPONSE | |
|---|--|
| SUBSTANTIAL RISK OF PHYSICAL INJURY | |
| CAREGIVER FAILED TO PROTECT A CHILD | EVIDENCE OF HITTING, PUNCHING OR BITING |

| SAMPLE NEGLECT CRITERIA REQUIRING 24 HOUR RESPONSE | |
|---|--|
| INADEQUATE FOOD, SHELTER OR CLOTHING | EVIDENCE OF SUBSTANCE ABUSE |
| EDUCATIONAL OR MEDICAL NEGLECT | DOMESTIC VIOLENCE |
| BOARDER BABIES | EMOTIONAL OR MENTAL DEPRIVATION |

Note: The above list does not include all acts of abuse and neglect that may warrant a 24-hour response time. Similarly, a supervisor may use his or her discretion to issue an immediate response time as opposed to a 24-hour response time to any single act on the list above.



Documentation

One of your most important responsibilities is to accurately document in FACES the information gathered from the caller. Not only is accurate documentation required by policy and best practice standards, it is also required to help support and guide the decision-making process in terms of next steps in the investigation of the allegations. Further, accurate documentation in FACES provides data for quality assurance purposes and the Agency's ability to track trends in the population being served by CFSA.

In the following section, exact procedures are provided for individual sample reports according to the type of allegation. Follow these steps according to the procedures provided for successful completion of your role as the Hotline worker. As always, consult with your supervisor if you have any concerns.

FACES REFERRAL NOTES SCREEN

REPORT SAMPLES AND PROCEDURES

General Procedures for Maltreatment Reports



When a worker receives a report of maltreatment that is not classified as institutional abuse or intra-familial abuse (e.g., the perpetrator is not related to the victim, has not assumed parental responsibilities or obligations, is an unrelated child abusing another unrelated child, etc.), and the parent has not failed to protect their child, the worker shall process the report as follows:

- a. Enter the call as an I&R.
- b. Complete a Youth Investigative Branch (YIB) Worksheet.
- c. E-mail the worksheet to YIB at YDChild@dc.gov and cps.mpd@dc.gov

1. A worker receiving a call involving maltreatment that has occurred in another jurisdiction shall process the report as follows:

- a. Enter the call as an I&R.

- b. Gather the information and report the alleged maltreatment to the applicable jurisdiction (where the maltreatment occurred). The worker should also provide the caller with the Hotline number to the applicable jurisdiction.
 - c. Respond to another jurisdiction requesting a courtesy home assessment or interview (when the family resides in the District) by entering the request as an I&R.
2. A call with no allegations of child maltreatment, involving a parent or caretaker who desires to apply for legal custody or joint custody shall be:
 - a. entered as an I&R, and
 - b. referred to the DC Superior Court – Domestic Relations Branch.
 3. A call with no allegations of child maltreatment, involving a child who is refusing to comply with parental rules and guidelines, engaging in criminal activity, or refusing to attend school, shall be:
 - a. Assessed for the appropriate support/service needs for the family,
 - b. Referred to the appropriate neighborhood based service provider, and
 - c. entered as an I&R, and
 4. A call involving a child in “shelter care” or a “committed” child who is returning from abscondence, shall be:
 - a. entered as an I&R,
 - b. referred to the ongoing supervisor and social worker or unit during regular business hours, and
 - c. referred to a CPS staff member (available 24 hours a day).
 5. A call with no allegations of child maltreatment, involving a child who was listed as a Missing Person on the National Crime Information Center (NCIC) but subsequently recovered by the Metropolitan Police Department (MPD), shall be entered as an I&R if meeting the following criteria:
 - a. The child is not a ward of CFSA. (For children who are wards of CFSA, a “missing” status is considered to be an abscondence and shall be handled by the on-going worker unless there are allegations of abuse, in which case the Hotline worker shall generate a new report for investigation.)
 - b. The child does not have an open case with the Department of Youth and Rehabilitation Services (DYRS), nor does the child have criminal charges pending in the District.
 - c. MPD has been unable to locate the parents or caregivers within three (3) hours of locating the child, and the child is a resident of the District of Columbia.
 - d. MPD has been unable to arrange for the parents or other jurisdiction to return the child within five (5) hours of locating the child, and the child is not a resident of the District of Columbia.
 6. A report involving the request for social services or information with no allegations of child maltreatment shall be:

- a. entered as an I&R, and
- b. referred to the appropriate supportive services/resources in the community.

FACES HOTLINE I & R OUTCOME SCREEN

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

F A C E S . N E T

Referral Case Client Provider Admin Case

Referral I & R Hotline Report Outcome Contacts

Organizer Focus History

In Focus

User Name:
ADMIN TRAINER

Entity Type:
Referral
Entity Name:
JACKSON
Entity ID:
586383

New IR Outcome

* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields View Not

Narrative and Action Taken/Outcome

Household Name Outcome Date* Action Taken*
Jackson 2/1/2006 Appropriate Referral Made

Narrative*
Mrs. Joan Bright called the Hotline for Shante Jackson to inquire about parenting assistance. Close I & R

Agencies Referred To* I & R Type* Abscondence Date Abscondence Time
Church General Information Request

Select

Prior History

Associated Referrals

| Refer Id | Family Name | Referral Type | Worker Name | Open Date | Close Date | Case ID |
|----------|-------------|---------------|-------------|-----------|------------|---------|
| | | | | | | |

Associated Cases

| Case Id | Case Name | Case Type | Worker Name | Open Date | Close Date |
|---------|-----------|-----------|-------------|-----------|------------|
| | | | | | |

Additional History

Additional Information

Associated Referral and Assignment*

Do Not Associate Referral/Case ID
 Associate with Referral Find
 Associate with Case

Worker Unit
TRAINER, ADMIN Training ADMIN

Save Approval Cancel

CPS History

Prepared by the District of Columbia's
Child and Family Services Agency
Child Protective Services Administration and the Office of Planning, Policy, and Program Support
Final October 28, 2009



As stated earlier in, prior history on a referral is usually reviewed by the CPS investigator. Whenever possible, however, you should still attempt to research any possible history of Agency involvement for every child, parent, caregiver and household members identified.



Procedures

1. Search for the name of each family member on the *Hotline Report* screen under the *Client Detail* tab.
2. Any prior history for a family that is located is added to the *Outcome* screen under *Associated Referrals* and *Associated Case* sections.
3. If the search reveals that there is an open investigation, review the open investigation to identify if the allegations being reported are new, or if they are the allegations being addressed in the open investigation.
4. If the allegations were previously reported in the open investigation, screen out the current referral as a duplicate report.
5. If new allegations are received on an open investigation, link the new referral to the open investigation on the *Outcome* screen under *Make Association* or *Link This Referral* section.
6. For a 24 hour response, notify the investigative social worker and supervisor via e-mail.
7. For an immediate response, contact the investigative supervisor immediately after documenting the referral via phone.
8. Follow the chain of command if you are unable to reach the supervisor.

Child Fatalities

NOTE: All reports to the Hotline of a child's death, regardless of the cause, shall be immediately reported to the supervisor.

General Considerations

1. All fatalities involving an allegation of child abuse or neglect will be accepted by the Hotline as an **immediate response** referral for investigation for children under the age of 18 (and up to age 21 for youth with an open CFSA case).
2. When a report is made alleging that a child's death is the result of child maltreatment, the report shall immediately be referred to the Special Abuse Unit for an investigation.
3. When there is uncertainty as to the existence of child maltreatment, a critical event meeting shall occur within 24 hours. CFSA will conduct a joint investigation with MPD to determine whether the fatality was a result of abuse or neglect.
4. Reports involving a child fatality with no allegations of child maltreatment from the Homicide Unit shall be accepted as an I&R.



Procedures

1. Upon receiving the report of a child's death, you must immediately enter the information contained in the report of the death into FACES as a child fatality.
2. For reports entered as I & Rs, you will forward the reports to the CPS Administrator and the Child fatality Review Unit.
3. For reports entered as investigations, you will complete the Critical Event Summary/Update Form (see Critical Event Policy) and forward the reports the Special Abuse Unit.
4. For reports where the death refers to a child who is the subject of a closed case, you will enter the information and the FACES screen will automatically fill in the Agency's involvement with the family before the case was closed.
5. Forward all reports of child fatalities to MPD Special Victim's Unit (SVU), unless MPD SVU was the originator of the report (see investigations policy).



Remember!

- Gather the assessment information including caller information, demographics, and circumstances surrounding the fatality, other children present in the home, the condition of the children, and location of the parents.
- Immediately perform a data search in FACES for any prior family involvement with CFSA.

- Contact the Child Protection Registry for a clearance on the family in which the fatality has occurred.
- Notify the Hotline supervisor of the fatality, including the results of the data search. The Hotline (or After Hours) supervisor will notify the program manager, program administrator, and the Deputy Director of Programs via telephone immediately upon receiving the fatality information.
- Inform the supervisor whether there are other children in the home and/or if MPD/YIB is requesting that a social worker respond to the home or meet them at the hospital.

Children Left Alone/Children in Imminent Danger



There are certain abuse and neglect situations that require specific procedures. Children left alone and children in imminent danger are two of those categories. “Imminent danger” is defined as any situation that requires an immediate response from CFSA and/or MPD to ensure the child’s safety.

The DC Code §4-1301.05 addresses the use of MPD in such situations as follows:

(d) The police shall immediately after a report is received commence an investigation of a case of a neglected child in immediate danger which case was referred from the agency or reported directly to the police.

(e) Upon the receipt of a report alleging a child is or has been left alone or without adequate supervision, the police shall respond to the report immediately and shall take such steps as necessary to safeguard the child until an agency staff member arrives. Provided, however, that if the agency does not arrive within a reasonable time, the police may transport the child to the agency.

Please note that CFSA has determined in *AI CFSA-08-7, Determination of Child’s Supervision, Self-Care and/or Care of Others*, that a child aged 10 & under should never be unsupervised for any period of time. For those over the age of 10 be sure to consider the following:

- The age of the child.
- The physical, mental and emotional maturity level of the child.
- The behavioral history of the child.
- Any known physical disabilities of the child.



Procedures

1. If the caller is reporting a child left alone or a child in imminent danger, gather the necessary assessment information. In addition, you must find out the following facts:
 - Length of time the children have been left alone.
 - The nature or type of presenting imminent danger.
 - Who left the children alone?
 - Any medical conditions.
 - Prior history of leaving the children alone.
 - Whereabouts of the caregiver(s).
2. After gathering information, contact MPD emergency at 911 as appropriate to the situation. *Ensure that you get the dispatcher’s number*, request MPD assistance with the situation described by the caller, providing the

dispatcher with the address and number of children. **Request that the officer on the scene call the Hotline supervisor on duty with a disposition.**

3. Enter all information into FACES, including the information found by the MPD officers who responded to the request.
4. If the officers report that they have discovered that there is a child or children left alone or in immediate danger, or if they do not receive a response from inside the home, the call shall be entered into FACES as an **immediate response referral**.
5. If the officers report that they did not receive a response from the home, the report will be made a 24-hour referral.
6. If the officers report that the parent or caregiver arrived on the scene after they arrived and the parent is deemed appropriate (not under the influence of a substance or displaying any mental health issue which would impair the ability to supervise the child), a 24-hour referral shall be entered into the system.
7. If the officers report that they found a responsible parent or adult caretaker, the call shall be documented as an I&R.

Child Vulnerability

For child vulnerability factors, see Section XXX (Screening Information). If the report requires an immediate response, then follow the procedures outlined below:



1. Consult the Hotline supervisor as needed.
2. Notify the designated Investigations supervisor. He or she will be responsible for the report. This person is assigned via the “immediate response log”, and is the supervisor who is next to receive an immediate response referral.
3. Immediately call 911 for assistance if the child is presumed to be in immediate danger.
4. In the event that a criminal investigation may be necessary, notify the Metropolitan Police Department (MPD) Youth Investigations Branch (YIB) or Special Victims Unit (SVU) of the need for an immediate response to abuse reports, either verbally and/or by email YDchild@dc.gov and cps.mprd@dc.gov

Domestic Violence

What is Domestic Violence?

Domestic violence (or intrafamily offense) is defined by DC Code §16-1001(5) as “*an act punishable as a criminal offense committed by an offender upon a person:*

to whom the offender is related by blood, legal custody, marriage, having a child in common, or with whom the offender shares or has shared a mutual residence; or with whom the offender maintains or maintained a romantic relationship not necessarily including a sexual relationship. A person seeking a protection order under this subparagraph shall reside in the District of Columbia or the underlying intrafamily offense shall have occurred in the District of Columbia.”



Thus, this definition describes situations of abuse within varying types of relationships- intimate partner relationships- that is, between spouses, former spouses, boyfriends and girlfriends, those with children in common, lovers or those in an intimate relationship where sex may not be involved. It also describes violence among family- persons related by blood, or household members- for example, violence between adult siblings, or between an adult and an aging parent.

Domestic violence includes the threat as well as actual use of violence. It is a unique crime because there is a pattern; it tends to be repeated with more frequency and more severity over time. Domestic violence is a social problem that affects every segment of the population.

Why are calls involving Domestic Violence (or Intrafamily Offense) accepted by hotline workers handling child abuse and neglect calls?

The presence of domestic violence in the home can pose significant risks to children. When children are **exposed** to domestic violence in the home it may impact child safety and well-being. **Exposure** is a more inclusive term that goes beyond “witnessing”, and can include watching or hearing the violent incident, direct involvement (such as trying to intervene), or experiencing the build up of tension prior to the violence or experiencing the aftermath of an assault (seeing bruises or observing maternal depression). Further, domestic violence tends to create the potential for children to copy those negative aggressive behaviors and attitudes. Children who repeatedly witness domestic violence may develop the inability to cope with or resolve conflict without the use of violence.

SPECIAL NOTE: Exposure to domestic violence does not, in and of itself, constitute abuse or neglect. Rather, CPS must assess and document whether domestic violence in the home has resulted in actual harm or specific risk of harm to the children.

What are examples of Domestic Violence?

Power and control are always at the center of any domestic violence. Examples may include but are not limited to the samples in the table below.

| Examples of DOMESTIC VIOLENCE | |
|--------------------------------------|-------------------------------------|
| Physical Abuse | Emotional Abuse |
| Sexual Abuse or Assault | Manipulation or Control of Children |
| Psychological Abuse | Coercion, Intimidation, Threats |
| Verbal Abuse | Isolation Techniques |

Why is it important that we pay close attention to reports involving Domestic Violence?

Many factors can place children at risk but domestic violence is one of the most pervasive. A growing body of research tells us that domestic violence and child abuse often co-occur in families, and that children who live in homes where domestic violence occurs are themselves at risk of being abused. In more than 30 studies of the link between child maltreatment and domestic violence, the majority found a co-occurrence between 30% and 60%. Even when children are not the direct victims of physical violence, they can be profoundly affected by exposure to violence in their homes.



Given the substantial overlap between domestic violence and child abuse, and the severe impact both can have on children, it is critical that there is intervention when there is suspicion of or known instances where children are exposed to domestic violence in the home. CFSA accepts a comprehensive role to provide safety and support to survivors of domestic violence and their children. All survivors will be referred for needed services, and abusive partners will be held accountable for their actions. When appropriate or possible, CFSA will refer the abusive partner to services, such as batterer’s intervention programs, designed to help them change *and* remain accountable.



Key Questions

Given the frequency of domestic violence occurring in combination with substance abuse, mental health issues, and child abuse and/or neglect, these areas of concern must be routinely explored for each call. If the Hotline worker learns of the presence of one or

more of these safety and risk factors during a call, they should explore the identified factor(s) more closely using the following guidelines to gather information:

- a. What is the nature of the current violent incident?
- b. Who is the primary aggressor/abuser?
- c. History, severity and frequency of violence in the home.
- d. History of police involvement.
- e. History of weapons in the home.
- f. Abuser's threats of death or bodily harm to self or others.
- g. Orders of protection or prior DV allegations on previous reports.
- h. Any knowledge of child(ren) interfering in DV incidents.

Safety and Risk in Domestic Violence Calls

The following safety and risk factors in families affected by domestic violence point to *immediate danger of serious harm* and require an **immediate response:**

Assessment of the Seriousness of Danger to Caregiver/Survivor

- The abusive partner used a weapon or threatened the adult survivor with a weapon.
- The abusive partner has access to a gun.
- The abusive partner threatened to kill the adult survivor.
- The adult survivor believes the abusive partner could kill her/him
- The abusive partner caused serious physical injury to the adult survivor.
- The abusive partner tried to choke (or strangle) the adult survivor.
- The abusive partner forced the adult survivor to have sex.
- The abusive partner is drunk [and/or high] every day or nearly every day.
- The abusive partner has beaten the adult/adolescent survivor while she was pregnant.
- The abusive partner is violently and/or constantly jealous.
- The abusive partner has threatened or tried to commit suicide.
- The abusive partner is violent outside the home.

Assessment of the Seriousness of Danger to Child(ren)

- There is suspicion or evidence that the abusive partner or the adult survivor physically or sexually abused a child.
- A child has been physically injured during a domestic violence incident.
- A child narrowly escaped physical injury during a domestic violence incident.
- The abusive partner has forced the adult survivor to witness or participate in abuse of a child.



- The abusive partner controls how the adult survivor disciplines the child.
- The abusive partner uses the children to control the adult survivor.
- The child has been forced to witness or participate in abuse of the adult survivor.
- The abusive partner threatened to harm or kidnap a child.
- A child is especially vulnerable due to age or other factors.
- A child is threatening harm to self and/or others.

Educational Neglect



What is Educational Neglect?

As defined by DC Code §16-2301(9)(A)(ii), any neglected child is a child *who is without proper parental care or control, subsistence, **education as required by law** (emphasis added), or other care or control necessary for his or her physical, mental, or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian.*

Every parent or guardian in the District who has custody of a minor between the ages of 5 and 18 must ensure that they regularly attend school. When a parent does not ensure that their child's educational needs are being met, this is considered educational neglect. This form of neglect may often be accompanied by other problems, ranging from issues with transportation or childcare to high risk circumstances such as substance abuse, domestic violence, and mental illness and/or housing issues.

What are examples of Educational Neglect?

A parent or guardian may be found guilty of educational neglect under the following circumstances:

- The child or children are not enrolled in an educational program, Job Corps, or home schooling.
- The child's school has a record of chronically unexcused absences (**10 or more**).
- The parent or guardian refuses or fails to cooperate with the school's efforts, in-school or outreach, or to ensure the child's attendance.
- The parent or guardian refuses to comply with the requirements for home instruction.
- The child's special education needs are ignored or not allowed, including arrangements for transportation, etc.

The first sign of educational neglect is typically unexcused absences from school. This sign may indicate the possibility of other co-occurring forms of maltreatment. Educational neglect is NOT just a concern for educators, but a concern for the entire community. As a Hotline worker, you must consider educational neglect equally as serious as other forms of neglect, even if the report does not warrant an immediate response.

What is the difference between an “unexcused” versus an “excused” absence?

Any time a child misses school without advance notification, the absence is considered “unexcused”. It is the obligation of the parent or guardian to provide the school with advance notice, even if the child is to be excused for a short part of the day. Failure of the parent or guardian to provide such advance notice will result in the child being considered “unexcused” and constitutes educational neglect. Absences related to a parent oversleeping or doing errands, or requiring a child to babysit a sibling, for example, are considered unexcused absences.

Any time the school has been notified by a parent or guardian that a child must miss school, the absence is considered “excused”. Examples include but are not limited to doctors’ appointments, religious holidays, a family emergency, or illness. *Note: a doctor’s certificate is required if the illness lasts more than five (5) days.*



Procedures

CFSA and DC Public Schools (DCPS) have agreed that educational neglect includes ten (10) or more unexcused absences for students who attend elementary school and junior or middle school.

1. Reports alleging unexcused absences involving elementary, middle school, or junior high school age students are taken and entered onto FACES as Educational Neglect along with any other neglect allegations. Reports that allege parental negligence may specify that the child does not have clean clothes, or the child is required to stay home to babysit or take care of a parent.
2. Reports for youth in high school that do not contain allegations of parental negligence are considered truancy issues. If the caller is a DCPS employee or Charter School employee, he or she will be directed to follow DCPS truancy procedures. In such, the school is responsible for addressing issues of truancy by filing a petition through the DC Superior Court. The call will then be documented in FACES as Information and Referral.

3. Reports alleging educational neglect received from sources other than DCPS or the Charter Schools will be accepted for investigation even if the number of days absent is not known by the caller. If the caller is reporting a pattern of seeing the children home or about the neighborhood during normal schools hours, you must accept this report. You must also request a STARS report. This report must be sent to the Hotline supervisor along with the referral snapshot.

Institutional Abuse

What is Institutional Abuse?

Some children reside in facilities, or institutions, that are specially designed to treat unique circumstances, usually of an emotional or behavioral nature. It is possible that any form of abuse or neglect described in this training may occur while a child is in the care of an institution. If the maltreatment is caused by employees of the institution, it is classified as institutional abuse.

What are some examples of institutions?

Any group facility may be considered an institution for purposes of this document. Some common examples include but are not limited to the following institutions:

- Emergency care facilities
- Foster homes for children in the custody of CFSA, including kinship or pre-adoptive homes
- Independent living programs (excluding the District's Youth Rehabilitation Services Administration licensure)
- Runaway or youth shelters
- Group homes, including therapeutic homes
- Any out-of-home facility providing custodial care, including daycare centers, before and after care programs, hospitals, residential facilities, acute psychiatric care facilities
- All CFSA contracted providers



What are examples of Institutional Abuse?

Any circumstance falling under the definition of abuse and/or neglect that occurs in an institution should be considered an example of institutional abuse, including but not limited to molestation and physical abuse.



Procedures

If reported during normal business hours, institutional abuse reports are assigned to CFSA's **Institutional Investigation Unit**. After hours reports are assigned to a CPS **Investigation Worker**.

(See *Institutional Investigations Policy*.)

1. Institutional abuse reports should be screened for meeting either the immediate response or 24-hour response criteria.
2. Suspected maltreatment or other risk to the health or safety of a child located in the institutional facility in question must be indicated in FACES. Begin this process by checking the box for institutional abuse on the information screen.
3. After checking the *institutional abuse* box, click the *find facility* box. This will allow you to locate the provider. You can search the name of the foster parent or the name of the facility.
4. Choose the name of a person or facility from the pick list. *Please note: Only CFSA foster homes, contracted foster care agencies and contracted group homes are listed in the pick list. Unlisted providers or facilities may be captured under the other facility or provider boxes.*
5. The remainder of the report is entered the same way as the other abuse and neglect reports. However, an institutional abuse report **should not** be entered in the name of the mother of the children. If a specific staff person has not been named as the maltreater, a general term such as "day care staff", can be entered as the maltreater.
6. A Critical Event Report must be completed.
7. Allegations of abuse for institutional abuse reports must be e-mailed to YIB in the same fashion as all abuse reports. The e-mail addresses are: YDchild@dc.gov, and cps.mprd@dc.gov.
8. Institutional abuse reports on children in the custody of or committed to CFSA but placed outside of the District in another jurisdiction must be reported immediately to the appropriate jurisdiction for investigation, *and* immediately referred to the Placement Office and the Office of Licensing and Monitoring for follow-up action. You must document this report as an I & R.



Lack of Supervision

What is the difference between a Lack of Supervision and Abandonment?

A lack of supervision occurs when a parent or guardian refuses to provide parental care or control, or if they are unable to discharge parenting responsibilities because of incarceration, hospitalization, or other physical or mental incapacity.

In general, a child is considered to be abandoned when the parent's identity or whereabouts are unknown, the child has been left alone in circumstances where the child suffers serious harm, or the parent has failed to maintain contact with the child or to provide reasonable support for a specified period of time. For example, if a child resides in a hospital for at least 10 days following birth, despite a medical determination that the child is ready for discharge, but the parent, guardian, or custodian of the child has not taken any action nor made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child, it is considered abandonment. **Note:** as a result of the newly-passed Safe Haven Act (see appendices), a parent who willfully surrenders a child to an authorized receiving facility is not guilty of abandonment.

What are examples of Lack of Supervision?

Although accidents happen in every home, certain accidents may occur as a direct result of lack of supervision.



- A parent is home ironing and leaves a four-year old child in the room while she goes to talk on the phone downstairs. The child sustains burns while trying to iron a shirt.
- An infant became lodged between the bed and the radiator, indicating the importance of appropriate sleeping arrangements. The result is a burn sustained from the hot radiator heater, later requiring skin grafts.
- A seven-year old is home alone and decides to cook dinner for herself on a gas stove, accidentally starting a grease fire.

What is the Age that a child requires appropriate adult supervision?

District law indicates that all “minors” (under age 18) shall be afforded appropriate adult supervision. The law does not specify, however, how old a child must be to remain in a home alone. Therefore, when thinking about leaving children alone, whether for a short or longer period of time, it is important for parents to consider all of the risks involved, including the child’s age, level of maturity, and physical abilities. Below are recommended guidelines for helping a parent decide whether a child should be left at home alone (For more information, see *AI CFSA-08-7, Determination of Child’s Supervision, Self-Care and/or Care of Others*).

1. A child aged 10 & under should never be unsupervised for any period of time. This includes leaving a child unattended in a car, on a playground, or in the yard. When supervising from a distance, the determining considerations should be potential dangers in the environment as well as the ability of the caregiver to have an unobstructed view of the child and if necessary, the ability to intervene. If possible, yards should be fenced.
2. If a child is considered immature and needs direct onsite supervision by an adult or responsible teenager who has been designated by an adult to supervise a younger sibling or neighbor or friend, they should not be left alone for more than two (2) or four (4) hours respectively, and only during daylight hours but not after dark. *Note: Being left alone after dark is not the sole reason for compromising the safety of a child.*
3. If a child is considered mature, but needs monitored care, they may be left alone for up to five (5) hours but not after 10 pm at night. The child must have access to a parent by phone, or a responsible adult who lives a short distance from the child's home.
4. If a child is capable of self care, they may be left unsupervised during the day with appropriate emergency instructions. Although it is not advisable, there may be exceptions or special cases when an



unsupervised overnight period is allowed, but the child must have access to a parent, an immediate neighbor, or responsible adult.

In addition to the above-stated guidelines, when you receive a report on a child left alone, you should make an assessment regarding the child's safety in light of the following considerations:

1. The age of the child.
2. The physical, mental and emotional maturity level of the child.
3. The behavioral history of the child.
4. Prior preparation by a parent, guardian, caretaker or responsible adult who has discussed self-care with the child, including use of potentially dangerous appliances [such as an iron or stove], emergency preparedness and contact numbers, and/or fire escape plans.
5. The accessibility of a parent, guardian, caretaker or responsible adult by phone or in person.

Medical Neglect

What is Medical Neglect?

Neglect of a child's healthcare occurs when a child's caregiver refuses to provide medical, dental, or mental health treatment, despite being financially able to do so, or being offered financial or other means to do so. Some medical neglect may occur because of a particular familial religious or cultural belief that prohibits some medical procedures. In other cases, parents or caregivers simply do not know what they should be doing to properly care for their children.



What Are Examples of Medical Neglect?

- A child exhibits an obvious wound, break, or injury and is not receiving medical attention.
- Neglecting dental cavities where they become abscessed or even septic.
- Failure to follow up on prescribed treatment, appointments, and tests for a diagnosed chronic disease such as diabetes, asthma, tuberculosis, HIV disease, cancer, liver disease, cardio-respiratory support in an infant (e.g. apnea/heart monitor training and use).

- Failure to follow up on mental health issues.
- A child exhibits failure to thrive.



Procedures

Some referrals involving health related issues or concerns may require immediate action, especially if the issue or concern has the potential to lead to more serious medical concerns. The following examples are health concerns that may require the Hotline worker to assign an immediate response for investigation:



- Asthma
- Diabetes
- Complications for an infant on sleep apnea monitor
- Dehydration in a very young child
- Labored breathing (when muscles under the rib cage or between ribs draw inward with each breath)

The worker shall take the report and follow procedures according to the information gathered during the interview.

Failure-to-thrive

Failure-to-thrive is a medical condition in infants and children who are not making normal progress in physical growth, specifically falling below the mean height and weight for their age and sex. These types of reports are most often called in by medical personnel. There are two types of failure-to thrive:

“**Non-organic failure-to-thrive**” is a recognized form of maltreatment that is more easily identified, and in which the assistance of the court can be readily accessed. Children suffering from non-organic failure-to-thrive are often dehydrated. Dehydration can be fatal for young children.

With “**organic failure-to thrive**”, abnormal conditions can interfere with the growth process, such as defects in the internal functions of the body (e.g., the heart, kidneys, and endocrine glands), environmental and interpersonal factors, nutritional deficiencies, and genetics. For example, children can “fail-to-thrive” due to organic reasons such as gastrointestinal reflux.

The following questions can help guide your interview with the caller:

1. Is there a medical opinion that failure to thrive is due to maternal deprivation?
2. What is the current physical state of the child?
3. Is there Intentional withholding of food from the child?
4. Is there any other possible medical explanation for the medical findings?



Mental Illness of the Parent or Caregiver



Parental diagnosis of mental illness by itself is not sufficient to cause problems for the child and family. Nevertheless, the effect of a parent's mental illness is varied and often unpredictable for his or her children. Some parents are able to manage their illness with proper support. When the parent's illness and/or symptoms interfere with their ability to provide appropriate care for their child, then the Agency becomes concerned about the risk to the child.

The following questions can help guide your interview with the caller:

- a. Who is suspected to have a mental health issue or mental illness?
- b. What is the known or suspected impact of the mental illness on the parent/caregiver's ability to supervise, protect, or care for the children?
- c. Does this person have an actual diagnosis?
- d. Is the person currently in crisis?



Please note, that if the information received reveals that a parent's current mental state may present a safety concern for the child, you must contact MPD immediately and request a safety check. Examples of situations that may constitute a safety concern include:

- The parent hallucinating
- The parent acting aggressively or violently



Depending on the report from MPD following the visit to the home, you will proceed as noted:

1. If the officers report that they have discovered that there is a child in immediate danger, or if they do not receive a response from inside the home, the call shall be entered into FACES as an **immediate response referral**.
2. If the officers report that they did not receive a response from the home, the report will be made a 24-hour referral.
3. If the officers report that the parent or caregiver appears to be appropriate (not displaying any mental health issue which would impair the ability to supervise the child), a 24-hour referral shall be entered into the system.
4. If the officers report that they found another responsible parent or adult caretaker, the call shall be documented as an I&R.

Mental Injury (or Mental Abuse)

What is Mental Injury?

According to the National Committee for Prevention of Child Abuse, mental injury is a term for child maltreatment which results in impaired psychological growth and development. It is closely aligned with emotional injury or abuse. As defined by DC Code §16-2301, mental injury means harm to a child's psychological or intellectual functioning that may be exhibited by severe anxiety, depression, withdrawal, outwardly aggressive behavior, or a combination of those behaviors. It may also be demonstrated by a change in behavior, emotional response, or cognition.

What Are Examples of Mental Injury?

Typically, mental injury or abuse is more difficult to assess than physical abuse. Yet, it may have more severe and longer-lasting consequences than physical abuse. It often occurs along with other forms of neglect or abuse, which may be easier to identify:

- Rejection, intimidation, humiliation.
- Threatening a child's life.
- Chronic verbal abuse.
- Hostile acts producing fear or guilt.
- Excessive demands on a child's performance.
- Lack of nurturance, intimacy, affection and acceptance.
- Encouragement or permission by the caregiver for the child to use drugs or alcohol.
- Encouragement or permission of other maladaptive behavior (e.g., chronic delinquency, assault) under circumstances whereby the parent or caregiver is aware of the existence and the seriousness of the problem, but does not intervene.



The above-cited actions may damage the child's intellectual or psychological functioning, as well as impair the child's ability to function within a normal range of behavior. Emotional injury frequently takes the form of verbal assault – constant belittling, insulting, criticizing and demeaning – which undermines a child's sense of self-empowerment, control over his or her own ability to survive the abusive environment, in addition to lowered self-esteem, and sense of well-being.

What Are the Signs of Possible Mental Injury?

There are many possible signs that a child may have experienced mental abuse:

- Fear or over-protectiveness of parent(s)/caregiver(s)
- Discrepancies, blame, inconsistent stories
- Excessively passive, overly compliant, apathetic, withdrawn or fearful behavior excessively aggressive
- Fear or anxiety
- Clingy behavior and forms indiscriminate attachments
- Drastic behavioral changes in and out of parental/caregiver presence
- Depression, self-mutilation, substance abuse, suicide attempts or sleeping or eating disorders

The following questions can help guide your interview with the caller:

1. Is the child suffering from a serious emotional disorder which the parents are unwilling or unable to treat?
2. Is the child's life in danger or well being at risk due to an emotional disorder and/or neglect?



Neglect

What is Neglect?

Generally, neglect is a caregiver's inattention to the basic needs of a child. Because neglect often leaves no visible scars, it is more likely to go undetected. Yet it is the most common type of maltreatment that children experience, and has consequences that are just as serious as abuse. Often chronic neglect will result in future injury or harm to the child. This includes non-emergency neglect, emotional neglect, educational neglect, physical neglect, and inadequate or unsafe housing.



Keep in mind, that it is not neglect when the child's deprivation of parental care and control is due to a lack of financial means.

What are examples of Neglect?

- Deprivation of adequate food, clothing, or shelter
- Educational
- Medical
- Lack of Supervision/Abandonment
- Substance Abuse by caretaker
- Domestic Violence



Procedures

- a. Depending on the type of neglect, you will still ask the appropriate series of questions. Use your experience and practice wisdom to tailor the questions to the specific report before you.
- b. Following the gathering of required information, enter the referral into the appropriate FACES referral screen(s).
- c. **Determining an Immediate or 24-hour response:**
 - Through the decision tree process, FACES will determine the required CPS response time. *If during the course of the report you learn of child safety concerns that require immediate response by a CPS investigator, gather all of the critical information from the reporter and document it on the 1530 form.*
 - Provide this information immediately to the Hotline supervisor and/or Investigations supervisor for assignment and immediate CPS response.
 - Following this action, you will return and complete the documentation process of the referral into FACES.
- d. **Immediate Response Referrals following completion of the decision tree:**
 - Referrals that are classified as immediate response referrals are assigned directly from the Hotline worker to the Investigations Supervisor during the day shift.
 - Once you have input all of the information into FACES, call the supervisor who is “up next” on the Immediate Response List and provide the supervisor with the number of the immediate response referral.
 - If you are unable to contact the assigned supervisor, please contact the program manager or any available program manager.
- e. **Immediate Responses that are reported and received via the Hotline** (Remember: It takes approximately 15 minutes for the Hotline worker to take a Hotline report, excluding FACES data entry.)
 - Notify the assigned Investigations supervisor via office phone and then cell phone (unless otherwise specified by the supervisor). If no response, then contact the Investigations program manager within 15 minutes of the call.
 - Provide the specific information such that the investigative social worker can move forward in conducting the investigation. It should

- be noted that this will be preliminary information (demographics, reporting source, allegations) pending FACES data input.
- The Investigation supervisor will take the information on a form 1530 in order to provide it to the Investigations social worker to initiate an investigation. The Investigations supervisor should also conduct a FACES search for history.
 - After assignment, the Investigations supervisor shall check FACES for further information, i.e. Referral Snapshot, etc. (Note: It takes approximately 45 minutes to get the information into FACES from the Hotline.)
 - **Note:** *Immediate Response assignments are based upon time of call to the Hotline, not time of data entry.*
 - A Supervisor should be contacted no later than 3:15 pm on all I&Rs.
- f. Search Agency history for the name of *every* identified child, parent, caregiver and household member by reviewing the available information in FACES for essential family data.
- Determine current or previous Agency involvement and whether details are relevant to the current child abuse or neglect report.
- g. Forward the completed referral to the supervisor electronically via FACES. The supervisor will review the referral for completeness and appropriateness.
- h. **After Hours Shift:**
- During the After Hours shift, the referrals are sent to the After Hours supervisor, whose duties include the Hotline.
 - The referral will be approved and assigned to the Investigations social worker by the After Hours supervisor.
 - Notify the After Hours supervisor **immediately** if you gather information that meets the criteria of an immediate response.
- i. Appropriate and screened-out referrals received within the tour of duty on each shift are approved by the supervisor within their tour of duty.
- j. The supervisor reviews duplicate referrals. Verified duplicate referrals are screened out.
- k. If there is a referral in which the Hotline worker and/or supervisor determines that an additional level of consultation is required, that referral will be referred to the screening panel for review and disposition.
- l. For those referrals that go before the screening panel, any referrals that do not meet the criteria for child abuse and/or neglect shall be screened out or overridden by the supervisor.
- m. Referrals that are screened out are not forwarded to the Investigations units.



Duplicate Referrals

If you discover through the FACES search that the referral you are entering is a duplicate to a referral currently under investigation (with **exactly** the same allegations), you should screen out the current referral as a duplicate report.

Be sure that the reporter has no new information. “No new information” means that the report of child abuse/neglect is exactly the same as the one contained in a previous referral, including the same child, caretaker, alleged abuse/neglect and incident dates.

Linking Referrals

Any referrals that come with new allegations on an open investigation on the same family must be linked to the existing open investigation. This is accomplished on the *Outcome* screen by choosing the Link This Referral option.



The Hotline social worker will indicate in the history section if the referral is to be reassigned to an investigative social worker if he or she closed an investigation on the same family less than 30 days ago.

Physical Abuse

What is Physical Abuse?

Generally, physical abuse is characterized by physical injury, such as bruises or fractures. Although an injury resulting from physical abuse is not accidental, the parent or caregiver may still not have intended to hurt the child. The injury may have resulted from severe discipline, including injurious spanking, or physical punishment that is inappropriate to the child's age or condition. The injury may be the result of a single episode or indicative of repeated episodes, and can range in severity from minor marks to severe bruising and death.



What are Examples of Physical Abuse?

- Burning, Biting, or Cutting

- Striking a child with a closed fist
- Inflicting injury by shaking, kicking or throwing the child
- Interfering with a child's breathing
- Threatening a child with a dangerous weapon (i.e., firearm, knife, or any other prohibited weapon)
- Spanking a child and leaving damaging marks



What Are Signs of Possible Physical Abuse?

Indicators of Physical Abuse may be obvious external or behavioral signs:

- Broken bones
- Bruises, abrasions, or lacerations
- Burns
- Bite Marks
- Head Injuries (sometimes resulting in brain damage, hemorrhages, and permanent disabilities)
- Fractures
- Unexplained Injuries (discrepancies, blame, or inconsistent stories)
- Fear or over-protectiveness of parent(s)/caregiver(s)
- Discrepancies, blame, inconsistent stories
- Excessively passive, overly compliant, apathetic, withdrawn or fearful or excessively aggressive behavior
- Destructive or physically violent behavior
- Attempts to hide injuries; wears excessive layers of clothing, especially in hot weather
- Difficulty sitting or walking
- Clingy behavior and forms indiscriminate attachments
- Drastic behavioral changes in and out of parental/caregiver presence
- Depression, self-mutilation, substance abuse, suicide attempts or sleeping or eating disorders

What is the difference between Discipline and Abuse?

Discipline is reasonable in manner, moderate in degree, and/or otherwise does not constitute cruelty. Physical discipline, such as spanking or paddling, may not be considered "abuse" as long as it is reasonable and causes no bodily injury to the child and does not leave any bruising on the child. This distinction depends on several factors, including age, circumstances, location, triggering events, recurrence, or mental capacity of the child.

Discipline ***should never involve:***

- Burning, biting, cutting
- Striking with a closed fist
- Inflicting injury by shaking or kicking
- Non-accidental injury to a child under 18 months
- Interfering with a child's breathing

- Threatening a child with a dangerous weapon
- Using an implement to hit a child

Keep in mind, that abuse can be inflicted without the child having been beaten, without there being visible marks, or without the use of implements (belts, cords, spoons, hangers, etc.). There do not have to be bruises in order to find that a child has been disciplined beyond reason. Examples of this include kneeling on rice, grits or dry beans and standing for long periods of time with outstretched arms, or any other forced act that may lead to physical fatigue.

CPS only investigates reports concerning allegations of abuse and neglect perpetrated by a parent, guardian, or custodian of the child. In the case of a serious or life-threatening injury, the District's Metropolitan Police Department's (MPD) Youth Investigations Branch (YIB) may also investigate. *Note: Abuse or neglect perpetrated by non-family members is investigated by MPD. Intra-familial sexual abuse is always investigated by MPD.*

Once the caller has presented an overview of their report, you must gather the necessary information required to document the allegations into the FACES intake screens. The standard information collection during the intake process is the same for both abuse and neglect.

You must also assess the safety of the child based on the information presented by the reporter. You will use this information to help determine if MPD needs to be sent to the location to secure the safety of the child until CFSA can arrive.



The following procedures apply after obtaining the assessment information for reports of physical abuse:

- Determine the response time, either immediate or 24-hour, according to the physical abuse response time criteria.
- Enter the information into FACES and search FACES for any prior reports.
- If the report is classified as an Immediate Response and involves a child under the age of 5, you must notify the supervisor of the Special Abuse Unit.
- If the immediate response referral is in regard to a child age 5 and older, the referral is assigned to a regular investigative unit utilizing the **Immediate Response log** for assignment. On After hour's shifts, you will notify the supervisor.
- All reports of physical abuse shall be reported to the Youth Division of MPD via email. A copy of the referral snap shot shall be attached to an email and sent the following email addresses: cps.mpd@dc.gov and YDChild@dc.gov
- The hotline social worker forwards the completed abuse referral to the hotline supervisor electronically through FACES for approval.

Physical and Sexual Assaults

Referrals in which the alleged perpetrator is not a parent, guardian or caretaker acting in loco parentis, are categorized as an assault. YIB is responsible for investigating these referrals as criminal investigations.



Procedures

1. Obtain the assessment information and enter it into the FACES I & R screens.
2. Include demographic information and a description of the assault.
3. Search FACES for any prior CFSA involvement with the family and/or household members.

4. E-mail a copy of the I&R summary to YIB at YDChild@dc.gov and cps.mpd@dc.gov
5. If your assessment of the call leads to suspected failure to protect or lack of supervision allegations against the institution acting in *loco parentis*, the referral will be entered as neglect.

Runaways



In accordance with a Memorandum of Understanding (MOU) between CFSA, MPD, and the Department of Youth Rehabilitation Services (DYRS), CFSA will take custody of a youth who has absconded from his or her parents or caregivers if the following criteria have been met:

1. The child is determined by the MPD officer to be a runaway (missing person) through a check of the Washington Area Law Enforcement System (**WALES**) and the National Crime Information Center (**NCIC**). WALES is an MPD database that provides MPD access to the NCIC. You must find out who filed the missing person's report and secure their contact information.
2. The runaway does not have any pending charges in this jurisdiction, or the jurisdiction where the youth resides. Runaways who have charges pending should be brought to DYRS.
3. The police have attempted to return the child to their parents during a 3 hour timeframe, if he or she resides in the District. This would include contacting parents, caregiver, or other emergency contacts in the missing person's report. In the instance where there is no home number, the police may elect to take the child to the address in the missing person's report.



Procedures

When criteria have been met, the report should be processed in the following manner:

1. The report should be written up on a 1530 form and assigned to the next available emergency unit.
2. The police officer who has custody of the child will complete an MPD 379, Juvenile Incident Report, *and* an Exchange of Custody form (see appendices).
3. The original 1530, MPD 379, and the CFSA Exchange of Custody form should be given to the assigned unit with the child, and the MPD officer should speak with the assigned social worker.
4. Enter the report into FACES as an Intake & Referral (I&R).

5. If the child makes allegations of neglect or abuse, the information should also be entered on the 1530 form before given to the assigned social worker. Enter this information into FACES as appropriate to the allegation.

Sexual Abuse

What is Sexual Abuse?

Sexual abuse is defined by DC Code §16-2301(32-34) as *(A) Engaging in, or attempting to engage in, a sexual act or sexual contact with a child; (B) Causing or attempting to cause a child to engage in sexually explicit conduct; or (C) Exposing a child to sexually explicit conduct.* (For further detailed information, please refer to the DC Code.)

It should be further noted that sexual abuse includes both touching offenses (fondling or sexual intercourse) and non-touching offenses (exposing a child to

pornographic materials). It may also involve varying degrees of violence and emotional trauma.¹

What Are Examples of Sexual Abuse?

The most commonly reported cases of sexual abuse involve incest, or sexual abuse occurring among family members, including members in biological families, adoptive families, and stepfamilies. Incest most often occurs within a father-daughter relationship. There are, however, reports between mother-son, father-son, and sibling-sibling incest. Sexual abuse may also be committed by other relatives or caretakers.

| Types of Sexual Abuse | |
|--|---|
| Fondling of body parts, including genitals, breasts, buttocks | Indecent exposure |
| Penile penetration, including oral, anal, or genital | Digital penetration or penetration by foreign objects |
| Rape, sodomy or incest | Making of or exposure to pornography |
| Exposure to explicit sexual conduct (actual or simulated) | Sexual exploitation of a minor for purposes of prostitution, internet crimes |
| Failure to protect a child from any of the above examples | Inadequate or supervision of child's exploration or participation in sexual activities (with siblings, friends or neighbors) |

What Are Signs of Possible Sexual Abuse?

Frequently, behavioral signs of sexual abuse manifest themselves prior to physical signs. Once a behavior is identified, a physician's report may conclude that physical signs substantiate an allegation. The following examples include but are not limited to frequent physical indicators of sexual abuse:

- Bruising around genital area
- Swelling or discharge from vagina or penis
- Tearing around genital area, including rectum
- Visible lesions around mouth or genitals
- Lower abdominal pain
- Painful urination or defecation
- Sexually transmitted diseases

Behavioral Indicators:

- Exhibits sexualized behavior (precocious knowledge of explicit sexual behavior, engages self or others in overt or repetitive sexual behavior)

- Is hostile or aggressive
- Is fearful or withdrawn
- Is self-destructive (self-mutilates)
- Seems mature beyond chronological age
- Has an eating disorder
- Is a substance abuser
- Runs away

What differentiates Sexual Abuse from other abuse?



It is important for you to keep in mind that in sexual abuse cases the **MPD Youth Investigations Branch (YIB)** takes the lead in the investigation. (The expectation in the MOU is to conduct joint investigations.) Sexually-abused children must be attended to by professionals who know how to treat the child’s emotional, psychological, and physical response to the abuse.

Only a trained professional should collect the information they need to prove abuse without further traumatizing the child. Note: All DC children who have been or are suspected of having been sexually abused must be seen at the “**Child & Adolescent Protection Center**” at **Children’s National Medical Center (CNMC)**, and receive a forensic interview at the **DC Children’s Advocacy Center (CAC)**, “**Safe Shores**”.

The criteria for prosecution in a sexual abuse case include a four-year age difference between the perpetrator and the victim. All reports of sexual abuse or sexual assaults are forwarded to YIB so they may be investigated by professionals trained in handling these youth.

How does Cyber Crime Influence Sexually Abused Children?



Children are increasingly using the Internet and social networks to form relationships, and the potential for child exploitation certainly exists. If a cyber crime occurs by a parent or legal guardian, it is “abuse” and should be reported to the Hotline. For example, a parent posting nude pictures of their child on a porn site. If the act is performed by anyone else, it is a

criminal matter and should be forwarded to the police.



Procedures

- a. Obtain the required assessment information previously outlined and determine if the referral is an immediate or 24-hour response. **Note:** The referral must be entered as an immediate response if an adult maltreater has access to the child.
- b. The report is entered into the appropriate FACES CPS screens as a sexual abuse report. **Note:** There are several maltreatment types under the sex abuse category that are to be utilized with adult maltreater. The actions of the alleged maltreater shall determine which shall be utilized: **1}** If the maltreater touched the child in a sexual manner, the maltreatment type shall be fondling. **2}** If the maltreater engaged the child in viewing pornography, the maltreatment type shall be exposure to adult sexuality. **3}** If the maltreater engaged in sexual intercourse with the child, the maltreatment type shall be penetration. **4}** If oral sex occurred between the maltreater and the child, the maltreatment type shall be oral/genital.
- c. **NOTE: children cannot be named as perpetrators in a child abuse and neglect system.**
- d. In reports involving children engaged in sexual acts against other children occurring within the family's home or that of a relative is entered as sexual exposure if the child is **12 and below**. Additional allegations of failure to protect and/or lack of supervision against the parents or caretaker should be entered as appropriate.
- e. In reports involving children engaged in sexual acts against other children who are **13 and above**, the allegation shall be lack of supervision against the parent or caretaker.
- f. Both categories must still be forwarded to YIB. The perpetrator can be listed as the parent if appropriate or as unknown, if there is no clear information regarding where the children were exposed.
- g. If there are multiple children from different families in a report involving children engaged in sexual acts against other children, the report will be entered on the child who perpetrated the activity. The other children involved will be interviewed by the CPS social worker during the investigation. The information gathered during the course of the investigation will determine if additional reports are warranted. The CPS investigator is responsible for making any additional reports to the Hotline.
- h. You must email a copy of the referral snap shot or I&R summary report to YIB. The e-mail address is: YDchild@dc.gov and cps.mpd@dc.gov

- i. The referral shall be forwarded as usual to the Hotline supervisor for approval and transmitted to the CFSA designated program manager's box.

Substance Abuse by Caregiver

The Improved Child Abuse Investigations Amendment Act of 2002 includes a neglect definition for the child who is regularly exposed to illegal drug-related activity in the home. The term “drug-related activity” is defined as the use, sale, distribution or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription. The aforementioned Act also defines a neglected child as a child who is born addicted or dependent on a controlled substance.



What is Substance Abuse?

In accordance with the information cited above, substance abuse occurs when a child is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth. Substance abuse also occurs when a child is regularly exposed to illegal drug activity, or in whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child’s parent, guardian, or custodian.

What Are Examples of Substance Abuse?

- Harmful prenatal drug exposure of a child due to the mother’s use of an illegal drug or other substance.
- Manufacture of methamphetamine in the presence of a child.
- Selling, distributing, or giving illegal drugs or alcohol to a child.
- Use of a controlled substance by a caregiver that impairs the caregiver’s ability to adequately care for the child.
- Drug-related activity that has contributed to or is likely to contribute to violent behavior within the child's home environment.

The following questions can help guide your interview with the caller:

- a. Was there a positive toxicology screening for a newborn and/or mother?
- b. Who is abusing substances? What is the known drug of choice?
- c. Does a caregiver appear to be currently under the influence of drugs or alcohol? Probe the caller for descriptive behaviors indicating that there is substance abuse.
- d. Is there any “evidence” that the impact of the substance abuse on the parent or caregiver’s prevents his or her ability to supervise, protect or care for the children?
- e. Do the children have access to drugs/drug paraphernalia?



Procedures

1. Allegations related to any of the aforementioned illegal drug-related activities shall be documented as a referral and entered into FACES with the allegation of neglect.

2. If the caller reports the parent or caregiver is using illegal drugs, the maltreatment type is substance abuse affecting parenting. The Hotline worker should make an assessment to determine if the parent is currently under the influence of drugs, thereby posing a safety concern for the child. If information is received that the parent is currently under the influence of drugs, the Hotline worker must contact MPD to request that they conduct a safety check.
3. If the caller is reporting the sale, distribution or manufacture of a drug, the maltreatment type shall be exposure to illegal drug related activity.
4. Calls from hospitals to report a baby testing positive for drugs in his/her system shall be entered into FACES as neglect, maltreatment type is positive toxicology. If the mother and child are being released from the hospital on the day the report is being made, it will be an immediate response referral.
5. **Calls from hospitals to report a mother testing positive in conjunction with the baby born medically fragile and/or with no plan of care for the baby shall be entered into FACES as neglect and assigned for investigation.**
6. Calls from hospitals to report a mother, who has tested positive for any illicit drugs, **but the baby does not**, and she **does not have any other children** for whom she is the parent or caretaker shall be documented in FACES as an Information and Referral, **if** there aren't any neglect issues reported.
7. Ask if the hospital social worker has referred the parent for substance abuse treatment, and what the mother's plan is to care for her child after leaving the hospital or other hospital interventions.
8. Ask if visiting nurse services will be requested to the home.
9. Inform the hospital social worker that if additional information consisting of neglect is obtained from the nurse's home visit, the nurse should immediately make a report to the Hotline.



Please note: Although alcohol is legal, it can result in abuse that negatively impacts parenting!

Children/Youth brought into CFSA

It may occur that a parent (or unwilling caregiver) or even an officer from the Metropolitan Police Department (MPD) will bring in a child for placement. When this occurs, the procedure may include the following steps:



1. Obtain the assessment information from the parent, caregiver, or MPD officer and child.
2. An Exchange of Custody form must be completed by anyone leaving a child before CFSA can take physical custody of the child.
3. If an MPD officer brings a child into the agency and is requesting that CFSA take physical custody of that child, the officer is required to complete a MPD-379 form (see appendices).
4. Inform the officer, if necessary, that CFSA cannot take physical custody of the child until the MPD-379 is completed. (The MPD-379 form details demographic information as well as a narrative section to include why the officer removed the child from their location, and why the officer is requesting CFSA involvement or placement of the child.)
5. Request a copy (if available) of the original order from the MPD Commander of the Youth Investigations Branch (YIB) instructing the officer to complete the form.
6. Request that the officer or parent or caregiver wait for the social worker or supervisor of the assigned unit before leaving the child.
7. Enter the referral into FACES and forward the referral to the Hotline supervisor for approval.

MISCELLANEOUS REPORTS

SAFETY ISSUES IN NON-PROTECTIVE CASES



As Hotline staff, you will also get calls related to a variety of safety issues that while important are “non-protective” – in other words, they do not require a formal CPS response. These reports are considered non-protective because the safety focus extends beyond the parent/caretaker’s behavior toward their children/youth.

Non-protective reports include but are not limited to the following examples:

- ✓ Suicidal youngster
- ✓ Substance-abusing child
- ✓ Violent child
- ✓ Gang involvement
- ✓ Criminal activity
- ✓ Unprotected or promiscuous sexual activity
- ✓ Family crisis, such as a fire or other catastrophe
- ✓ Sudden loss of primary caregiver due to death or serious illness
- ✓ Appearance/reappearance of dangerous individual in the household



Procedures

- In most instances, you will gather the information from the caller and provide an appropriate referral for support and/or services and enter the call as an I & R.
- You may contact MPD depending on the nature of the caller’s concerns.
- There are some situations which may prompt you to request a safety check from CPS investigations. When these types of reports come into the Hotline, please consult with the Hotline supervisor immediately. They will assist you with this process. These types of cases may at times convert to an actual CPS referral.

ABSCONDENCES

A call with no allegations of child maltreatment, involving a child who was listed as a Missing Person on the National Crime Information Center (NCIC) but subsequently recovered by the Metropolitan Police Department (MPD), shall be entered as an I&R if meeting the following criteria:



- e. The child is not a ward of CFSA. (For children who are wards of CFSA, a “missing” status is considered to be an abscondence and shall be handled by the on-going worker unless there are allegations of abuse or neglect, in which case the Hotline worker shall generate a new report for investigation.)
- f. The child does not have an open case with the Department of Youth and Rehabilitation Services (DYRS), nor does the child have criminal charges pending in the District.
- g. MPD has been unable to locate the parents or caregivers within three (3) hours of locating the child, and the child is a resident of the District of Columbia.
- h. MPD has been unable to arrange for the parents or other jurisdiction to return the child within five (5) hours of locating the child, and the child is not a resident of the District of Columbia.

FALSE REPORTS

If the Agency determines that a false allegation has been purposefully reported or was made in bad faith, the Agency can and will refer the report to the Office of the Attorney General, who will determine if any formal prosecution is warranted. (See D.C. Code 2006 Ed. §4-1301.06.)

CRITICAL EVENT REPORTS



The *Critical Event Summary/Update Form* is an internal document used to inform strategic levels of CFSA management of certain events that are unusual and/or serious circumstances that are negatively affecting the lives of children. (See D.C. Code §4-1371.05(a)(2).)

1. In addition to entering a report into FACES, the Hotline staff shall complete the first two pages of the Critical Event Summary/Update Form for the following situations involving children known to CFSA :
 - a. Child fatalities or critical incidents
 - b. Broken bones or scalding burns in children under the age of 6
 - c. Missing children under the age of 12
 - d. Runaways who are a danger to self or others
 - e. Institutional abuse
2. Note: The *abuse* and *neglect* boxes located under the *death* box should only be checked if the abuse or neglect is life threatening.
3. The Critical Event Reporting Form must be submitted to the supervisor for approval.

MILITARY REPORTS

1. CFSA will coordinate with the Walter Reed Army Medical Center (WRAMC) when a report of suspected child abuse or neglect alleges involvement of active duty military personnel.



(Note: MPD should be notified regardless of whether the alleged perpetrator is on active military duty).

2. Obtain basic demographic information for military reports of maltreatment, including information on each family member considered to be involved in the child abuse or neglect of a child.
3. Obtain the name of the individual who is on active duty. (The military only maintains records of active personnel.
4. All information is to be shared with the WRAMC and the MPD.

REPORTS REGARDING INDIVIDUALS OF SPECIAL INTEREST



In the event of a report of suspected abuse or neglect that involves an individual of special interest, the agency will provide an elevated level of confidentiality to avoid any conflict of interest. (See CFSA-09-11 *Procedures for Special Interest Investigations*.) Individuals of special interest include but are not limited to an elected or appointed official, including judges; an officer of the Metropolitan Police Department, including officers of the Youth Investigations Branch; and/or employees of CFSA.

In such reports the following procedures apply:

1. Immediately notify the Hotline supervisor so that they can inform CPS to restrict access to the report to the assigned investigator, his or her supervisor, program manager and administrator only.

2. If the allegation is against CFSA personnel, the information goes into FACES according to the procedure connected to the allegation being made. If you become aware of *Special Interest* status of the individual, this information must be communicated verbally to your supervisor and/or program manager. The decisions to restrict FACES access to this type of referral is usually made by the program manager.
3. If the allegation is against MPD, the agency will contact YIB/MPD to conduct a joint investigation.



DIPLOMATIC IMMUNITY REPORTS

1. Staff will enter the report in FACES, and notify CFSA's Office of the General Council (OGC) to immediately report situations involving alleged child maltreatment. Any further investigation will be coordinated by the OGC for individuals claiming diplomatic immunity.

Note: MPD should also be notified in cases where the alleged perpetrator of abuse or neglect claims diplomatic immunity.

2. CFSA OGC staff will decide whether it is necessary to contact the State Department to review the scope of the investigation and the question of diplomatic immunity.
3. An investigation will be investigated within the parameters of the appropriate response time, or until the OGC or authorized authority informs the investigator continued investigation is not needed.

DEFINITIONS



- **Adult-** An individual 21 years of age or older.
- **Abandonment** – Evidence of abandonment includes:
 - a child who is an infant whose parents have seemingly abandoned the child. Despite intensive efforts by Hotline or Diligent Search staff the parents have not be located within 4 weeks of the child’s abandonment.
 - a the child’s parent gave a false identification at the time of the child’s birth and have made no effort to maintain a parental relationship with the child for all least 4 weeks from the time the child was found .
 - the child’s parent, guardian, or custodian is known but has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship, or custodial relationship with the child for a period of at least four months; or
 - a child has resided in a hospital located in the District of Columbia for at least 10 calendar days following their birth. Medically, the child is ready for discharge from the hospital, however, the parent; guardian or custodian of the child did not take any action or made any effort to maintain a parental, guardianship or custodial relationship.(Commonly known as a boarder baby).
- **Abuse-** (i) infliction of physical or mental injury upon a child; (ii) sexual abuse or exploitation of a child; or (iii) negligent treatment or maltreatment of a child. The term “abused” when used in reference to a child, does not include discipline administered by a parent, guardian or custodian to his or her child provided that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. The term “discipline” does not include (I) burning, biting, or cutting a child; (II) striking a child with a closed fist; (III) inflicting injury to a child by shaking, kicking, or throwing a child; (IV) non-accidental injury to a child under the age of 18 months; (V) interfering with a child’s breathing; and (VI) threatening a

child with a dangerous weapon or using such a weapon on a child. The above list is illustrative of unacceptable discipline and is not intended to be exclusive or exhaustive.

- **Acting “in loco parentis”-** The term *in loco parentis*, Latin for "in the place of a parent" or "instead of a parent," refers to the legal responsibility of a person or organization to take on some of the functions and responsibilities of a parent.
- **Boarder baby-** A newborn who has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship or custodial relationship or contact with the child.
- **Child-** An individual who is under 18 years of age.
- **Controlled Substance-** “A drug or chemical substance, or immediate precursor, as set forth in Schedules I through V of the DC Uniform Controlled Substances Act of 1981, which has not been prescribed by a physician.”
- **Custodian-** A person or agency, other than the parent or legal guardian:
 - (A) to whom the legal custody of a child has been granted by the order of a court;
 - (B) Who is acting in loco parentis; or
 - (C) Who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child.

(Custodian is not a factual description of the living arrangements between someone and a child. It refers to more than mere physical custody and/or control; rather, it refers to the legal/custodial relationship, as defined by law.)
- **Drug-related activity-** The “use, sale, distribution, or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription.”
- **Guardian-** A person who is not the parent of a child, but who has been appointed by the court to promote the general welfare of the child.
- **Immediate danger-** a dangerous situation is present or likely to occur in the immediate future.
- **Imminent Danger**
- **Intra-familial abuse-** The abuse of a child committed by a person who is related to the child by *blood, legal custody* or *marriage*, or has assumed parental responsibilities or obligations for the child. [*Blood* meaning biological parents, *legal custody* meaning via court order, and *marriage* meaning step parents.]

- **Negligent Treatment of maltreatment-** Failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect and the deprivation, is not due to a lack of financial means by the child’s parent, guardian or other custodian.”
- **Neglect-** A “neglected child” means a child:
 - (i) Who has been abandoned or abused by his or her parent, guardian, or custodian, or whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child. For purposes of this subparagraph, the term “reasonable efforts” includes filing a petition for civil protection from intrafamily violence pursuant to DC Code §16-1003;
 - (ii) Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or custodian;
 - (iii) Whose parent, guardian, or custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity.
- *Note: Mental incapacity includes substance abuse.*
- (iv) Whose parent, guardian, or custodian refuses or is unable to assume the responsibility for the child’s care, control, or subsistence and the person or institution which is providing for the child states an intention to discontinue such care;
- (v) Who is in imminent danger of being abused and another child living in the same household or under the care of the same parent, guardian, or custodian has been abused;
- (vi) Who has received negligent treatment or maltreatment from his or her parent, guardian, or custodian;
- (vii) Who has resided in a hospital located in the District of Columbia for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship or custodial relationship or contact with the child.

Note: Such a child is commonly called a boarder baby.

- (viii) Who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her

system at birth (Note: the court cannot make a finding of neglect based solely on this provision. DC Code § 16-2317(b));

- (ix) In whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent, guardian, or custodian or
- (x) Who is regularly exposed to illegal drug-related activity in the home.

See DC Code § 16-2301(9)(a)

Note: The law also provides that "no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child for the purposes of this subchapter." See DC Code § 16-2301(9)(b). CFSA must determine whether this exception applies on a case by case basis and consult with the Office of General Counsel when needed. Workers should not have reservations about seeking petitions when, in their professional judgment and assessment, a child is in immediate danger.

- **Mental Injury-** "Harm to a child's psychological or intellectual functions, which may be demonstrated by their acting out severe anxiety, depression, withdrawal symptoms. The child may also express aggressive behavior towards others, or a combination of these behaviors.
- **Parent-** the mother or father at the time of birth.
- **Physical Injury-** "Bodily harm greater than temporary pain or minor physical marks."
- **Referral-** A report of child abuse/neglect called into the Hotline.
- **Sexual Abuse-** Engaging in, or attempting to engage in, a sexual act or sexual contact with a child (see definitions of "sexual act" and "sexual contact");
 - Causing or attempting to cause a child to engage in sexually explicit conduct (see definition of "sexually explicit conduct"); or
 - Exposing a child to sexually explicit conduct (see definition of "sexually explicit conduct").
- **Sexual Act-** Penetration, however, slight, of the anus or vulva of another by a penis;
 - Contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or
 - The penetration, however slight, of the anus or vulva by a hand or finger or by any object, with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.
 - The emission of semen is not required for the purposes of subparagraphs (A)-(C) of this paragraph.

- **Sexual Contact-** “The touching with any clothed or unclothed body part or any object, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person with an intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of any person.”
- **Sexual Exploitation-** A parent, guardian, or other custodian allows a child to engage in prostitution or engages/allows a child to engage in obscene or pornographic photography, filming, or other illustrative or promotion of sexual conduct.
- **Sexually Explicit Conduct** - Actual or simulated:
 - Sexual Act;
 - Sexual contact;
 - Bestiality;
 - Masturbation; or
 - Lascivious exhibition of the genitals, anus, or pubic area.
- **“Screening-in” a report-** An allegation of child abuse or neglect that meets the District’s standard for investigation or assessment. A report that reaches the meets the states standard for investigation or assessment is called a referral.
- **“Screening-out a report-** The allegation did not meet the State’s standard for an investigation or an assessment.
- **Vulnerable child-** A vulnerable child is one who is unable to protect him or herself.
 - This includes a child who is dependant on others for sustenance and protection.
 - A child who is defenseless, exposed to behavior, conditions or circumstances that he or she is powerless to manage, and is susceptible and accessible to a threatening parent or caregiver.
 - Vulnerability is judged according to the child’s physical and emotional development, ability to communicate needs, mobility, size and dependence.

APPENDICES

- **DC Code § 4-1321.01(2008)**
- **Hotline Policy**
- **Child Fatality Policy**
- **Child Protection Register Policy**
- **Confidentiality Policy**
- **Investigations Policy**
- **Missing Children/Youth Policy**
- **DC Compulsory School Attendance Law 8-247**
- **DC Home Schooling Fact Sheet**
- **Critical Event Summary/Update Form**
- **Proposed Truancy Rulemaking**
- **Safe Haven Law**
- **Child Abuse Investigations Amendment Act of 2002**
- **Physical Custody Exchange Form**
- **PD 379-B**
- **PD 379-C**
- **Memorandums of Understanding (MOUs)**
- **FACES CPS Allegations**
- **Administrative Issuances**
 - Determination of Children's Supervision, Self-Care and/or Care for Others (CFSA-08-7)
 - Immediate Requirements for All CPS investigations (CFSA-08-2)
 - Neglect Investigations for Active Cases (CFSA-09-6)
 - Procedures for Implementing the Newborn Safe Haven Emergency Act of 2009
 - Procedures for Special Interest Investigations (CFSA-09-11)

- **Child Abuse Hotline Numbers- Maryland and Virginia**
- **Neglect- Quick Reference Page**
- **Abuse- Quick Reference Page**