

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY**



INVESTIGATIONS

PROCEDURAL OPERATIONS MANUAL (IPOM)

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INTRODUCTION

MISSION

The mission of the Child and Family Services Agency (CFSA) is to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families.

CFSA'S FOUR PILLARS STRATEGIC FRAMEWORK

CFSA's strategic agenda, known as the *Four Pillars Strategic Framework*, guides CFSA's efforts to improve outcomes for children and families. The Four Pillars are values-based and strategy-focused with specific outcome targets:

- **Pillar One:** Front Door – Families stay together safely.
- **Pillar Two:** Temporary Safe Haven – Children and youth are placed with families whenever possible. Planning for permanence begins the day a child enters care.
- **Pillar Three:** Well-Being – Children and youth in foster care maintain good physical and emotional health. Children and youth in foster care get an appropriate education and meet expected milestones. Youth in foster care pursue activities that support their transition to adulthood.
- **Pillar Four:** Exit to Permanence – Children and youth leave the child welfare system quickly and safely. Youth actively prepare for adulthood.



LEGAL RESPONSIBILITY

The Child and Family Services Agency is legally responsible to maintain a single reporting line to receive reports of child abuse and neglect (the hotline) and conduct a thorough investigation when responding to those reports to safeguard the rights and protect children whose parents are unable to do so. Refer to the [Hotline Policy](#) for more information.

IPOM OVERVIEW

The Child Protective Services (CPS) IPOM is an easy-to-use reference tool for investigating child abuse and neglect allegations received by the CFSA (or Agency) Hotline. Designed specifically for the CPS social worker, the IPOM provides practical tips, guidance and, step-by-step procedures for giving children the immediate attention they need for their [safety](#) and protection, followed by long-range planning for their [permanency](#) and [well-being](#).

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.

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

This IPOM is a living document that fully supports the Agency's stated mission. The role of the CPS social worker to help fulfill this mission cannot be underestimated!

CPS GUIDING PRINCIPLES

In addition to supporting CFSA's stated mission, the IPOM reinforces the guiding principles of the CPS Administration:

Quality & Competence— High quality investigations, including safety and risk assessments, are essential for the protection of children, youth and families. When a high-quality investigation is completed, the Agency's clients are ensured the protection and safety they deserve.

Excellence – Excellence in service delivery is a continuous process and involves critical thinking, non- judgmental communication, professional interpersonal interviewing, adherence to policy and procedure and the use of best practices.

Accountability – Sound decision-making based on policy and procedures helps to ensure accountability. Accountability is also accomplished through comprehensive assessments informed by the gathering of pertinent facts and details. Accurate and concise documentation of our decisions and the information that supports them prove our efforts.

Efficiency – Through use of the Agency's state-of-the-art comprehensive child welfare information system, known as FACES.NET, you can increase the efficiency of service delivery to clients as well as increasing the Agency's ability to track placement and permanency data.

Timeliness – Children in need of protection also need rapid intervention to secure their safety. The timeliness and accuracy of your response, along with policy compliance, will ensure the best safety intervention process possible. Equally important is timeliness in the documentation of the investigation notes. Details should be documented as soon as possible (and within 24 hours) after you have gathered the information. Concerns that need to be raised to a supervisory level should never be delayed, including calls from the field, as needed, to support your work and decision-making.

As a gatekeeper for the children and families entering the child welfare system, you are bound by the above guiding principles whenever you are investigating reports of alleged child maltreatment (another way of saying or child abuse and neglect).

In partnership with your management team, the CPS IPOM will support your ability to respond to allegations of child abuse and neglect. As a living document, the IPOM is specifically designed to evolve alongside the changing needs of the District's child welfare population and enhancements to child welfare practice. Accordingly, the IPOM will automatically serve as a vehicle for implementing new evidence-informed child welfare practices while simultaneously incorporating current policy and procedures, and relevant federal and District CPS requirements.

As you use this manual, please remember these three important notes:

- CFSA is involved in investigation and treatment of child maltreatment that occurs in the District of Columbia for all children no matter where they may legally reside. CFSA may also be involved with District children maltreated outside of the District, but who legally reside in the District. CFSA's response may be limited if neither parent is a DC resident.
- The Office of the Attorney General (OAG) represents the agency in all court-involved matters. CFSA's Office of the General Counsel (OGC) represents the agency at fair hearings. You will find references to these offices throughout the IPOM.
- In recognition that a child's biological parent is not necessarily the child's caregiver, this IPOM uses the term "caregiver" when referring to the person who is or was giving care, such as a biological parent, or person acting in loco parentis. This term is used interchangeably throughout the manual.

OVERVIEW OF THE CPS ADMINISTRATION

CFSA is the District of Columbia's cabinet-level agency responsible for the investigation of allegations of abuse and neglect of children residing in the District of Columbia. The Agency's CPS Administration is responsible for accepting the referrals through the Hotline. CPS staff determines whether the referrals rise to the level of abuse or neglect thus causing the need for a child welfare response. If so, CPS will also determine whether the referral requires an investigation and within what time frame (immediately or within 24 hours).

CPS Roles and Responsibilities

The more you understand the individual roles and responsibilities for each member of the CPS team, the more effective and stream-lined communication will be. Clear communication can aid in achieving more successful outcomes for child safety. Remember: the CPS teaming process is a built-in structure and support network for social workers and managers to perform their assigned roles and duties.

Program Administrator

In support of the District of Columbia (DC) Child and Family Services Agency's (CFSA) teaming principles and best practice standards, the CPS administrator is a hands-on leader who is available for consultation, feedback, and direction. In addition to providing strong leadership and oversight for all CPS operations, the following responsibilities are some of the CPS administrator's major duties:

- Plans, manages and directs the daily operations of the CPS Administration by establishing goals, objectives, short and long-range plans and projects, in addition to developing and interpreting operating and program policies and procedures. Also reviews, evaluates, and revises program and service delivery.
- Assumes responsibility for administrative and clinical oversight to ensure compliance with DC Government, DC Superior Court, and local and federal law and guidelines. Provides guidance and direction in the determination of acceptance or denial of referrals.
- Provides direction to CPS managers by analyzing program operations and activities and providing feedback regarding needs, improvements, and accomplishments, advising on projects or problems, serving as a technical resource, and in consultation with the Agency's attorneys, interpreting and applying laws. Reviews and develops program plans and schedules.

Program Managers

The CPS program manager is experienced in assessment and evaluation, communication and negotiation, performance management, staff development and training, and the ability to provide day-to-day oversight of CPS units that provide direct and indirect services to and for children and families. In addition to aiding the CPS administrator as needed, the following responsibilities are some of the major duties of the program manager:

- Planning and directing work through supervisory social workers, and monitoring service delivery for staff compliance with statutory guidelines and regulations as well as Agency policies and procedures in order to effect remediation of child abuse and neglect problems.
- Managing development and implementation of case management work plans consistent with program objectives to plan and evaluate daily operations.
- Meeting regularly with front-line supervisors to discuss program progress and sharing information of mutual concern. Advising operational problems; receiving and discussing reports; making assignments and discussing staff recommendations.

Supervisory Social Workers

The supervisory social worker is responsible for overseeing and leading a team of social workers who provide direct professional social work services to children and families in the areas of abuse and neglect. The work impacts the Agency's mission to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families by providing services and contributing to the overall efficiency of the program operations and service delivery.

The importance of the supervisory role in consulting and overseeing child safety decision-making is as important as the actual practice occurring among CPS social workers in the field. CPS supervisors must make every effort to ensure that the safety and well-being of children and families is secured through the delivery of professional, high-quality, competent, and timely services. The following functions are some examples of what is expected of CPS supervisors as part of their supervisory responsibilities:

- Set clear expectations for staff and assist with their professional development.
- Inform social workers of any practice or policy changes and provide guidance as needed.
- Be available for supervision and consultation as needed.
- Create a climate of teaming and address staff needs to maintain the teaming environment.

CPS Social workers

Child protection is one of the most challenging area of child welfare. The CPS social worker is responsible for providing a full range of direct professional social work services to children and families of the District of Columbia, to include the areas of abuse and neglect. The CPS social worker is the person who that begins critical engagement with a family, as they are the first person from the District of Columbia Government coming into a home and/or seeing a child alleged to be abused or neglected.

CPS social workers are responsible for the referrals assigned to them, including field investigations and provision of services. Their responsibilities include some of the following major duties:

- Conduct home visits to assess the safety of children and strengths and needs of families; contacts collateral source; reviews pertinent information; makes appropriate referrals.
- Develop and implement case assessments and plans to remediate child abuse and neglect with both parents.
- Responds to crisis situations and intervene to address immediate concerns.

Family Support Workers

The family support worker (FSW), has the primary responsibility for providing specialized support services to CFSA direct-service staff. In the CPS Administration, the FSW assists CPS staff with activities across the administration that include but are not limited to the following tasks:

- Participates in home visits and investigations (as needed) to determine the needs of clients and gather pertinent information related to the child and family. Assists in locating the assessment sites; conducts unaccompanied home visits while ensuring the home environment is safe; facilitates visitations, arranging or transporting of children; assists with physical oversight of groups of children and enters observational information into FACES.NET as appropriate.
- Facilitates access to a wide range of supportive social services tailored for complicated cases. With guidance, develops plans for and provides appropriate assistance for child and family participation in services on a continuing basis. Makes recommendations for planned use of Agency resources and auxiliary services.
- Assists social workers by discussing and documenting clinically related information into the case record.
- Provides transportation assistance for clients to and from CFSA to court, service providers, city hospitals and to other institutions at the request of the social worker or supervisor; and enters observational information into FACES.NET.

Types of Units

CPS is open 24 hours a day, 365 days a year. Accordingly, CPS employees are considered “essential employees” pursuant to DC regulations for emergency government closures. Under its current structure, CPS has different units to address the various allegations reported to the Hotline. Resource needs of the CPS Administration, however, may sometimes require any given CPS social worker to handle an investigation that falls outside of the social worker’s unit. Therefore, every CPS social worker should be well-versed in all aspects of child maltreatment and be able to complete all types of investigations.

Investigative Units

Traditional CPS units investigate neglect allegations, as well as allegations of physical abuse of children, sexual abuse of children of all ages, and child fatalities by parents, caregiver, guardians, or others acting in loco parentis.

Institutional Unit

The institutional unit investigates allegations of abuse or neglect reported to have taken place in foster homes, group homes, congregate care facilities, residential hospital facilities, boarding schools, licensed daycare facilities or homes, and juvenile detention facilities operated by the DC Government (including DC’s Department of Youth Rehabilitation Services’ New Beginnings Youth Development Center, which, although located in Laurel, Maryland, is a DC-run facility).

Note: *CFSA does not investigate assaults by staff members in schools, such as DC Public Schools, DC Public Charter Schools, or private schools unless the staff members are acting in loco parentis (i.e., staff are acting in place of a parent for a child or youth enrolled in a residential school). Concerns related to assaults that occur in schools may come through the CPS Hotline, but these calls are forwarded to DC’s Metropolitan Police Department for investigation as assaults.*

Educational Neglect Unit

The Educational Neglect Unit investigates reports that are screened in by the Educational Triage Unit. Additionally, the Educational Neglect Unit investigates any reports that reach the threshold for a child welfare response, including reports received from individuals not associated with a school, such as relatives, neighbors, etc.

The focus of the educational neglect investigation is intervention planning aimed at resolving the issues that led to the absenteeism, in addition to planning for prevention of future educational neglect referrals. This planning requires teaming with the school to address the immediate needs of the family, as well as long-term planning to ensure appropriate supports are in place. The investigation otherwise mirrors the traditional CPS investigation process, and may result in a disposition of unfounded, inconclusive or substantiated, with resultant community service referrals (e.g., local Collaboratives) or for In-Home supports via an open CFSA family case and possible removal if it is determined that the children cannot remain safely in the home.

Educational Neglect Unit social workers also participate in various Educational Neglect prevention efforts with DCPS, such as meeting with school staff during the summer months to coach them on recognizing and preventing barriers to regular attendance, providing mandated reporter coaching, and providing community resources to help schools service families to improve attendance.

ASSIGNMENT PROCEDURES

TYPES OF ASSIGNMENTS

Investigation

The investigation is the process to determine whether a child is an abused/neglected child. Its purpose is to determine if there is harm to a child, reduce the risk of harm and increase the safety of the child while simultaneously determining the need for services to support family stabilization. Investigating reports accepted by the CPS Hotline is the center and focus of the investigative social worker.

Information and Referral (I&R)

These are reports that do not rise to the level of abuse and neglect. These calls may require consultation with a supervisor to determine the most appropriate response. [Examples](#) of an I&R report include the following:

- a. A call with no allegations of child maltreatment that involves a parent or caregiver who desires to apply for legal custody or joint custody.
- b. A call with no allegations of child maltreatment but a child who is refusing to comply with parental rules and guidelines, engaging in criminal activity, or refusing to attend school.
- c. A child in “shelter in care” or a “committed” child who has left the foster home or private agency or a child who is returning from running away.
- d. A call with no allegations of child maltreatment that involves a child was a listed as a “missing person” on the National Crime Information Center (NCIC) database but was subsequently recovered by MPD shall be entered as an I&R. For further information, see *CFSA policy on Missing, Abducted, and Absent Children*.
- e. A request for social services or information with no allegations of child maltreatment.

Other Duties as Assigned

All CPS personnel are expected to approach their assignments and the duties of the administration with flexibility and a teamwork approach with the safety of children being paramount. Teaming may require supporting another social worker or team, or an FSW.

INVESTIGATION RESPONSE TIMES

Timely initiation of investigations is required for determining children's safety. DC Municipal Regulations mandate the following response times for commencing investigations, depending on the nature and severity of the allegations:

Immediate Response

- An "immediate response" is required when a report of suspected abuse or neglect indicates that the child's health or safety is in imminent danger, i.e., there is present danger to the child that qualifies as an emergency and that requires an immediate response. This response must occur within 2 hours of the Hotline receiving the report.
- 2-hour response time examples:
 - There is a child fatality or near fatality where abuse or neglect is suspected.
 - A child has a serious condition or serious injury that requires Immediate medical attention.
 - Police are requesting an immediate response.
 - The child is currently alone and requires immediate care.
 - It is likely that the child will be exposed to harm or unsafe conditions within the next 24 hours.

24-hour Response

The "24-hour response" time is assigned to a report when there is no immediate danger or imminent risk of abuse or neglect. This 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.

Initialing an Investigation

The purpose of initialing an investigation is to respond to an accepted report of abuse and neglect in a timely manner. The investigative social worker is to assess for safety and any current or future risk. When initialing an investigation, the social worker **(must)** interview the victim child(ren)/youth and or any other child(ren)/youth within that household within (24-48hrs). The following are ways the social worker should consider initialing the investigation, but not limited to, using your clinical judgement and critical thinking:

- Contacting the school to verify if the child(ren)/youth are present as well as attempting to gain access to the emergency contact information to gather more information to locate and complete a school visit
- Contacting the reporter if known to gather additional information about the child(ren)/youth location
- Completing a diligent search referral to identify other relatives who may have additional information about the child(ren)/youth whereabouts

- Reviewing FACES database to acquire additional information about the child(ren)/youth location

***Note:** If efforts to see the child were unsuccessful, you must document and describe an explanation of the efforts in the child's record, as well as in FACES.NET. Include dates and times.*

Assignments

CPS recognizes the benefit of reviewing select referrals via a RED Team review (led by the assigned supervisory social worker or a CPS program manager). RED Team reviews are held two or more times each day. The reviews, at a minimum, flag any referrals (both CPS referrals) that raise concerns related to appropriate next steps, and could also include screening them out.

The RED Team may choose to override the FACES.NET Decision Tool Summary and Outcome Results, based on appropriate clinical assessment. Decisions to screen out a referral are made by the team and documented in FACES.NET by a CPS program manager or their designee

CPS assignments require that social workers be available at irregular hours and always be ready to perform the CPS duties of protecting children and youth. In addition to investigations, assignments might include linking referrals or 30-day returns (see "Links" and "30-day Returns" below). The assignment procedures below apply primarily to dayshift assignments. However, links and 30-day returns may also apply to after-hours shifts.

Regular response investigations are assigned to the unit supervisors on a rotating basis at the beginning of the dayshift. Consideration is given to the number of staff in each unit. Immediate response investigations are assigned to unit supervisors on a rotating basis throughout the shift.

Assignments are made to the social worker from the direct supervisor or a member of the CPS management team. These assignments follow a rotation developed within your unit. The rotation patterns vary across units and shifts to best meet each unit's functioning needs.

Some common scenarios are described below regarding other aspects of assignments:

Regular Day Off (RDO) and social worker Leave Assignments (All shifts)

- When a social worker or unit is on RDO, there will be no assignments, including links or 30-day returns. These matters may be "initiated" by another social worker and returned to the assigned social worker for completion after he or she returns from RDO. The removing social worker is responsible for all court related matters even if court/papering falls on the RDO.
- When a social worker on leave would have received a link or 30-day return assignment, the investigation is assigned to the unit of that social worker.

Companion Investigations (All Shifts)

- To streamline investigations that involve families in the same household or investigations involving the same incident, CPS assigns these matters as “companion” investigations to be assessed by the same CPS social worker or unit. At the discretion of CPS management, companion investigations may be handled by separate units when there is a mixture of traditional and specialized allegations or when special circumstances warrant.

Links (All Shifts)

- When there is an open investigation on a family and the Hotline receives a new allegation, the Hotline links the new referral to the existing investigation and CPS investigator. Linking a referral streamlines the investigation process to ensure that the same social worker handles all open allegations associated with the same family.
- Regardless of the type of investigation, links are assigned to the social worker involved with the family. This linking may include a traditional allegation and a specialized investigation or vice versa, i.e., linking a specialized allegation during an investigation to a traditional unit. The supervisor of the specialized unit will assist with specialized allegations if this consultation is needed.

Additional Information to the Hotline

At times, a reporting source will provide the Hotline with additional information on referrals or cases that are already active with CFSA. If the report is not screened in; it is not linked to the open investigation; however, the information captured in the new report is sent to the investigating team working with the family and a contact is entered into FACES to reflect that a new report was received and the information was shared with the investigating team. This new information should be explored, and your findings documented in your investigation notes.

30-Day Returns (All Shifts)

- CPS makes every effort to minimize duplication of investigations and services. Therefore, when a social worker has closed an investigation within the last 30 days, and a new allegation is received on this same family, the new referral will be assigned to the same social worker previously assigned to the family.
- In contrast to the practice regarding links where investigation types are combined, assignments of 30-day returns are restricted to the same investigation type, e.g., specialized units will only receive 30-day returns when the new allegations are also specialized.

Day Shift Weekend Assignments

All social workers are required to work rotating weekends.

- All CPS investigative supervisors of the traditional investigation units are assigned to weekends. These supervisors have discretion regarding retaining up to two investigations for a social worker's permanent workload. This information is tracked through the shift-to-shift process.
- Weekend staff members are tasked with ensuring that 24-hour contacts and safety assessments are completed for as many investigations that are assigned. As a result, an "all hands" approach is frequently necessary when determining work assignments.
- If social workers need to conduct removals on investigations outside of their typical unit assignments, these investigations will remain with the removing social worker.

Holiday Assignments (All Shifts)

- All social workers may be required to work at least one holiday during the year.

Removal Assignments

- At times it may be necessary for a social worker to conduct the removal of a child from a family that may also be the subject of a link or 30-day return, and the removal may also be assigned a different social worker. In these instances, the two social workers must coordinate their efforts to best serve this family.
- If the non-removing social worker has information pertinent to the removal and services referred for the family, they should attend the Family Team Meeting (FTM), confer with the assistant attorney general (AAG), and attend the initial hearing (along with the removing social worker). This social worker is also responsible for completing the investigation.
- If the non-removing social worker has not yet met the family or does not have information pertinent to the removal or services for the family, consideration should be given to reassigning the investigation to the removing social worker. This decision will be made jointly between the supervisors of the respective social workers.

Management Assignment Discretion

In the best interests of children as well as CFSA employees, CPS management at all times retains the discretion to make assignment decisions through a panel review, based on a variety of relevant factors, including the need for "new eyes" on an investigation, or the availability of staff and resources.

CPS SKILLS AND PRACTICES

Commitment and Flexibility

The environment of CPS is fast paced yet rewarding. Social workers who do this work must be committed, flexible, and have strong organizational skills to work within the mandated time constraints that have been established to meet the needs of vulnerable families. Additionally, all social workers must comply with federal and DC standards alongside the CFSA Practice Model. Keep in mind that professional social workers are also child welfare professionals. Professionalism is displayed by a strong work ethic, commitment to children and families, high-quality social work practice, and respect for time and attendance.

The Professional Helping Relationship

The potential value of a sound relationship base cannot be overlooked because the relationship is the specific part of the process that conveys the helper's interest in and acceptance of the client as a unique and worthwhile person and builds sufficient trust ...—Cormier, Nurius, and Osborn, 2013¹

Every CPS program manager, supervisor, social worker, and FSW must understand the importance of building the professional helping relationship by maximizing existing strengths and developing new ones. The “Core Conditions of the Helping Relationship” include *respect*, *empathy*, and *genuineness*. These are the essential conditions for laying the foundation for engagement and for developing any professional helping relationship. Regardless of a social worker's title, when these attributes are projected while intervening in the lives of families, caregivers, and children, social workers provide an opportunity for everyone—including themselves—to experience a sense of being understood and valued. The natural outcome is a relationship where both parties are more willing to engage in helping one another and themselves.²

Respect, Empathy, and Genuineness

The following definitions of respect, empathy, and genuineness come from the New York State Office of Children and Family Services Supervisory CORE Curriculum developed by the SUNY³ Research Foundation Center for Development of Human Services.

You must project these three core attributes to develop relationships with families and to help meet their needs while promoting safety for their children.

Respect: “... Valuing another person because he/she is a human being. Respect implies that being a human being has value in itself.”

¹ Cormier, S., Nurius, P., & Osborn, C. (2013.) *Interviewing and change strategies for helpers*. Belmont, CA: Brooks/Cole.

² This paragraph is based on the Administration for Children and Families' “Child Protective Services: A Guide for Cases workers,” available at <https://www.childwelfare.gov/pubs/usermanuals/cps/cpsc.cfm>

³ State University of New York

When you display respect, you show a belief that human beings are worthy of respect, an understanding of the uniqueness of each person, and a belief that people can change. When respect is communicated, the following positive goals are accomplished:

- Reinforcing caregiver strengths
- Communicating warmth
- Suspending critical judgment
- Demonstrating commitment
- Developing empathy

Empathy: "... The process of tuning into (feeling) another person's feelings, developing a sense of what the situation means to and feels like for the individual, and communicating understanding and compassion to that person. It is in the nature of empathy that we build a bridge between ourselves and others."

You display empathy when you develop the following skills:

- Tuning into another person's feelings
- Communicating compassion
- Expressing a desire to understand
- Learning what is important to the family

Genuineness: "... Involves being aware of one's own feelings and making a conscious choice about how to respond to the other person, based on what will be most helpful in facilitating communication and developing a good relationship."

Expressing genuineness includes the following positive actions:

- Being authentic
- Remaining non-defensive
- Matching verbal and nonverbal behaviors

Each of these core attributes is critical for reinforcing the helping relationships between CFSA staff and with clients and external stakeholders. When embarking on any investigation, you should ensure each of these three attributes are at the forefront so you can be your best professional self when engaging with families.

Objectivity

Objectivity is the principle of examining situations without bias. Investigative social workers must be objective enough to systematically evaluate clients and their situations in an unbiased, factual way.

The Importance of Objectivity

Throughout the investigation process, you must remain objective. To maintain objectivity throughout the CPS response, you should incorporate the following skills in your work:

- Being aware of and consider how their own values, beliefs, feelings, and needs influence perceptions
- Paying careful attention to detail when making observations
- Conducting an open, systematic search for facts before drawing conclusions
- Practicing consistency in decision making, following policy and procedures over emotion

Understanding and Engaging the Family System

Families often become involved in the child welfare system because of disturbances in the family system, usually due to changes in the larger environment or within the family itself. To assess safety and assist the family, you must complete assessments within the required response time. When you comply with the response time noted on the referral, it allows you to accurately determine whether there are any safety factors that place the child in immediate or impending danger. During the assessment, you will examine and evaluate the home conditions and interview and observe all members of the household, including the alleged victim, parent or caregiver, alleged maltreater, and all other household members.

Finding a CPS social worker at the door may arouse discomfort, undermine emotional security, and threaten the family's balance. When conducting an investigation of reported child abuse or neglect, the best way to start any interview is by engaging the alleged maltreater, caregivers (Both parents even if they don't live in the same household.), or family member.

Engagement is the process of connecting with the child, caregivers, extended family, and other team members for the purpose of building an authentic, trusting, and collaborative working relationship. When you "engage" with a family, you actively work together with the family to promote safety, permanence, and well-being for their child. To be successful, you must also embrace the core conditions of the helping relationship (respect, empathy, and genuineness) and embrace the following key elements:

- Active listening to each family member
- Developing an understanding of the family's past experiences, current situation, concerns, strengths, and potential
- Responding quickly to a family's concrete needs
- Clearly establishing the purpose of involvement with the family
- Being aware of one's own biases and prejudices about families
- Validating the participatory role of the family in planning and making decisions for their child
- Being consistent, reliable, and honest with families
- Fully disclosing information with families
- Honoring the culture, racial, ethnic, linguistic, and religious or spiritual backgrounds of children, youth, and families, as well as respecting differences in sexual orientation

Engagement

- Remember the core conditions of the helping relationship in all interactions with families.
- As an investigative social worker, you should never read the allegations to the family, at least not as they are narrated on the referral. Reading the narrative word-for-word may place the reporter and the children at risk of harm. You may also miss critical information by focusing on specific incidents when a broader conversation would yield a truer picture of the family situation.
- Remember, all members of the household must be interviewed alone and separately. This process allows you to gain individual explanations of the allegations on the referral to gather information about the presence of safety factors and to assess for evidence of any abuse or maltreatment. Children must be interviewed separately to ensure that they are not influenced by others and that their individual voices are heard. The child interview should occur out of the presence of the caregiver, alleged maltreater, and any other children in the home. Adults must also be interviewed separately for the same reasons.
- Later in the assessment, it may be of use to interview adults and children together to be able to observe their interactions and to jointly plan for the family.

Engaging Fathers

To achieve safety, wellbeing and permanency for children, CFSA – and you as the social worker – must work intensively to engage the father, as well as other potential relatives throughout the life of the case. The following strategies for assessing fathers and documenting contact with fathers are at the forefront of CPS engagement.

1. Conduct and document assessment of fathers in same method as with mother with every contact.
2. If the father is a primary caretaker in a separate household, then SWs must assess the mother and the father.
3. If the father resides in the same household as the mother and child(ren), he should be listed as a primary or secondary caretaker in that household (based on his role) and assessments are conducted during visits.
4. Link the father to services based on the service plan to improve family functioning.
5. If the concern for the safety of the child is related to the mother, the agency embraces the father's rights to parent his child and will ALWAYS explore this option before deciding to remove the child. In this case, the agency partners with the father to ensure the safety of the child before ending agency's involvement.

Engaging Challenging Clients

In all probability, some clients may become upset, hostile, verbally abusive, or threatening. These individuals might be caregivers, relatives, youth, or even professional members of the community. When handling a difficult encounter or phone call, you are expected to be a calming influence in order to gather the pertinent information that will help protect and cause the child to be safe. The following popular strategies are useful for minimizing an angry or verbal attack from a client:

1. **Simple listening.** Wait until the person is finished talking. Listen and wait for him/her to take a breath, and then ask a directed question, such as “What can I do to help you?” The tone should be determined, not placating.
2. **Active listening.** Make a genuine attempt to imagine the other person’s situation as best as possible. Listen to what is not being said as well as the words that are spoken. Identify the underlying emotions.
3. **Acknowledgement.** Respond honestly—and respectfully—when calmly acknowledging the person’s position. The social worker might say, “I can see how something like that could cause anger” or “If that happened to me, I would be angry, too.” This confirms the legitimacy of the emotion but 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 is recognized as problematic is not the same as taking the blame. Social workers can always say, “I’m so sorry that happened to you” or “I’m sorry the situation is so frustrating.” This allows the individual to feel less alone because the social worker identifies with the circumstance, and as a result, a certain measure of trust can be invested in the social worker.
5. **Agreeing.** There are usually three truths to any given situation: one’s own truth, the other person’s truth, and the actual truth. It is always important to listen for the actual truth. Agreeing with the truth of a situation can help redirect the interaction toward a productive outcome.
6. **Inviting criticism.** Sometimes it is effective to invite the client to get any criticisms out in the open. The social worker might say, “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 client’s emotional state but eventually, the distraught person will expend energy appropriately, which allows the social worker to have the opportunity to continue gathering necessary facts.

Teaming

Teaming is the foundation of CFSA's child welfare practice and a core component of social workers' practice when addressing child abuse and neglect. By teaming with the family and other team members, you gain the advantage of genuine collaboration during case planning and decision making. Social workers, who are also licensed clinicians, must use their expertise and practice wisdom to work with families in ways that encourage them to fully participate in the assessment, case planning, and other key decisions involved with CPS intervention. Remember that efforts are more likely to succeed when clients are involved and actively participating in the process.

Key Outcomes of Effective Teaming

- Children, youth, and families benefit from active involvement.
- Collaboration supports sound decisions and coordinated, effective services.
- Children and youth achieve permanence promptly.

Teaming with the family allows the child (when developmentally appropriate), birth parents (including noncustodial parents), extended family, and caregivers to participate in the decision-making process for achieving sustainable safety, permanence, and well-being.

As a joint process between the entire family and other professionals, the team's insight becomes a part of the CPS assessment. The social worker will team with families during the FTM process and may also team with the caregivers in developing a safety plan. Social workers also may team with a teen in the home regarding what he/she believes the family needs or may team with external professionals. Keep in mind that when the social worker teams with the family, it improves their chances for successful outcomes.

Basic Interviewing

The interview is the primary method you will use to gather information from the children and families in their work. In fact, your ability to perform these primary responsibilities depend in large part on interviewing skills. During the initial contact with the family, your goal is to obtain and assess specific information to make informed and effective decisions on behalf of the child and to help develop an appropriate set of interventions. The CPS interview can be a very difficult part of your involvement with families. The core helping conditions of empathy, respect, and genuineness will support you throughout this important process.

Introduction

When beginning an interview with a caregiver, it is best to start broadly before narrowing in on the allegations. For example, you should begin the conversation by introducing yourself and explaining the reasons they are there to speak with the caregiver.

My name is [...] and I'm representing the District of Columbia's Child and Family Services Agency. I am here because there are some concerns about the safety of your child. The reason for my visit is to make sure that you and your child are safe and, if necessary, to assist you and your family in keeping your child safe. To do this, I need to ask you some questions about your children and family. Please know that I will carefully listen to whatever you have to say. You can also tell me any concerns you have.

During the introduction, explain the CPS philosophy and your obligation to conduct a comprehensive investigation on the well-being of the family. This will justify a request for certain information, particularly when asking to see children who may not be the direct subject of a report.

When we receive a report from the Hotline, part of what we do in CPS is check on the safety and well-being of everyone in the family. That means I need to talk with you about the basic things you do as a caregiver—for example, feeding and clothing your family, maintaining the household, and so on. I also need to learn about supervision and discipline of the children, and so forth. After I hear from you, I'll also need to talk with your children individually to hear their thoughts about your family.

Remember that the conversation with the alleged maltreater (or nonoffending parent or caregiver) is about getting to know the family dynamics and how the family functions, not just one specific level. You often address the allegations through this introductory, general conversation.

It is important to avoid accusatory language that may instigate or elevate tension. Try to use words such as “concerns” or “questions” rather than “allegations”. Later in the interview, you may have to be more direct in questioning, but the initial process should take place with a decidedly conversational and non-judgmental tone.

***Note:** Not all standards work with every client. That is why interviewing is more of an art than science. When dealing with a hostile client or a client who is fixated on the allegations, you may have to begin with direct questioning to make any progress in the investigation. Either way, use engagement and conflict-resolution skills. Hopefully, a collaborative dialogue will develop as the interviewing and investigative process continues.*

REMINDER: YOU CANNOT REVEAL A REPORTING SOURCE!

If the caregiver insists on knowing the reporting source, be prepared to redirect the conversation. Explain frankly to the caregiver the legal reasons why you cannot share this information. Use empathic language.

It's reasonable for you to wonder where this report came from. If I were you, I would want to know as well, but because of the rules I must follow, I can't confirm or deny the reporting source. It's a legal fact that people who contact CPS have the right to remain anonymous. I do know, however, that sometimes people don't know the whole situation or make false reports. You can imagine that reporters might fear retaliation, so they need to know that they can safely report legitimate concerns. That's why it's so important for you to have this opportunity to share your information with me and for me to keep an open mind when I come out to investigate. We don't know what is true without talking with you. So, I'm hoping we can sit down together and sort through this report. The most important thing is the safety of children.

Key Points to Remember

- When you show up at the family's door, you will likely be unwelcome.
- Building rapport and engaging the family in the interview process begins with the introduction.
- Social workers should explain the purpose of the interview.
- Determine whether the caregiver understands the explanation of the purpose of the interview.
- Ask for the caregiver's questions or concern.

Engagement

After the introduction and explanation of the reason for the interview, you will continue to build rapport with family members and gather the information needed to assess the child's safety. Ask general questions about the family. If there is more than one caregiver, it is important to interview each caregiver separately and to compare the answers of all family members.

Key Point to Remember

Pay attention to the family's emotional state. Family members experience a variety of powerful emotions and may express their anger, fear, and frustration during the interview. A highly charged or emotional family member may not be able to provide clear and detailed information. Show concern; this often helps decrease the level of tension.

Free Narrative

When it is time to discuss the allegations, remember to avoid accusatory or judgmental language. Do not read the allegations described in the referral snapshot. You should explain why they are there and then ask questions that will allow the caregiver to provide a personal version of the events, as shown in the following example.

I'm here because some concerns about your children were brought to CFSA's attention. I'd really like to hear your thoughts about how things are going with your family. We'd also like to offer assistance if there is anything we can do to help your family.

At this stage of the interview, avoid interrupting the caregiver's account of the circumstances. Allow the caregiver enough time to respond, then ask follow-up questions afterward.

Let the caregiver talk about what is important to the caregiver, even if this does not immediately get to the heart of the allegations. The caregiver will likely share significant information, including thoughts and feelings that reveal additional details on the family. Your ability to listen and acknowledge what is important to the caregiver will provide a foundation to move into a more specific conversation about the allegations.

Open-Ended Requests and Questions

Once the caregiver has had an opportunity to communicate thoughts on why the family is being investigated, you can begin exploring the allegations by asking open-ended questions and requesting information. Again, do not directly identify the allegations as described in the intake report. Rather, start with generalized questioning.

Specific Questions

It is important to realize that some people do not view their actions as maltreatment and most people do not readily admit to mistreating their child. Denial of an allegation does not automatically mean that the allegation is not true, nor does it imply that there are no legitimate safety concerns for the child. To gather as many facts as possible, it may be necessary to ask very pointed, specific questions regarding the allegations. You may need to be equally specific when requesting information that will influence their overall assessment. How and when the nature of the allegations is discussed or described is determined based on the circumstances of the investigation, the family circumstances, and the social worker's own judgment.

Concluding the Interview

A respectful conclusion to the interview builds trust and opens the door for ongoing or future engagement opportunities with the caregiver. Always give the client an opportunity to ask questions. Always thank the caregiver for taking the time to have a conversation and remember to provide contact information.

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, you should give the individual an opportunity to share any additional information that may not have been revealed during the exploratory stage of the interview.

Key Points to Remember

- Summarize the key points, decisions, and any additional information that have been discussed.
- Invite the caregiver to ask any questions and then be sure to respond to the questions honestly and directly.
- Discuss future actions and next steps.

CONSIDERATIONS FOR CPS PRACTICE

Philosophy of Comprehensive Investigations

When CPS staff accept an investigation regarding a family, a “special relationship” with the family is also accepted, which involves teaming to support safety, well-being and permanence for the child and the family overall. To this end, CPS involvement is not solely allegation-focused; rather it is focused on carrying out CFSA’s mission.

Confidentiality

DC Official Code § 4-1303.06 states that "information acquired ... which identifies individual children reported as or found to be abused or neglected or which identifies other members of their families or other persons, or other individuals shall be considered confidential."

Further, according to the code, this information may only be released or divulged for the following reasons:

- Identification of abuse or neglect
- Identification of service needs or resources
- Provision of treatment or direct services for the child or individual
- Investigation or review of child fatalities by representatives of the Child Fatality Review Committee

The code also notes the following:

... persons or agencies who are not covered by confidentiality requirements comparable to those [above], to whom information is released pursuant to this section, § 4-1302.03 or § 4-1302.04 must sign a statement that they will not divulge such confidential information for purposes unrelated to the purposes of treatment, identification or evaluation.

You must always exercise discretion when sharing information for the purposes identified above. In general, information should be shared on a “need to know” basis for the purposes discussed. You should consult your management team.

In many areas of investigative work, you will find that you can ask questions of and receive information from collateral sources. You must recognize that they may not always be able to (or need to) share information in response. You should acclimate yourself to this concept and be able to comfortably discuss this with individuals. Many people will still be willing to share information with you once they understand the boundaries within which CPS social workers operate.

In most situations, as the Investigative social worker, you will gather information, not give information. However, at times you may determine that information sharing is warranted with certain collateral sources, but care should be taken to obtain proper releases (Authorization to Disclose Information) of information whenever possible, even though this may not be a legal requirement. If you can obtain releases of information and information needs to be shared for the purposes discussed above, you must limit this sharing to information that is necessary.

In general, you cannot confirm or deny that CFSA is involved with a given child or family. If collateral sources have information for you, you may accept information from them and explain that if CFSA is aware of this family, the information will be forwarded to the assigned social worker and management team.

Biological Parents Who Are Not Primary Caregivers

Biological parents have a right to certain information on CPS investigations involving their children, provided that their parenting rights have not been terminated.

When you have properly identified an individual as a biological parent whose rights are intact, you may share certain information about the investigation with the parent. You must still exercise discretion when sharing the information, ensuring that it follows the provisions discussed above. Remember, one parent's information should not necessarily be shared with the other parent, but information concerning their child in common should be. Information on a half-sibling should not be shared with the nonlegal guardian or custodian.

Keep in mind that the parent has the right to know about their child specifically, but not who the alleged allegations are "against". You can, for example, inform the parent that you are investigating whether the child was maltreated, just not give the name of the person who it is alleged maltreated their child. The answer may be obvious, but you should not confirm their suspicion of who "it" was.

Neighbors

Neighbors can be a vital source of information for your investigation. You can speak with neighbors but are not allowed to reveal that there is an investigation on a given child or family, as this breaks their confidentiality. You may explain to neighbors that the social worker would like to speak with a given child or family but cannot provide details as to the reason for such contact. You may also explain to neighbors that your job is to protect children and that the neighbors may talk with the social worker about any concerns regarding the well-being of any child, including the ones about whom the social worker may have directly asked.

If you receive information from neighbors that is critical to the investigation, talk with them about their willingness to share their name or contact information and whether they are willing to be witnesses to this information. If they are not willing to share their information in an official capacity, you should respect this. You are still able to document their concerns in FACES.NET (as an anonymous source) and use this information for overall decision-making and disposition, if the source of information is believed to be credible.

Extended Family

If the investigation does not involve a removal, the extended family does not have a right to information about the investigation. If you are contacted by extended family, you may receive information from them but cannot share information. You cannot confirm or deny involvement with a given family without proper releases of information. Many extended family members care deeply for the children and families about whom they reach out; you should do your best to empathize with their concerns.

There will be times when a parent refuses to give us permission to speak to their kin. If that is the case, we must respect their wishes until they give us permission to do so. In certain circumstances, we can engage kin without the consent of the parent. The FAQ on [Engagement of Kin when Parents with In-Home Cases Withhold Consent](#) contains the high-level requirements on the matter. The FAQ outlines some helpful hints and resources to help you effectively and appropriately engage relatives. Please reference those documents for more information on this topic.

There are times when you will be able to communicate with extended family with consent from the parent or caregiver. This consent should be in writing for the protection of all parties. In these situations, this communication should still be handled thoughtfully on a “need to know” basis. The only information shared should be that which is related to the planning of the family’s safety and well-being. Even then, only the components that involve the extended family should be shared.

In removal situations, you may share with extended family that a child is in CFSA custody. Without a proper release of information, you are not able to share any reasons why the child is in care. You may talk with family members in general about CPS processes and receive information from family members that may be critical to the investigation. Family members should be informed of the Family Team Meeting process but should also be made aware that the legal caregivers give consent for extended family to be invited to this meeting. Family members may be informed of the initial court hearing and, if the judge permits, may be present in the hearing to become aware of the circumstances of the removal.

Throughout your investigation, please keep in mind that collaterals like extended family might have information pertinent to the investigation.

[Multidisciplinary Team Partners](#)

The multidisciplinary team (MDT) was established for the purposes of improving service provision to victims and their families and for enhancing legal responses to child maltreatment. Accordingly, you may share information with MDT partners about investigations for some purposes. The DC MDT includes the following organizations.

- Child and Family Services Agency
- Metropolitan Police Department (MPD)
 - Youth and Family Services Division (YFSD)
 - Special Victims Unit
- Children’s National Health System
- Children’s Advocacy Center
- Office of the Attorney General (OAG)
 - Child Protection Section (Family Services Division)
 - Juvenile Section (Public Safety Division)
- US Attorney’s Office

Service Providers

As noted previously, you may share information with individuals who may be providing services to a child or family. The information must only be related to the service provision need. It should not fall outside of this scope. Whenever possible, obtaining an appropriate release of information is preferred.

Custody Court Personnel

You are prohibited from sharing information with Family Court personnel, including judges, when the information is related to custody matters, unless you have received express permission from the CFSA OGC. If you are approached for information in a custody proceeding, you must explain that you cannot confirm or deny involvement with a family. Refer the individual requesting information to the OGC.

Talking to Individuals Represented by Counsel

While not expressly related to confidentiality, you will encounter clients who are represented by counsel. Counsel for an individual can express to a client that the client should not speak with you without their presence. It is any person's legal right to not speak with CFSA without their attorney present or not at all, based on their attorney's advice, or not. It is up to the client to decide whether to speak with CFSA. When working with a client who is represented by counsel staff must consult with their management team and OGC (OAG if already court-involved) for next steps, unless the client agrees to speak directly to you – and not with or through their attorney. Your function is to assess for child maltreatment and to coordinate an appropriate professional response to the concerns identified. Keep in mind that you must still assess child safety as a paramount concern. This is not delayed while you are waiting to meet with the caregiver and their counsel.

Guardians ad Litem

Guardians ad litem in non-CPS cases (custody, juvenile, etc.) have legal rights to information about a child or investigation. What, if any, information is disclosed must be determined in direct conjunction with OGC.

CPS social workers who are approached for information from guardian the ad litem must explain that they cannot confirm or deny involvement with a family. Refer the individual requesting the information to OGC, for neglect court involved matters and the OGC for matters that are not in neglect court.

Early Identification of Kin

It is very important to make efforts to identify kin in the early stages of the investigation. This is known as **Contingency Planning**. Contingency Planning is the process of identifying and engaging family supports agency-wide from the beginning and throughout the life of the family's involvement with the Agency. Information gathered is to include how the kin has or can be of support to the family in meeting case plan goals, or as a kinship provider if separation occurs. Contingency planning should occur with all parts of CFSA.

It is important to note and state that the identification of kin does not mean that the social worker is planning to remove the child from the family home. Kin can also serve in a key supportive role and serve as an invaluable resource for children and families that can help to prevent children from coming into care. For CPS staff, if the referral is accepted for investigation, the investigative social worker will continue to gather information from the family regarding support systems and back-up caregivers if the parents are unable to care for their children for any reason.

All information regarding family supports identified (through interviews, safety planning, FTM, etc.) must be entered in the Collateral screen in FACES.NET within 24 hours of contact.

Investigation Tracking

Investigations at CFSA are tracked by the biological mother's name. This process has several implications for practice but there are a few exceptions.

- If the biological mother's name is not known at the time of the Hotline report, the investigation name will be "Unknown." It is the social worker's responsibility to change "Unknown" to the correct name once the identity of the biological mother is learned.
- Note that tracking the investigations in the biological mother's name does not automatically indicate that the mother is the maltreater. Do not presume the mother is the maltreater based on the tracking mechanism.
- If alleged victim children in a home have different mothers, there must be separate investigations for the children under each mother's name. These referrals are called "companion investigations."
- You will occasionally deal with mothers who are minors. This minor (sometimes referred to as a "junior mother") may or may not be the legal caregiver for her child. Investigations involving the neglect or abuse of such a child will still be tracked under the junior mother's name. Any questions about her legal custody of the child if in doubt can be confirmed by asking the junior mother or the person believed to be the legal custodian of the child. This can be confirmed via the Domestic Relations division of DC Superior Court. (This process applies to those families who were involved in DC Domestic Relations Court only and not courts in other jurisdictions.) If the junior mother resides as a minor with her own caregiver, the social worker must determine whether the caregiver is acting in *loco parentis* for the junior mother's child. If there are allegations concerning the identified caregiver, they are tracked in the investigation under the junior mother's name. If the caregiver is alleged to have also neglected or abused their own biological child (possibly including the junior mother), this referral would fall under a separate companion investigation.
- CFSA can substantiate allegations by the parents, guardians, or custodian under 18 years of age. CFSA can and should still open a case when appropriate.

- If the child has been adopted, the investigation will be tracked by the adoptive caregiver's name. Matters related to guardianship and legal custody generally do not involve the termination of parental rights and are therefore tracked under the name of the biological mother.
- If children are maltreated by a placement provider or other individual in an institutional setting, as defined by the CFSA [Investigations Policy](#), the investigation will be tracked under the name of the person from the organization that is the subject of the investigation.

Cultural and Language Considerations

Culture

With every CPS investigation and assessment, a person's history and culture may affect certain areas. It is important for CPS social workers to gain an understanding of each family's culture. Social workers must also recognize that a given culture cannot be defined simply as a static bundle of fixed traits. The following questions may be used as part of the assessment to guide social workers' understanding of cultural differences.

- What roles do males and females play in the family?
- What is the role of religion for the family?
- How do the family's beliefs influence child-rearing practices?
- What is the meaning, identity, and involvement of the larger homogeneous group (e.g., race and nationality)?
- What family rituals, traditions, and behaviors exist?
- What is the usual role of children in the family?
- What is the perception of the role of children in society?
- What types of discipline do the family consider to be appropriate?
- What are the family's attitudes or beliefs regarding health care?
- What are the family's sexual attitudes and values?
- Who is assigned authority and the power of decision making?
- What tasks are assigned based on traditional family roles?
- What are the communication styles in the family?
- How does the family solve problems? Deal with conflicts?

A culturally sensitive CPS assessment recognizes that caregiver practices and family structures vary as the result of ethnic, community, and familial differences. This range can result in different but safe and adequate care for children within the parameters of the law. The CPS assessment process must acknowledge, respect, and honor the diversity of families. Simultaneously, CPS is obliged to protect children from cultural practices that fall under the definitions of abuse and neglect.

Language

Individuals with a limited ability to communicate in English—either because the individual speaks a foreign language or because there are sight, speech, or hearing impairments (or a combination thereof)—are accommodated by CFSA through Language Access Line Training.

Limited English proficiency (LEP) may impact the parent, the caregiver, the child in need of protection, the alleged maltreater, other members of the household, key collateral contacts, or other relatives or key individuals who may need explanations of the investigation's process, findings, and outcome.

Every client with LEP has the legal right to understand, as fully as possible, all significant CPS actions at each stage of the investigation process and service, including but not limited to the following.

- Investigation of the allegations of child abuse or neglect
- Adverse actions such as removal of a child from his/her home
- Case planning and service delivery

It is the CPS investigative social worker's obligation to make reasonable efforts to provide information and services in a language or medium that the client can understand using interpreters, translators, readers, or other methods. Social workers must offer a translator or other communication support for every visit. If the client declines such services, the social worker should document in FACES.NET and if possible, have the client sign a statement indicating that the client declines services. The statement should be included in the case record.

Note: *Efforts to provide bilingual or interpreter services must not delay or interfere with either of the following necessary actions:*

- *Protecting a child from harm or risk of harm*
- *Compliance with all federal and local laws, rules, and regulations*

In-House Resources

Some CPS personnel are bilingual. Social workers should talk with their supervisor about how to access support from colleagues.

Police Resources

In emergency situations, police resources may be an option for communication with LEP individuals. The police are our partners in assessing safety issues with children. Their various liaison units (Latino, Asian, etc.) may be a resource for communication with families.

Remember: The purpose of our police force is first to conduct law enforcement. To support MPD, the social worker must ensure that there is a thorough understanding between the social worker and the officer regarding the approach to and the dynamics of the investigation prior to beginning interpretation.

Language Access Line Services

Language Access Line Services provide access to over-the-phone interpretation 24-hours-a-day, seven-days-a-week. This program ensures that clients with LEP have access to the services they need while simultaneously providing the support needed to deliver those services.

Every CPS investigator is required to take the Language Access Line training.

CPS does not use family members, friends, or children (including child victims) to interpret, translate, sign, or read for clients with LEP. NEVER use family members, friends, or child victims as translators! Even with consent of the party, there is an implicit conflict of interest that is inappropriate. Some MPD officers are certified and can be used as an interpretation resource. If an MPD officer is present and speaks the same language as the language of a client, the social worker may ask the officer to translate for brief interactions, specifically when the translation will assist a client's request or help to arrange for translation services. Ideally, interpreters and translators will be professionally trained or be a CPS staff person who is fluent in the client's preferred language.

Ensuring Comprehension of Written Material

Notwithstanding LEP status, a client may have a limited ability to understand material that is written in the client's own language. When communicating purpose, goals, and services to a client, social workers should verbally review written material with the client and the interpreter to ensure that it is fully understood.

Removal Concerns

If a child must be removed from the family home, consider the child's language needs and assess the importance of placing the child with a foster family that speaks the same language. Language is not the only factor to consider in placing the child, but it must not be neglected. The social worker must ensure that any LEP needs are communicated to the Placement Services Administration.

If the parent or caregiver speaks a language other than English, the social worker must document the language on the complaint form and in FACES.NET to ensure that the Family Court will obtain a translator and assign an attorney who is appropriate for the client during all court hearings.

Documentation

You must carefully document all the following information in FACES.NET:

- Any offer of an interpreter to assist in translation for a client (whether the client accepts or rejects the offer)
- When the use of an interpreter occurs
- The interpreter's name (e.g., _____ at the Language Access Line) or agency affiliation (e.g., staff at CFSA)
- The interpreter's relationship (if any) or professional affiliation with the person with LEP
- Use of any type of communication aids
- Social worker's own ability (or inability) to communicate in the client's preferred language
- Any reason why an interpreter might not have been used

Taking Photos During the CPS Investigation

CFSA has legal authority to take photographs and to require radiological examinations (DC Official Code § 4-1301.08):

As part of the investigation required by this part, any person responsible for the investigation may take, or have taken, photographs of each area of possible trauma on the child or photographs of the conditions surrounding the suspected abuse or neglect of the child, and if medically indicated, have radiological examinations, including full skeletal x-rays, performed on the child

Photographs, when taken in appropriate situations and stored responsibly, are key practice tools for investigative social workers. They're an important form of documentation of evidence of abuse and/or neglect during an investigation.

When is it appropriate to take photographs?

It is appropriate for you to take photographs when there is a visible injury in suspected physical abuse cases. Photograph the areas of physical trauma on the child and do some from different angles and distances. If the injury is under the child's clothing, apply the Agency guidance on age and gender considerations. Also, in instances where conditions in the home are unsafe for the child, you may photograph the evidence of those conditions.

Be mindful to always be considerate of the child's modesty and experience when taking photos of injuries so as not to instill fear or embarrassment.

As a matter of practice:

- **Never** photograph a client's genitals. Examination of a child's genitals must be done by a medical professional.
- Use Agency-issued devices ONLY, and you must take the photos using the mFACES application. It can then be viewed on the FACES.net desktop application under the appropriate Referral and Client record. Do not use the manufacturer's photo application on the device. And do not use your personal equipment to take photos. This protects client confidentiality and yours as well.
- Although not required, you should always make a concerted effort to get parental consent, just as you would do when it comes to entering the home during the investigation. If the parent refuses to consent, remember that while photographs can be helpful to corroborate abuse or unsafe conditions, your clinical observations and well written documentation will suffice.
- If age-appropriate, make an effort to get the child's consent, at the very least, and use your clinical judgment to determine whether you need the photographs in the absence of consent. If you feel that they're absolutely integral to the investigation, then take the photographs you need to take.

Please refer to the FAQ on [Use of Photography During CPS Investigation and Ongoing Foster Care Cases](#) or consult with your management team for additional guidance.

Provision of Reasonable Accommodations for Persons with Disabilities

CFSA has an obligation to provide reasonable accommodations for persons with disabilities so that there is no disruption in the CPS investigation process. The [Services for the Deaf and Hard of Hearing policy](#) directs that whenever possible, CFSA staff should consult directly with the client to determine which auxiliary aid or service is most appropriate to ensure effective communication.

The most common type of requests for reasonable accommodations that social workers encounter is a request for an interpreter for a hearing-impaired client. To request an interpreter, you should complete a *Sign Language Interpreter Request Form* and submit it to the CFSA Interpreter Service email cfsa.interpreterservices.dc.gov. The request must be submitted at least five days prior to the event whenever possible.

When an interpreter is needed for nonscheduled interactions, such as a CPS investigation or removal, CFSA generally uses an interpreter provided by MPD. Social workers should contact their supervisor or program manager if a need is discovered during an initial or subsequent visit (during the investigation) where there was no prior knowledge of the need for the assistance of an interpreter.

In the case of a removal where an interpreter is needed, the CPS social worker must contact the CFSA-designated ADA coordinator and this individual will contact MPD on the social worker's behalf.

Protocol for Determining a Child's Biological or Legal Caregiver

Biological Parents

Every child has two biological parents, and neither should be overlooked in the investigation. Social workers must exercise care, however, in determining the identity of biological parents and make every effort to obtain and maintain confidentiality of names, addresses, telephone numbers and the nature of each parent's relationship with the child.

For most investigations, the biological mother will be known but there may be times when the maternity is questioned. When this occurs, seek guidance from management and OGC.

The identity of the biological father may not be known during many investigations. For the purposes of CFSA involvement with families, a man is considered the father under the following circumstances.

- He was married to the mother at the time of the child's birth.
- His name is on the child's birth certificate.
- Paternity testing has been completed and demonstrates that he is the father.
- Court paperwork exists, reflecting that he is the father. Examples include paternity affidavit and child support documentation.

Whenever there is a question of maternity or paternity, please discuss with your supervisor. If there is no official documentation of paternity, CFSA should examine other documentation, such as school records or other supporting documentation or information. If you have any questions, seek guidance from management and the OGC.

Legal Caregivers

Many families make informal (or formal) living arrangements for the care of children. These may include the children residing in another home, which may be perfectly acceptable. Workers are still required to be aware of and in contact with a child's legal caregiver when engaging with a family. Workers must also exercise care in situations where they are responsible for releasing a child to a caregiver (e.g., a child who is not picked up after school and is presented to CPS for assistance). Social workers should always consult with management for guidance if there is a question around validity of caregivers.

Investigations Involving Other Jurisdictions

If maltreatment occurred in another jurisdiction but the family or child resides in DC, consider the following tasks:

- Investigate to determine where the alleged maltreatment occurred.
- Make a report of the alleged maltreatment to the jurisdiction where it occurred.
- Conduct a courtesy interview and home visit, if requested by the other jurisdiction.
- Consider whether an investigation or safety check is warranted in DC, given the overall mosaic of the family. This decision will be made in concert with the social worker's management team.
- CPS management must be consulted regarding any investigation in which the family or child cannot be located. (Refer to *Inability to identify or locate a child or family* below)

If the maltreatment occurred in DC but the family lives in or is visiting a nearby jurisdiction, you should seek assistance from CPS in the family's residing jurisdiction as needed to visit the children and ensure their safety. Any questions should be directed to your management team.

Inability to Identify or Locate a Child or Family

No CFSA CPS investigation is closed solely on the grounds that the child or family could not be located.

If a child or family cannot be located or a family refuses to cooperate, The social worker must complete the following actions, if applicable, concurrently with a sense of urgency to thoroughly exhaust all avenues for locating the child and family:

- A minimum of 2 unannounced home visits at different times with at least one visit between the hours of 8:00 PM and 8:00 AM.
- Visit to the child(ren)'s neighborhood school or identified school if enrollment is known. Efforts should also be made to reach the emergency contact person on file with the school.

- Contact with the reporter to obtain additional information on locating the child and family.
- Search of the following databases/contacts:
 - DC Superior Court
 - Landlord
 - Property Records
- A referral to the Diligent Search Unit within 1 week of receipt of the report if family has not responded and follow-up on the results of the diligent search
- Mail a certified letter, in a family's primary language, to the last known address, report address, or address listed in DCAS.
- Contact with MPD to check their database for any involvement with the family or address and to request assistance in gaining access to the family (when allegations warrant and there has been involvement with the family).
- Interview neighbors, relatives, and other collateral resources.

If the social worker is unable to locate any child determined to be in immediate danger or to be suffering from an illness or injury, the social worker will immediately consult with the investigations supervisor to determine whether an affidavit and pre-petition custody order should be submitted.

Client Refusal to Provide Access to a Child, Family or Home

Social workers will encounter occasions when they are aware of the location of a child or family but cannot access aspects of the family situation typically required for a complete CPS investigation, including interviews of the alleged victim, siblings, household members, caregivers or inspection (observation) of living spaces. Listed below are strategies for common scenarios. Social workers should discuss these types of matters with their management team as they arise, as well as during any review process to ensure that all possible steps are taken.

Social workers should complete the steps discussed above for “unable to locate” clients (if applicable). In addition, social workers should consider the following steps in consultation with their management team for families who refuse to cooperate with a CPS investigation.

- Contact CPS management team immediately.
- Contact MPD for assistance.
- Contact the OAG Child Protection Section attorneys to determine whether a Pre-Petition Custody Order is appropriate.
- Convene a case staffing to determine plan of action.
- Contact the OGC if a caregiver is refusing to meet with you unless their attorney is present. A determination will be made to determine if someone from the OGC can contact that attorney and be present, if necessary.

CPS AND THE LAW

Introduction

The purpose of any state or local child protective services (CPS) administration is to protect children from being abused and neglected and to help families access services to acquire the skills and knowledge to prevent further abuse and neglect. CFSA's CPS intervention in the lives of families is guided by the DC Official Code and DC's Municipal Regulations (DCMR) and also federal legislation, in addition to the DC Official Code and DC's Municipal Regulations (DCMR).⁴ In particular, federal legislation sets all national CPS practice standards by defining uniform goals for CPS cases across the country. CFSA's practice standards, policies, and procedures are fully compliant with both federal and DC laws, rules and regulations. CPS social workers should familiarize themselves and thoroughly understand DC's current laws pertaining to child abuse and neglect.

Finally, social workers are obliged to have a working knowledge of DC's Family Court system and the CFSA Policy Manual, accessible on the CFSA website under "About CFSA" on the main page at www.cfsa.dc.gov.

The Establishment Act

The CFSA Establishment Act of April 2001 (DC Official Code § 4-1303.01a) created and established CFSA as a separate cabinet-level agency responsible for DC child welfare (abuse and neglect) services. As a result, CFSA's Director reports directly to the Mayor.

The CFSA Establishment Act specifically gives legal authority for CFSA to do what appropriately needs to be done in order to protect children's well-being and to keep them safe either in or out of their homes. Some examples of the authority given to CFSA by the DC Official Code are

- (1) § 4-1303.01a (b)(3)—CFSA has the responsibility to receive and to respond to reports of child abuse and neglect.
- (2) § 4-1303.01a (b)(3A)— CFSA shall assess the strengths and needs of those children and families involved with the reported allegations.
- (3) § 4-1303.01a (b)(6)—CFSA is responsible for safeguarding the rights and protecting the welfare of children when their parents, guardians, or custodians are unable to do so.
- (4) § 4-1303.01a (b)(4)— CFSA may remove children from their homes for their safety and well-being.

In addition to the above authorities, D.C. Official Code § 4-1301.06 entrusts CFSA with certain obligations regarding the investigation of child abuse and neglect reports. CFSA must complete all investigations within 30 days of the first notice; an additional five days are allowed for completing the final report. Documentation of each investigation shall include the following information (at a minimum):

⁴ The DC Official Code and DCMR are available at <http://government.westlaw.com/linkedslice/default.asp?SP=DCC-1000> and www.dcregs.dc.gov respectively.

- (1) The nature, extent, and cause of the abuse or neglect, if any
- (2) An assessment of any suspected mental injury conducted by a physician, psychologist, or licensed clinical social worker
- (3) If CPS substantiates the suspected abuse or neglect, the following information must also be documented:
 - (a) The identity of the person responsible for the abuse or neglect
 - (b) The name, age, sex, and condition of the abused or neglected child and all other children in the home
 - (c) The conditions in the home at the time of the alleged abuse or neglect
 - (d) Whether there are any other children in the home whose health, safety, or welfare is at risk
 - (e) Whether any child who is at risk should be removed from the home or they can be protected by the provision of resources

Note: *CFSA policy requires more extensive information than legally required to be included in case documentation, including the hard case file and data entered in FACES.NET.*

Medical Records

If CFSA is investigating alleged child maltreatment and there are records in the possession of a mandated reporter, that person shall allow CFSA to examine those records, unless there is another law that would prevent the release of those records. CFSA is also not to be charged for the copying of those records. If there are difficulties in obtaining records necessary to conduct an investigation contact your supervisor.

Note that the requested records must “bear directly” on the allegations being investigated.

TEN TYPES OF NEGLECT: DC OFFICIAL CODE § 16-2301(9)(A)(I-X)

DC Official Code contains 10 legal definitions of a neglected child that are important for every CPS social worker to know and understand. At the conclusion of the investigation, social workers determine or “find” whether the child is a neglected child according to one or more of the 10 legal definitions of abuse or neglect. This is made easier for you, as there is a drop-down box where the hotline social worker chooses the allegations, which you choose at the end. You may add allegations as your investigation progresses and concludes. Note you cannot subtract an incorrect allegation added by the hotline, but you can “unfound” it.

One: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) i⁵

... 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. The term "reasonable efforts" includes filing a petition for civil protection from intra-family violence.

⁵ Note that this “i” is not an “eye” but a lower-case roman numeral one. The counting is from roman numeral “i” to “x”, “i to x”, “1-10” or “one to ten”.

“Abandoned” is defined in DC Official Code § 16-2316(d) (1) in four parts:

(A) The child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and to locate the parents for a period of at least four (4) weeks since the child was found.

(B) The child’s parent gave a false identity at the time of the child’s birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for at least four (4) weeks since his or her disappearance.

(C) 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 with the child for at least four (4) months.

(D) The child 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 was ready for discharge from the hospital, and the parent, guardian, or custodian of the child did not undertake any action or make any effort to maintain a parental, guardianship, or custodial relationship or contact with the child.

“Abuse” is defined in DC Official Code § 16-2301(23)(A) in three parts:

- i. The 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.

If there is an unexplained injury the child may be found to be an abused child under DC Official Code § 16-2301(9)(A)(i). “Unexplained injury” is defined in DC Official Code § 16-2316(c) as when ...

... where the petition alleges a neglected child is a neglected child by reason of abuse, evidence of illness or injury to a child who was in the custody of his or her parent, guardian, or custodian for which the parent, guardian or custodian can give no satisfactory explanation shall be sufficient to justify an inference of neglect.

“Failure to protect” is another way of saying that the caregiver “has failed to make reasonable efforts to prevent the infliction of abuse on the child,” and that an example of a reasonable effort would be the filing of a petition for a civil protection order.

When determining whether a child is a neglected child due to abuse, as defined above, the social worker must ensure that their disposition decision is supported by the legal definition of abuse. If necessary, social workers can discuss any concerns or questions with their CPS management team or one of the OAG attorneys.

Note: According to DC Official Code § 16-2301(23)(B), abuse does not include discipline administered to a child by a parent, guardian, or custodian provided that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. Case law indicates it must be more than transient pain and temporary marks.

When determining abuse based on a caregiver's claim that he or she was disciplining the child, clinical judgment must be carefully applied. In accordance with the above citation, discipline does not include the following examples:

- (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) nonaccidental injury to a child under the age of 18 months
- (V) interfering with a child's breathing
- (VI) threatening a child with a dangerous weapon or using such a weapon on a child

DC Code notes that the above listing is only illustrative of unacceptable acts of discipline and is not intended to be exclusive or exhaustive. In other words, the social worker's clinical judgment shall be the determining factor when other types of acts are involved in the alleged discipline of a child.

***Note:** The code defines "physical injury" as "bodily harm, greater than transient pain or minor temporary mark." The social worker must use clinical judgment as to whether the injury rises to this level. Even if there is no bruising, social workers should consider the totality of the circumstances and investigate for emotional abuse.*

Two: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

This section encompasses many types of neglect. Some examples are a dirty house, educational neglect, improper supervision, unmet medical or mental health needs of a child, inappropriate living environment, and ongoing exposure to domestic violence. These are only a few examples of what falls under this definition of child neglect.

Note that in order to demonstrate neglect based on this definition, the neglect must be unrelated to financial means. In order to determine whether or not finances impact a potential disposition of neglect, the CPS social worker must assess the family's sources of income, including public benefits. Usually, if the parent is receiving some form of public benefits or could be receiving some form of public benefits, the requirement to assess the family's income is not an issue. Also, if the neglect is unrelated to finances, the assessment of income is not an issue. If the sole reason for the neglect is lack of money, the child may not fit this definition of neglect. However, a lack of financial stability does not mean that the alleged neglect does not fall under another provision of the Code. Social workers with concerns should consult their management team.

Three: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

The third definition demonstrates that child neglect is a “no fault” process in that it does not look to blame the parent, guardian, or custodian for that behavior that brought the family to CFSA’s attention. Rather, the process looks to how the behavior has impacted the safety and well-being of the child. The above section applies when a parent, guardian, or custodian is not able to care for the child due to being in jail, being in the hospital, or having a physical or mental incapacity.

Regarding incapacity, substance use and the mental health of a parent may also fit this definition but only when the substance or mental health impacts the child’s safety and well-being. There are numerous people with substance abuse or mental health issues, but if a child remains safe, a parent’s use of drugs or mental health issue would not alone equal neglect. Under this provision, it is essential to consider how the problem impacts the child. There must be a connection between the parent, guardian, or custodian’s substance use or mental health and the child’s safety and well-being.

When assessing the family’s situation, you should also consider whether the caregiver who was unable to adequately “parent” the child made a plan for a responsible and trusted adult to care for the child. For example, if a parent is incarcerated or goes into drug treatment and plans for a responsible person to care for the child, then there is likely no substantiated neglect. Social workers must consider these situations on a case-by-case basis in conjunction with their supervisor.

Four: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

This section is a two-part test where both parts must apply. The first part requires a parent, guardian, or custodian either to refuse or to literally be unable to assume care for the child. The second part is that the person or institution who is caring for the child must state that they (the person or institution) will no longer care for the child. This situation often arises when a parent leaves a child with someone else who agreed to care for the child, but the parent does not return for the child over a longer period than expected, and the caregiver becomes unwilling to continue to care for the child.

Five: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

This fifth definition of neglect applies when there is a substantiated abuse allegation for at least one child in the home or from the same caregiver and the CPS social worker determines that other children in the home are at serious risk of immediate harm. There must be one child who has been abused for this section to apply. Keep in mind that just because one child has experienced abuse, this does NOT automatically mean that any other children in the home are at imminent risk. Social workers must make an independent clinical assessment of each child to determine risk. Social workers must remember to ensure that the legal definitions of neglect (and abuse) support their disposition decision. You should consider multiple factors, such as the child's age, family history, type and severity of the abuse, special needs of the child, and whether other children in the household are similarly situated to the abused child. Social workers may always seek legal advice from the OAG-OGC or the OAG-CPS if they have questions. Social workers may always seek legal advice from the OAG and/or OGC if they have questions.

Six: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) vi

... who has received negligent treatment or maltreatment from his or her parent, guardian, or custodian.

Seven: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) vii

... who has resided in a hospital located in the District of Columbia for at least 10 calendar days after being born, 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.

This definition also applies to "boarder baby" cases. Current case law does not focus on whether the newborn was ready for discharge after 10 days; rather the law focuses on whether 10 days have passed since the child's birth and the child is ready for discharge.

Reminder: If necessary, Social workers may always seek legal advice from the OAG and/or OGC when encountering this scenario.

Eight: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

The eighth definition of neglect applies when a medical professional has determined that the baby was born addicted or dependent on a controlled substance or there is a significant presence of a controlled substance in the infant's system at birth. In such a case, the law requires hospitals to call the CPS Hotline whenever a child's system reveals the presence of a controlled substance (i.e., "positive toxicology"). Social workers may always seek legal advice from the OAG and/or OGC when necessary.

Note: *Although not necessarily applicable to CFSA, DC Official Code limits the judge from making a finding of neglect if the finding is "based solely on a finding of the drugs in the child's system." For a neglect finding based on positive toxicology, the judge must find that the child has been negatively affected because of the drugs (see DC Official Code § 16-2317(b) or that the child is neglected based on another Code section.*

Nine: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) 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.

This section applies when there is a drug in the child's system that was not prescribed to the child and the parent, guardian, or custodian could or should have prevented the child from ingesting the drug. This is often a case when a toddler puts a controlled substance in their mouth and swallows it.

Ten: The term "neglected child" means a child ...

DC Official Code § 16-2301(9)(A) x

... who is regularly exposed to illegal drug-related activity in the home.

This section is used when a child is living in a home where illegal drug-related activity takes place (e.g., selling, purchasing, using, and manufacturing) and the child is around this illegal activity.

Papering a Case

If a social worker has made a clinical determination that a child's safety is at risk and removal from the home is required, or if a social worker is seeking the Family Court's intervention (and power) to assist CFSA in alleviating an allegation of neglect without necessarily removing a child, the following steps are required:

1. Following the clinical determination that the child is unsafe, the social worker presents facts to support that determination with OAG.
2. The OAG reviews to see if there is a legal basis based on the 10 subsections of the code.
3. The social workers are responsible for meeting with the AAG to discuss, review, and sign the neglect petition.

Procedures for Removal Papering

Under certain circumstances, social workers may feel uncertain as to whether to remove the child or to have the child remain in their home. In such cases, social workers should consult the supervisory chain of command. In non-removal cases, social workers should also consult their management team who may contact the OAG for further guidance.

If a social worker is on a scene where a child may be in immediate danger, the social worker should first consult the assigned supervisor or management team prior to leaving the child in a potentially dangerous situation. Social workers must remember that child safety is the paramount concern. All decisions should be made with long-term safety in mind.

If a child is removed, the social worker must immediately generate a complaint form as a first step in the process of protecting the child's safety and well-being.

Complaint forms are accessible through the FACES.NET *referral screen* using the "Court" drop down box. Note: If an ongoing social worker initiates a complaint from an existing case, the complaint forms are also accessible through the FACES.NET *case screen*.

In addition to all demographics, the completed complaint form will justify clinical reasons for the removal and include (at a minimum) the following information:

- Hotline report (excluding any identifying information on the reporter)
- FACES.NET search (excluding unfounded CFSA history)
- Contact with the reporter (if it is possible to do so without identification as the reporter)
- Contact with parents, caregivers, and alleged perpetrators
- Contact with all children and siblings
- Description of injuries, if applicable
- Contact with all collaterals, if applicable
- Results of medical testing, if applicable and available
- Detective's information, if applicable
- Criminal history, if applicable
- Concluding paragraph summarizing the specific reasons for removal and any other information relevant to the child's safety and well-being

Once the form is completed, submit it via FACES.NET to the management team for approval.

Note: *Prior to the management team's approval, the form will carry a "DRAFT" watermark. Only after the social worker's management team has approved the form in FACES.NET will the watermark disappear.*

Once the management team reviews and approves the form, social workers will submit the complaint electronically to the Family Court. Social workers will need to print one copy for the hard record file and one for the family.

Complaint forms received by the OAG-CPS are distributed to the AAG assigned to papering cases for that week. The CPS social worker should plan to complete the following steps:

- Contact the papering AAG on the day the complaint form is delivered to the Family Court and request a scheduled interview.
- The social worker must make sure that they communicate with the AAG in advance of the initial hearing.
- During the papering interview, a social worker might feel as if the AAG is questioning some of his/her clinical decisions. To the contrary, a social worker's clear and concise answers to the AAG's questions will help them present accurate information before the Family Court. The purpose of the interview by OAG is to determine if there is a legal basis to support the social worker's clinical determination and to prepare the AAG to respond to questions from the Court and all parties
- If the papering AAG notifies a social worker of an intention not to paper the case, the social worker must immediately notify his/her management team of the decision. OAG and CPS have agreed that "no-paper" decisions will involve management from both areas.

What Legally Occurs after CFSA Takes Custody of a Child?

(A) Excluding Sundays, the Family Court will appoint a guardian ad litem (GAL) is appointed within 24 hours of the child being taken into custody.

The GAL is an attorney who represents the best interests of the child, not just the child's wishes in general. For example, if the child wants to go home, the GAL must believe that this natural desire to return home is also in the best interest of the child's safety and well-being. However, the GAL will not necessarily advocate for the child's return merely based on the child's natural desire.

(B) An initial hearing will take place within 72 hours (excluding Sundays) of the child being taken into custody.

The initial hearing is a Family Court proceeding where the judge is asked to order the child into foster care. If the court disagrees, CFSA must return the child home, even though both the court's case and the case with CFSA remain open.

(C) A petition must be filed by the AAG on behalf of CFSA at or prior to the shelter care hearing (see "Papering a Case" above).

During the 72-hour period before appearing in Family Court, CFSA may convene a formal FTM to develop a plan with the input of family members, relatives, and others concerned with the child's welfare. At a minimum, the FTM participants should include the birth parents, relatives, caregivers, community representatives, service providers, and the GAL.

Note: CPS social workers are responsible for all Family Court-related activities prior to the transfer of the case to ongoing services. In addition, CPS social workers are responsible for several additional tasks, including but not limited to the following activities that typically occur after case transfer:

- Participation in the initial and further initial court proceedings
- Participation in mediation (as applicable)
- Participation in trial
- Completion of complaint and mediation report
- Completion of interim and disposition reports, if they are required during the social worker's case responsibility (However, typically, the ongoing social worker is responsible for interim and disposition reports.)

Social workers must enter all documentation into FACES.NET with hard copies submitted prior to the initial hearing. Again, the initial hearing is mandated to occur within 72 hours of removal.

Note: Neither hearings nor complaint filings occur on Sundays.

Pre-Removal and Placement Planning

In the event that there are no immediate safety concerns, however through consultation and engagement with the family it is determined that removal from the caregivers or court involvement is necessary, the SW team will participate in a Pre-Removal, Placement Planning or court oversight Meeting. This meeting is designed to bring all necessary administrations together to plan for the next steps with a family.

The administrations involved include but are not limited to the following:

- CPS/In-Home or Permanency social work teams
- Diligent Search Unit
- Kinship
- Placement
- OAG
- FTM

The social work team will discuss current concerns, family history, parent engagement, how parental behaviors are affecting child safety, current services in place and the family's support network. At the conclusion of the meeting, a determination is made regarding next steps. These steps may include:

- Community Papering- (Shelter Care or Conditional Release)
- Early Alert (Planning for Removal)
- Placement Contingency (Determining Best placement plan for the children involved)

Community Papering

Community papering is a process to request the Family Court's intervention with families for a child who is not currently under the court's supervision. CFSA undergoes the community papering process when there is not an immediate safety issue for the child, but where court oversight is needed to encourage the family to engage in safety and case planning.

The following factors should be considered to determine if pursuing community papering is needed:

- Patterns that impact child safety (if the child is in imminent danger, consult your supervisor about whether an emergency removal is warranted.)
 1. Lack of agreement with case plan, not meeting the stated outcomes
 2. Persistence of conditions (i.e., a pattern of family functioning in which the caregiver has not sustained or met the basic needs of the children which has resulted in harm to the child; and during the investigation or over the course of an open in-home case, no significant improvement occurs regarding the initial allegations or concerns)
- Prior history with CFSA
 1. Past removal
 2. Open case
 3. Court involvement
 4. Substantiation history
- Chronicity
 1. Length of time between closure of the last case and opening of a new case
 2. History of prior case open longer than 6 months
 3. Current in-home case open longer than 6 months

The social worker and supervisor make the decision to pursue community papering during clinical supervision after careful consideration of the above factors. The possibility of community papering the case may also be discussed during one of the following meetings:

- Hotline RED Team
- 4+ staffing⁶
- Case transfer staffing from CPS to an ongoing social worker
- 10/15-day RED team
- In-Home Big RED

⁶ A 4+ staffing is held for families that receive four or more reports of maltreatment, with the most recent occurring within the last 12 months, regardless of whether there is an open case, or a case has been closed within the last 30 days of the new report.

If the SW team determines community papering should be considered, it is scheduled for Tuesday or Wednesday where it will be reviewed by CFSA management and an OAG section chief. Consults are scheduled for 30 minutes and the social worker completes a consultation form in advance. Prior to the community papering consult, the social worker should consider the following:

1. Engagement with both parents, even the non-custodial parents, and provide statements regarding their ability to care for their child.
2. Establishment of paternity for each child, status of birth certificates for each child, assessment of non-custodial parent
3. Current status of the case and update of last engagement with each parent (i.e. a home visit within 5 days of consult is ideal)
4. Status of documentation that informs the investigation such as medical records, releases of information, educational records, mental health records and custody

A decision will be reached during the consult to proceed with papering, no paper it or scheduled for follow-up. If the case is approved for papering, the following decisions need to be made in the consult:

1. If papered, ensure that there is an agreement among all administrations on why court involvement is required and whether the agency is requesting conditional release or shelter care
2. Determine which administration will take the lead on drafting the complaint
3. If shelter care is requested, what is the plan for facilitating the removal?
4. If conditional release is recommended, what is the plan to ensure the parent/s is present at court?

After the consult, the social worker will draft a complaint. Once a Complaint for Community Papering is approved and transmitted to Court, it is imperative that the Supervisory Social Worker send the complaint to childprotection@dc.gov and clearly note what time the complaint/s were approved in FACES for filing (each child must have a separate complaint). That e-mail will alert OAG staff that a complaint has been filed so that the assigned AAG can begin work on the case immediately, in much the same way we rely upon emails to the Removal Notification list for emergency removal cases.

Once the complaint is filed, the assigned assistant attorney general assigned to paper new cases for that day will review the complaint and meet with the social worker to draft the petition.

COURT SCHEDULE: Community Cases

The court schedule below notes when the cases will go to court, which is dependent upon when the complaints are approved and transmitted. It is critical that social workers are aware of this timing so that they can provide proper notice to families about when to appear in Court.

COMPLAINT FILED IN COURT BY 2:00PM*	INITIAL HEARING/PAPERING
Monday	Thursday
Tuesday	Friday
Wednesday	Monday
Thursday	Tuesday
Friday	Wednesday

- Best practice is for the complaint to be filed by noon. If the complaint is filed after 2:00pm, the Court will deem it received the next business day.
- It is not expected that community cases will be filed over the weekend.

Pre-Petition Custody Order

CPS social workers must complete both an affidavit and a request for a prepetition custody order under the following circumstances:

1. The social worker is unable to locate a child involved in the investigation AND the social worker has determined that the child is or may be in immediate danger from the child's surroundings.
2. The social worker has established reasonable grounds to believe that the child is suffering from an illness or injury or is otherwise endangered such that removal from the child's surroundings is necessary.

The affidavit and request for custody order forms are templates that can be requested from each social worker's management team.

Social workers seeking a prepetition custody order contact the receptionist on the 4th floor of OAG suite and an AAG will be made available to review.

The following information is included in the completed affidavit and request for custody order.

- Respondent's name (i.e., the child's name)
- Respondent's date of birth
- Respondent's alias, if any
- Respondent's address
- Respondent's description (gender, race, height, weight, scars or distinguishing marks, youth division number, child's case number, Metropolitan Police Department identification number)
- Nature of the complaint (i.e., description of allegations and detailed grounds for removal)
- Social worker's name and title
- Social worker's signature (in the presence of the AAG who swears the social worker to the information)

If the AAG determines that all facts meet the legal standard for obtaining a custody order, the AAG will sign off on the custody order and direct the social worker to take the documents to the Central Intake Center, 500 Indiana Avenue, NW, Washington, DC, 20001. Wait for the custody order to be issued there. Once the official custody order is received, ensure that the information is documented in FACES.NET and file the hard copy in the case record.

Please note that the social worker who signed the affidavit must be present at court in the event the judge has questions. Prepetition custody orders are reviewed during normal business hours so make every effort to arrive in advance of 4:45pm to ensure timely action.

Initial Hearing (Probable Cause Hearing)

If CFSA has already removed a child from the home or if CFSA is requesting that a child be removed, the parent has the right to a probable cause hearing. You should be prepared to testify at this hearing and to justify the reasons for the removal. You should answer truthfully any questions asked of you. ***Note:** during the initial hearing, the court will allow you to give “hearsay” testimony (i.e., what another person has told the social worker). For example, if you receive information from a doctor, you may simply state what the doctor said. However, during the trial phase, the doctor will have to give direct testimony.*

A probable cause hearing is held to determine whether there is a credible reason to believe the petitioned allegations are true. The probable cause hearing is separate from a shelter care hearing, which is held to determine whether the child should remain in CFSA custody. These two hearings are generally combined for expedience.

The AAG prepares social workers for these two hearings during the “papering” meeting and again before the combined hearing itself. At the conclusion of the hearing, the judge will make one of two decisions.

1. An order for shelter care that sets forth in writing the reasons for why the child's shelter care is required
2. An order for the child to be released, if shelter care is not required under such criteria

If the judge orders CFSA to release a child, the judge may impose one or more of the following conditions:

1. Placement of the child in the custody of a parent, guardian, or custodian or under supervision of a person or organization agreeing to supervise the child
2. Placement of restrictions on the child's travel, activities, or place of abode during the period of release

If the child remains at home, you should also be prepared during the hearing to suggest conditions that the parent, guardian, or custodian should follow in order to ensure child safety, including services for the child and family to reduce the risk of further abuse or neglect.

When removal is necessary, CFSA will always require that a child is placed with a licensed foster parent. This includes placement with a relative, and placement with kin undergoing the licensure process or already licensed is the preferred first placement. CPS social workers should consult their management team and CFSA policy on how to request emergency licensing information but remember that the government will always object to a placement if the emergency license has not yet been granted. You should work expeditiously to get emergency licensing information to interested relatives.

You should also prepare a proposed visitation schedule (with conditions, if necessary) before the hearing. It is important to include sibling visitation, i.e., what visitation will look like and how it will occur.

CFSA depends upon Title IV-E funding for the life of a case. This funding is contingent to the Family Court's findings. Social worker testimony to the Family Court must support either of the following findings in order for Title IV-E funding to be approved.

1. The agency made reasonable efforts to prevent removal of the child.
2. The risk of harm to the child was so serious that preventing a removal was a proper choice under the circumstances.

Reminder: A percentage of the Title IV-E money spent by CFSA may be reimbursed by the federal government if proper documentation is maintained both in FACES.NET and in the hard copy of a case record. If it is not in FACES.NET, it did not happen!

Schedule

For initial hearings scheduled Monday through Friday, Family Court begins at 11:00 am. To ensure timely attendance, CFSA notifies parents to appear at 10:00 am. This allows sufficient opportunity for parents to go to the Center for Child Abuse and Neglect to participate in an eligibility interview and meet with their attorneys.

One magistrate judge is assigned to initial hearings each week. Social workers must notify the parent of the date and time of the hearing at the time of the child's removal.

Court is held at 10:00 am on the John Marshall (JM) level of DC Superior Court in Room JM-15. A schedule for these times is kept on the OAG receptionist's desk with the name of the AAG papering for each division and for Saturdays. On holidays, there is one AAG papering.

CFSA Custody of the Child

Pursuant to DC Official Code § 16-2313, CFSA has the legal authority to place a child in any one of the following appropriate foster care options.

1. A family-based or therapeutic foster home
2. A group home, youth shelter, or other appropriate facility for nondelinquent children
3. A facility for specialized shelter care designated by CFSA's Placement Services Administration, including any other appropriate facility operated by DC

Special Considerations

Visitation

DC Official Code § 16-2310(d) requires weekly visitation (at a minimum) by a child's parent, guardian, or custodian when the child has been placed in shelter care, unless it appears to the judge that such visitation rights would create an imminent danger to or be detrimental to the well-being of the child. In which case, the judge either establishes special conditions for visitation or orders that visitation rights not be allowed.

Orders for Physical and Mental Examinations

DC Official Code § 16-2315 permits physical and mental examinations of a child by a court order to do so. Once the AAG has filed the neglect petition, a Family Court order may be obtained to require a child to be examined to determine the child's physical or mental condition. Orders might also be given for mental health examinations of a parent, guardian, or custodian. Social workers should discuss the need for such examinations with their management team and with the AAG before, during, or shortly after the papering session.

General Legal Considerations

As is the case with each procedural step involving a child's entry into care, the social worker must accurately enter all relevant facts and information into FACES.NET. We cannot overemphasize the importance of accurately documenting information in FACES.NET. "If it's not in FACES.NET, it didn't happen!" Accurate documentation protects the rights of the child and their family as well as the integrity of data that CFSA must maintain for local and federal reviews and audits. Your documentation must be entered into FACES.NET (and hard copies submitted) prior to the initial court hearing. As a reminder, initial court hearings are mandated to occur within 72 hours of removal.

Holds

Administrative Hold—Although not a legal term, “administrative holds” are included in workers’ FACES.NET documentation. A child removed from the home is under an “administrative hold” until the matter is taken into Family Court and the judge either returns the child to the caregiver or the judge orders shelter care. Workers are not able to put any type of hold on a child without completing a complaint form because the hold, in effect, “removes” the child. A “constructive removal” occurs when a worker removes a child who is not yet physically able to go to a placement (e.g., a hospitalized child).

Five-day Hold—After CFSA files a complaint, OAG reviews the case to determine if there is a legal basis to file a petition. OAG can request a five-day hold of the requirement to file a petition in order to do more investigation. If the court finds that there is “good cause,” the OAG will be granted the five-day hold, but by the end of those five days, the OAG must either file a petition for neglect or return the child home. The parent or legal caregiver still has a right to request a shelter care hearing to determine whether the child should remain in CFSA custody during this time.

Unaccompanied Refugee Minors (URM)

“Unaccompanied refugee minors” is a legal term that applies when the US Department of State identifies children who are refugees from another country, eligible for resettlement in the United States, but do not have a parent or relative available to care for them. The United States Government is committed to providing for the long-term care of these unaccompanied refugee minors (URM).

In general, CFSA is not involved in the onset of URM cases because these cases do not start with an allegation or a report to the 24-hour Hotline system. However, upon arrival, the federal government will place these refugee children in the District’s URM program for the children to receive refugee foster care services and benefits. The URM program helps these children develop appropriate skills to enter adulthood and achieve social self-sufficiency.

Social workers with cases involving a minor alleged to be an unaccompanied minor should contact their program administrator and the OAG.

Diplomatic Immunity

DC is uniquely situated as both a residential area and a capital city where foreign dignitaries hold residence in an embassy or a consulate that represents the dignitaries’ native countries. Globally, most foreign dignitaries are exempt from certain laws of the host country in which they are working. This exemption is called “diplomatic immunity.”

A foreign dignitary is not only the Ambassador but certain other persons in the United States working for their government. This will also include their immediate family members, such as their spouse, and children. Persons obtain such diplomatic status with the permission of the United States Department of State (the U.S. State Department) and are registered as such. Note that not all persons working for a foreign government in the U.S. obtain diplomatic status. For example, many embassies bring their cooks or gardeners, but they do not receive diplomatic status or immunity.

Unlike many other jurisdictions, Hotline reports in DC may occasionally involve someone who has diplomatic immunity. The moment a social worker has cause to reasonably suspect that the parent, guardian, or custodian is a diplomat or that the child has diplomatic immunity, the investigation must immediately cease until further instructions are given by the OGC.

In collaboration confirmation with the US Department of State, the OGC will determine whether a person who is believed to have diplomatic immunity actually has diplomatic immunity. As previously noted, not all noncitizens claiming to have diplomatic immunity actually have diplomatic immunity. Regardless, if it comes to a social worker's attention that the life of a child is at risk, the social worker is obligated to act appropriately to immediately protect the child. Social workers should contact their management team and the OGC immediately for further instructions.

To contact the OGC in nonemergency diplomatic immunity matters, social workers should send an email to assistant general counsel, paul.kratchman@dc.gov, and list the name of the child(ren), and parent(s) and also include the referral number, the reason you believe a family member has immunity, and the extent of CPS' investigation prior to stopping. *Please copy OGC executive assistant, wendy.singleton@dc.gov, for all nonemergency diplomatic immunity emails to Paul Kratchman.*

Usually the OGC will respond within two business days to inform you of whether the family has immunity or not. If the family has no immunity, proceed as normal.

If the family does have immunity, the OGC will send a letter to the US State Department seeking authorization to proceed with an investigation. The letter will have a date by which CFSA will close its matter if it does not hear from the US State Department that it has granted CFSA the authority to proceed with its investigation. That letter will be sent to the social worker and should be documented in FACES.NET by copying and pasting the text of the letter. The matter should then be closed as "incomplete—diplomatic immunity" in FACES.NET once the date to receive a response has passed. The social worker must also hold a consultation with the assigned program manager in reference to the matter, also documenting the consultation in FACES.NET.

THE CPS INVESTIGATION

Hotline staff receive reports of suspected child abuse or neglect made to the CFSA Hotline 24 hours a day, 7 days a week. The trained Hotline social workers use a structured decision making (*SDM Hotline tool*) to support and guide them for assessing whether a referral will be accepted for an investigation. A response time for each report (either “immediate” within 2 hours or “within 24 hours”) is established before assignment to the investigative social worker.

Initial Family Background Research

When an immediate response time is assigned, as the CPS social, you must still follow certain pre-investigation steps whenever possible prior to initial contact, or as soon as possible after initial contact with the child victim. Pre-investigation steps include contact with the reporter, if possible, and a review of all available information or records on the child and family to help prepare for the investigation. You should attempt to gather the following information:

- Demographic information on a family
- History or pattern of abuse or neglect
- Child and family support systems and protective capacity
- Specialized child or caregiver needs
- Safety and risk factors
- Any possible worker safety issues

You should also look for and think about several things when a new referral is received. First, thoroughly review the referral snapshot, recognizing that it is not typically or necessarily reflective of all family members or prior involvement with CFSA. Therefore, always conduct a thorough search for each referral received. Several resources are available:

- FACES.NET search
- The District of Columbia Access System (DCAS)
- The DC Public Schools Student Portal (Aspen)
- Diligent Searches (Social s must verify the last known addresses and make efforts to identify and locate maternal and paternal resources.)

FACES Search for Prior History

A thorough review of prior referrals and case history can be very useful in assessing chronic issues and strengths within the family. It can also reveal risk elements and prepare you for the initial home visit. **You should consider the family’s prior CFSA involvement throughout your assessment of the family.**

The Importance of Reviewing Prior History

Why know history?

It is critical to assess the new allegations in the context of all previous reports and allegations. A thorough review of prior referrals and case history can be useful in assessing historical patterns of abuse or neglect, complicating factors, family strengths and needs. Families may not openly reveal critical elements of their past and current situation that would be helpful to conducting a comprehensive safety assessment. **Remember:** knowledge of Prior History can reveal important facts.

Consider the following information in your review of the family's history:

- Possible location or living situations for families
- Whether the current alleged child victim is the same as in the prior reports
- Other children in the home or other children who reside outside the home
- Household members
- The number of prior substantiated, inconclusive, or unfounded reports
- Written assessment findings for previous investigations
- Prior removal history or court involvement
- People who are/were not allowed contact with the family through a protection order or visitation order
- Severity and type of current allegations compared to those in prior reports
- Prior community services or linkages
- Prior intervention and safety plans

In addition, consider the following circumstances:

- The child's present condition, family functioning, and household conditions as compared with prior reports?
- What do the patterns or frequency of past reports suggest?
- What is the source of prior reports? Are there multiple reports with similar allegations called in by the same or different reporters?
- What services have the family utilized previously?

District of Columbia Access System (DCAS)

Many families that come to CFSA's attention are recipients of public assistance from DC's Income Maintenance Administration (IMA). Such assistance may come in the form of food stamps, medical assistance benefits, and Temporary Assistance for Needy Families (TANF). Information on all recipients is entered into the DCAS database, which can be accessed directly by the Diligent Search Unit (DSU) for social workers seeking background information and family history. You should see your CPS management team for additional information on reading an DCAS report.

- At the beginning of investigation activities, it is useful to search DCAS for information regarding additional siblings and other household members.

- Investigative social workers must contact the DSU to provide this information. The DSU has 24-hour access the DCAS system.
- The DCAS system is searched by name only, not by address. If a social worker has an address and not a family name, DCAS will not provide information on the family.

Note: *Families may not always update their demographic information in a timely fashion. As a result, such information in the DCAS system may not always be current.*

Aspen

The DC Public School's Student Portal is a database known as **Aspen**. This database tracks attendance records for students currently enrolled in DC Public Schools and can be accessed by FSWs from the educational neglect triage unit by request or the investigative social worker can reach out to the schools directly. Information from Aspen may also at times be noted in the Hotline report.

The database will also include some historical attendance records. For kindergarten through eighth grade, progress reports must be obtained directly from the school of attendance. Unlike DCAS, the Aspen database does have the capability for "reverse searches" (i.e., A search for a family or child can be made using only an address). As a result, Aspen is a useful and complementary tool for locating and identifying a family when no other demographic information is available.

- Aspen information separates partial absences from class versus full absences for an entire day or more. This applies for both middle and high school student attendance reports. Note: Absences recorded in the database do not necessarily reflect whether the absence was excused or not.
- Attendance information may not always be accurate. When using this information to substantiate a neglect allegation, be sure to have a conversation with the school official for confirmation. Social workers should carefully document this information in their investigation notes.
- The student information card may also have helpful information, such as the address listed for the family, caregiver's name, and emergency contact information.

Initial Investigation Consultations

Contacting the Reporting Source

You are required to immediately contact the source of the report to obtain further clarification and information about the allegations. The reporting source should also confirm the location of the child. **Note: The reporting source is one of the core contacts.** This initial contact may also lead to others who can provide information as to whether safety factors are present that may place the child in immediate danger or impending danger of harm. If the source is not immediately available, the social worker should continue to attempt to contact the source until contact is made.

Sharing detailed information can be difficult for individuals who are genuinely concerned about children so be prepared to explain to all reporting sources that the investigation is confidential, and that information cannot be shared without the proper releases. Acknowledge the difficulty of sharing additional details when speaking with the reporting source.

Remember that individuals who report may not have first-hand information about which they are reporting. You must then also reach out to the person who might be considered the original reporting source to clarify the allegations and any other investigation concerns. For example, a reporting source may share information that was received secondhand from another family member, professional, or concerned citizen. Without revealing the reporting source, make efforts to confer with the person who has direct information about the allegations.

Contacting the Ongoing Social worker

When an investigation is received on an open case, the Hotline social worker will notify both the ongoing social worker and the management team. You should communicate with the ongoing social worker prior to initiating the investigation if possible. The ongoing social worker will be able to provide you with key information about a family's functioning that will support the investigation and assessment activities. If you are unable to quickly make contact with the ongoing team, you must not allow contact with the ongoing team to delay the investigation's initiation.

CPS Interviews

General Guidelines

CFSA is mandated to conduct a thorough investigation into reports of suspected abuse or neglect to protect the health and safety of the children involved. The CPS interview is a fundamental component of this mandate. Ideally, the interviews with children will take place at a neutral setting, such as the child's school. Caregiver interviews are likely to occur at home but may occur in other environments (work, schools, hospitals, etc.). However, social workers must make a home visit. If access to the home for a home visit is refused, contact supervisor for next steps.

Remember that the information from one interview will likely be used to gather information from the next. To maintain the integrity of all gathered information, each person should be interviewed separately, typically starting with the alleged victim and other children. Social workers should gain information from collateral sources. These resources may have direct information on assessment facts that will be needed when conducting the family interviews. The following interviews will be discussed in this section.

- Alleged victim and other children
- Non-offending caregivers
- Alleged perpetrator
- Other household members
- Collaterals

Guidelines for Interviewing Children

According to DC Official Code §4-1301.04(c)(3)(A), CFSA must interview children outside the presence of their caregiver in order to protect the children's health and safety. The initial phase of the investigation shall include...

... seeing the child and all other children in the household outside of the presence of the caretaker or caretakers.

Reminder:

- You are required to interview and assess ALL children in the home. Each child should be afforded the opportunity to share individual accounts and explanations of the allegations on the referral. If a child is too young to be interviewed, you should observe the child when awake and assess the child in reference to the caregiver or parent. You must ensure that ALL children involved with the family have been interviewed, including children living outside of the home, e.g., in another residence or in another state. Social workers must note the time, date, and place of each interview and enter this information in FACES.NET.

REQUIRED TASKS FOR INTERVIEWING CHILDREN

Required Task	Assess – Describe – Document
Assess the physical appearance of the child.	<ul style="list-style-type: none">✓ Observe the child.✓ Take a photograph of the child (when applicable or appropriate).✓ Determine if the child's clothing is appropriate for size and weather conditions.✓ Determine if the child is appropriately groomed (cleanliness, hair, odor, and so forth).
Assess whether the child has any physical injuries.	<ul style="list-style-type: none">✓ Determine if the child needs immediate medical care.✓ Determine if the child has any physical injuries.✓ Photograph any injuries.✓ Describe the size, shape, type, and location of the injury.✓ Describe whether the injuries appear acute, healing, or healed. <p>For further details on injuries, see the Guidelines for Observing Child Injuries (Normally Clothed Areas).</p>
Assess the child's affect, body language, behavior, and special needs	<p>Describe the following affects:</p> <ul style="list-style-type: none">✓ Child's mood during the interview; note whether the mood changes related to subject matter.✓ Child's ability and desire to engage in conversation.✓ Any obvious challenging behavioral issues.✓ Any behavior or attitude that appears developmentally out of the norm.✓ Any known or suspected special needs.

Required Task	Assess – Describe – Document
Discuss the interviewing ground rules directly with the child.	<p>The following information must be documented to attest to the child's legitimate participation in the interviewing process:</p> <ul style="list-style-type: none"> ✓ Is the child aware of the difference between the truth and lying, and has the child agreed to tell the truth? ✓ Can the child state when s/he does or does not understand a question, and does the child agree to ask any questions when s/he does not understand? ✓ Does the child agree not to guess if they don't know an answer? ✓ Has the child agreed to correct you if you say things that are incorrect?
Family and household composition	<p>Describe the members of the child's household and their relationship to the child.</p> <ul style="list-style-type: none"> ✓ Note whether there is more than one household involved. ✓ Describe other significant persons in the child's life (extended family, godparents, other meaningful caregivers, etc.) ✓ Specifically discuss the child's biological parents and grandparents or other meaningful caregivers, even if they are currently absent from the child's life.
Family relationships	<p>Describe the child's perception of each member of the household.</p> <ul style="list-style-type: none"> ✓ Assess specifically whether the primary caregiver has a significant other (who may or may not live in the home). ✓ Assess for any domestic violence in the family
Family rules and responsibilities	<p>Discuss the following topics:</p> <ul style="list-style-type: none"> ✓ Any rules that exist in the household (Do not presume that there are rules.) ✓ Responsibilities of different household members for chores, cooking, supervision, etc.
Family discipline practices	<p>Discuss and document responses to the following questions:</p> <ul style="list-style-type: none"> ✓ How is rule-breaking handled in the family? ✓ What happens if or when the children "get into trouble"? ✓ Who is the primary disciplinarian in the family? ✓ Is physical discipline used? Discuss type of object used, where the child is hit, how many times the child is hit, and how frequently it occurs in the family. ✓ Are there any differences in discipline used between siblings or with other children in the household?
Basic needs	<p>Discuss and document the following topics:</p> <ul style="list-style-type: none"> ✓ Housing (sleeping arrangements, utilities, etc.) ✓ Access to food (preparation of meals, any concerns for children going hungry, etc.) ✓ Access to clean and sufficient clothing ✓ Routine and necessary medical care

Required Task	Assess – Describe – Document
Health	<p>Discuss and document responses to the following questions:</p> <ul style="list-style-type: none"> ✓ Does the child go to the doctor or take medication? ✓ Did you observe any health concerns during your assessment? ✓ What is the primary physician's name and phone number? ✓ When was the child's last doctor's visit?
Education	<p>Discuss and document the following information:</p> <ul style="list-style-type: none"> ✓ Name and location of school ✓ Attendance at school ✓ Educational progress ✓ The child's feelings about school
Supervision in the family	<ul style="list-style-type: none"> ✓ Discuss responsibilities for supervision in the family.
Knowledge of drugs and illegal activity	<ul style="list-style-type: none"> ✓ Discuss any knowledge of drugs and illegal activity.
General safety	<ul style="list-style-type: none"> ✓ Discuss safety in general with the child and what it means to be safe, including any safety factors that the child may share.
Any additional information regarding	<ul style="list-style-type: none"> ✓ What, when, where, how? ✓ Who was present?

Minimizing Impact on the Child During Visual Observations

To minimize the potential for negative impact on the child, consider the following factors.

- Always conduct the visual observation in a place that supports the child's privacy and dignity. If possible, use a medical professional's office space, e.g., a school nurse's office.
- Always ensure that more than one person is present, preferably a non-offending caregiver or a professional (e.g., social worker, school nurse, or pediatrician).
- Carefully explain to the child, using simple language, exactly what is happening and why.
- Reinforce the nature of the inspection as being conducted for the child's safety.
- Clarify with the child the right to personal boundaries, if age appropriate.

- Whenever possible, present the child with an option for a professional to perform the visual inspection. Be sure that the child expresses comfort with the decision.
- If the child is not comfortable with the visual observation procedure, be sure to make every effort to allay any fears. Do not force the observation!
- If the caregiver is present and the child is unable to undress, ask the caregiver to undress the child.
- If the caregiver is not present, someone familiar to the child should assist.

As noted in the, FAQ on the Use of Photographs During the CPS Investigation, you can take photos when there is a visible injury in suspected physical abuse cases. If the injuries are severe or potentially serious, or if medical attention is needed, the child should be seen by a physician immediately. The results of the examination should be thoroughly documented.

If you have questions or concerns, please consult your CPS management team.

Guidelines for Interviewing Caregivers Residing in the Home

As with all interviews, social workers are responsible for conducting a comprehensive assessment of the immediate safety and risk of future harm for each child in the family, including but not limited to the direct allegations in the Hotline report. Social workers should make an attempt to interview all caregivers based on their role and involvement with the children.

Note: *It is a CPS practice to only conduct the initial discussion of investigation allegations in person (not via phone).* Further, it is expected that you use appropriate investigative techniques when addressing allegations, including use of an open-ended assessment. In most instances, it is inappropriate for you to immediately disclose the specific allegations in the investigation. For example, you may be assigned to investigate an allegation of physical abuse but would still begin the assessment by discussing “concerns for child well-being or safety” (as opposed to concerns of “physical abuse”). Similarly, you would not immediately narrow the discussion to a specific abusive incident without first exploring the global issues of discipline and violence in a family.

Keep in mind that you should not only be allegation focused; you should also address the specific allegations, historical themes, complicating factors, risk factors, and behavioral patterns. You should also try to address the maltreater’s willingness to change, as well as any other caregivers in the home. Have a discussion around the appropriate services or interventions to address the allegation. If you can, find out if the family is currently linked to supportive services or if they need your assistance in providing appropriate referrals.

REQUIRED TASKS FOR INTERVIEWING CAREGIVERS RESIDING IN THE HOME

Required Task	Assess – Describe – Document
Conduct a face-to-face interview with parents or caregivers.	<ul style="list-style-type: none"> ✓ Gather basic demographic information for all household members. ✓ Obtain proper releases of information to be able to speak with collateral sources of information.
Assess the physical appearance of the caregiver.	<ul style="list-style-type: none"> ✓ Observe the caregiver. ✓ Determine if the caregiver is appropriately groomed in terms of their cleanliness (hair, odor, and so forth).
Assess the caregiver's affect, body language, behavior, and special needs.	<p>Describe the following affects:</p> <ul style="list-style-type: none"> ✓ Emotional state during the interview, noting mood changes related to subject matter ✓ Ability and desire to engage in conversation ✓ Any known or suspected special needs ✓ Assess for immediate mental health needs
Determine the family and household composition.	<ul style="list-style-type: none"> ✓ Describe members of the caregiver's household and their relationship to the child or youth. ✓ Describe other significant persons in the caregiver's life (extended family, paramours, etc.).
Family relationships	<ul style="list-style-type: none"> ✓ Describe the caregiver's perception of the children. ✓ Specifically assess whether the primary caregiver has a significant other (who may or may not live in the home). ✓ Assess for any intimate partner violence in the family. ✓ Discuss responsibilities that the caregiver may have for other adults (ailing parent or relative, etc.).
Family rules and responsibilities	<p>Discuss the following topics:</p> <ul style="list-style-type: none"> ✓ Rules that may exist in the household (Do not presume that there are rules.) ✓ Responsibilities in the home for chores, cooking, supervision, etc.
Family discipline practices	<p>Discuss the following practices:</p> <ul style="list-style-type: none"> ✓ How is rule-breaking handled in the family? ✓ What happens when the children "get into trouble"? ✓ Who is the disciplinarian in the family? ✓ If physical discipline is utilized, what types of objects are used, where is the child hit, how many times is the child hit, and how frequently does the physical discipline occur? ✓ Any differences in discipline used with siblings or other children in the household? ✓ Is the caregiver aware of DC laws for corporal discipline?
Basic needs discussion	<ul style="list-style-type: none"> ✓ Shelter ✓ Food ✓ Clothing ✓ Employment ✓ Finances

Required Task	Assess – Describe – Document
Health discussion	<ul style="list-style-type: none"> ✓ Health insurance ✓ Health provider ✓ Last physical, updated immunizations, preventive screenings ✓ Specialized needs ✓ General hygiene
Educational discussion (if applicable)	<ul style="list-style-type: none"> ✓ School, daycare or afterschool programs ✓ Caregiver involvement ✓ Attendance ✓ Educational progress ✓ Specialized needs
Supervision in the family	<ul style="list-style-type: none"> ✓ Discuss who handles supervision if the caregiver needs to be away or is at work.
Caregiver stress, support network, health	<ul style="list-style-type: none"> ✓ Discuss the following topics: ✓ How the caregiver handles stress ✓ Any support network that the caregiver has in place ✓ Health issues that the caregiver may be facing ✓ Substance abuse ✓ Mental health issues
Substance Abuse and Mental Health	<p>Discuss the following topics:</p> <ul style="list-style-type: none"> ✓ Caregiver history or current use of substances (illegal, legal, prescription) ✓ History of or current issues with mental illness ✓ How does this impact his/her ability to care for, supervise, and protect the children? ✓ Results of substance abuse/mental health assessment
Legal issues	<ul style="list-style-type: none"> ✓ Discuss any history or current involvement with the legal system.
Any additional information regarding the allegations not discussed above	<p>Discuss the non-offending caregiver's account [or alleged maltreater's account] of each allegation:</p> <ul style="list-style-type: none"> ✓ What, when, where, how ✓ Who was present? ✓ Explanations of the incident and each allegation ✓ How does the caregiver or maltreater feel about and react to the incident and/or allegations?

The Home Visit

Even if the interview does not occur in the home, you must still make a home visit and conduct a thorough assessment of the immediate living environment. This visit will help to determine whether there are any unsafe conditions that place the child in immediate or imminent danger. This list provides things you may want to check in a general home assessment.

Assessing the Home

Required Task	Assess – Describe – Document
<p>Visit and assess the home environment for the presence of safety factors. Document whether any of those factors pose immediate danger or imminent danger for the children.</p> <p>All family living areas must be examined. Living area means any area of a home or residence that is utilized by a family., including for example, the basement, garage, attic, etc.</p> <p>Determine sleeping arrangements for all household members. Ensure that all infants have their own cribs (see dangers of co-sleeping below).</p>	<p>Do any of these potentially unsafe conditions exist in the home?</p> <ul style="list-style-type: none"> ✓ No heat/hot water ✓ Unsafe space heater or other heating methods ✓ No gas ✓ No electricity ✓ Unsafe lighting (e.g., candles) ✓ No window guards ✓ Non-working smoke alarm ✓ Inadequate plumbing ✓ Inadequate food supply ✓ Inadequate or lack of sleeping arrangements (e.g., no bed or crib) ✓ Unsanitary conditions (e.g., presence of vermin) ✓ Exposed wires ✓ Broken taps, or taps running scalding water ✓ Leaking gas ✓ Broken windows or door locks ✓ Exposed radiator or exposed pipes ✓ Toxic chemicals or harmful medications in easy reach of the child

Guidelines for Interviewing Other Household Members

Social workers must interview ALL household members, not just the parents or primary caregivers residing in the home. Establish and document all relationships in the home.

Required Task	Assess – Describe – Document
Relationship of household members	<ul style="list-style-type: none"> ✓ Determine the nature of the relationships between the household members (length of time known, length of time sharing the residence, etc.).
Knowledge of the household members regarding the allegations	<ul style="list-style-type: none"> ✓ Discussion should be held with the household members regarding any knowledge of the allegations.
Determine whether the household members have other knowledge regarding the safety and well-being of the children in the home.	<ul style="list-style-type: none"> ✓ Discussion should be held with the household members regarding the general safety and well-being of the children in the home. ✓ Specifically discuss supervision and discipline methods within the household. ✓ Educate all household members on DC regulations regarding child abuse and neglect.
Assess the state of the household as it relates to all household members.	<ul style="list-style-type: none"> ✓ Determine whether there is appropriate living space for all household members. (e.g., are family members sleeping on the floor or sharing beds?) ✓ Determine whether there is enough food and clothing for all household members. ✓ Determine whether all household members have safe sleeping arrangements (e.g., cribs with safety bars).

Guidelines for Interviewing Collateral Contacts

Collateral contacts are sources of information that are knowledgeable about the family's situation and serve to support or corroborate information. Collateral contacts also include mandated reporters, such as teachers and medical personnel, and others in the community who may be relevant to the investigation. Remember to familiarize yourself with CFSA standards on confidentiality when conducting collateral interviews.

Collateral contacts often provide a good deal of information that is helpful in determining the disposition. These interviews help you obtain additional information about the children and family that will help determine whether the child is in immediate danger or if there is risk for future maltreatment. You should attempt to gather the following key information from collateral contacts:

- How long each collateral contact has known the child and family
- Collateral's assessment of the child's condition
- Collateral's assessment of family functioning, including knowledge of any safety factors or risk elements that may exist in the family
- Collateral's knowledge of the allegations and any other signs of abuse or maltreatment. Ask questions as to the frequency, severity and location of suspected abuse. Also ask if this was the first incident

All interviews with collateral contacts must be documented. Every CPS investigation requires the following minimum standards for obtaining information from collateral sources prior to the investigation's closure:

- You must make at least two attempts to obtain detailed information from medical providers, daycare providers, and educational providers. If this information is not pertinent to the disposition, the investigation may be closed without it after discussion with the management team.
- You must obtain the most recent available information on the date of the last physical, the child's immunizations, school attendance records (if school age), as well as grades (report cards), all of which help establish at least a minimal level of medical and educational care.
- You are required to attempt to obtain collateral information after gaining knowledge of the identity of the collateral sources of information. Do not wait until the end of the investigation to request information from collateral sources.
- Best practice requires that you follow up on all initial attempts to interview collateral contacts, and to document and discuss all barriers with the management team.

Required Tasks for Interviewing Medical Professionals

Required Task	Assess – Describe – Document
Immunizations	<p>Request immunization records from a credible source (e.g., the child's school and medical provider, CFSA's Clinical Health Services Administration, and the DC Department of Health).</p> <ul style="list-style-type: none"> ✓ Review the immunization records to determine if the child is current, due, or overdue for immunizations. If the record indicates that the child is overdue for immunizations, the social worker should confirm any discrepancies with the medical provider or another credible source of information. The social worker should also request that the caregiver update the immunizations. If the caregiver has indicated that they have chosen to withhold immunizations, you should confirm that the appropriate paperwork has been submitted to the school, e.g., the caregiver has opted out. <p><i>Note: It is not against the law to withhold immunizations from a child, nor is it automatically considered medical neglect.</i></p>
Regular and preventive medical care	<ul style="list-style-type: none"> ✓ Request information from the medical provider (e.g., records or verbal confirmation). ✓ Request information regarding the caregiver's compliance with appointments, recommendations, and follow-up appointments.

Required Tasks for Interviewing Educational Personnel

Required Task	Assess – Describe – Document
Child's attendance records	<p>Request records from the school. Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ Document any unexcused absences in the current given school year ✓ School policy on absences versus tardiness ✓ Whether absences are due to the child's truancy (despite caregiver's efforts) or educational neglect ✓ Notification to and discussion with the caregiver by the school regarding the child's absences ✓ School compliance with the appropriate steps outlined in CFSA's Memorandum of Understanding (MOU) with DC Public Schools (regarding truancy and educational neglect) ✓ Caregiver compliance with school recommendations
Academic performance	<ul style="list-style-type: none"> ✓ Obtain report cards or verbal reports from teachers or school staff regarding the child's academic performance. ✓ Determine if poor academic performance is related to tardiness or excessive absences.

Required Task	Assess – Describe – Document
Special educational needs	<p>Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ Existence of a current individual education plan (IEP) ✓ Participation of caregiver in development of IEP (if relevant) or any other plans ✓ Caregiver compliance with school recommendations for ameliorating any academic or behavioral concerns including addressing behavioral issues through therapy or medication, e.g., medication for attention-deficit hyperactivity disorder (ADHD) School adherence to IEP recommendations <p><i>Note: Caregivers are not mandated to use medication therapy for behavioral concerns.</i></p>
Determine if the child requires additional testing (if applicable).	<p>Determine if the caregiver has complied with any recommendations for testing:</p> <ul style="list-style-type: none"> ✓ Hearing ✓ Vision ✓ Developmental Evaluation
Caregiver involvement or actions	<ul style="list-style-type: none"> ✓ Determine if the caregiver attends teacher conferences, IEP meetings, suspension meetings, or meetings regarding the child's attendance.
Child's attitude	<ul style="list-style-type: none"> ✓ Request information regarding the child's behavior, relationship with peers, and attitude towards learning.
Child's appearance	<ul style="list-style-type: none"> ✓ Determine whether the child comes to school well-groomed, appropriately dressed, well-rested, and compliant with the school uniform policy (if applicable).
Child's attendance records	<p>Request records from the school. Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ Any unexcused absences in the current given school year ✓ School policy on absences versus tardiness ✓ Whether absences are due to the child's truancy (despite caregiver's efforts) or educational neglect ✓ Notification to caregiver by the school regarding the child's absences ✓ Whether the school has discussed the attendance issue with the caregiver ✓ School compliance with the appropriate steps outlined in CFSA's Memorandum of Understanding (MOU) with DC Public Schools (regarding truancy and educational neglect), which includes filing of a DC Superior Court Truancy Referral Form to initiate court action ✓ Caregiver compliance with school recommendations

Required Task	Assess – Describe – Document
Academic performance	<ul style="list-style-type: none"> ✓ Obtain report cards or verbal reports from teachers or school staff regarding the child's academic performance. ✓ Determine if poor academic performance is related to tardiness or excessive absences.
Special educational needs	<p>Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ Existence of a current individual education plan (IEP) ✓ Participation of caregiver in development of IEP (if relevant) ✓ Caregiver compliance with school recommendations for ameliorating any behavioral or academic concerns ✓ Whether caregiver is addressing behavioral issues through therapy or medication, e.g., medication for attention-deficit hyperactivity disorder (ADHD) ✓ School adherence to IEP recommendations <p><i>Note: Caregivers are not mandated to use medication therapy for behavioral concerns.</i></p>
Determine if the child requires additional testing (if applicable).	<p>Determine if the caregiver has complied with any recommendations for testing:</p> <ul style="list-style-type: none"> ✓ Hearing ✓ Vision ✓ Developmental Evaluation
Caregiver involvement or actions	<ul style="list-style-type: none"> ✓ Determine if the caregiver attends teacher conferences, IEP meetings, suspension meetings, or meetings regarding the child's attendance.
Child's attitude	<ul style="list-style-type: none"> ✓ Request information regarding the child's behavior, relationship with peers, and attitude towards learning.
Child's appearance	<ul style="list-style-type: none"> ✓ Determine whether the child comes to school well-groomed, appropriately dressed, well-rested, and compliant with the school uniform policy (if applicable).
Determine if the school staff has any concerns of abuse or neglect of the child.	<ul style="list-style-type: none"> ✓ Inquire of the classroom teacher, school counselor, or other appropriate school personnel whether they have had concerns regarding abuse or neglect of the child. ✓ Confirm who has permission to pick up the child and any emergency contacts. (Is the alleged maltreater able to pick up the child and is this a safety concern?)

Required Tasks for Interviewing Daycare Providers

Required Task	Assess – Describe – Document
Child's attendance	<p>Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ How often the child attends daycare ✓ Any concerns related to the timeliness of the child's drop-off or retrieval from daycare ✓ Who can drop off and pick up the child.
Level of caregiver involvement	<p>Determine and document the following information:</p> <ul style="list-style-type: none"> ✓ Caregiver response to daycare concerns ✓ Adequate and appropriate supplies for the child provided to the daycare
Child's physical appearance	<ul style="list-style-type: none"> ✓ Inquire about the child's cleanliness and hygiene. ✓ Determine whether the child appears in good health or is brought to the daycare provider when ill. ✓ Inquire about any history of unexplained or suspicious injuries.
Determine if there are additional concerns of abuse or neglect.	<ul style="list-style-type: none"> ✓ Specifically discuss with staff whether they have had concerns regarding abuse or neglect of the child.

Required Tasks for Interviewing Mental Health Providers

Required Task	Assess – Describe – Document
Mental health or behavioral issues for the child	<ul style="list-style-type: none"> ✓ If the caregiver or school indicates that the child has any behavioral issues, e.g., suicidal or homicidal ideations, sexualized behavior (outside of age appropriate exploration), or other indicators of mental health issues, determine if the child has been referred for or received the appropriate evaluation or assessment. ✓ Request information regarding the outcome of the assessment or evaluation, including any recommendations. ✓ Determine whether the parent or caregiver has followed through with the recommendations or referred services. <p><i>Note: Best practice is to ask the caregiver for consent. However, if this is not obtainable, the law allows CFSA CPS to obtain the documents without consent as they relate to the allegations of child maltreatment.</i></p>
Medication prescribed for child's mental health issues	<ul style="list-style-type: none"> ✓ Request information from the mental health provider regarding any prescriptions. ✓ Request information regarding the caregiver's compliance with appointments, recommendations, and medication regimes. ✓ If the caregiver has chosen not to medicate the child, is the caregiver utilizing other services to address the child's behavior? <p><i>Note: Caregivers are not mandated to use medication therapy for behavioral concerns.</i></p>

Required Task	Assess – Describe – Document
Determine if the caregiver is exhibiting any signs of a mental health issue or has any diagnosed mental health conditions.	<ul style="list-style-type: none"> ✓ Request information from the caregiver directly. ✓ Contact any mental health providers currently involved with the caregiver. ✓ Inquire about the intake appointment date and the last mental health appointment. ✓ Ask about the caregiver's compliance with treatment goals and parental capacity. ✓ If the caregiver is actively hallucinating or delusional, immediately contact the DC Department of Mental Health's Access Helpline at 1- 888-7WE-HELP or contact MPD for assistance. ✓ If applicable, contact the mental health provider to determine services and level of compliance.
Caregiver medications prescribed for mental health conditions	<ul style="list-style-type: none"> ✓ Observe and document the number of medications, types of medications, prescription dates, along with the names and contact information (if available) for the prescribing physicians.

Required Tasks for Interviewing Community Service Providers

Required Task	Assess – Describe – Document
<p>Social services received through the community</p> <p>Determine whether these providers are relevant to the investigation.</p>	<ul style="list-style-type: none"> ✓ Request information regarding any service provider involved with the family or children. What services are being provided? ✓ Contact the service provider to determine if they have any concerns regarding neglect or abuse. ✓ Determine what services are being provided to the family. ✓ Determine the family's level of compliance regarding service provision. ✓ Ensure that you have an appropriate release form for receipt of the provider's information on the family.
<p>Healthy Family Thriving Communities Collaboratives</p> <p>Relevant services provided by Collaboratives</p>	<ul style="list-style-type: none"> ✓ Contact the assigned FSW to discuss any concerns regarding the caregiver or children. ✓ Determine what services are being provided. ✓ Discuss any new recommendations for service provision. ✓ If the family has received services from a Collaborative in the past, contact the appropriate FSW to determine if the family was compliant with services.

ALLEGATION SPECIFIC INVESTIGATIONS

Neglect-Related Substance Abuse or Drug Activity

Exposure to Illegal Drug Activity

General Considerations

Illegal drug activity includes the use, sale, distribution, or manufacturing of a drug or drug paraphernalia without a legally valid license or medical prescription. Social workers should also be aware that allegations regarding drug activity require regular exposure of the child to the activity. This factor must be included in the assessment.

For those investigations where the Metropolitan Police Department (MPD) is involved, certain information may not be made available due to the ongoing criminal investigation. If there are concerns related to child safety, social workers should consult with management to determine next steps, including communication with the sergeant involved in the case.

Assessment Details

The following checklist is useful for ensuring that appropriate information is obtained during a drug raid investigation conducted by MPD.

- How did the raid occur? For example, was there a search warrant from an undercover purchase or a search warrant from another information source?
- Who is the affiant (i.e., the one who swore to the affidavit for the arrest) or who is the officer who signed off on the search warrant?
- What were the police specifically looking for? Who was the suspect?
- What, if any, drugs were found? Specify types, amounts, and location.
- Could the child reasonably access the drugs?
- Photograph the drugs and locations where they were found.
- Was drug paraphernalia found? Specify types and location.
- Was the paraphernalia a danger to the child (e.g., chemicals)?
- Were weapons (e.g., guns) and ammunition found? Specify types and location.
- Were the weapons accessible by the child?
- Photograph the weapons and locations they were found.
- Often, a drug raid results in the physical upheaval of a home. Social workers should ask the officers what condition the home was in prior to the raid. This information may be of concern.

- If there is any discrepancy about the living situation of the suspect, determine whether there are indicators to suggest that the suspect lives in the home (e.g., mail with the suspect's name and the address of the home, or personal items and clothing of the suspect in the home).
- Be sure to obtain the names and dates of birth of all arrestees or persons involved in the raid, whether they are family members or not. This information will ensure that these individuals do not impede the investigation. If they present themselves as resources for the care of the child, their involvement will be factored into this decision.

Required Tasks

- Attempt to review the complete criminal history of the individuals involved (if the caregiver is the affiant) in the investigation to determine any prior involvement with illegal drug activity.
- Speak to the affiant or the police sergeant on the scene to determine whether there is a history of other children frequenting the location of the drug activity or whether other children were at the scene at the time of the raid. Obtain the demographic information for these children and their caregivers. Create companion investigations as appropriate.

Substance-Exposed Newborns

General considerations

Babies who are born exposed to legal and illegal substances, including prescription medications, are some of the most at-risk children who come into contact with the child welfare system. Almost all drugs are known to cross the placenta and have some effect on the fetus. There are a variety of nationwide responses to these situations, including automatic removal by some state agencies due to a combination of the baby's inherent vulnerability and the obvious impairment of the caregiver who is struggling with substance abuse.

- In response to the needs of substance affected caregivers and their newborns, and in line with the Comprehensive Addiction and Recovery Act (CARA) of 2016, CFSA has strengthened its practice to address the safety, well-being, and permanency of this vulnerable group.

Substance affected caregivers and their positive toxicology and/or FASD newborns will be screened-in and assigned as CPS investigations.

- Calls from hospitals to report a baby testing positive for drugs in his or her system are screened-in and assigned for investigation.
- Calls from hospitals to report a mother who has tested positive for any drugs, but the baby does not, are screened-in and assigned for investigation, except where the mother has tested positive for THC only. These reports are sent for RED Team review. Social workers will visit the child and family to conduct a safety and risk assessment and work with the family to develop a Plan of Safe Care (POSC).

- The social worker will also make appropriate referrals for services for both the affected infant and caregiver.
- Early engagement with the Health Services Administration via a CPS Nurse's Referral will allow for a partnership with CPS to address the needs of the family. Once engaged, CPS nurse assigned to these substance-affected families will make every effort to conduct two visits with the newborn and their caregiver (ideally, once in the hospital and once in the home). The CPS nurse will assess the medical and health needs of the impacted caregiver and infant, interface with the hospital medical staff prior to infant and caregiver's discharge when possible and offer recommendations for continued health care or support. The CPS nurses will also discuss safe sleep practices with the family.

Remember that approaching the caregiver is critical to obtaining accurate information for the purpose of planning for the safety of the child and assisting the caregiver. Despite the effects of and behaviors related to substance abuse, this habit or addiction often grows out of significant pain and trauma. Therefore, caregiver engagement should not only involve acknowledgement of the facts but also provide an opportunity to understand the source of that pain in order to help the addicted person to move toward healing and positive change.

***Note:** A positive drug test alone is insufficient for an automatic finding of child neglect. There would need to be other evidence of neglectful or abusive behavior. Please consult your management team for additional guidance.*

Assessment Details

When completing an assessment regarding allegations of positive toxicology for newborns, you must consider several areas. The overall family should be considered, including the information below, to determine whether it is reasonable to believe that the caregiver is currently and will in the future be a sufficiently safe caregiver for a child. You should make note of the following information and be sure to include this important information in the POSC.

- Type of drug used: Determine the possible side effects that the drug may have on the mother. Consider that some drugs can have longstanding effects on functioning (e.g., the negative side effects of “flashbacks” can impair decision-making). Based on the type of drug used, also weigh the possible dangers of a relapse for the mother and the newborn.
- Frequency of use: Discuss with the mother the frequency and patterns of her drug use. Whenever possible, statements made by mothers need to be compared with other sources of information (e.g., CFSA and service provider history, drug-testing records, and accounts of family members).
- History of use: Discuss the mother's history of use and any periods of sobriety. Again, whenever possible, remember that statements made by mothers need to be compared with other sources of information (e.g., CFSA and service provider history, drug-testing records, accounts of family members, etc.).

- [Mother's behavior related to use](#): Substance abuse does not happen in a vacuum. Social workers must assess where and when the behavior occurs, where any children may be when this happens, and what other activity may be involved (e.g., prostitution and drug trafficking). All these factors must be included in the overall assessment of and planning for child safety.
- [Mother's attitude toward use](#): Begin to determine whether the mother acknowledges her use. This acknowledgment is, as the saying goes, "the first step" toward teaming with the mother to address the substance abuse issue. Given the positive toxicology screen, helping the mother acknowledge her use can be an easier discussion than in some other substance abuse investigations.
 - Social workers should also talk with the mother about her willingness to participate in a drug test and substance abuse assessment. These are significant indicators of CFSA's ability to work with a mother around the serious issue at hand.
 - Some mothers may not immediately be ready to admit their use. Be prepared to explain the options that exist for the mother should she not elect to seek treatment, in addition to discussing potential harmful effects on the baby and any other children in the home.
- [Mother's preparation for the baby](#): Determine what planning and preparation the mother made for her child's birth. Did she obtain appropriate supplies such as a car seat, crib and diapers? Does she have medical insurance? If applicable, has the mother applied for DC's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)? The social worker should be assisting the caregiver in these areas as needed.
- [Father's preparation for the baby](#): Fathers have a legal obligation to care for their children. In cases where the identity of the father is unknown, social workers should make efforts to gather this information from the mother or other family members.

If involved, determine what planning and preparation the father made for the child's birth. What role will he play in the child's life? Support from noncustodial fathers may also help custodial mothers or other caregivers address the issues that first brought the child to the attention of CPS. Please refer to the section on engaging fathers for additional information.

- [Support network](#): *Engaging Paternal Resources*: Paternal relatives may serve as caregivers and placement resources, provide youth meaningful adult connections, and provide financial, emotional, and other support.

Required Tasks

1. Conversation with Hospital Staff and Review of Records

Hospital staff members often have valuable information about family history and the mother and child's current progress. Review the medical record to obtain a copy of the toxicology reports and review other demographic information that may be useful during the investigation, such as the parents' reported address, both parents' names, and so

forth. Mothers may have frequented the hospital during the pregnancy and there may be additional information regarding any substance abuse history, the mother's pregnancy planning, or other helpful information. Social workers should speak with hospital staff about this information (if available). In addition, the social worker should speak with hospital staff about the mother's current bonding with the child and any concerns they may have about the family. Staff may not always seek out the social worker, so the social worker must go to them.

2. Safety and Risk Assessments

Social workers will visit and assess all substance-exposed infants, talk with the affected parents or caregivers and conduct safety and risk assessments, as well as complete the POSC.

3. Substance Abuse Referral

Complete a substance abuse assessment referral for all investigations involving a positive toxicology screening for a newborn in efforts to help the parent or caregiver address their substance abuse needs. Their participation in a substance abuse assessment is voluntary, however, if they choose not to participate in the assessment, the investigative social worker must further assess any impact of substance use on the safety and well-being of the children and determine next steps.

4. CPS Nurses' Referral, Health Services Administration

Social workers must also complete a referral to the CPS nursing staff for all investigations involving a positive toxicology screening for a newborn. Partnering with the CPS nurse within the Health Services Administration expands our ability to help families.

Early engagement with the Health Services Administration via a CPS Nurse Referral will allow for a CPS partnership that addresses the needs of the family. Once engaged, CPS nurses assigned to these substance-impacted families will make every effort to visit these families twice to assess the medical and health needs of the affected caregiver and infant. CPS nurses also interface with the medical staff prior to the infant and mother's discharge whenever possible and offer recommendations for continued health care or support when in the home.

5. Birth-to-Three Early Intervention Referral

In accordance with federal law, all newborns with a positive toxicology must be referred to the Birth-to-Three Early Intervention Program. Completing this referral helps to ensure the infant is provided with proper care.

6. Safe Home Assessment

Ensure that the mother, father and other intended caregivers have a crib or safe sleeping arrangement for the baby and including supplies and a plan to have resources to feed, clothe and shelter the baby.

7. Home Visiting Referral

Refer the mother to Mary's Center's Maternal, Child Care, and Home Visiting program for visitation services to pregnant and post-partum women and their families.

8. Plan of Safe Care

The POSC includes supportive information that addresses the needs of mothers and their infants who are identified as affected by substance abuse, experience withdrawal symptoms, or have been diagnosed with FASD. The POSC is designed to help the affected mother (or caregiver) with substance use issues and any other needs identified through the course of the investigation. The POSC must be developed jointly with the caregiver and family within 24 hours of the initial contact. The social worker enters the POSC into FACES.NET contact notes. **The following activities must be completed for every newborn positive tox referral:**

TASK/ACTIVITY	TIMEFRAME
Home Visiting Referral	At time of assignment
Verify the mother (or caregiver) has a separate sleeping space for the newborn (i.e., Pack 'n Play, bassinet, crib)	At initial contact with caregiver
Education on sudden infant death syndrome (SIDS) and safe sleep	At initial contact with caregiver
At Risk FTM Referral	Within 24 hours of initial contact with the caregiver
Develop the POSC with the parent or caregiver and document in FACES.NET	Within 24 hours of initial contact with the caregiver
CPS Nurse's Referral	Within 72 hours of initial contact with the caregiver
Birth-to-three Referral	Within 72 hours of initial contact with the caregiver
Substance Use Referral	Within 72 hours of initial contact with the caregiver
Follow-Up Visit	Within 7 days of the initial contact with caregiver
Two visits by the CPS nurse	By Day 30

An **Intervention Plan** is required on ALL positive toxicology referrals, which in these instances also serves as the POSC. The plan must be documented as a separate contact in FACES.NET.

1. On the contact screen in FACES.NET select either of the following under the purpose tab:
 - ✓ Intervention Plan- Services Offered, YES
 - ✓ Intervention Plan- Services Offered, NO
2. In the Client Discussed field, document all the clients involved in the intervention plan. With positive toxicology referrals, this will always include the substance-exposed infant and the affected caregiver. You must also document any collateral contacts.
3. Document the details of the Intervention Plan in the comments box. With positive toxicology referrals, be sure to include the substance-exposed infant and the affected caregiver.
4. In instances where there is no Intervention Plan for positive toxicology referrals, you must provide a written explanation in the contact notes.

9. Service Provision

If CPS substantiates an allegation of “substance abuse impacting parenting,” you should request an At- Risk FTM.

If CPS does not substantiate the allegation of substance abuse impacting parenting, you should still offer ongoing supportive services to the family via a Collaborative referral.

Additional Notes

- Mother reports that she is living out of the jurisdiction: Social workers should confirm the plan for where the child will be living and a full assessment that the child will be safe in the new jurisdiction. Note: Not fully assessing this plan often leads to gaps in services that could have life-changing consequences for the newborn. Social workers must make a referral to the proposed jurisdiction and follow through to ensure that the address given by the mother is actually the planned living environment.
- Mother tests positive but newborn does not: CFSA is sometimes contacted by hospitals if a mother tests positive but the newborn does not. In these situations, if an investigation is assigned, in most instances the hospital will repeat all possible tests for substances. You should follow up with the hospital to inquire about additional testing results to confirm the child’s toxicology. If the child’s tests return positive, the allegations should be changed to positive toxicology and you should move forward as with any other positive toxicology requirements.

Medical Neglect Investigations

For an adequate medical neglect investigation, social workers must indicate that they have made contact and completed an in-person or telephone interview with one or more of the child’s medical providers.

REMEMBER: Gather information from interviews with medical professionals, including a medical opinion regarding the impact.

The disposition decision must be made in conjunction with one or more of the following medical professionals:

- CPS nurse from the Health Services Administration (HSA)
- Primary care physician
- Other physicians responsible for the well-being of the child
- Dentist
- Mental health professional
- Occupational or physical therapist

Referrals

Social workers must make an on-line referral to the CPS nurses in HSA for every medical neglect investigation. The referral should request a consultation, in addition to immunization and medical records. Such records may also be obtained from other sources of information (e.g., a school or private physician).

To access the CPS Nurse Referral, complete the following steps:

- Login at <https://secure.cfsa.dc.gov/SecureAuth4/SecurePortal.aspx>
- Select DCCFSA AVOKA OAUTH
- Select FORMS
- Select CPS Nurse Referral

Effective July 1, 2020, to access the CPS Nurse Referral, complete the following steps:

- Step 1: Type “cfsa.dc.gov” in you URL bar to access CFSA internet website.
- Step 2: Click on “For Partners”
- Step 3: Click on “Social Workers”
- Step 4: Click on Quickbase Forms
- Step 5: Click on Nurse Referral Link
- Step 6: Type in dc.gov email address and password and click sign in

Medical Child Abuse

The American Academy of Pediatrics is utilizing the term “pediatric condition falsification (PCF)” or “simple child abuse that occurs in a medical setting” to describe what has been formally known as Munchausen Syndrome by Proxy. These terms describe situations in which a parent or caregiver induces real or apparent symptoms of a disease in a child, causing injury to a child through unnecessary and harmful or potentially harmful medical care. Note: The parent or caregiver may not recognize their behavior as symptomatic of a mental illness.

The Hotline worker should have entered these reports as allegations of medical abuse. All reports should have been immediately forwarded to the Youth and Family Services Division (YFSD) of the Metropolitan Police Department. As the investigative social worker, you should be working closely with the MPD on the investigation.

As these cases are rare, and difficult to demonstrate child maltreatment, supervisory discussions may need to be more frequent.

Identifying and Responding to Domestic Violence

What is Domestic Violence?

Domestic violence (DV) is a social problem that affects every segment of the population. It crosses lines between race, socioeconomic status, religion, education, and gender. For purposes of the IPOM, DV (also known as intimate partner violence) is defined as a pattern of assaultive and coercive behaviors committed by an offender upon a person to whom the offender is or was married; or with whom the offender is or was in a domestic partnership or romantic, dating, or sexual relationship; or with whom there are shared children. DV includes the threat as well as the actual use of violence. DV tends to be repeated with more frequency and more severity over time.

Behaviors of the DV offender may include verbal, physical, sexual, emotional, psychological attacks, economic coercion or a combination of any of these behaviors. The DV offender may also attempt to manipulate government systems (such as law enforcement, court, child protective services), as a type of coercive control tactic against the non-offending partner. The presence of DV in the home is known to pose significant risks to children, i.e., childhood exposure to DV may adversely impact the safety and well-being of minor children, regardless of whether the minor children witnessed the DV first-hand.

Beyond watching or hearing the DV incidents, exposure may include one or more of the following experiences:

- Direct involvement of the child (such as the child trying to intervene)
- Experiencing the build-up of tension prior to the violence
- Experiencing the aftermath of an assault (the child seeing bruises or observing parental depression)
- Being told about the violence
- Observing the coercive control used against one parent by their partner or co-parent.

Exposure to the negative, aggressive behaviors and attitudes that accompany DV also increases the probability that children will copy those behaviors and attitudes. In other words, children who repeatedly witness DV are more likely to use violence themselves to cope with or to resolve conflict. We also know that children who witness DV can heal when offered appropriate counseling services and interventions; and they do best when they grow up with healthy, safe and loving families, making intervention crucial.

NOTE: *Exposure to DV does not, in and of itself, constitute abuse or neglect. Rather, CPS must assess and document whether DV in the home has resulted in actual physical or mental injury or specific harm or risk of harm to the children, this includes risk of harm that results from exposure to the violence in the home. No experience of DV is the same. Given this, there are times when removal of the children from a DV situation is the only method to ensuring their safety after careful consideration of all family dynamics.*

DEFINITIONS

DV Safety Planning includes the non-offending partner in order to increase safety for both the non-offending partner and the children. DV safety planning addresses both immediate and long-term safety threats to both the non-offending partner and the children, taking into consideration the specific pattern of the domestic violence, the offending partner's tactics and patterns of behaviors, and the protective capacities of the non-offending partner, children, community, and offending partner.

Parent-Figure is an adult in a child's life who, regardless of biological relationship, is viewed by the child as a parent and whose actions and behavior impacts the household functioning and well-being of the child.

Patterns of Coercive and Abusive Control include ongoing patterns of domination using strategies that include irrational demands, surveillance, isolation, and the threat of negative consequences, such as physical harm.

Initial Assessments

- CFSA will ensure that domestic violence screenings are completed for every open CPS investigation, ongoing in-home case, and ongoing permanency case. These assessments will occur at periodic intervals throughout the life of a case and are completed for reports/cases that do not necessarily include allegations of domestic violence.
- If DV has occurred between the child's parent-figures within the last 12 months, CFSA will work with the non-offending partner to create a realistic safety plan appropriate for the offending partner's pattern of behavior and the non-offending partner's circumstance, including providing information about different community options available through the DC Victim Hotline, DC SAFE, the DC Superior Court, and law enforcement, and making appropriate service referrals and connections to community providers.
- Services recommended for the non-offending partner will address the specific needs of the non-offending partner and the safety and well-being of the children.
- Services recommended for the offending partner will address the specific behaviors that impact child safety and well-being.

Initial Assessment with Non-Offending Partner

1. Explore the non-offending partner and child survivor's experiences of violence and coercive control, trauma, and their perceptions of their own and each other's safety, as well as their recommendations to safely engage the offending partner.
2. The social worker should also explore the mental health and substance abuse history of the non-offending and offending partners and the interaction with DV in every case regardless of whether the presenting allegation involves DV.

3. The social worker should immediately contact MPD when there are concerns of imminent danger for any family member and their safety cannot be assured through a collaborative safety plan.
4. The social worker, in collaboration with the non-offending partner, should contact DC Safe to discuss safety options. The social worker should ensure the offending partner is not aware of this phone call.

Assessment Questions

- What is the nature of the current violent incident?
- Who is the primary aggressor or abuser?
- What, if any, is the history of violence in the home? Severity? Frequency?
- Is there a history of police involvement?
- Is there any history of weapons (e.g., guns) in the home?
- Has the abuser threatened death or bodily harm to self or others?
- Are there any Orders of Protection or prior DV allegations in previous reports?
- Has there been any past follow through on prior safety interventions?
- Is there any knowledge of a child attempting to intervene in DV incidents?
- Are children showing signs of serious emotional distress that appear to be connected to DV? For example, did symptoms such as bedwetting or behavioral problems begin or escalate following a violent incident?
- Is DV influencing neglect of the child by either caregiver (e.g., the child is missing school or there is a lack of supervision, inadequate food, or clothing).

DV Safety Planning with the Non-Offending Partner

Although the CFSA DV specialist may consult on a case where DV is involved, as the CPS social worker you also play the vital role of working with the non-offending partner and children to develop an immediate safety plan. The development of a safety plan should happen for all cases where DV has occurred between the child's parent-figures within the last 12 months. For a safety plan to work, you will need to engage, involve, and collaborate with the non-offending parent. Keep in mind that it may be unsafe for the survivor to write down the safety plan if the offender is still living in the household. In such cases, the survivor should be encouraged to memorize the plan. As the CPS social worker, you should document the plan in [FACES.NET](#) and highlight the information as sensitive.

The safety plan should address the following issues:

- a. The offending partner's behavior
- b. The non-offending partner's circumstance and response
- c. Strategies that have worked for the non-offending partner in the past
- d. Information about different community options available through the [DC Victim Hotline](#), [DC SAFE](#), the DC Superior Court, and law enforcement

Important Factors that Impact DV Safety Planning

- Circumstances that have precipitated past DV incidents (alcohol, drugs, stress, arguments, weekends, etc.)
- History of domestic violence incidents and the victim's response to those incidents
- The abusive partner's work schedule, location, and patterns
- Safest way to contact the family for future visits
- Identifying persons whom the victim can call or go to for help in an emergency (including 911)
- Legal actions, such as a civil protection order (CPO) - Note: If a current CPO exists, the social worker should encourage parents to distribute copies to the child's school, day care center, and any babysitters.
- Access to important items (car and house keys, birth certificates, social security cards, medications, cash, etc.)
- Placement options for the survivor and the children - immediate shelter or a safe placement with friends or family - Don't forget to follow the guidelines for safety planning with parents.
- Police involvement (e.g., removal of all weapons from the house)

Initial Assessment with Offending Partner

1. The social worker will meet with the offending partner to assess their attitude about their behavior, willingness to accept responsibility and participate in appropriate interventions (such as safety contracts, batterers groups, mental health services, etc.).
2. If the offending partner is under court supervision, efforts will also be made to partner with [Court Services and Offender Supervision Agency \(CSOSA\)](#) for the District of Columbia or increased accountability and/or compliance monitoring.
3. In situations when a home removal is necessary for child safety, a separate FTM, as well as case planning meetings and visits will occur for the non-offending partner to allow them to speak freely and avoid the influence of the offending partner.
4. The social worker will communicate to the offending partner that their behaviors and choices have put the family safety at risk and that sole responsibility rests with the offender regarding the impact of this behavior on family functioning and on child safety and well-being.

The social worker should pay close attention to the offending partner's words and actions in detail and note any of the following **coercive or controlling behaviors**:

- Does the DV offender become agitated, threatening, or loud?
- Does the DV offender interrupt or insult you?
- Does the DV offender use threatening remarks, gestures, or body language?
- Does the DV offender interrupt constantly?
- Does the DV offender blame or demean the survivor?
- Has the DV offender directly or indirectly admitted any abusive or threatening actions or behaviors?
- How is the DV offender's behavior harming the children?

Technical Consultation with Domestic Violence Liaison

The **DV Liaison** is the staff person within each program administration who has received advanced domestic violence training and is available to support social workers and supervisors, to make appropriate case recommendations using a DV-informed perspective.

Based on the complexity or severity of the domestic violence, the supervisor may contact the administration's DV liaison to consult on safety assessment, engagement protocols for both parties in the domestic violence situation, and service need assessment, referral and linkage.

Office of Well-Being Consultative Services with the DV Specialist

The **Domestic Violence Specialist** provides domestic violence-specific consultation and coaching to social workers to increase their competency in assessing and creating safety plans for children and families impacted by domestic violence. The domestic violence specialist may determine during the consultation process that further support is necessary and will coordinate with the social worker to identify next steps.

1. Make a referral to the Office of Well-Being (OWB) for consultation with the DV specialist in the following instances:
 - a. In cases where DV is suspected but not yet confirmed
 - b. After the social worker has consulted with the assigned supervisor and with a DV liaison and a higher level of expertise is recommended
2. When a referral is made to OWB for consultation, OWB will review the request for completeness, eligibility, prior history, lethality and appropriateness and schedule a consultation within 5 business days of receipt of the referral.
 - Referrals with high lethality indicators will be addressed immediately. Some of the common factors that indicate possible lethality include:
 - Threats of Suicide or Murder
 - Availability of Weapons
 - Controlling and Jealous Behavior
 - Use of Drugs and Alcohol
 - Depression
 - Batterer's Isolation

- Escalation of Violence
 - End of the Relationship
 - Choking or Strangling
3. The consultation is a peer-to-peer meeting during which the OWB DV specialist provides best practice coaching and assists the social worker toward moving the case forward to safe case closure. During the consultation with the social worker, the DV specialist will determine next steps on safety, resources and best practice recommendations.
 4. If further support and engagement is recommended, then the DV specialist and the assigned social worker will complete a collaborative interview with the non-offending partner. During this meeting the DV specialist, assigned social worker, and non-offending partner collaborate to achieve the following goals:
 - a. Strategize on how best to keep the non-offending partner and children safe in the moment.
 - b. Discuss whether a personalized DV safety plan is warranted.
 - c. Discuss and effectuate referrals to appropriate service providers.
 - d. Explore with the non-offending partner whether and how to engage the offending partner.
 5. The DV specialist will meet with the social worker to discuss the recommendations and referrals and will document all referral information in FACES.NET.
 6. The social worker will monitor services and progress, in addition to seeking further consultation from the DV specialist (as needed) if the non-offending partner is already linked to a community based DV program.
 7. In the event that the safety of children is compromised, the social worker will ensure the immediate safety of the children, and then contact the DV specialist for further consultation on safety for the family.
 8. If contact and engagement does not compromise the safety of the non-offending partner and children, then the DV specialist and social worker will make every effort to contact the offending partner to respectfully discuss the adverse impact of their behavior on child safety and well-being.
 9. If the DV specialist and social worker determine that it is not safe for the non-offending partner or the children for CFSA to contact the offending partner, the DV specialist will document this information in the FACES.NET Contacts Screen.

Ongoing Safety Assessment and Progress Monitoring

1. The social worker will make efforts to obtain releases of information from the family to communicate with service providers, including the non-offending partner, the offending partner and children in order to assess and follow-up on treatment and progress.

2. Ongoing assessment will focus on the offending partner's behaviors and the level of danger to the non-offending partner and child over time. The social worker will complete the following tasks:
 - a. Assess for DV risk at every home visit.
 - b. Continue to ensure the non-offending partner has an updated personalized DV safety plan and resources to address DV.
 - c. If no plan exists, the social worker will develop a plan with the non-offending partner.
 - d. Contact the DV specialist for guidance and support if there is indication that DV is continuing or reoccurring.
3. The social worker will incorporate the findings into case planning activities.

Confidentiality and Documentation of Client Information

Full documentation of DV dynamics should include such additional elements as detailed information about the offending partner's parenting, the full spectrum of the non-offending parent's efforts to provide for the safety and well-being of the children, and any other relevant information, e.g., finances, culture, substance abuse and mental health issues.

Unless there is evidence of child abuse and neglect on the part of the non-offending partner, it is imperative that the case notes avoid language that in any manner judges, states, or implies blame on the part of the non-offending partner. Avoid using language such as "dysfunctional family" or parent "allows" or "enables" the violence or parent "failed to protect" the children. Focus your case notes on facts specific to the abuser's actions, particularly in relationship to the harm and risk of harm to the children.

1. Social workers will be mindful of the risks of contacting the non-offending partner and child in a DV situation and will ensure that any and all contact is secure and confidential.
2. The social worker will clearly communicate to the non-offending partner the limitations to confidentiality.
3. If information with the potential to increase danger must be shared with the offending partner because it is required by court order or subpoena, then the social worker and supervisor will consult with the assigned assistant attorney general and will discuss this need with the non-offending partner prior to disclosure in order to develop a personalized DV safety plan.
4. Social workers will obtain a written release of information from the non-offending partner in order to initiate conversations with the DV shelters and other collaterals.

5. The social worker will enter all pertinent information, including consultations with the DV specialist, in FACES.NET.
 - Documentation should identify the offending partner and the non-offending partner and focus on facts specific to the offending partner's patterns of behavior, offending partner's willingness to change behavior and the non-offending partner's protective capacities, particularly in relationship to the harm and risk of harm to the children.
6. The non-offending partner's actual location, or any information about his or her whereabouts will never be shared with the offending partner.
 - a. The social worker will clearly and boldly identify all information pertaining to DV safety planning and other information that may increase danger if it was shared as "Confidential Information Due to Domestic Violence, Do Not Share".
 - b. Documentation of the non-offending partner's location (including shelter) will be made in a contact note in FACES.NET and labeled as "Confidential".
 - c. Family Court petitions will never include the address of the non-offending partner. The address will be listed on the face of the petition as "Confidential". The non-offending partner's address and the address of any service providers will be redacted from any records provided to parties in Family Court proceedings.
 - d. The social worker will consult with the AAG for Neglect Court involved matters or OGC for non-neglect court matters if a request for an address that CFSA has deemed to be confidential is made by law enforcement, a court, an attorney or party in litigation through a subpoena, or other such request.

Maintaining the Confidentiality of Clients Residing in Domestic Violence Shelters

In responding to families where DV is an issue, we must keep in mind that confidentiality equals safety. As the District's CPS agency, we have the right to interview children who are allegedly the victims of abuse or neglect. At the same time, we want to ensure that we are not endangering the survivor. When attempting to conduct the investigation, some shelters may provide access and others may not. Please contact the individual shelters to plan to interview the children.

Investigations of Child Physical Abuse

Contacting the Metropolitan Police Department (MPD)

All reports involving allegations of child physical abuse and sexual abuse are forwarded to MPD's Youth and Family Services Division (YFSD). From that point onward, MPD and the US Attorney's Office assess whether the report meets the criteria for a criminal investigation.

If the investigation requires an immediate response, or what MPD might classify as a "hot case" (serious physical or sexual abuse), contact with YFSD is initiated by the hotline. YFSD will determine whether the investigation should be assigned immediately to MPD.

If the investigation is not assigned immediately at YFSD but is determined to warrant a criminal investigation, it will be assigned according to a timeframe determined by YFSD. When assignments are made, YFSD notifies the CPS supervisor and other points of contact in the administration. A point of contact in CPS in turn distributes this information via email to the assigned investigator and supervisor.

If a report does not meet the criteria for a criminal investigation it will be turned over to (TOT, pronounced “tea oh tea”) CFSA. This means that MPD will not be responding the report. TOT referrals are screened out and do not require the involvement of YFSD. Information regarding TOT investigations is also sent to all CPS staff including the investigator and supervisor.

If you have not received communication from MPD regarding their investigation within seven business days, you should consult with your supervisor prior to contacting YFSD directly. The supervisor will advise you on whether to contact MPD via phone or email to request information on the assigned detective or to determine whether the referral has been TOT’d to CFSA.

Note that physical or sexual abuse reports are not assigned to YFSD when an MPD officer has already made an arrest in the case (as opposed to a YFSD investigator or detective) because the matter is closed with the arrest.

If you are involved in a child fatality investigation, you will still likely have contact with YFSD. The lead in these investigations is the MPD Special Victims Unit (SVU).

***Note:** At times, you will be the first multidisciplinary team (MDT) professional to assess allegations of physical abuse. In the event that the originally reported concern is found to be different or more serious than originally reported, the social worker is required to contact YFSD to update them with this new information.*

District of Columbia Memorandum of Agreement (MOA) on Child Physical Abuse Investigation, Prosecution, and Prevention

In FY 2019 the District of Columbia Memorandum of Agreement (MOA) on Child Physical Abuse Investigation, Prosecution, and Prevention was updated and reaffirmed the principles set forth in the 1995 MOU. The updates incorporate the best intake and investigation practices possible and supersede the investigation protocols dated 2003, and September 2012.

The MDT includes but is not limited to representatives from CFSA, MPD, Children’s National Health System (CNHS), and the Children’s Advocacy Center (CAC). In addition, there is a 2011 District of Columbia Memorandum of Understanding and Inter-Agency Agreement (IAA) on Child Maltreatment and Joint Investigations (2011) that helped inform this section.

The following procedures comply with the protocols listed in both the 2019 MOA and the 2011 IAA. Social workers are expected to familiarize themselves with these two documents and to be familiar with and fully comprehend each of the following definitions:

Physical injury means bodily harm greater than transient pain or minor temporary marks.

Mental injury means harm to a child's functioning (psychologically or intellectually). Mental injury may present as severe anxiety, depression, withdrawal, or outwardly aggressive behavior, or a combination of those behaviors. In addition, mental injury may be demonstrated by a change in behavior, emotional response, or cognition.

Child abuse means infliction of physical or mental injury upon a child, including sexual exploitation or sexual abuse of a child.

The term "physical punishment" is discussed in the 2011 IAA (based on case law).

In order for physical discipline to be acceptable, it must be administered by a parent as a considered response to misconduct, and it must be applied in a tempered, controlled manner with as little violence as possible, and with as little consequent possibility for actual physical injury as possible, given the age of the child and the attendant circumstances.

The 2011 IAA also discusses cultural differences for approaching discipline: "Differences in disciplining children that are based on varying cultural or ethnic standards have no legitimate substantive role in determination of whether corporal punishment of children is reasonable or excessive." Finally, the 2011 IAA discusses scenarios where physical abuse is suspected but physical evidence is lacking.

A history of increasingly violent, almost reflexive parental reaction may well support a finding of abuse. Even where the specific incident, which brought the case before the court, did not result in an observably serious injury to the child, as the court must seek to protect the child from further risk of harm.

Scope

Social workers are expected to work jointly with MPD's YFSD to investigate allegations of child physical abuse where the alleged perpetrator is the child's caregiver. Social workers should also investigate caregivers who fail to protect a child in their care from physical abuse or physical assault. These investigations only encompass allegations that occur in DC, regardless of the location of the child's primary residence.

Investigation Lead

As a rule, the assigned YFSD detective takes the lead for investigating and assessing serious physical injury and abuse allegations involving children. CFSA maintains primary responsibility for abuse cases that are not designated as immediate or serious physical injury and abuse.

Response times for YFSD investigations and CFSA investigations do not always coincide. Because YFSD takes the lead on some physical abuse investigations, social workers must contact YFSD prior to initiating an investigation of a serious or immediate allegation. When contact is made, social workers should discuss whether YFSD is responding and the plan for ensuring the child's safety without compromising the criminal investigation.

An interview with a child who may have been physically abused should follow the same components discussed in general child interviewing requirements. Social workers should also gather the following information to assess the entirety of the child's situation:

- The nature, extent, and cause of the abuse
- The identity of the person responsible for the abuse
- The name, age, social security number, and address of all parents of the victim(s) and sibling(s)
- The name, age, sex, and condition of the abused child and all other children in the home
- The conditions of the home at the time of the incident
- Whether there is any child in the home whose health, safety, or welfare is in jeopardy because of treatment in the home or because of the home environment
- Whether any child should be removed from the home or can be protected by the provision of resources to address treatment in the home environment

If the child makes a disclosure during this interview that indicates a current threat to the child's immediate safety, the social worker should contact YFSD to determine what, if any, immediate role the social worker may need to play.

Note: *Care should always be taken to minimize the number of times a child is interviewed.*

YFSD may at times determine that the reported allegation does not meet their standard for an investigation and will therefore TOT to CFSA. In those situations, the social worker becomes the lead and sole investigator of the allegations. If, however, during the CPS investigation, additional details or allegations are discovered that may suggest the need for a criminal investigation, social workers should discuss these with their management team and forward the case to YFSD for assessment.

Primary Assessment of Physical Safety and Medical Exams

When assessing a physical abuse allegation, begin by ensuring that the child is not in need of immediate medical treatment. If a child is complaining of significant pain or has other visible indicators of immediate injury, contact 911.

Note: *During an investigation, it is best practice that a child should never be transported alone to a medical examination by the alleged perpetrator of physical abuse.*

Purpose

There are several reasons that medical examinations occur during physical abuse investigations:

- To assess the physical well-being of the child
- To gather any physical evidence to determine if the marks or bruises are consistent with abuse or neglect
- To provide the child with an opportunity to disclose during the examination (disclosure to the medical provider may be able to be used in court)
- To assess and reassure the child regarding any bruising, timeframe for healing, etc.

Location

CNHS at the Bundy Satellite office houses the Freddie Mac Foundation Child and Adolescent Protection Center (CAPC, pronounced “cap sea”), which specializes in assessing and treating victims of child maltreatment. CNHS—specifically, the CAPC—is the preferred provider for these evaluations, where a team of pediatricians and nurses who specialize in forensic issues provides comprehensive examinations, and treatment of sexually transmitted diseases or injuries. Psychologists and clinical social workers who specialize in childhood trauma and abuse are also part of the CAPC team and provide trauma counseling for child victims of all forms of maltreatment.

Families may elect, however, to have the child be seen by another provider. The social worker and the detective are obliged to explain to family members the benefits of having the child seen by a specialist at CAPC and are also expected to facilitate the process, ensuring to the best of their ability that professional evaluations have taken place.

Reminder: In instances of immediate medical evaluation or follow-up medical evaluation, CAPC is the preferred provider.

Physical Observation and Documentation of Injuries

In many instances of physical abuse allegations, the matter will not require a medical evaluation by CAPC or other medical professionals. In instances of minor or no injuries, social workers may be able to adequately record the injuries (or lack thereof) without the need of a medical professional.

If the injuries are not visible, the assessment must consider one or more of the following potential reasons that injuries are not present.

- No injury ever occurred.
- An injury occurred but bruising is not yet manifest on the child’s body.
- An injury occurred but is no longer visible.
- An internal injury occurred, i.e., not visible without an x-ray or some other type of internal medical examination.

If there is any concern for an internal injury, a medical examination should occur. For example, a child who is punched with force in the abdomen may be suffering from organ damage. There may be other internal injuries even though there is no visible, external injury. Social workers should be mindful that depending on how quickly they respond to a notification of alleged abuse, bruising and swelling may not occur immediately. Follow-up may be needed to determine whether visible injuries develop. Follow-up is also necessary in case symptoms of injuries begin to develop in the coming days.

If there are observable injuries, social workers must take care to describe each injury in detail (size, shape, color, etc.) in FACES.NET. As previously noted, photograph each injury as appropriate. In doing so, it may be helpful to have a measuring tape or some other standard (dollar bill, coin, etc.) to hold next to the injury to demonstrate the nature and extent of the injury.

When an injury does not appear to have ever occurred related to physical abuse, social workers must document this in FACES.NET.

In instances where an injury may have faded or healed, social workers must, whenever possible, discuss the injury with the child and document in the FACES.NET the conversation with the child in addition to how the injury appeared at the time of the event. You should also document any related pain or impairment in the child's functioning that was a result of the injury.

Special Guidelines for Observing Child Injuries (Normally Clothed Areas)

When allegations include an injury (or injuries) on those parts of the body that are normally covered by clothing, consider how best to visually observe the injuries. Depending upon the allegations (or any additional information received during the investigation), social workers may wish to consult with their management team to determine what action is necessary to reach a conclusion regarding the child's immediate safety. When visual inspection is deemed appropriate, it is generally considered good practice to seek the parents' or caregivers' consent. Use discretion, however, when deciding whether to examine the child in the presence of the caregiver.

Under certain circumstances, it may not be in the child's best interest to request consent or to inspect a child in the caregiver's presence. The following examples are not exhaustive but, in general, it is likely not appropriate to seek the caregiver's consent or to examine the child in the caregiver's presence in these situations.

- At the onset of a joint investigation with the YFSD detective
- When there are concerns that a caregiver may affect the outcome of the investigation by coaching other children or collaterals
- When the child's safety is at risk or other children's safety is at risk
- When a caregiver is a possible flight risk
- When the location of all children has not been ascertained
- When the caregiver is a threat to the well-being of the social worker
- When the alleged maltreater is the caregiver

The following examples are situations where it is likely to be appropriate to seek consent and examine the child in the presence of the caregiver.

- To rule out physical abuse by documenting a lack of marks or injuries
- When observing accidental injuries
- If the caregiver present is the non-offending caregiver
- Minor physical injury
- After a joint investigation has commenced and in consultation with the YFSD detective

DC Children's Advocacy Center (CAC) Interview

Criteria for CAC Interviews

The CAC's Forensic Services team coordinates and conducts neutral, fact-finding, and developmentally sensitive interviews with children affected by abuse and witnesses to violence utilizing a forensic interviewing approach.

Whenever there is an allegation of child physical abuse, the following categories require CAC to interview the child, unless the appropriate attorneys from USAO or OAG in conjunction with the MPD detective or CFSA social worker determine that such a forensic interview is unnecessary. The child is five years old or younger, and has one or more of the following injuries:

- Suspicious burns
- Broken bones or fractures
- Suspicious head injuries
- Injuries with an implausible explanation
- Medical child abuse (formerly known as Munchausen Syndrome by Proxy)
- Human bites
- Situations where a child has been tortured, tied or confined
- Other serious injuries that involve hospitalization or surgical procedures

Highly Recommended Interviews

Certain cases involving severe physical abuse of a child may require that forensic interview(s) of the victim and/or other children be conducted at CAC. Forensic interviews for these cases are conducted at the discretion of the MPD detective and CFSA social worker or the MDT involved in the investigation and prosecution of the case. These interviews may involve the child victim, child witnesses, or other children who may be at risk, as outlined below.

1. Children aged 12 or younger who may be a witness to the physical abuse of a child victim or to a child fatality caused by abuse
2. Children aged 12 or younger, who live in the same household as the victim of a child fatality caused by abuse or are under the care of the same parent, guardian, or custodian as the child victim

Other Forensic Interviews

The CPS social worker in coordination with the MPD detective should use sound discretion for whether a joint, in-depth forensic interview at the CAC would best serve the interests of the child and the civil or criminal investigation.

Other MDT members may also schedule forensic interviews at the CAC for child victims of and witnesses to child physical abuse in connection with a civil or criminal investigation according to these procedures.

Note: *While a forensic interview at CAC may not be required in all cases, detectives and CPS investigative social workers are encouraged to use CAC whenever it may assist the investigation or help better serve the needs of child victims or witnesses.*

Forensic Interview Scheduling Procedures

In cases where a forensic interview at the CAC is to be scheduled, the detective, social worker, or sponsoring MDT member contacts the CAC directly to make an appointment or to request to bring in an unscheduled forensic interview.

Whenever possible, forensic interviews should be scheduled when the child is alert, awake, and attentive. Specifically, interviews of pre-school age children should be scheduled in the morning.

If an interview needs to be rescheduled, the requesting party should attempt to reschedule within 72 hours.

Notification of the MDT

In all cases of alleged child physical abuse where a forensic interview has been scheduled, CAC notifies the following agencies of the planned interviews (when applicable):

Case Type	MPD	CFSA	USAO	USAO-VWAW	OAG-CPS	OG-JUV	MEDICAL CLINIC
Criminal Intra-familial – Adult Offender	X	X	X	X	X		X
Criminal Non-Intra-familial –Adult Offender	X	X	X	X			X
Criminal Intra-familial – Juvenile Offender	X	X			X	X	X
Criminal Non-Intra-familial – Juvenile Offender	X	X				X	X
Civil Intra familial – e.g., unexplained injury/illness, failure to protect	X	X			X		X
Unknown Offender	X	X	X	X	X	X	X

- CAC interviews should be scheduled, whenever possible, on the same business day as the referral.
- When the initial CPS assessment suggests that a CAC interview is immediately warranted, this conversation should be elevated and addressed through the social worker's chain-of-command.
- At times, a CAC interview may be required after the close of standard business hours due to emergency circumstances. In such instances, the assigned detective may contact the on-call interviewer from CAC to conduct the interview.
- If the initial CPS assessment suggests that a CAC interview is immediately warranted and there are concerns regarding scheduling, this conversation should be elevated and addressed through the social worker's chain-of-command.

Special Considerations when a Child is Represented by a Guardian Ad Litem

- Before a child participates in an interview, special care must be taken by team members to obtain consent from the attorney representing the child.
- Ethical considerations limit an attorney's ability to contact or communicate with a person who is represented by another attorney. Each team member who has such ethical restrictions is responsible for obtaining the necessary consent before participating in the interview.
- If a social worker has knowledge of counsel for a child or if a child has been removed, the social worker should ensure that this information is shared during the scheduling.

Pre-Interview Conference

Team members shall assemble prior to the scheduled forensic interview to discuss the allegation, identify who has already talked to the child about the situation, what the child has already disclosed, and provide other information as requested by the interviewer. Before the end of the interview, the forensic interviewer should check in with the MDT for any additional suggestions or questions to ask.

Post-Interview Conference

Following the forensic interview, the MDT shall meet and share information necessary for each team member to act in accordance with its agency's mandates.

Recording of Forensic Interviews

1. CAC has the appropriate technology to digitally record all forensic interviews. While CAC makes the technology available for recording interviews, CAC does not provide input on whether a forensic interview should be recorded. The decision as to whether any interview is recorded rests with the detective or prosecuting civil or criminal attorney.
2. Recorded interviews may be evidence in the ongoing criminal or civil investigation of possible child abuse and shall be secured appropriately by MPD in support of the civil or criminal prosecution. In those instances where MPD was not involved, the digital recording should be delivered to and secured by the requesting agency.
3. Recordings of interviews should only be used for the following purposes:
 - a. In connection with the investigation, preparation or prosecution of a civil or criminal case
 - b. As required by court order or applicable law
 - c. Within the MDT for professional development or peer review

Transportation

- Coordination of transportation is the shared responsibility of the MDT. MDT members should always endeavor to work together to address transportation.

Decision Not to Hold an Interview

- MDT members may determine in any given matter that a CAC interview is not necessary or warranted.
- At times, an interview may not be held due to unaddressed mental health needs of the child. If the child is currently receiving therapeutic services, coordination is required to occur between the social worker, CAC, and the service provider to determine whether an interview is appropriate. If no services are in place, the CAC interview may be scheduled after therapeutic services are in place.
- The average age for CAC interviews is 3 to 12 years old. There are times, however, when MDT members will determine that a detective can successfully interview a teenager in an environment outside of CAC. If the social worker believes the CAC environment would be most appropriate to ensure the teenager's well-being, you should advocate for the teen and request that the interview take place in the CAC environment. Keep in mind that there is no other child-friendly location for the purposes of recording an MDT interview.

Unexplained or Inconsistent Injuries

General Considerations

A CPS investigation is warranted when a child has an injury and one of the following circumstances exists:

- No explanation is provided but an explanation should be available, given the type of injury (e.g., bruising, lacerations, abrasions, burns, bite marks or fractures).
- An explanation is provided but is inconsistent with the injury.
- Multiple explanations are provided but statements are inconsistent.

Assessment Details

Detailed Timeline

In collaboration with the MPD detective (if assigned), the social worker should obtain a detailed timeline (whenever possible) of any events precipitating or surrounding the child's injury, including the following situations:

- Physical location of the child
- Feeding and sleeping patterns (if a small child)
- Persons responsible for the care of the child
- Persons with access to the child
- Demeanor or behavior of the child, including anything out of the ordinary
- Any history of falls, injury, or other unusual incidents

Neglect Assessment

If an unexplained injury is ultimately determined to be accidental, the assessment should still occur to ensure that there are not any neglect factors, such as supervision concerns.

Removal Discussion

Removal of a child should be considered under the following circumstances:

- A child has an unexplained injury that is indicative of abuse.
- A child has an unexplained but severe injury that was not confirmed as abuse; if accidental, the injury's severity and the circumstances surrounding the accident would have been recalled by the family.

If it can be determined that the injury occurred outside of the responsibility of the primary caregiver, removal may not be necessary. The social worker must still make an assessment to ensure that the primary caregiver currently uses appropriate judgment in the care of the child and is able to protect the child in the future.

Required Tasks

Medical Examination/Medico-Legal*

In matters involving unexplained injuries that are suggestive of possible child abuse, the social worker must ensure that a medical examination takes place. Depending on the severity of the injury, this examination may need to occur immediately to ensure safe planning for the care of the child. Ideally, these examinations will occur at the CNHS's CAPC.

*A [medico-legal examination](#) is specific to physical and sexual abuse, and is a medical examination undertaken in part for a legal purpose.

Child Fatality Investigations

General Considerations

Child fatality investigations and "near-fatality" investigations are high-profile and sensitive. The CPS Investigative social worker investigates these matters in collaboration with the MPD SVU. It is very important to realize that many child deaths are officially found to be of natural or undetermined causes. Be mindful that even accidental or undetermined deaths can be associated with neglect factors (e.g., poor supervision, unsafe sleeping arrangements, or caregiver substance abuse). At other times, social workers find themselves working with the police on "abuse homicides" where the child's death is a direct result of child maltreatment, or non-abuse homicides where the death is unrelated to a caregiver (e.g., violence in the neighborhood).

Be mindful that a specific allegation of abuse or neglect is not required for CPS to investigate child fatality matters. The following scenarios are possible:

- The Hotline call reflects allegations of neglect or abuse that must be dispositioned through an investigation.
- A Hotline call does not reflect allegations of neglect or abuse, but due to the uncertain nature of the child's death, a CPS assessment is warranted.
- Allegations may be discovered during an assessment, added to the investigation, and be dispositioned prior to closure of the investigation.
- No abuse or neglect concerns surface during the investigation and the investigation is closed without needing entry or disposition of allegations after appropriate assessment and service provision.

Assessment Details

Observation of the Decedent

In most child fatality investigations, social workers will be responding to the location of the decedent in order to observe the child and then gain an initial understanding around the child's death. The social worker should observe the child in collaboration with hospital staff or police to determine whether there are injuries or other notable factors (e.g., the child's hygiene or physical appearance).

Interview with Emergency or Hospital Personnel

You should be prepared to speak with hospital personnel regarding the child's method of transport to the hospital, the initial impressions of the parent or caregiver, the history taken by hospital staff around the child's death, and any other pertinent information. Remember to make note of and record the initial impressions of the hospital staff regarding the child's death and use this as a foundation for the assessment.

Detailed Time Frame Around Death

Request a detailed timeline of events around the child's death and any precipitating events. Team with the MPD detective to gather the following information:

- Physical location of the child
- Any pre-existing medical conditions of the child
- Feeding and sleeping patterns (if a small child)
- Persons responsible for the care of the child
- Persons with access to the child
- Demeanor or behavior of the child, including anything out of the ordinary
- Any history of falls, injury, or other unusual incidents

Details of the Mother's Pregnancy and the Child's Birth for children under the age of two

An interview should be held with the mother (and father) regarding the pregnancy and birth of the child to gather the following information:

- Prenatal care
- Pregnancy complications
- Type of delivery and any complications
- Pre- or full-term birth and birth weight

Details of the Health, Development, and Basic Child Care (Including Sleeping and Feeding of Young Children)

The assessment should include details of the child's health history (or if a "near fatality," then current health), including any diagnosed conditions, medications, the child's primary doctor, and any other medical examinations. Discuss with the caregiver whether the child was (or is) meeting the standard developmental milestones. Further, basic childcare should be discussed, including the feeding and sleeping patterns of young children.

Family Health History

Determine whether there is any pertinent family history of disease or illness that could be related to the child's death.

Details of Autopsy Findings

An autopsy is conducted for most child fatality investigations. The SVU detective, and often a detective from YFSD, will attend the autopsy. Typically, the preliminary autopsy is conducted within a few days of the death and the detective will share the initial autopsy findings with the social worker. The Office of the Chief Medical Examiner (OCME) is responsible for providing the final autopsy results. These details can be vital to the overall investigation. OCME's final autopsy results may, for example, reveal additional bruising or internal injuries not observable at the time of the child's death.

Cause of Death Versus Manner of Death

"Cause of death" is the chain of events that led up to the death (such as cardiac arrest or complications from an existing disease). The "manner of death" falls into one of five categories.

- Natural
- Suicide
- Homicide
- Accidental
- Undetermined

Due to the length of time required for a full autopsy report, the cause and manner of death may not be officially determined when a social worker is in the process of determining whether to close the investigation. If the official cause and manner of death are not available during an investigation, social workers should consult with their management team to decide whether there is sufficient information for safe closure of the investigation without the official report. The initial autopsy findings may be sufficient to make the determination for a safe closure.

Required Tasks

Birth-to-Three Early Intervention Referral

In the event of a child fatality where there are surviving children ages birth to 3 in the family, social workers are required to refer these infants or toddlers for a preventive early intervention screening.

Medical Assessment of Siblings

When a child dies under unknown or suspicious circumstances, any surviving siblings should be medically assessed. For investigations involving unexplained injuries or abusive death, the CPS social worker should schedule a medico-legal screening for the child. It is preferred that the assessment occur at the CNHS's CAPC.

CPS Nurse Referral

A referral to one of CFSA's CPS nurses is mandatory in any child fatality investigation.

Assistance for Death Notification

Social workers should offer assistance to families with the notification of death in all child fatality investigations. If the family requests assistance from CFSA with notifying other children in the home of the sibling's death, the CPS investigative social worker can provide support in this area.

The CAC can also help with immediate notification of the death of a child to siblings at the family's request. Make certain that all family members are emotionally ready and equipped to have this conversation.

Offer of Grief Counseling

It is the social worker's responsibility to offer referrals for grief and loss counseling to family members involved in child fatality investigations.

Offer Funeral Assistance

If a family has an open CFSA case, CFSA may be able to assist financially with funeral arrangements for the decedent. Social workers should check with their supervisors regarding this process and the availability of funds. If the family was not involved with CFSA at the time of the fatality, the social worker should meet with the family to assist them in accessing public services for funeral arrangements. This can be done through their neighborhood Collaborative or the DC Department of Human Services.

Critical Event Meeting

You will work with your management team and with other CFSA staff during a critical event meeting to discuss the status and next steps of the child fatality investigation. Entry Services personnel will coordinate and facilitate the critical event meeting, which is typically held within 24 business hours of the critical event.

CFSA Internal Child Fatality Review

CFSA's Internal Child Fatality Review (ICFR) Unit presents details on any child fatality whose family has been known to CFSA within the last five years. ICFR team members will attend the critical event meeting, review the family's history in FACES.NET and likely contact the CPS investigative social worker for additional details prior to presenting the case to the Internal Child Fatality Review committee. The following areas are discussed:

1. Did CFSA have an open investigation or open case at the time of the fatality? If so, what presenting risk factors, if any, may have contributed to the fatality? (e.g., substance and alcohol use and the parent fell asleep and rolled over on an infant, or a youth involved in a gang war)
2. Are there any practice, training, or policy issues that need to be resolved as they relate to the respective child fatality? Are there other systemic issues that need to be addressed (such as supervision, staffing, access to records, etc.)?
3. Were other District agencies involved with the family at the time of the fatality? If so, was interagency involvement addressing the risk factors that may have impacted the cause and manner of the fatality?

Note: *Members of the committee include representatives from the Court Monitor, OCME as well as CFSA's Policy Unit and the Office of the General Counsel.*

Child Sexual Abuse Investigations and I&R Reports

The 2019 MOA on Child Physical Abuse Investigation, Prosecution and Prevention reaffirms the agreement follow a common protocol for the investigations of allegations of child sexual abuse, and to; (1) provide a multidisciplinary team case management approach that is focused on the child victim's needs; (2) to focus on the related law enforcement, prosecution, and civil proceedings, and (3) to focus on the family members who support the best interests of the child.

Reminder: The MDT includes but is not limited to representatives from CFSA, MPD, CNHS, and CAC.

It is important that investigative social workers become familiar with and fully comprehend each of the following definitions from the DC Official Code:

- DC Official Code § 16-2301(32)

The term "sexual abuse" means

- (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.

- DC Official Code § 16-1001
(9) “Intrafamily violence” means an act punishable as a criminal offense that is committed or threatened to be committed by an offender upon a person to whom the offender is related by blood, adoption, legal custody, marriage, or domestic partnership, or with whom the offender has a child in common.
- DC Official Code §§ 16-2301 (34) and 22-3001 (8)
“Sexual Act” means:
 - (A) The penetration, however slight, of the anus or vulva of another by a penis;
 - (B) Contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or
 - (C) The penetration, however slight, of the anus or vulva by a hand or by any object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person.
 - (D) The emission of semen is not required for the purposes of subparagraphs (a) – (c) of this paragraph.
- DC Official Code §§ 16-2301 (35) and 22-3001 (9)
“Sexual contact” means the touching with any clothed or unclothed body part or 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, or arouse or gratify the sexual desire of any person.

For the purpose of CPS investigations, child sexual activity is defined as sexual behavior that is considered developmentally precocious or inappropriate and potentially symptomatic of a child who has been sexually abused.

In addition to being familiar with the relevant terminology, social workers must also be familiar with the following components of investigation and the assessment procedures:

- The overall scope of investigations and safety and risk assessments
- Individual roles and responsibilities for different members of the MDT
- Conversations with nonoffending caregivers
- Medical examinations (purpose, location, etc.)
- CAC interviews (including the decision not to hold an interview)
- Handling of historical allegations
- Required investigation tasks and FACES.NET documentation

It is also important to recognize the legal limitations of CFSA’s responsibility, i.e., social workers may only investigate allegations concerning a caregiver acting in *loco parentis* (i.e., acting as the parent in a caregiving capacity). Notwithstanding this limitation, CFSA is responsible for ensuring the safety of children in DC. Therefore, social workers must conduct safety assessments involving intrafamilial sexual abuse and reports of child sexual activity to determine if allegations concerning a caregiver a caregiver are identified; and if during an assessment, the matter should then be converted into an investigation.

Sexual abuse is divided into the following categories:

1. Investigations of Child Sexual Abuse

These are matters involving allegations of child sexual abuse of a minor (at the time of offense) by a parent or a caregiver acting in loco parentis. An example is a child who was sexually abused by the birth parent. Another example would be a child who was sexually abused by an aunt who is the child's primary caregiver and acting in loco parentis.

2. Intrafamilial Child Sexual Assault

These matters involve sexual abuse of a minor (at the time of offense) by a family member who is not a parent or a caregiver acting in loco parentis. Intrafamilial child sexual assault includes offenses on children by adult family members who are not parents or who do not play a caregiving role for the child. An example might be an uncle who resides in the home but who is not acting in loco parentis. Intrafamilial child sexual assault also includes offenses on children by relatives who are minors. If there is force involved in the assault, there is no required age difference between the children. If the activity was "consensual," a four-year age difference between the victim and perpetrator is required for CPS to consider this an assault investigation. An example would be a 13-year-old who forcibly rapes his 12-year-old cousin. Another example would be a 17-year-old who is having "consensual" sex with her 12-year-old brother. Intrafamilial child sexual assault may also occur between same-sex family members. It should be noted that CFSA does not investigate when an assault has occurred; this is the responsibility of MPD.

3. Child-on-Child Sexual Activity

Child sexual activities include behaviors, statements, or other indications of developmentally inappropriate sexual knowledge suggestive of potential child sexual abuse.

When working with a "child-on-child" sexual activity investigations, the primary investigation is taken regarding the family of origin of the alleged perpetrating child (if one can be determined). It is the social worker's responsibility to carefully assess whether the perpetrating child has suffered sexual abuse or whether there are any other children at risk for being exposed to the perpetrating child.

- Under such circumstances, there is a companion I&R associated with the sexual abuse investigation, whereas the alleged victim will be assessed as a collateral contact.
- The social worker and the CPS management team have the discretion to determine whether the situation warrants further intervention or whether to enter a companion investigation regarding the victim child's family of origin.

4. Investigations of Suggested Sexual Abuse

These matters include circumstances that are only suggestive of sexual abuse. The abuse may have already occurred, or it may potentially occur. The children living under the following situations may be victims of sexual abuse or be vulnerable to potential sexual abuse.

- Exposure to adult sexuality
- Residing with a sexual offender

- Sexual exploitation of the child (pornography, prostitution, etc.)
- Other risk factors related to sexual abuse

Note: *An allegation that a caregiver exposed a child to active or simulated sexual activity is only taken as a sexual abuse allegation IF the alleged perpetrator was intentionally exposing the child for sexual gratification. All other matters may be investigated as general neglect.*

Investigations of Child Sexual Abuse

Scope

CPS investigative social workers are expected to work jointly with the MPD's YFSD to investigate allegations of child sexual abuse where the alleged perpetrator is the child's caregiver. Social workers also investigate caregivers who fail to protect a child in their care from child sexual abuse or sexual assault, even if the perpetrator is not acting in loco parentis. These investigations encompass allegations that occur in DC, regardless of the location of the child's primary residence.

Investigation Lead

As a rule, the assigned YFSD detective takes the lead for investigating and assessing sexual abuse allegations involving children. There is, however, a standing agreement that an immediate joint investigation shall occur when a report includes information that an alleged perpetrator lives in the same home of the alleged victim, or has regular access to the child victim, which subsequently indicates a potential immediate danger to the child. In such instances, the social worker should communicate as soon as possible with YFSD for commencing the joint investigation accordingly.

Note: *Alleged perpetrators may also be minors who live in the same home and may also pose an equal level of danger. If information about access between a perpetrator and a child is discovered during the investigation, this should be discussed with the management team and forwarded to YFSD for intervention.*

Social workers should remember that response times for YFSD investigations and CFSA investigations do not always coincide. Because YFSD takes the lead on sexual abuse investigations, social workers must contact YFSD prior to initiating their investigation to discuss whether YFSD is responding and to discuss their plan for ensuring the child's safety without compromising the criminal investigation.

When social workers are not able to conduct a joint investigation because a detective has not been assigned, they should not directly discuss the sexual abuse allegations with the caregiver or child. Doing so may compromise the future police investigation by prematurely disclosing sensitive information. In these cases, ideally, the child should be interviewed at school or in another neutral environment. If the child must be interviewed at home, which obviously informs the caregiver of the investigation, a social worker should explain that CFSA has received a complaint regarding the safety and well-being of the child and that the social worker is there to assess the safety and well-being of the family. In some situations, the social worker may need to provide some information to the caregiver so the caregiver can protect the child (e.g., if the uncle is the alleged perpetrator and he visits the home, the caregiver can be put on alert).

The interview of the child should include a precautionary assessment for sexual abuse. If the child makes a disclosure during the interview that impacts the child's immediate safety, the social worker should contact YFSD to determine what immediate role, if any, they may need to play.

Reminder: Care should always be taken to minimize trauma by limiting the number of times a child must be interviewed.

YFSD may at times determine that the reported allegation does not meet their standard for an investigation. In these cases, the social worker is the lead and sole investigator of the TOT'd allegations. If, however, during the CPS investigation, additional details or allegations are discovered that may suggest the need for a criminal investigation, social workers should consult with their management team and forward the information to YFSD for assessment.

Conversation with the Non-Offending Caregiver

When a child has been sexually abused, there may be a non-offending or protecting caregiver involved. Social workers must take care to thoroughly assess the non-offending caregiver's ability and willingness to ensure the safety of the child and to follow through on needed services for the child. Written safety planning is a crucial component for maintaining stability for a child victim in these situations. Safety planning should be used anytime a child remains with a non-offending caregiver. All details of the plans should be written down. In addition, consider the following factors when assessing the caregiver's ability to protect the child both physically and emotionally.

- Prior knowledge of the sexual abuse and the possibility of a lack of protection by the nonoffending caregiver
- Non-offending caregiver's knowledge of previous deviant sexual behavior by the alleged perpetrator, which may present a danger to the child
- Attitude of the caregiver toward the victim child, alleged perpetrator, and allegations
- Willingness of the caregiver to ensure that the perpetrator does not have access to the child, including obtaining a protective order
- Willingness of the caregiver to participate in ongoing services for the child, including the CAC interview, medical examination, and therapeutic services

When discussing the investigation with a nonoffending caregiver, the social worker should instruct the caregiver on appropriate interaction between the child and alleged perpetrator. In situations where the alleged perpetrator is an adult, the non-offending caregiver must agree in writing that the alleged perpetrator will leave the home (if applicable) and further, that the alleged perpetrator will not have any access to the alleged victim or other at-risk children in the family. The caregiver also should not unduly discuss the investigation with the child. The alleged perpetrator should not be informed of the investigation, nor should the caregiver confront the alleged perpetrator about the allegations.

Medical Examination

Purpose

Medical examinations occur in sexual abuse investigations for the following purposes:

- To assess the physical well-being of the child
- To gather any physical evidence of a crime of sexual abuse
- To provide the child with an opportunity to disclose during the examination (note that disclosures to the medical provider may be able to be used in court)
- To reassure the child that the child will now be safe

Note: *It is best practice that a child should not be transported to a medical examination by the alleged perpetrator of sexual abuse.*

Location

As previously noted, CNHS's CAPC specializes in assessing and treating victims of child maltreatment and is the preferred provider for these evaluations. Remember to explain to family members the benefits of having the child seen by a CAPC specialist and work with MPD to facilitate the process as needed.

When Sexual Abuse Is Reported to Have Occurred Within the Last 72 Hours or When the Child is Unable to Articulate a Timeframe

Children who have suffered sexual abuse or assault within the last 72 hours should be seen for immediate medical attention. The social worker and the YFSD detective should assist any non-offending caregiver with this process. The YFSD detective will take responsibility for coordination of an exam by a sexual assault nurse examiner and will also be responsible for the "sex kit" (if one is to be completed.) Social workers should never take possession of a sex kit (nor transport it to the hospital).

Note: *The sex kit is considered legal evidence and is subject to the chain-of-custody rules involving the police department and the hospital.*

Similarly, social workers should never take possession of the original medico-legal form that is completed by a physician after sexual assault examinations. This form is also considered a legal document and is subject to the chain-of-custody regulations. Still, social workers must obtain a copy of the medico-legal document for use in the CPS investigation and for any Family Court proceedings in which CFSA is involved.

Working with the Caregiver

- If a caregiver is unwilling to take steps to have the child examined, the social worker and detective must make every effort to explore and alleviate any of the caregiver's concerns. It is good to reiterate the important reasons for this immediate examination.

- **Reminder:** Sexual abuse and sexual assault disclosures are typically traumatic, not only for the child but also for the non-offending caregiver. It is important that the social worker allow the caregiver an appropriate measure of time to process the information while simultaneously striving to empower the caregiver to make the best decisions for the well-being of the child. The social worker should assist the caregiver in managing the emotions associated with their child's sexual abuse to minimize trauma to the child and to allow the parent to provide appropriate support to the child.
- If a caregiver remains unwilling to allow the medical examination, the social worker must inform the caregiver (without coercion) that this may be grounds for a disposition finding that the child is without proper parental care and without the control needed to ensure the child's safety. If concern persists regarding completion of the medical examination, the social worker should discuss this with the caregiver and the social worker's management team. CFSA may need to take custody of the child to ensure that the examination occurs in order to address the child's well-being.
- When an initial examination has successfully taken place, the social worker and the YFSD detective should also assist the family with any follow-up care that may be needed, such as further testing or therapeutic services. The outcome can be determined collectively.

When Sexual Abuse Is Reported More Than 72 Hours After the Alleged Occurrence

The following shall occur within 48 hours of the report:

- All children age 12 or younger who are the subjects of any type of sexual abuse allegation must be taken for an examination. YFSD will use its discretion as to whether a sex kit is required.
- All children ages 13 to 17 who allege any penetration, attempted penetration, or oral-genital or anal offense shall be taken for a sexual assault examination. YFSD will provide sex kits in all these cases.
- When a child age 12 or older alleges sexual abuse by fondling, YFSD will use its discretion as to whether a medical examination is warranted.

When There Is No Disclosure

When an investigation alleges sexual abuse but there is no disclosure by the child at any time, *there is still a possibility that sexual abuse occurred*. It is CFSA's practice to recommend that a child who does not disclose still be taken for a medical examination when there is suspected child sexual abuse. Social workers who are unsure whether to recommend a medical examination should consult with their supervisor for immediate guidance. During this consultation, social workers should share with their supervisor the reasons why despite no evidence, they believe a medical exam is necessary.

CAC Interview

Criteria for CAC Interviews

Unless the prosecutor and YFSD detective have determined that a CAC interview is unwarranted, the following categories of children should be interviewed at CAC when there is an allegation of child sexual abuse:

- Any child under age 12
- Any child over age 12 with the following qualifiers:
 - An intrafamily relationship with the offender
 - Emotional, developmental, learning, or other disabilities
 - Alleged victim is non-communicative on the scene

Scheduling

Any MDT member may schedule a CAC interview, but it is the primary responsibility of the assigned YFSD detective. Note: Because all MDT members are committed to coordinating schedules with one another for the interviews, all parties directly involved with the investigation are expected to be present.

- CAC interviews should be scheduled, whenever possible, on the same business day as the referral.
- When the initial CPS assessment suggests that a CAC interview is immediately warranted, the request for an interview should be elevated and addressed through the social worker's chain-of-command.
- At times, a CAC interview may be required after the close of standard business hours due to emergency circumstances. In such instances, the assigned detective may contact the on-call interviewer from CAC to conduct the interview.
- If the initial CPS assessment suggests that a CAC interview is immediately warranted and there are concerns regarding scheduling, this should be elevated and addressed through the social worker's chain-of-command.

Counsel Notification of a CAC Interview

- When a child is represented by counsel (i.e., the guardian ad litem), this counsel must give consent for the interview. The child's counsel has a right to be present.
- If the social worker has knowledge of counsel for a child or if a child has been removed, ensure that this information is shared during the scheduling.

Decision Not to Hold an Interview

- MDT members may determine in any given matter that a CAC interview is not necessary or warranted.
- If MDT members determine that a CAC interview is not needed in a sexual abuse matter, notification should still be made to CAC to ensure coordination of services, follow-up with the child and family, and systems record maintenance.

- At times, an interview will not be held due to a child's unaddressed mental health needs. If the child is currently receiving therapeutic services, coordination may be necessary. It will be up to the social worker, CAC, and the service provider to determine whether an interview is appropriate. If no services are in place, CAC may be scheduled after therapeutic services are in place.
- **Remember:** CAC usually only interviews children under age 13. However, there are times when the MDT members will determine that a YFSD detective can successfully interview a teenager. If a social worker believes that the environment at CAC would be the most appropriate to ensure the teenager's well-being, the social worker should advocate for the interview to be held there. Keep in mind that MDT members have no other child-friendly location for the purposes of recording an interview.

Historical Allegations

- CFSA does not have a statute of limitations for reports of sexual abuse. Nonetheless, there are such limitations within the criminal system. Social workers need to be prepared in such instances to investigate historical situations without police assistance.
- When considering historical allegations, social workers must consider the current allegation and whether the alleged perpetrator has access to other children.
- If there is credible justification to determine that the historical sexual abuse occurred, steps should be taken to conduct safety assessments on any children with whom the perpetrator could have had inappropriate contact. These tasks should be coordinated with MPD whenever possible.

Intrafamilial Child Sexual Assault

Scope

Intrafamilial child sexual assault investigations occur in matters involving a perpetrator fitting the definition of an intrafamilial relationship (see "Overview of Sexual Abuse Investigations" section) but the perpetrator IS NOT a parent or caregiver acting in loco parentis. These evaluations encompass allegations that occur in DC, regardless of the location of the child's primary residence.

Reminder: The perpetrator in these matters may be a minor or an adult.

Note: *For a minor to be considered a perpetrator, there must be a four-year age difference between the perpetrator and victim, except in cases of forcible sex, in which case there is no required age difference. In the situations where the alleged perpetrator is a minor, there are no allegations per se for CPS to investigate. However, social workers must still evaluate the safety and well-being of the child. If concerns develop during the assessment regarding any failure to protect or regarding other maltreatment by a caregiver or a caregiver acting in loco parentis, the social worker must add the appropriate allegations to FACES.NET.*

- For reports of child-on-child sexual assault, the social worker shall evaluate the family of origin of the alleged perpetrating child and assess whether the perpetrating child has suffered sexual abuse. In addition, the social worker shall assess whether any other children are at risk of being exposed to the perpetrating child.

- In such matters, the alleged victim child is assessed as a collateral source of information.
- The social worker and the management team will have the discretion to decide whether the situation warrants further intervention or whether to enter a companion investigation of the victim child's family of origin.

Investigation Lead

As a rule, the assigned YFSD detective takes the lead for investigating sexual assault allegations involving children. There is, however, a standing agreement that an immediate joint investigation will occur when a report includes information that an alleged perpetrator lives in the same home as the alleged victim or has regular access to the child victim, or that there is obvious or imminent danger to the child. In such instances, the social worker should communicate as soon as possible with YFSD to begin the joint investigation as appropriate.

Reminder: Alleged perpetrators may also be minors who live in the same home and may pose an equal level of danger. If information about unsafe access between a perpetrator and a child is discovered during the investigation, social workers should discuss this with their management team and forward the information to YFSD for intervention.

Remember that response times for YFSD investigations and CFSA investigations do not always coincide. As a result, it may be challenging in some instances for the social worker's investigation to begin without an assigned detective.

Note: *When you are not able to conduct a joint investigation due to a detective not being assigned, you should not directly discuss the allegations with the caregiver or child.* Doing so may compromise a future police investigation by prematurely disclosing sensitive information. Ideally, the child should be interviewed at school or another neutral environment. If the child cannot be interviewed in a neutral environment and must be interviewed at home, the specific allegations should not be directly discussed with the caregiver. The social worker should simply explain that CFSA has received a complaint regarding the safety and well-being of the child and that the social worker is there to assess the safety and well-being of the family. The interview of the child should follow the components discussed under the section titled "CPS Interviews, Guidelines for Interviewing Children," including a precautionary assessment for sexual abuse. If the child makes a disclosure during this interview, the police should be contacted to determine what immediate role, if any, they may need to play.

Note: *Care should always be taken to minimize trauma by limiting the number of times a child needs to be interviewed.*

MPD may at times determine that the reported allegation does not meet their standard for an investigation. In those situations, the social worker will be the lead and sole investigator of the TOT'd allegations. If, however, additional details or allegations are discovered during the CPS investigation and the social worker determines there is a need for a criminal investigation, the social worker should consult with his/her management team and forward the information to MPD for assessment.

Conversation with Non-Offending Caregiver

When a child has been sexually assaulted, there may still be a non-offending or protecting caregiver involved. Thoroughly assess the situation and, if necessary, follow through on needed services for the child. Safety planning is also a crucial component for maintaining stability for a child victim in these situations.

Safety Planning After Sexual Abuse Allegations

- Safety plans should be discussed with the supervisor.
- The safety plan should be written in partnership with the non-offending caregiver and include specific, detailed steps that hold the caregiver directly accountable for the child's safety.
- Safety plans should reflect limiting access of the perpetrator to the child.
- When the offender is an adult, the safety plan must include a strategy to prevent the offender from having access to the victim.
- When the offending child is a minor and a lack of resources prevents the family from planning for separate living situations for the perpetrator and victim, very specific and careful safety planning must occur. The safety plan must be discussed with the supervisor, approved and documented.
- The preferred safety plan involves both discontinued contact and separate living situations for the perpetrating youth and victim.
- The caregiver and the social worker should sign the safety plan.

Remember: CPS social workers are required to monitor safety plans until such time that the case is transferred to an ongoing social worker.

Medical Examination

See the section "Investigations of Child Sexual Abuse, Medical Examination" and follow the described guidelines.

Note: *It is best practice that a child should not be transported to a medical examination by the alleged perpetrator of sexual abuse.*

CAC Interview

See the section "Investigations of Child Sexual Abuse, Medical Examination" and follow the described guidelines.

FACES.NET Core Contacts and Assessments

Because there are no allegations involved in I&Rs, the standard medical and educational core contacts are not required. The non-offending caregiver is expected to be appropriately caring for the child, including being aware of the child's medical and educational needs. The family's privacy will not be invaded further by investigating these areas. If there is reason to suspect a problem, you should follow up on a case-by-case basis with the child's medical and educational providers to ensure the child's safety and well-being. The safety assessment shall be completed

for all investigations. The risk assessment is not required as it involves an investigation of the non-offending caregiver.

The following example provides such a scenario:

A 10-year-old female lives with her biological parents. The mother's brother is in town visiting and provides childcare for the 10-year-old on one occasion while the parents are at the movies. The uncle has no prior sexual abuse history and there have been no indicators to suggest that he is an inappropriate caregiver for children. Nevertheless, during this childcare situation, the uncle fondled the 10-year-old and told the child that if she disclosed, he would do the same thing to her 5-year-old sister.

When the parents returned home, the 10-year-old was able to speak to her parents privately and disclosed what happened. The parents responded by believing the child, calling the police, and ensuring that the uncle did not have access to the children until the police arrived.

In the above scenario, the parents are not under investigation. CPS is only involved as it relates to ensuring the safety and well-being of the children. This involvement includes teaming with the parents. Collateral contacts with primary medical doctors, educators, and so forth will not be completed because there is no reason to suspect concerns in these areas. On the other hand, if school personnel or medical providers have knowledge of the sexual assault allegations, they should still be contacted.

Child Sexual Activity

Scope

As noted in the section, "Overview of Sexual Abuse Investigations and I&Rs," reports of child sexual activity can include behaviors, statements, or other indicators of developmentally inappropriate sexual knowledge suggestive of potential child sexual abuse. If more than one child is involved, such activity must have occurred within the household. Assessments of such matters do not require an intrafamilial relationship between the children. If concerns develop regarding any failure to protect or any other maltreatment by a caregiver, the I&R must be converted to an investigation. In an investigation, the appropriate allegations will be added to FACES.NET.

- When working with a child sexual assault, the social worker conducts an initial assessment of the family of origin for the alleged perpetrating child (if one can be determined). It is the social worker's responsibility to carefully assess whether the perpetrating child has suffered sexual abuse or whether there are any other children at risk for being exposed to the perpetrating child.
- Under such circumstances, the assessment of the alleged victim child can provide vital information for the I&R.
- Both the social worker and the management team have the discretion to determine whether the situation warrants further intervention and whether to enter a companion investigation or investigation regarding the victim child's family of origin.

Investigation Lead

As a general rule, the YFSD detective who is assigned to a sexual abuse investigation also takes the lead in assessing the reported child sexual activity.

- If an alleged perpetrator lives in the home with an alleged victim or has regular access to the child, MPD and CFSA will immediately conduct joint investigations, particularly if there is immediate or potential danger to the child.
- Upon assignment of an investigation related to child-on-child sexual activity, determine whether there is immediate danger to the child and whether it is necessary to contact YFSD for a joint investigation. Reminder: Alleged perpetrators may also be minors who live in the same home and who may pose an equal level of danger.
- Because the response times for CPS investigation and MPD investigation do not always coincide, it may be challenging to begin a child sexual activity investigation without an assigned detective.
- When social workers are not able to conduct a joint investigation because a detective has not been assigned, they should avoid direct discussion about the allegations with the caregiver or child. Direct discussion may compromise a future police investigation by prematurely disclosing sensitive information related to the allegation.
- Ideally, the child should be interviewed at school or at any other neutral environment. If the child cannot be interviewed in a neutral environment and must be interviewed at home, the specific allegations should not be immediately discussed with the caregiver. Social workers should explain that CFSA has received a complaint regarding the safety and well-being of the child and that they are obliged to assess the safety and well-being of the family in general.
- The interview with the child should follow the components discussed under the section titled “CPS Interviews, Guidelines for Interviewing Children,” including a preventive assessment for sexual abuse.
- If the child makes a disclosure during this interview, the police should be contacted to determine what immediate role, if any, they may need to play.
- If information about unsafe access between a perpetrator and a child is discovered during the evaluation, social workers should discuss this with their management team and forward the information to YFSD for intervention.

MPD may at times determine that the reported allegation does not meet their standard for an investigation. Under these circumstances, the social worker is considered the lead and sole evaluator of the TOT'd allegations. If, however, during the evaluation additional details or allegations are discovered that may suggest the need for a criminal investigation, social workers should discuss this with their management team and forward the information to MPD for assessment.

Medical Examination

A forensic medical examination is not required for child-on-child sexual activity investigation, but it is recommended. Social workers should ensure that the caregiver for each child is given information on CAPC, and social workers should recommend that the child have a medical examination. Because there may be no direct allegations of sexual abuse during an investigation of child-on-child sexual activity, social workers may not necessarily be able to require that a caregiver comply with the request for a medical examination.

CAC Interview

As noted above, there are no direct allegations of sexual abuse during an investigation of child-on-child sexual activity. Therefore, a CAC interview may not be required in every instance. Nevertheless, CAC will participate in “precautionary” interviews of children in this category if a detective is assigned. Unless there are specific reasons why a CAC interview is not necessary, the CPS social worker should arrange for a CAC interview for child-on-child sexual activity investigations. If there is a determination that a forensic interview is not necessary, the social worker should discuss this with the management team and the detective, if one is assigned.

Factors for Consideration

- *Where does the family currently reside?*

If the family resides outside of DC, consider a referral to the CPS unit in the appropriate jurisdiction. In such instances, the CFSA evaluation will be closed, although further MPD investigation may occur.

- *Does any child need supportive services?*

If the child is stable and there are no other safety factors, a CPS investigation may not be warranted.

FACES.NET Core Contacts and Assessments

Because there are no allegations involved with I&Rs, the standard medical and educational core contacts are not required. The non-offending parent or caregiver is expected to be appropriately caring for the child, including being aware of the child’s medical and educational needs. The family’s privacy will not be invaded further by investigating these areas. If there is reason to suspect a problem, the social worker should follow up on a case-by-case basis as needed with the child’s medical and educational providers to ensure the child’s safety and well-being. The safety assessment shall be completed for all I&Rs. The risk assessment is not required as it involves investigation of the nonoffending caregiver.

Investigations When Circumstances Are Suggestive of Sexual Abuse

Scope

CPS social workers are responsible for conducting investigations even when circumstances are only suggestive of sexual abuse that may have occurred or potentially will occur. Children living under the following situations may be victims of sexual abuse or vulnerable to potential sexual abuse:

- Exposure to adult sexuality for the sexual gratification of the perpetrator

- Residing with a sexual offender
- Sexual exploitation of the child (pornography, prostitution, etc.)
- Other risk factors related to sexual abuse

Reports on any of the above situations may be accepted on a case-by-case basis and should be discussed among the CPS management prior to acceptance for investigation.

Note: *Allegations that a child was exposed to sexual activity by a caregiver are only taken as sexual abuse investigation if the alleged perpetrator was intentionally exposing the child for alleged perpetrator's own sexual gratification. All other matters may be investigated as general neglect.*

Investigation Lead

If there is a YFSD detective assigned to a report that fits the above criterion, the detective will maintain lead responsibility for the investigation.

Medical Examination

A medical examination should occur when there is credible reason to believe that a child has been sexually abused or assaulted. Even in instances such as exposure to pornography or a child displaying risk factors related to sexual abuse, a medical examination should still be recommended to the caregiver, regardless of whether there is direct information of sexual abuse or sexual assault. If there are any questions about whether a medical examination is warranted based on the assessment of this criterion, social workers should consult with their management team.

Note: *It is best practice that a child should not be transported to a medical examination by the alleged perpetrator of sexual abuse.*

CAC Interview

When there are no direct allegations of sexual abuse or sexual assault, a CAC interview may not be required. Nevertheless, CAC will participate in "precautionary" interviews of children in this category when a detective is assigned. Unless there are specific reasons that a CAC interview is not necessary, social workers should plan to arrange for a CAC interview when investigating possible sexual abuse reports. If there is a determination that a forensic interview is not necessary but other concerns are present, social workers should discuss these concerns with their management team and the assigned detective (if applicable).

Historical Allegations

Historical concerns of possible child sexual abuse or sexual assault are handled on a case-by-case basis and assessed by CPS management prior to assignment for investigation.

FACES.NET Core Contacts and Assessments

Because there are no allegations associated with I&Rs, the standard medical and educational core contacts are not required. The non-offending parent or caregiver is expected to be an appropriate caregiver for the child, including being aware of the child's medical and educational needs. Family privacy will not be invaded further by investigating these areas.

The safety assessment is completed for all I&Rs. Note that the risk assessment is not required as there is no investigation of the non-offending caregiver.

CPS Response to the Commercial Sexual Exploitation of Children (CSEC) or Child Sex Trafficking Reports

CSEC (pronounced “sea sec”, sec is short for second) /sex trafficking is a serious crime and victims of commercial sexual exploitation/sex trafficking need support and services.

Perpetrators of commercial sexual exploitation/sex trafficking frequently target vulnerable populations such as homeless and runaway children and youth, children and youth in the foster care system, children and youth in the juvenile justice system, refugees, and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth. Children and youth who have been removed from their homes because of child abuse or neglect are at high risk of being victims of commercial sexual exploitation/sex trafficking. To better serve our foster children, child welfare service providers must become familiar with the indicators that a child may be a victim and the steps to address the needs of children and youth who have been sexually exploited.

1. For reports of commercial sexual exploitation/sex trafficking, the hotline social worker receives and records the information, and in consultation with the supervisor, determines the direction of the referral:
 - a. If the legal caregiver or other member of the household is identified as the alleged perpetrator, then the report is entered into FACES.NET as a child abuse/neglect referral “sexual exploitation of a child by a caregiver”.
 - i. CPS investigations conducts a joint investigation with MPD consistent with CPS investigations policy and practice.
 - ii. Based on the findings of the investigation where evidence supports that the child/youth was sexually exploited, CPS investigations makes referral for community-based services. “community-based services” include:
 - 1) Designated community resources specializing in commercial sexual exploitation/sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources. Two programs in which CFSA refers sexually exploited children and youth to are:
 - **Courtney's House.** CFSA has a contract with Courtney's House to provide direct intervention for youth at risk for or confirmed victims of sex trafficking and has engaged in an ongoing assessment of the placement options available for youth who are involved in sex trafficking.

- **Hope Court.** A new initiative in the District of Columbia is the establishment of the HOPE (Here Opportunities Prepare you for Excellence) Court. The Court seeks to alleviate the trauma associated for victims of CSEC.
- 2).Mental health services as needed (including secondary providers if the initial provider is unavailable).
 - 3).Medical care through a trauma-informed care provider.
- b. If the alleged perpetrator is not the parent, guardian, legal custodian, or other adult member of the household, the report will be entered into FACES.NET as a child abuse/neglect referral “sexual exploitation/sex trafficking of a child (by a non-caregiver)” and follow the process outlined in procedure 1(a) above.
 - The CPS investigation focuses on assessing caregiver protective capacities and efforts to promote child safety and well-being, and whether the child can safely remain in the home.
 - c. When a child is brought to CFSA, CPS investigations conducts an investigation to ensure child safety and well-being with a goal of reuniting the youth with their family of origin.
 - Depending on the results of the CPS investigations investigation and/or MPD’s conclusions, a referral is made to one of the designated community resources specializing in commercial sexual exploitation/sex trafficking assessment and intervention, runaway and homeless youth programs, and other identified resources and services.

Please refer to Administrative Issuance CFSA-17-1.2 on [Commercial Sexual Exploitation and Sex Trafficking Identification and Response](#) for additional guidance or consult with your CPS management team.

Institutional Investigations

All Hotline reports that allege abuse or neglect at facilities that are licensed or certified by CFSA or OSSE are institutional abuse referrals and will be investigated by CFSA’s Institutional Investigations unit.

When investigating institutional abuse, social workers conduct the investigation in one or more of the following settings:

- Foster homes for children in the custody of CFSA, including kinship or pre-adoptive homes, located in the District of Columbia
- Daycare centers, including before and after-care programs licensed by OSSE
- Congregate care facilities (group homes, independent living programs, etc.), located in the District of Columbia
- In-patient psychiatric hospitals located in the District of Columbia (wards of CFSA only)
- Juvenile detention facilities under the jurisdiction of the District of Columbia’s Department of Youth Rehabilitative Services (DYRS) (wards of CFSA only)

When an institutional investigation involves a CFSA ward placed in a foster home or facility located in another jurisdiction, the allegations are forwarded by the Hotline to the appropriate jurisdiction for investigation and the report is documented as an I&R. The assigned Institutional Abuse Unit social worker will monitor the status of any action taken by the licensing and monitoring authority in that jurisdiction, as well as ensure that the child's safety and well-being needs are met.

Remember: Institutional abuse and neglect includes physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment of a child by any individual at the facility or resource home responsible for a child's out-of-home care, including one or more of the following providers:

- The child's foster parent
- An employee or staff person from a public or private residential home or facility
- Other persons legally responsible for the child's welfare in a residential setting

General Guidelines

An investigation of institutional abuse requires the same cooperation, teaming, and sharing of accessible information as that which occurs between CPS and all other CFSA administrations during any other investigation, including but not limited to teaming with CFSA and CFSA-contracted staff who are responsible for licensing, monitoring, placement, and program operations.

Whenever a Hotline report meets any of the following criteria, the institutional investigation must be initiated immediately:

- A child is left alone.
- A child is left with inadequate supervision.
- A child is in immediate danger.

When social workers receive an assignment to investigate an institutional abuse report, they must immediately notify the CFSA staff member responsible for monitoring the private agency or the resource development specialist responsible for licensing the facility. This includes youth shelters, and youth group homes. Social workers must team with the assigned monitor or licensing specialist. Note: If the facility is not licensed by CFSA, social workers should contact and notify the appropriate licensing agency that a Hotline report has been received and there are concerns related to the safety of children in placement. When appropriate and practical, social workers can arrange a joint investigation.

Procedures

- When investigating any referral involving a ward of CFSA, you must team with the assigned Permanency or OYE social worker and supervisor.
- When investigating foster homes, notify the Foster Care Resources administration, and the placement program manager. You should also inform the appropriate monitor to ensure that no other children are placed in the home during the investigation.

- Share all relevant and necessary information and jointly coordinate the investigation. If possible, a staffing with the assigned social work team, the Foster Care Resources social worker, and the licensing social worker should take place within 5 business days of the investigation.
- When investigating facilities notify the Facilities Licensing Unit in the Office of Planning, Policy, and Program Support and follow the same procedures as listed above. The licensing specialist, if unavailable, must confer with the social worker within 24 hours.
- When investigating OSSE licensed daycare or before- and aftercare facilities, you must team closely with the assigned OSSE investigator. A joint OSSE/CFSA investigation will help ensure that any licensing and historical information is included in the investigation and resultant recommendations are shared with OSSE.
- For all immediate response investigations that were not held jointly, the social worker must schedule and convene a meeting to share information with either the Foster Care Resources staff or the Facilities Licensing Unit.
- For all allegations of abuse, you must team with and share information with YFSD, to ensure the integrity of the investigation.
- If there are no removals during investigations of institutional abuse, the assigned monitor or licensing specialist will continue to monitor as usual.
- During the investigation, the institutional investigative social worker will continually team with the monitor or licensing specialist to review case notes, interviews, and other records to jointly assess the information.
- When the social worker has made a final disposition decision after investigating a facility, the licensing specialist has five days to issue a separate report with recommendations for any proposed licensing actions.

Note: *Child placements are “on hold” for any resource home or facility under investigation until such time as the investigation is completed and closed.*

Removals

If a social worker has been unable to jointly investigate an institutional abuse report and has decided to remove a child or youth from a home or facility, the social worker must notify the assigned Permanency/OYE social worker, supervisor and the assigned monitor or licensing specialist of the removal. They must describe the basis for the decision and any additional concerns regarding the safety and well-being of the other children placed with the provider. When applicable, the monitor or licensing specialist should be involved in the development of a safety plan.

If the child is removed from a foster home, the ongoing social worker must notify the resource parents of their right to a fair hearing. Notification may be oral or in writing but must take place within 24 hours of the emergency removal. Prior to an adjudication of neglect, nonemergency removals do not take place until there have been at least 48 hours’ notice. After an adjudication of neglect, non-emergency removals do not take place until there have been at least 10 days’ notice. If the foster parent requests a fair hearing, the removal does not take place until after the fair hearing.

Written Reports of Institutional Investigation Findings

- With the exception of foster homes where reports are due within 35 days, the social worker must complete the written report within 60 days of the disposition decision. The report details the investigation findings.
- Notification of Disposition and Right to a Fair Hearing must be sent to the alleged perpetrator within seven calendar days.
- The monitor or licensing specialist discusses the investigation findings with the foster parents or facility administrator, as appropriate, within five business days of the notification of the investigation findings.
- The CPS social worker sends a copy of the written report with the disposition to the ongoing social worker and the child-placing agency or facility administrator. For daycare and before or aftercare investigations, the supervisor sends a copy of the investigation summary to OSSE.
- The ongoing social worker notifies the alleged maltreater and the guardian ad litem of the disposition decision, including where the incident occurred and those who were involved.
- If any licensing action was taken, the licensing specialist forwards this information to the ongoing social worker, the resource parent/alleged maltreater, and the guardian ad litem.

Disposition Staffings

When the facility or resource home is licensed by CFSA, a disposition staffing will be held after investigation closure in order to review the findings and recommendations from the investigation. The institutional investigations supervisor chairs the disposition staffing and notifies the following individuals of the staffing date and location:

- Institutional social worker
- Resource development supervisor
- Resource development specialist
- Contract Monitoring and Compliance staff
- CFSA general counsel (only if a legal consultation is needed during the disposition staffing)
- Permanency/OYE assigned social worker and supervisor

Attendees at the disposition staffing will participate in the following activities:

- Discuss the nature of the report.
- Discuss the results of the investigation.
- Review the child's current placement and recommendations.
- Review the contract status and identify any additional steps to be taken to protect the child or other children placed in the same setting.
- Determine whether and when to act concerning the license or the contract.

POPULATION SPECIFIC ASSESSMENT CONSIDERATIONS

Assessing Children Ages Birth to 3

Infants and very young children (ages birth to 3) are at the highest risk for life-long emotional, mental, and physical problems when they are victims of abuse or neglect, homelessness, domestic violence, or prenatal exposure to drugs or alcohol. Given their high vulnerability, when the social worker is assessing the safety and risk for children ages birth to 3 to help determine appropriate interventions and service needs, geared to this age group, they should carry out the following:

- Gather the child's birth information.
- Gather the caregiver's information.
 - Assess the roles of the father and mother or any other caregivers.
 - Determine whether the mother received prenatal care and whether the child was exposed to drugs, alcohol, or medication during pregnancy. (Social workers should seek a substance abuse consult if the mother has used drugs or if there is suspicion that she continues to use drugs or alcohol.)
- Assess the caregiver's capacity to care for the infant
- Gather information about the child's general care and development:
 - Primary caregiver
 - Childcare and other supports
 - Size and development of the child
 - Feeding schedule
 - Sleeping arrangements (Inform the caregiver that bed sharing with the baby is very dangerous and that a baby can be hurt or suffocated if an adult rolls over the child.)

Remember: It is recommended that babies [sleep alone, on their backs, and in a crib with firm](#) mattress without any other person, pillows or stuffed toys or blankets. (See "Safe Sleep for Infants")

In addition to your assessment, you must refer the infant to an early intervention program. Early intervention programs can facilitate and nurture the optimal potential of the child's normal development, particularly the workings of the child's brain. It is therefore essential for social workers to understand the timely importance of assessing children between birth and 5 years old and referring them as soon as possible to early intervention programs when needed. Early intervention services for eligible children and families are federally mandated through the Individuals with Disabilities Education Act (IDEA).

Children 0-3 Investigations

1. Social workers will refer each child in the household who is under 3 years of age, regardless of disposition, to the Health Services Administration (HSA) within 7 business days of initial contact. For newborns with positive tox, the referral should be made within 24 hours.

Note: *The social worker will inform the parents that a referral to the District's early intervention program is being made, explain the importance of having children screened during this period of early development, and provide any additional information regarding the referral and screening process.*

2. Social workers will complete the birth-3 Early Intervention Screening Referral form
 - a. To access the CPS Nurse Referral follow the following process:
 - Login at <https://secure.cfsa.dc.gov/SecureAuth4/SecurePortal.aspx>
 - Select DCCFSA AVOKA OAUTH
 - Select FORMS
 - Select CPS Nurse Referral
3. The HSA shall receive all referrals for screening from the CPS social worker.
 - a. The OSSE database for early intervention screening is checked to determine whether a child has already been screened.
 - b. Referrals are entered into the OSSE database for children who have not previously been screened.
 - c. Document the initial referral information in FACES.NET under the Medical Appointments Details/ 0-3 Screening, the status "Scheduled".
4. The ongoing social worker shall receive all information based on the outcome of the screening from the OSSE providers and enter that information into FACES.NET.
 - a. For the outcome of the screening, documentation shall be under the Medical Appointments Details/ Birth-3 Screening. Under the Status drop down pick list, the social worker shall select the applicable term, e.g. Completed, No-Show, Assessment Needed, etc.
 - b. If the child is determined to be "at risk", OSSE will conduct a further evaluation.
5. The ongoing social worker, as applicable, shall participate in the development of the Individualized Family Services Plan (IFSP) and/or the development of any transition plans with Strong Start and the biological parents.

Safe Sleep for Infants

Bed-sharing with an infant can be very dangerous. It puts the infant at high risk of accidental death due to suffocation. Caregivers may want to keep their babies close to them at night to make it easier to access their infants quickly for night feedings. Some caregivers may not have a separate bassinet or crib for their infant. However, as strongly advised by the DC Department of Health (DOH) *Safe Sleep Program*⁷ babies must be put to sleep face up, alone, and in a crib. This reduces the chance of death caused by unsafe sleep practices. As the CFSA social worker, you should always discuss safe sleep practices with caregivers of infants.

The Safe Sleep DC Program highlights the following **ABCs** of safe sleep:

- Babies should sleep **ALONE**
 - Babies should sleep alone in a safe, empty crib.
- Babies should always sleep on their **BACK**
 - The safest position for babies to sleep is on their backs.
- Babies should always sleep in a **Crib** alone
 - Babies should always sleep on a firm mattress in a safe empty crib

For families without a safe sleeping space for their baby, social workers should consult with their management team for guidance and explore the options for providing a Pack 'n Play for the family. Remember to document your discussion on safe sleep with the caregiver in your contact notes.

For additional information please see refer to the safe sleep DC program [Safe Sleep DC](#)

You can also download copies of the safe sleep brochure in English and Spanish from their website.

How to “Interview” a Baby

Please refer to the City of New York’s “Babies Can’t Wait” Advisory Committee’s 2005: *Special Considerations in Interviewing an Infant—What to Look for When Providing a Quality Assessment of an Infant*, to aid in your assessments of infants.

An additional resource is the [CDC’s Developmental Milestones](#).

Special Considerations in Interviewing an Infant

The infant must be observed **AWAKE**, without any external distractions. It is **NEVER** sufficient to observe a sleeping infant.

Developmental Milestones

- Is the infant on target with developmental milestones?

Physical Appearance

- Physical condition of the baby (skin, eyes, etc.)
- Breathing - Does it appear normal or labored?
- Is the infant appropriate in size for the age?
- Does the baby move all four limbs?
- How alert is the baby?
- Any obvious disabilities?
- Are the clothes clean?

⁷ Safe Sleep DC. <http://safesleepdc.com/>

Interaction between infant, caregiver(s), and others in the home

- Do the parents or caregivers respond to the baby's interactions? How?
- How does the baby respond to the caregiver?
- Do the caregiver and baby look at each other?
- Does the baby appear comforted when the caregiver picks him/her up?
- Does the caregiver or others make positive statements about the baby?
- Does the caregiver smile when talking about the baby?
- Does the baby cry, smile, or laugh?
- How does the caregiver respond to the cries?
- Can the caregiver differentiate between different cries?
- Can the caregiver recognize what each crying sound expresses?
- Does the baby react to toys and other objects?
- Is the baby socially responsive?
- Does the baby have a regular eating and sleeping schedule?

Quality Assessment of an Infant: What to look for?

Early Intervention Red Flags for Children birth -3

Physical

- Child does not use both sides of body equally or favors one side.
- Child is awkward and trips a lot.
- Child 12 months and older seems unable to hold onto things.
- Child 18 months and older is not walking confidently.

Speech

- By 7 months, no signs of cooing or babbling.
- By 12 months, doesn't have a few single words.
- By 2 years, not verbalizing or pointing to what he/she wants.
- By 2 years, doesn't have any short sentences or word combinations.
- By 2 years, can say words, but doesn't use them to talk to people.

Adaptive

- Difficulty eating (losing fluid when sucking, gagging, refusing certain textures)
- Difficulty sleeping (excessive sleeping, lethargy, night terrors, rigidity, tenseness)
- Sensory integration problems (extreme sensitivity to certain experiences, like bathing or dressing)

Cognitive

- By 6 months, does not shake, bang, drop, and/or mouth objects.
- By 9 months, does not turn when name is called or to locate a sound.
- By 12 months, does not put two things together.
- By 24 months, does not use two- word phrases.
- By 24-30 months, no simple "pretend" play.
- By 30 months, not able to match shapes (circle, triangle, etc.).
- By 36 months, not able to feed self.

Social/Emotional

- Cannot be consoled.
- Does not make eye contact.
- Appears expressionless or is inappropriately friendly.
- Injures self (scratching/biting/head banging).

Assessing Children with Known or Potential Exceptional Needs

Child Development and Special Service Needs

CPS social workers MUST understand child development milestones to recognize what may be missing in a child's development during assessments. Social workers are not expected to diagnose a child's developmental lag, but they must recognize when the child needs further evaluation or specialized treatment.

Assessing Children with Exceptional Needs

Children with exceptional needs include those with physical, emotional, or mental disabilities. Some of these disabilities may present as physical or mental delays, blindness, hearing impairments, mobility challenges, dependency, behavior management problems, emotional difficulties, etc. Children with exceptional needs are also vulnerable children, more so than a wholly healthy child. Specifically, child vulnerability refers to a child's capacity for self-protection. If a child has an observable exceptional need, social workers should make appropriate referrals to ensure the need is addressed. They must also document in FACES.NET, the identified needs of the child and any referrals made.

Children with Exceptional Needs: Special Areas of Consideration

With any of the circumstances outlined below, social workers should consult their supervisor with any concerns.

Communication—How does the child best communicate? Verbally? Visually? Through a communication board? Drawing? Frequently, receptive skills are higher than expressive skills; therefore, it is important to speak with someone who knows the child's skill level.

Mobility—What are the child's mobility capabilities? Can the child get around independently? What is the child's level of freedom of movement?

Dependency—Is the child solely dependent on the care of someone else? Lifelong dependency may cause a child to be trusting and less likely to question care or requests from caregivers. The child may have become accustomed to others providing personal care, therapy, or some other type of assistance with a caregiver being in a position of authority. As a result, the child may confuse exploitation with appropriate care.

Compliance—Children who require specialized care or supervision are sometimes rewarded for being compliant. Assertiveness or self-advocacy may not be encouraged. Be aware that sexual interest and development for children in the mild and moderate ranges of developmental disabilities occurs at about the same time it occurs in typical peers. Lack of skills in protecting oneself from sexual abuse may place the child at risk.

Cognition—Sometimes it may be difficult for a child to identify or understand a situation in a way that represents what actually happened. The challenge may involve process or language, or the child may not understand the nature of the situation (e.g., a child requiring personal care may have difficulty identifying exploitive touch).

Isolation—The circle of friends and outside acquaintances may be limited and activity-driven, thus limiting the opportunity for the child to have people in whom to confide. If a child has been the victim of someone who is familiar, there may be fear of retaliation. If the child has few contacts, even the loss of someone who may have been harmful can still be frightening.

Behavior Control—Behavior is a means of communication. Some behavior controls are psychotropic medication, isolation from others, or the use of other types of restraints.

Credibility—Some indicators of abuse may be overlooked because they overlap with the child's disability. For example, a child may be on medication that impacts affect, resulting in communication challenges that may inadvertently mask an indicator.

Engaging Caregivers Who Have Developmental Delays

CPS social workers may receive referrals involving caregivers with developmental disabilities. *Do not be misguided into thinking or assuming that people with cognitive disabilities cannot be appropriate parents.* Research studies indicate that most parents with cognitive disabilities have unique combinations of strengths and support needs. They still establish loving bonds with their children. It is important to realize that parents with cognitive disabilities share many common problems with parents who do not have cognitive disabilities.

- The day-to-day demands of caregiving are a common challenge for parents with disabilities.
- Parents with cognitive disabilities tend to have some difficulty retaining and correctly applying the information and skills needed for adequate parenting.
- Many parents with cognitive disabilities lack social and play skills and have difficulty managing money.
- For parents who have difficulty with communication and social relationships, the effect is seen in the parent-child relationships and in the family's ability to relate to others within the community, including the service systems that become involved in their lives.

Social workers must continue to use their core helping skills and maintain their objectivity when assessing these types of families and the children in the home. Investigations should be conducted as they would be with other families. The following practice guidance will help social workers interview parents or caregivers with learning disabilities.

- Keep interviews as short as possible. Take a break if the parent or caregiver seems to be losing concentration.
- Keep questions simple and be prepared to ask follow-up questions based on the responses given.
- Avoid closed-ended questions. For example, ask the parent to describe a situation rather than asking the parent a "yes" or "no" question. Note: Many people with a learning disability are eager to please, so do not prompt them with a suggestion or they may agree with what was said rather than describing the situation accurately.
- Be patient with the process and allow time for repetition.

The DC Department of Disability Services (DDS) can help with the coordination of all services and supports provided to persons with intellectual disabilities in DC. You can find more information about DDS services, including eligibility and the application process, on the [DDS webpage](#).

Social workers can refer any of the following individuals for services:

- Any individual who has a diagnosis of mental retardation
- Any individual who has a diagnosis of Down syndrome
- Individuals who are dually diagnosed (mental retardation and mental illness)

Diplomatic Immunity Investigations

Note: Please review to the section on “Diplomatic Immunity”, for more detailed information.

Required Task	Assess/Describe/Document
Determine if diplomatic immunity is a potential concern.	Obtain information from the alleged perpetrator or caregiver regarding their position, embassy affiliation, and immunity status. DO NOT move forward with the investigation after obtaining the above information (even if MPD is proceeding, as they should not be).
Immediately notify the Office of the General Counsel (OGC).	Provide all information obtained. Provide all demographic information.
OGC will contact the State Department.	OGC will contact the State Department to determine whether there is immunity. The level of immunity will then determine the extent of the investigation.
Stop the investigation. Conduct the investigation only if informed to do so by the OGC.	The CPS social worker will only conduct the investigation per the directive of OGC.

Military Investigations

Required Task	Assess/Describe/Document
Determine if investigation involves an active duty military person.	Obtain information from the Hotline report or the reporter calling the allegations regarding alleged perpetrator’s military status, branch of the military, and base assignment.

Required Task	Assess/Describe/Document
Immediately contact the support centers listed when a report is received regarding military-related child maltreatment.	<p><u>Army and Air Force</u></p> <p>Joint Base Anacostia-Bolling (JBAB) Military and Family Support Center, Family Advocacy Program</p> <p>(202) 767-0450</p> <p><u>Navy</u></p> <p>Anacostia Fleet and Family Support</p> <p>(202) 433-6151</p> <p><u>Marines</u></p> <p>Henderson Hall Family Advocacy Program</p> <p>(703) 614-7204</p> <p><u>Coast Guard</u></p> <p>Family Advocacy Program- Family Support Program Manager</p>
Conduct a joint investigation.	The social worker will investigate in a collaborative manner with JBAB.
Provide recommendations to JBAB's Family Advocacy Center.	Provide a copy of the investigation summary and recommendations to JBAB so that the military can provide services to the family.

Indian Child Welfare Act

The federal Indian Child Welfare Act (ICWA) of 1978 was implemented in part because of the failure of individual states to recognize the importance of tribal relationships and the specific cultural and social standards existing within individual tribal communities. ICWA expresses a clear preference for preserving an American Indian child's ties to the tribal community, even if the child never had a previous relationship with the tribe. ICWA enumerates the minimum federal standards for the removal of American Indian children from their family home and subsequent placement in the foster care system.

ICWA grants tribes the right to intervene in custody proceedings, such as court proceedings in which CFSA is a party. Therefore, beginning with the Hotline report, CFSA needs to be cognizant of children's possible American Indian heritage because if the matter is brought to court, it becomes DC's responsibility to notify the child's tribe if an American Indian child and family have come to DC's attention.

If there is a suggestion of American Indian heritage, you are encouraged to speak with your supervisor and read CFSA's [*Administrative Issuance: CFSA-13-02 Compliance with the Indian Child Welfare Act*](#) to familiarize yourself with ICWA requirements. To ensure compliance, you are responsible for the following activities:

1. Gather the following information, as available:
 - a. Child's name, birth date, and birthplace
 - b. Reasons why there is a suggestion that the child is an American Indian
 - c. Name of the American Indian tribe
 - d. Names and addresses of each member of the child's biological family, including maternal and paternal family members or American Indian custodians
2. Submit the above information to OGC via email within two business days of receiving responses to the inquiry. OGC will contact the Bureau of Indian Affairs (BIA) (and the tribe, if identified) so they may determine the child's membership or eligibility for membership in a federally registered tribe. Note: No BIA or OGC notification is required if CPS determines the child's safety is not at risk and there is no removal involved in the investigation. However, you must still document in FACES.NET and the case record if there is a suggestion that the child is American Indian.
3. Document the child's American Indian heritage on any applicable reports (e.g., family team meeting reports or complaint forms). Again, BIA notification is the responsibility of OGC.
4. Submit the information to OGC via email within two business days of receiving responses.

Persons of Special Interest

Investigations related to persons of "special interest", including CFSA and private agency employees, and District employees or officials, shall be assigned to an investigative unit with management oversight to avoid a conflict of interest. FACES.net access to all information related to the investigation shall be restricted and only the identified CPS staff shall have access to the investigation. The OGC should be contacted if further guidance is needed.

These include but are not limited to elected or appointed government officials, MPD officers (including officers in the Youth and Family Services Division (YFSD)), CFSA and private agency employees (including their relatives), as well as vendors and other CFSA-contracted employees, and/or a high-profile incident being tracked by the media. The Director or administrator can also designate persons other than those identified above as "persons of special interest". CFSA may restrict access to FACES.net for Hotline reports, investigations, and cases involving persons of special interest.

- If a social worker discovers during the investigation that a person of special interest is involved, the social worker must immediately notify the CPS management team and await further instruction.

- Specifically, if a social worker has an investigation involving an MPD officer, the social worker must immediately confer with the management team and with an MPD YFSD, lieutenant, or above.
- Contact CFSA's general counsel.

Child 13 Years of Age or Younger with 3rd Juvenile Delinquency Petition

Reports concerning a child, 13 years old or younger, who has had a third juvenile delinquency petition shall be assigned for a CPS investigation concerning the child's care by their parent, guardian or custodian.

DECISION MAKING AND PLANNING

GENERAL CONSIDERATIONS FOR ASSESSING SAFETY & RISK

To support the Agency's goal of safety, permanency and well-being for children and their families, two assessments are completed during every CPS investigation: (1) **SAFETY** and (2) **RISK**.

SAFETY VS RISK	
SAFETY	RISK
Safety deals with present or imminent danger.	Risk is the likelihood that a child may be abused or maltreated in the future.
Safety factors pose a threat of immediate or imminent harm.	Risk elements identify significant behaviors and circumstances within a family unit that create different levels of risk to the child.
Safety factors pose a threat of serious harm.	Risk may be very high even if the report is unfounded; conversely, risk may be low even if the report is substantiated.
In order to control for safety , there must be an assessment of the need for immediate interventions, the vulnerabilities of the child, as well as strengths, resources, and protective capacities	Risk may be reduced with appropriate services, changes in the caregiver's behavior, along with support from family and the community.

SAFETY deals with present or imminent danger. You will assess the family for safety every time you interact with a child or family throughout the investigation. The safety assessment process is documented in FACES.NET and will be detailed in your contacts and assessment notes.

RISK is the likelihood that a child may be abused or maltreated in the future. The Structured Decision Making (SDM™) risk assessment tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. These risk levels, along with your clinical judgment, guide the decision whether to open a case, whether to refer the family to a Collaborative, or whether to close an investigation with no further services.

THE SDM DANGER AND SAFETY (DAS) ASSESSMENT

The purpose of the SDM DAS is to help assess whether any child is likely to be in imminent danger of serious harm or maltreatment, and to determine whether a safety plan can be created to provide appropriate protection from that danger or if the child needs to be removed from the home.

The DAS is a household-focused assessment through which you will arrive at an individual decision for each child. You are required to complete the DAS on all open CPS referrals at the first contact with the child and caregiver and document this contact in FACES.NET within 24 hours.

Safety is assessed on an ongoing basis throughout the life of an investigation or Agency case. Since you are assessing safety every time you see a child or family, the DAS allows for updates. Every safety assessment update should be documented in FACES.NET within 24 hours of the change in assessment or changes in the household composition.

ASSESSMENT DECISIONS

There are 3 Assessment Decisions:

1. **SAFE.** No danger indicators are present for the child; the child is safe.
2. **SAFE WITH A PLAN.** One or more danger indicators are present; however, the child can safely remain in the home with the use of a safety plan. Create a safety plan with the family.
3. **UNSAFE.** One or more danger indicators are present and cannot be controlled through a safety plan for the child.

***Note:** If one child is found unsafe, strongly consider a safety plan for any other children in the household who remain in the home.*

Remember!

- Safety decisions must be made for each child participating in the household.
- Decisions may differ for each child depending on the allegations and circumstances.
- A safety decision should be completed within 24 hours of the report even if no contact has been established. However, you are required to update the safety assessment as you contact the children and assess their safety.
- Keep in mind that you can submit a referral to one of CFSA's contracted community-based Healthy Families/Thriving Communities Collaboratives (Collaboratives) at any point during the investigation. These referrals can be made regardless of whether the allegations are unfounded or substantiated.

***Note:** The provision of services or other assistance to the child's family takes place throughout all child welfare intervention, including CPS. Do not delay any needed referrals for the family to access through their neighborhood Collaborative or other government agencies or community-based service providers, or through an open case. The option of opening an In-home case can also occur early in the investigation process as needed.*

SAFETY PLANS

There will be times during the investigation of allegations of abuse and neglect that you will find safety concerns for a child. A signed safety plan is an effective tool to facilitate and promote the family's efforts to keep children safe. A safety plan may be developed and executed with the parent or legal custodian and other family members of a child who is in danger of harm, and the following conditions exist:

1. The specific danger or safety issue can be immediately addressed and ameliorated with family's agreement, cooperation, and action such that the child need not be removed from the home through a court order.
2. The safety plan participants have the protective capacity, resources, and support to carry out and follow-through on the specific actions outlined in a safety plan.

Note: *Key family decision-makers must exhibit unimpaired judgment in order for CFSA to effectuate a safety plan with them. CFSA is not to enter into a safety plan with parent who appears to be under the influence of alcohol or drugs or is otherwise impaired. Always discuss this decision with your supervisor or member of your management team.*

Within a safety plan, specific actions will be outlined, and the parent or caregiver will be held accountable for the fulfillment of those actions to protect the child in the home. It is important to understand the [difference between a safety plan and intervention plan](#).

Safety Plans

- Safety plans are used when you have identified specific indicators of danger to the child.
- Safety plans must clearly describe any immediate threats to the child's safety and detail how the threats will be managed to mitigate, or eliminate, the child's risk of being unsafe.
- Safety plans are time-limited and require consistent re-evaluation among the participants in the plans.
- Safety plans must be reviewed with the family at least once per week with all the participants to measure progress and address barriers. The safety plan must be updated (i.e., indicating the child as safe) within the FACES.NET system before the referral can be closed.
- Safety plans are developed collaboratively with the family with realistic actions that are feasible and sustainable for the family over time; it can frame and facilitate ongoing engagement between the family members and help keep children safe.

Intervention Plans

- Intervention plans are used when you have identified high-risk situations that in your judgement should not lead to removal but can be mitigated by linking the family to services within the community.
- Intervention plans must include some behaviors that the parent can do to show that they are able to keep the child safe. Ideally, the intervention plan also teaches the parent how to sustain the child's safety.

Developing the Safety Plan

As the CPS investigator, you must always address immediate concerns of serious harm to a child. But since no case circumstance is exactly alike, it is critical for the well-being of the child and the family that you tailor the safety plan and the intervention plan to the individual circumstances.

If it is clinically appropriate to do so, you should develop a formal, written safety plan with the parent or legal custodian of the child to address immediate safety threats and to allow the child to remain safe with the family (or other designated caregiver) without necessitating a court-ordered removal from the home.

Be sure to consult with your supervisor in instances where it may be inappropriate to safety plan or to draft an intervention plan

Safety Plan Tool

The safety plan tool lists the following questions, and the participants in the safety plan acknowledge that the plan has been developed jointly and understand that all action steps addressed in the plan are necessary to address the concerns identified and agree by signing the plan.

1. What is the specific action or concern that caused the children to be unsafe? State the concern clearly so that everyone participating in the plan can understand the concern and to which children it applies.
2. What action will be taken right now and by whom, and by when, in order to keep the children safe?
3. Who is participating in the plan? (At least one participant must be the parent or legal guardian of the children in question.) List names and contact information. Include relationship to the children.
4. What is the timeframe for this plan? When will it be reviewed? (Participants are to review the plan together at least once a week, but more frequently if appropriate.)

Failure to abide by the requirements of the safety plan may result in CFSA action to remove the child from the home and place him or her into foster care if the child cannot be kept safe.

The safety plan may not include language requiring any of the participants to go to the Domestic Relations Court to obtain legal custody.

Remediating Neglect with Safety Plans

In many cases, neglect concerns can be remediated by the provision of resources and services. The following list offers ways in which causes of neglect can be remedied through a safety plan with the family to avoid removal and to protect the child. This list is not exhaustive and should be used only as a guide.

Neglect Allegation	Possible Plans or Service Provision	Other Considerations
Inadequate Food	Grocery vouchers, food bank information, budgeting	How often does this happen? Is it due to poor budgeting? Do the parents have limited income? Are they not receiving assistance? Is the parent using their money or food stamps to buy alcohol, drugs, or other non-necessity items?
Inadequate Shelter (e.g., deplorable housing)	Homemaker services, family will stay in a shelter or hotel	Is the poor housing condition the fault of the parent or the landlord? Does the parent make efforts to ensure appropriate housing?
Medical Neglect	Immediate medical care	What is the reason for the neglect? Is there a history of medical neglect?
Exposure to Criminal Activity	Notification to law enforcement	Is the parent committing the crime? Is there someone else in the home? Does the home belong to someone else?

Supervisory Review of the Safety Plan

Once the social worker has developed the written safety plan with the parent or legal custodian, and the new caregiver's full participation, they should consult with their supervisor to review the plan. At times the social worker will call the supervisor from the field to discuss the plan. If the supervisor agrees that safety planning can occur, the approved plan is finalized and the original document or a picture of the document is provided to the caregiver. If the original document is left with the caregiver, the social worker will ensure that a picture of the document is taken for the case file.

Please refer to the May 29, 2019, [CFSA policy](#) on **Safety Plans** for additional information.

THE DISPOSITION DECISION

One of the most important decisions you make as a CPS social worker is the disposition decision regarding the reported allegation and any other allegations uncovered during your investigation. The following information will form the basis of your determination and **MUST** be documented clearly in **FACES.NET** in order to justify your disposition:

- Child's statements
- Maltreater's statements

- Collateral statements
- Physical evidence
- Medical findings
- Records or reports

After the completion of a thorough investigation that includes the assessment procedures, you must then determine only one of three possible disposition decisions for each allegation and for each individual child:

- Substantiated
- Inconclusive
- Unfounded

A decision to substantiate allegations depends on the answer to this main question:

Is there enough credible evidence to support the disposition of child maltreatment pursuant to the law?

***Note:** Credible Evidence means “any evidence that indicates that a child is an abused or neglected child, including the statement of any person worthy of belief.” DC Official Code § 4-1301.02(5). There is sufficient credible evidence when the evidence more clearly and more probably favors one side than the other. This balancing test is the same one used by both the Family Court and at a Fair Hearing.*

Substantiated –You must substantiate an allegation if there is evidence to believe it occurred. DC Official Code § 4-1301.02(19A) defines a substantiated report as a “report made which is supported by credible evidence and is not against the weight of the evidence.”

Inconclusive –The disposition of an allegation should be inconclusive if there is insufficient credible evidence to substantiate but there is also some conflicting information to indicate that the abuse or neglect may have occurred. An inconclusive report is a report that “cannot be proven to be either substantiated or unfounded.” DC Official Code § 4-1301.02(13A) It should not be made very often and should be discussed with your supervisor. Simply stated, is there enough information to indicate that the child was neglected or is there enough information indicating there was not maltreatment. If not and there is an inability to substantiate and unfound, then it is inconclusive.

Unfounded –An allegation should be unfounded if there is insufficient credible evidence to believe that abuse or neglect has occurred. DC Official Code § 4-1301.02(20A) defines an unfounded report as a report that “is made maliciously or in bad faith or which has no basis in fact.”

Reminder: You may use credible information obtained during the investigation even if you yourself do not observe the maltreatment, e.g., a credible mandated reporter informed you that the child had an injury, or a parent was observed punching the child.

Considerations

At times, situations may be resolved during an investigation, either due to a caregiver making changes or due to CFSA's interventions. You must determine whether the allegation that was reported should be substantiated based on the evidence of whether the neglect or abuse occurred or based on whether it was occurring prior to CFSA involvement. Just because the neglect or abuse has been remediated, it does not mean that the disposition should be unfounded.

Note: *The disposition is ultimately considered an Agency decision, not an individual social worker's decision. Your management team must approve the disposition decision. You may also seek assistance from the OGC and/or OAG after conferring with your management team.*

Remember that all caregivers who are subject to an inconclusive or substantiated finding against them have the option of requesting a Fair Hearing. (It will be helpful for you to familiarize yourself with the fair hearing process by reading CFSA's policy on Fair Hearings.) You must send the standard paperwork for this process at the conclusion of your investigation; place a copy of the Notice of Action letter in the file and document in FACES.NET (Contacts Screen) that this paperwork has been sent to the caregiver. Indicate the address of where the notice was sent. Failure to do so may result in the caregiver's name being removed from the District's Child Protection Register (CPR), which is the database of names of individuals substantiated for child maltreatment. The ramifications of such an omission might lead to a perpetrator not being held accountable for future abuse or neglect due to an investigative social worker's failure to document!

You MUST enter all disposition decisions into FACES.NET under the Assessment Findings Screen. The Results tab is used to note any changes made to dispositions and the results of a fair hearing. The Results tab should only be used by social workers to document (via check box) if the investigation was a joint investigation and whether criminal proceedings have been initiated.

STRUCTURED DECISION MAKING (SDM™) RISK ASSESSMENT

Risk is the likelihood that a child may be abused or maltreated in the future. The SDM tool assesses families for low, moderate, high, or intensive probabilities of future abuse and neglect. These risk levels, along with your clinical judgment and the disposition decision, will guide your decision whether to open a case, whether to refer the family to a Collaborative, or whether to close an investigation with no further services.

The SDM risk assessment must be completed toward the end of the investigation but within 30 days from the receipt of the report at the Hotline. The result is based upon a full assessment of the family and thorough knowledge of the strengths and challenges therein.

Note: *The risk assessment must be completed on the household that is the primary residence of the child. If the alleged maltreater resides in a different household but continues to function as a caregiver and is entitled and obligated to provide for the safety and well-being of a child, a risk assessment on that household should also be completed. If the child is a member of two households, and both caregivers are identified as alleged perpetrators, a separate family risk assessment must be completed for each household. The risk assessment must be clearly documented in FACES.NET on the Risk Assessment Screens. Your overall documentation should address the prominent risk concerns and any needed services. There are three distinct parts of the risk assessment. All of them must be completed.*

Remember: You must create your household(s) in order to be able to complete the risk assessment.

SERVICE PROVISION

You should offer every family with an open investigation appropriate services as needed. These services may include rehabilitative services, referrals to the Collaboratives, or other community-based services. In some cases, the service may be foster care, if the children are found to be in imminent danger and cannot remain safely in their homes. The information that you obtain in your investigation will guide your decision-making for service provision for the children and the family.

Remember: CPS provides services to protect children from the immediate danger of serious harm, and to reduce risk and resolve identified problems and underlying conditions that create risk. The risk level and disposition of allegations determines how and where families can and do receive services.

You should make every effort to initiate services that will help protect the children as soon as possible or at least within the 30-day investigation timeframe. You must ensure that the referrals were received by the appropriate agency and that there has been outreach to the families.

Referrals to the Collaboratives are encouraged as appropriate to meet the needs of the child and family, and to maintain safety while reducing risk.

Case Management

Healthy Families/Thriving Communities (HFTC) Collaborative Referrals

You can submit a referral to appropriate neighborhood Collaborative at any point during the investigation via FACES.NET. Referrals can be made regardless of whether the allegations are unfounded, inconclusive or substantiated. Once submitted into FACES.NET, referrals are then managed through the Office of Community Partnerships through the Collaborative Community Portal.

Agency Cases

When you have a risk level that is high or intensive and the allegation is substantiated, you need to generate an open case with CFSA.

If the risk is high or intensive and the allegations are unfounded or inconclusive, you must offer supportive services to the family but just remember that these services are voluntary. No family is required to accept the offer for services. You must still document the offer of services and the family's response in FACES.net.

If you still believe that the family could benefit from the Collaboratives' services, you may also advise the family that they can seek help from the Collaborative on a walk-in basis.

If the family has pre-existing services, confirm the family's active participation to the services and ensure that those services are in place to address the presenting issues.

Collaborative Referrals

Again, you can submit a referral to the Collaboratives at any point during the investigation. These referrals can be made regardless of disposition as long as the risk level is low or moderate.

At-Risk (Pre-Removal) FTM

The At-Risk FTM is designed to assist the family in making a family plan that will resolve crises and prevent the removal of the children. The At-Risk FTM also allows various family members to express their concerns and with the help of the FTM facilitator and CFSA social worker, come up with a plan to ensure the safety of the children and the stabilization of the family. A referral for an At-Risk FTM should be made at the onset of the investigation, except for item #2 below.

AT-RISK FTM CRITERIA
1. Social worker and supervisor clinical judgment
2. Intensive SDM risk cases opening for ongoing Agency services
3. Community-papered cases
4. Failure to thrive
5. Positive toxicology investigations
6. Mothers 21 years of age & younger with two or more children

General Referrals

While investigating, you may encounter situations where the family might need emergency services and cannot wait until the case is re-assigned to an on-going unit. It is your responsibility to immediately address these needs through a referral of services. **Remember:** These are general considerations that may need to be addressed on a case-by-case basis.

REPORTING AND RECORDING NEW ALLEGATIONS

If in the course of your investigation you discover new allegations regarding the family you are investigating, follow the procedures below to ensure that proper reporting and recording has occurred.

1. New neglect allegations may simply be added to your investigation and dispositioned during your assessment.
2. New physical abuse or sexual abuse allegations must be reported to the CPS Hotline regardless of the type or immediacy of the situation. This is because the Hotline is the conduit for reporting to the police and all physical and sexual allegations are forwarded to them through this official method.
3. If in the course of your investigation you discover new allegations regarding a family you are not investigating, follow proper mandated reporting procedures by contacting the CPS Hotline immediately.

REMOVALS IN INVESTIGATIONS

Reasonable Efforts

As a first course of action, social workers are required to make **reasonable efforts** to prevent the removal of children from their families.

Reasonable Efforts are any activity that purposefully attempts to protect and preserve the in-home status of a child or a child's goal of reunification. Such efforts may include (but are not limited to) assessing imminent threats to the child's safety, developing alternative methods for in-home safety plans, and/or identifying people and resources to help prevent child placement.

While District of Columbia (DC) law does not specifically define “reasonable efforts” regarding the prevention of a child’s removal, DC Official Code § 4-1301.09a requires the following considerations;

- (a) In determining and making reasonable efforts under this section, the child's safety and health shall be the paramount concern.
- (b) (1) Except as provided in subsection (c) of this section, reasonable efforts shall be made to preserve and reunify the family by the Agency
- (b)(2) These reasonable efforts shall be made prior to the removal of a child from the home in order to prevent or eliminate the need for removing the child, unless the provision of services would put the child in danger.

The exception noted in subsection (c) acknowledges that family preservation or reunification is contingent upon the child’s permanency plan. Further, subsection (d) notes that reasonable efforts are not required when the parent has been convicted of a crime against a child or where a court has terminated parental rights in regard to a sibling.

If you have any questions regarding reasonable efforts and/or parents with criminal convictions, immediately contact the Office of the Attorney General, Family Services Division Child Protection Section (OAG-CPS) for assistance. If a removal has occurred, notify the OAG papering attorney.

If there is an immediate threat to the child's safety and well-being that necessitates removal from the home, CPS works closely with the Permanency Administration to provide the most suitable and nurturing foster care environment available, with preference for placement with kin. Achieving safety, well-being, and permanency is the final goal for all children.

When conducting an investigation of child abuse or neglect, social workers must assess whether any child who is at risk should be removed from the home or can be protected by developing a safety plan or making a referral for services and having the family use those services to ameliorate the abuse or neglect.

Removal Decisions

The decision to remove a child from a caregiver makes a profound impact on a family and can increase trauma to the family's already unstable situation. For this reason, CPS avoids removals in favor of reasonable efforts to keep the family intact. However, CPS must remove a child after determining that child vulnerabilities and safety concerns outweigh the protective capacities of the caregiver. Social workers must make all decisions of whether to remove a child in consultation with their supervisor, who will also confer with the assigned program manager or the program manager on duty.

In the likelihood that the removal decision is being made while the social worker is in the physical presence of the child, the social worker should not leave the scene. The very nature of a removal is stressful to all parties and certain potential exists for escalating tensions that may result in additional harm to the child. In many situations, it may be necessary to involve the police. A police officer can serve as a witness to the circumstances of the removal and provide another level of stabilization.

Removal RED team meetings are held on all removals unless there is a placement disruption.

When to Consider an Emergency Removal

DC Official Code § 16-2309(a)(3) gives CFSA the authority to take a child into custody when there are reasonable grounds to believe that the child is in immediate danger from the surroundings and that the removal of the child is necessary to protect the child's safety. Keep in mind that the decision to remove is based on the social worker's clinical judgment and the assessment of immediate danger of serious harm. Again, decisions to remove are made in consultation with a supervisor, program manager, and the program administrator.

As numerous circumstances can arise with families, a removal is not a prescriptive process. Several varying situations may result in immediate risks to children to justify their removal from the home. Child maltreatment comes in many different forms; therefore, each family situation must be assessed on a case-by-case basis.

Following is some general guidance concerning when to consider an emergency removal.

- There is a situation of immediate danger to the child's physical health or safety. Such immediate danger may come from any source, such as persons outside of the family circle, or the family's physical environment, and there is no way to make a safety plan that will ensure child safety.
- CPS clinically rules out other options for protecting the child.
- There is no reasonable opportunity to obtain a court order.
- There is a temporary protection order (TPO) or a medical hold.

Always remember, you must consult with your supervisor and obtain supervisory and program approval prior to removing any child from a caregiver.

Working with Caregivers During Removal

Engagement

Treating clients with respect is particularly vital during the removal process. Even under the best of circumstances, a removal will undoubtedly be emotionally charged. The CPS social worker is in a unique position for setting the tone for future cooperation between the caregiver and a team of other child welfare professionals. If the caregiver is physically present during the removal, it is important to use compassionate but firm engagement skills and take appropriate opportunities to highlight the strengths of the family, despite the safety concerns. It is equally important to clearly identify the reasons for removal and make efforts to explain the removal process to the caregiver as much as possible. Throughout the process, continue to build the foundation for a positive working relationship and when appropriate, social workers should reaffirm their goal to reunite the family.

If the caregiver is too tense for communication at the time of removal, the social worker should leave information for the caregiver, particularly the Notice to Appear (see section below, “Legal Notification and Discussion”). The Notice includes the social worker’s contact information, and date and time of the initial court hearing. The social worker should follow up in a timely manner to help the caregiver understand this critical process.

Remember: The primary goal in the removal process is always to secure the immediate safety of the child and then, as soon as feasible, safely reunite the family.

Legal Notification and Discussion

All caregivers should be provided with a written Notice to Appear in Family Court. This is a standard form that should be completed and signed by the CPS social worker. If a caregiver cannot be located (due to arrest, unknown whereabouts, etc.), this form should be left at the caregiver's residence.

If the situation allows, social workers should make every effort to begin a discussion with the caregiver regarding the legal process for removal and reunification. In so doing, social workers must play the role of advocate to help the caregiver fully comprehend the importance of attending the initial hearing, paying attention, and understanding the caregiver’s basic legal rights under the circumstances. At a minimum, the following procedures should be described:

- The court will assign an attorney for the caregiver or, if able, the caregiver can hire an independent attorney.
- The caregiver has an opportunity to request that the presiding judge hear the caregiver’s side of the events.
- Services are available to help the family. These services are voluntary and optional, unless ordered by the court.
- The judge decides whether the removal was justified and whether the child should remain in shelter care.

The FTM and the Removal Process

The FTM process is a formalized practice for involving family supports while planning the child's care. The planning process is a collaborative effort between CFSA and the family where the family's opinions, concerns, recommendations, and suggestions are heard and respected. CPS social workers also need to discuss openly but diplomatically the family's identified safety and risk factors. The FTM process addresses these safety and risk factors, including their negative and positive aspects.

When CPS removes a child from the home, CPS must notify the caregivers or legal guardians of the CPS or assigned social worker's intent to convene an FTM. Notification can be face-to-face or through written notification.

Adequate family participation in the FTM process is first assessed during FTM coordination, i.e., which known family members are able and willing to participate in the FTM. In order to convene an FTM, CFSA requires a minimum of two or more participating family members (e.g., birth parents, guardians, kin, and significant others considered to be "family").

The Agency makes every effort to hold the FTM within 72 hours of the removal, and prior to the initial court hearing unless extenuating circumstances prevent this from occurring.

To request an FTM you must complete an FTM e-referral form located on CFSA's intranet. All FTM referrals are submitted to cfsa.ftmu@dc.gov.

Once you submit the e-referral form, the FTM Unit will engage the caregivers or legal guardians to explain the purpose of the FTM, assess their willingness to participate in the FTM, obtain their consent to hold an FTM, and explore the participation of additional family members. The FTM coordinator will also provide an informational brochure, the "FTM Guide for Families" during their home visit. Please refer to the FTM policy for additional information.

FTMs for Cases Involving a Criminal Investigation

If the family is involved with a criminal investigation, the FTM may be delayed at the discretion of the CPS social worker and the supervisor in consultation with law enforcement and the AAG. The FTM coordinator should document the reason for the delay in FACES.NET.

An FTM for a child interviewed by the Child Advocacy Center (CAC) requires the explicit permission of the social worker in consultation with the Office of the Attorney General (OAG), or any law enforcement officers involved.

If the child has already been interviewed by CAC, FTM coordination will begin upon notification by the social worker that the CAC interview has been completed. The FTM shall be held as soon as possible after completion of the CAC interview.

Note: *If the CAC interview or criminal investigation is not completed within 14 days of removal, the FTM referral will be closed unless the CPS social worker informs the FTM social worker of a delay based on a fixed date of the criminal investigation or CAC interview and the FTM social worker documents the delay in FACES.NET. The social worker will notify the FTM unit when the CAC is complete and submit a new FTM referral to the FTM Unit.*

Talking with the Caregiver About the Child and Obtaining Important Items

The caregiver is always considered the expert on the child, even if when facing child maltreatment allegations. If the caregiver is physically present during the removal process, try to learn as much as possible about the child's basic care, needs and any other details that can help ensure the child's well-being and safety. The social worker should gather as much of the following information as possible:

- Name and contact information for the child's primary physician, including status of immunizations, specific health issues, and general health care.
- Determine whether the child has special needs (physical or emotional) and what implications these may have for the child's placement. Depending on the level of special need (wheelchair bound, medically fragile, etc.), social workers may need to make arrangements for appropriate transportation and care of the child. Confer with the management team in these situations.
- Obtain medication (if applicable) from the caregiver and give these to the medical professional who examines the child at the time of removal. If the caregiver refuses to provide medications, this should be documented.
- Ask the caregiver if the child routinely takes over-the-counter medication or has any food allergies.
- Obtain information about the child's education, e.g., school enrollment, specialized services or programs (such as tutoring). Notify the school that the child has been removed and Complete the Resource Parent Authorization Form in the Placement Passport Packet. *Note: Maintaining a child's routine is crucial for reducing additional trauma as the child adjusts to the removal. Specifically, placement options should include keeping the child enrolled in the school of origin.*
- Obtain appropriate clothing for the child, if available. (If clothing is significantly deteriorated or otherwise unwearable, it should be left behind.) Find out whether school-age children wear uniforms or what their expected attire is. Endeavor to transport the clothing in an appropriate suitcase or other carrier (i.e., do not use trash bags to transport a child's cloths). If clothing cannot be obtained at home, determine whether any emergency clothing can be obtained through CFSA's Partners for Kids in Care or through requesting a CFSA clothing voucher. If the child completed a CAC interview, the child may qualify for a few sets of clothing from the CAC organization.
- Determine whether the child has any special habits (e.g., a bedtime routine) or favorite items (e.g., a stuffed animal or blanket) that can help ease the transition.

Legal Rights of Additional Caregivers

If there are legal caregivers for a child from whom the child is not being removed, efforts should be made to locate these caregivers and assess their willingness and capacity to assume care of the child. Legal caregivers may include caregivers with limited involvement. If their whereabouts can be determined, both biological parents and any legal caregivers should be given notice to appear in Family Court. When possible, this notification should be given prior to the initial hearing. After the initial hearing, the AAG may conduct a diligent search for parties who will need notice of the court proceedings.

Communications Between the Caregiver and Child During the Removal

Clinical judgment should be used when determining to what extent there should be communication (either in person or via phone) during the removal process. Note: Unsupervised contact is to be avoided both for the best interests of the child and to protect the investigation process. You should explain to all parties the importance of supervised contact and avoiding any discussion of the investigation with the child.

Visitation

At the initial hearing, the presiding judge will determine whether visitation between the caregiver and child is appropriate and whether it should be supervised. The CPS social worker who first assessed the family situation and engaged the child and caregiver should be prepared to make a recommendation on this issue and to provide a supporting rationale.

Taking Children into Care

1. Communicating with Children During Removal

- Use a soothing and appropriate voice to put the child at ease. Be genuine.
- Use vocabulary that is easy for the child to understand and define words such as “placement” in simple terms.
- Help the child understand what is happening and why the removal from home is necessary, including the reason for placement (as appropriate). *Recognize when some information is too complicated for younger children.*
- Make sure the child understands that the emergency placement is not the child’s fault and the placement is not a punishment for anything the child did or didn’t do.
- Describe step-by-step events that will occur throughout the placement process.
- Use engagement skills to encourage the child to express fears and concerns about placement, and then address each fear or concern.
- Identify the names of the staff the child will encounter, their job functions, and possible questions staff may ask the child.
- Assure the child that contact with the child’s family members during the removal will be considered but may not always be safe for the child.
- Encourage the child to bring personal belongings that can be helpful during the transition into care.

2. Medical Screening and Medico-Legal Examinations

All children entering shelter care must receive a medical screening prior to placement. This screening is coordinated through the Healthy Horizons Assessment Center (HHAC), located on the first floor of CFSA headquarters.

Some children will need to have a medico-legal examination, which is an examination specific to physical and sexual abuse. As noted throughout this document, CFSA's provider of choice for these examinations is the CNHS's CAPC. The CNHS emergency department is also an option. The physician completing this examination should make a written notation that the child is "medically cleared for placement." The social worker should then submit this paperwork to HHAC to ensure that the child is enrolled.

3. Ongoing Medical Care

HHAC will ensure that all children entering foster care are set up for their standard medical, dental, and vision appointments. As noted above, if a child is not medically screened at HHAC (e.g., in the case of medico-legal exams or children entering care directly from a hospital facility), the social worker must still enroll the child in the HHAC program to ensure that the child will receive ongoing medical care.

4. Mental Health

If a child presents with any current mental health distress (e.g., the child is suicidal, homicidal, or psychotic), an immediate mental health assessment is required.

Additionally, all children age 8 and older entering care must receive a mental health assessment from CFSA's Clinical Health Services Administration (CHSA) within 10 days of removal. A consult between CHSA and the child's caregiver must occur for any child under age 8.

5. Children Ages Birth to 3

In general, children ages birth to 3 are in a highly vulnerable state of their emotional and psychological development, and even more so during a removal process where their familiar environment is suddenly "gone." Most of these children are not verbal and may not understand the removal process. For infants, critical bonding experiences can be disrupted during removal. Special assistance may be required. It is important to make concerted efforts to determine the basic care needs of infants (feeding method, allergies or special care needs, etc.). Remember, CFSA is mandated to refer all children ages birth to 3 through CHSA to receive early intervention screening and services as needed.

Teaming with Extended Family and Supports

1. Confidentiality

Remember: All CPS investigations are confidential. While conversations with the caregiver can help identify relatives or close friends who may be supportive, including professionals, communications with these supports should only occur with the proper releases of information or consent of the caregiver. Be prepared to explain the constraints of confidentiality to these supports so that they understand the social worker's role and how to best interface with CFSA.

2. Placement with Relatives

The social worker's role is to identify potential relatives or non-blood-related kin who may be willing and able to care for the children. As previously stated, social workers should be prepared to explain to families that they may not have the immediate ability to place children with family members. If social workers are able to identify potential relative placement options or other relative supports, the kinship care licensing process can commence the same day as the removal is occurring (unless the removal is initiated after 5pm) Children may only reside in fully licensed or kinship temporary emergency licensed placements.

Families can be linked with the CFSA Kinship Support Services to assist them through the licensing process. Families should understand that identified relatives or kin must be thoroughly assessed to determine the appropriateness of their interaction with the child being removed from their home. This assessment includes whether relatives can provide suitable housing and whether the relatives can pass criminal or child welfare background clearances.

Fostering Connections to Success and Increasing Adoptions Act of 2008

The federal Fostering Connections law requires that child welfare agencies exercise due diligence to identify and provide notice to all adult grandparents and other adult relatives of a child within 30 days of a child's removal from home as well as the relatives' options to become a placement resource for the child.

It is critical that you gather information on adult relatives (and significant nonrelatives) and thoroughly document this information in FACES.NET. This information will allow the ongoing social worker or kinship social worker to notify relatives and explore them as placement resources when children enter foster care. Such information should be obtained from the parent as soon as possible.

The Placement Process

Coordination Activities with CFSA's Placement Services Administration

1. Contact with Kinship Support Services and the Placement Unit

Once a final determination has been made to remove a child from the home, the social worker or the social worker's management team should contact the Kinship Support Services Unit and Placement Unit to discuss the child's specific placement needs. Ideally, the social worker should have every child's full name, date of birth, health needs, school information, and the reason for removal. A placement request must be submitted through FACES.NET. This information will be included in the child's Placement Passport Packet (see "Placement Passport Packet" below). Even if all this information is not immediately available, you must still contact the Placement Unit so they can begin searching for the best placement options. Social workers can follow up with the additional information as soon as it is received.

Note: Social workers may sometimes have to conduct a removal under circumstances where the child is not actually living in the home (e.g., a legal removal for a child who needs to remain in a hospital setting. This placement will be entered in *FACES.NET* as a non-paid placement). In these situations, social workers should still notify Kinship and Placement so they can prepare for the child's release from the facility and subsequent entry into their best placement option.

2. Placement Passport Packet

All placement providers (or resource caregivers, i.e., foster parents) receive a Placement Passport Packet for every child in care. The packet includes documentation of the child's medical screening and demographic information. Packets can be obtained from the CPS Administration or from the Placement Services Administration.

TEAMING WITH PLACEMENT PROVIDERS

1. Discussion on the Reason for the Child's Removal

Resource parents should be given as much pertinent information as possible about the child in their care, including the reason for removal. Relevant and detailed information, such as any known previous behavioral issues or current concerns, will help the foster parent address the child's individual situation and create a good foundation for quality care. If there are sensitive aspects of the investigation (e.g., criminal components that require increased levels of confidentiality), discretion should be used regarding the extent of information shared.

2. Discussions Regarding Individual Children

Because each child may naturally respond differently to placement, the social worker should separately discuss with the resource parent the individual needs of each child as well as the needs of the child's siblings (as applicable). Discussions with a placement provider should include distinguishing information about any of the individual child's concerns, fears, routines, comforts, etc.

3. Medical Care

Medical care for each child should be established through the initial placement screening process. It is essential that any concerns resulting from that evaluation be shared with the resource parent so that the best care possible is available to the child. If a child is being discharged from a hospital or has specialized medical needs, the resource parent must be included in conversations with medical professionals to ensure adequate preparation for the care of the child. They should also be made aware of any upcoming appointments.

Note: If the child takes medication, the worker needs to ensure they know what these are (to include over-the-counter medications the child may take such as vitamins) and that any prescriptions are filled prior to placement with the resource parent with support of the CPS nurses.

4. Transportation and Education

As previously stated, maintaining the child's original school placement is a priority during removal. This continuity upholds an aspect of normalcy for the child and can mitigate the profound adjustments that must be made after removal and placement. **Note:** Social workers should consult with their management team in the event that the child's normal school placement is determined to be detrimental to the child's best interests (e.g., if the child reports being uncomfortable at the school as a result of the removal and placement, or if there is a potential danger to the child due to caregiver access). Again, the child's school should be notified that the child has been removed. The FSW should complete the Resource Parent Authorization Form found in the Placement Passport Packet.

Although resource parents are charged with ensuring that children are transported to school, this may not always be practical or possible. During the initial placement process, social workers should make every effort to explore and facilitate other transportation options. For children who have special needs and already receive school busing, transportation arrangements can be transferred directly to the resource parent. For other children in need of transportation services, contact CFSA's Office of Well Being for assignment to an educational specialist for assistance.

FACES.NET Documentation and General Paperwork

1. Safety Assessment and Case Connect in FACES.NET

The removal determination must be entered into FACES.NET in the danger and safety assessment screen. Once this decision is selected and approved, social workers will be allowed to complete the case connect and formally open a CFSA case.

2. Placement Requests

Complete a placement request, including emergency placements, using the placement recommendation screen in FACES.NET, approved by a supervisor.

3. Removal Screen and Legal Status

On the date of removal, social workers must complete both the removal and legal status screens in FACES.NET. Completion of these screens will allow social workers to complete the mandatory online complaint.

4. Complaints

For every child who is removed, a complaint must be completed in FACES.NET. The complaints are submitted electronically and distributed to DC Superior Court and the OAG (Neglect Section).

5. FTM Referrals

To request an FTM the social worker must complete an FTM e-referral form. All FTM referrals should be submitted to cfsa.ftmu@dc.gov. The referral form can be found on CFSA's website, or by contacting the FTM Unit at cfsa.ftmu@dc.gov.

6. School Notification

For children who are enrolled in school and childcare, social workers must notify the appropriate institution and explain the change in the child's legal custody.

DOCUMENTATION OF INVESTIGATIONS IN FACES.NET

Documentation Overview

The integrity of the investigative process is preserved only by thorough, accurate, and clear documentation of every pertinent social work activity that directly affects the investigation assigned to a social worker. The social worker's documentation must also include the rationale behind each activity. These written notations protect the safety and well-being of the children being served by CFSA while also protecting social workers as CFSA agents and CFSA itself.

When social workers hold themselves professionally and personally accountable for proper documentation, they fulfill obligations to the children and families of DC and get the deserved credit for their hard work.

The guidelines highlighted below will help social workers achieve the level of quality documentation that is expected of all CPS social workers.

Mandates

- ALL CPS social workers must accurately and clearly document their investigation activities in FACES.NET within 24 hours of their occurrence.
- It is especially critical that social workers document the safety assessment and initial contacts with the family within 24 hours of receipt of the investigation.
- Social workers who are not able to locate a child or a family must document attempts in FACES.NET as well.
- It is NEVER acceptable for more than one week to pass without updated investigation activity and documentation.

Remember: If case information is not entered in FACES.NET, it did not happen! This includes documentation that may be in some other form (MS Word, email, etc.). Without entry into the appropriate FACES.NET screen, social workers will not receive credit for the good work they have done.

Purpose

Accurate and detailed documentation ensures the following positive outcomes:

- Guides the CPS process
- Provides a detailed account of the allegations and the investigation outcome
- Demonstrates accountability on the part of CFSA and the social worker
- Guarantees facts to support any legal action that might be necessary
- Provides an efficient means for supervisory review and statistical reporting

Key Data Entry

Client Demographics

- Full name, date of birth, Medicaid number, and social security number (if possible)
- Caregiver's address and telephone number
- Educational information (name of school, attendance record, etc.)
- Medical information (childhood diseases, name of physician, clinic or practice, medications, etc.)

Collaterals

- Attorneys
- Placement providers (resource parents)
- Relative providers (Note: Do not include relative providers in the client list.)
- Service providers, including educational and medical
- Relatives
- Private agencies
- Other related individuals

Contacts

- As noted under "Mandates" above, social workers must enter the contacts into FACES.NET within 24 hours of the interviews.
- The contact screen should correctly reflect either "attempted" or "completed" so that FACES.NET can appropriately track statistics.
- For reporting purposes, social workers should be mindful of the difference between the fields of "clients discussed" and "client participants".
- Initial contacts with caregivers and children should be individually entered. The social worker should clearly indicate who was present during each interview.
- Descriptions should be explicit and concise. In addition, descriptions should clearly indicate the date of the contact, the location, who was interviewed, the response to the allegations, and the responses to the general interview questions. The initial contact with the alleged perpetrator or caregiver should also reflect an accurate description like the following example:
 - On (date), this social worker conducted a (home, school, office, or other location) visit to (address of residence, shelter, location of the investigation, etc.). This social worker introduced (himself or herself) to the (identify subject of the interview), explained CFSA's role and the purpose of the DC child abuse and neglect law, and provided details of the specific allegations contained in the report.

- Core contacts should include the reporting source, results from the social worker's FACES.NET search for any CFSA history, and any identifying information for the alleged victim and other children, the alleged perpetrator and caregiver, collaterals, and household members. Remember that you should always consult with your supervisor if you are unable to make contact with any of the core contacts. Be sure to document attempts
- When entering information on the reporter in the non-client/non-collateral FACES.NET screen, you MUST include the word "reporter" in order for FACES.NET to recognize the information. Reminder: You should make at least two or three attempts during the investigation to establish contact with the reporter. If you are unable to establish contact, you should consult with your supervisor for next steps.
- Household members do not need to be added as clients, but each contact should reflect the name of the individual in the non-client/non-collateral field.
- For medical and educational contacts, select "medical/dental" or "education" for the "purpose" field.

Assessment Notes

All narratives shall follow the same basic template. The following examples detail how to enter data in each field.

Hotline Report

On (date), the CFSA hotline received a report regarding (caregiver) and (his/her/their) children: (list children and dates of birth or ages). The family reportedly resides in a (home, apartment, shelter), located at (address). The report alleged that...

Document all links, screen outs, and Information and Referrals (I&Rs) under this section.

FACES.NET Search

When documenting the results of the FACES.NET search, you should note the most recent occurrence first, followed by any additional occurrences in order by the next most recent date (reverse chronological order).

On (date), a FACES.NET search was conducted.

Document the following information:

- Each prior referral number and a brief explanation of the allegations and outcome of the investigation
- Prior I&Rs
- Screened-out reports (indicate the reason for the screen out)
- Prior case history, including the open and close dates and the reasons for referral
- Any history from other jurisdictions

Reporter (Core Contact)

On (date), this social worker contacted the reporting source, (name).

Include the following information:

- Any additional facts, details, and descriptions relayed by the reporter
- Efforts or actions taken by the reporter
- Documentation of interviews with additional reporters (due to links or screen outs that took place during the course of the investigation)
- Follow-up with the original reporting sources (if the original report was made second-hand)

Child (Core Contact)

On (date), this social worker interviewed the child(ren) outside the presence of the (mother, father, caregiver(s), and siblings). Include the following information:

- Reasons for the interview being conducted in the presence of an individual (if applicable)
- Child's response to all allegations
- General appearance of the child
- Demeanor and interaction of the child with the caregiver
- Other statements made by the child in reference to general care and well-being
- Methods of discipline and supervision for the child
- All information discussed in the "CPS Investigations and Allegations" document

Note: *The CPS social worker must interview all children in the family. If there are other children who are part of the family, but who do not reside in the home, the social worker must also ensure their safety and well-being. Efforts to establish contact with these children and their caregivers must be clearly documented in FACES.NET, including the following information:*

- *Reason the child does not reside with the family*
- *Legal status of the child (informal arrangement, temporary custody, permanent custody, guardianship, or other)*
- *Visitation status of the child with the family or siblings*

The CAC

On (date), this child was seen at the CAC

The DC CAC is a direct service nonprofit organization dedicated to supporting and working directly with child victims of sexual and physical abuse in the District of Columbia. You should document a summary for each forensic interview conducted at the CAC.

Parent or Caregiver (Core Contact)

On (date), this social worker conducted a visit to the (residence, shelter, location of the investigation, etc.). This social worker introduced (him/herself) to the family, explained CFSA's role and the purpose of the DC child abuse and neglect law, and addressed the specific allegations contained in the report.

Document the following information.

- Caregiver or caregiver's response to all allegations
- Any disconcerting information that may also be contained in the social history
- Caregiver or caregiver's demeanor and appearance
- Note whether the interview was conducted outside the presence of another caregiver. If the interview was conducted in the presence of another individual, document the reason.

Social History

On (date), this social worker gathered information on the family's social history.

(Mother's name, father's name, or caregiver's name) is a (age, marital status, and race; female or male) with (total number of children): (names/ages of children—include both adults and minors). (Mother's name, father's name, or caregiver's name), (relationship to child and child's name), resides at (address/telephone number), maintains (minimal contact, frequent visitation, etc.) with the child, and (pays or does not pay) child support.

Include caregivers' employment history, salary or benefits, amount, rent or mortgage amount, and utilities. Include also whether the dwelling is owned, rented, subsidized, Section 8, etc.

The (two-bedroom apartment, three-bedroom home, etc.) was observed to be (clean, in disarray, etc.; provide further details) and (adequately, minimally, abundantly) furnished.

Document whether the utilities were observed to be operable or inoperable at the time of the home assessment. Describe the sleeping arrangements. The social worker should document the observation of a crib, bassinette, or portable playpen for any child under the age of 1.

The closets and dressers contained (abundant, adequate, minimal, no) clothing for the child (short description). The bathroom(s) appeared (clean, dirty, deplorable) and (contained or did not contain) adequate hygiene products for the family. This social worker observed (adequate, abundant, minimal; provide further details) supply of food in the refrigerator, freezer, and cupboards.

Note: *You should also include a listing of supplies or food products for infants.*

The following information should also be included in the documentation:

- History of substance abuse (include drug of choice, usage, previous treatment, and clean time; if applicable, indicate that the person denied any history of substance abuse)
- History of mental health concerns
- Caregiver support system
- History of arrests, probation, or domestic violence (indicate whether the person denied any history of the above)
- Caregiver name

Household Members (Core Contact)

On (date), this social worker interviewed (name, relationship) who is a household member.

Document interviews with each household member separately, including the household member's response to the allegations.

Child's Education or Day Care (Core Contact)

Document the following information:

On (date), this social worker obtained the following educational information:

- Enrollment and grade information, attendance, academic performance, and any special services provided to the child
- How the above information was obtained, including the date and source of the information
- Contact with a daycare provider or babysitter, if applicable

Child's Primary Medical Care (Core Contact)

Document the following information:

On (date), this social worker obtained the following medical information for (child's name)

- Name of the physician or clinic, including location of the medical practice
- Any medical issues and history, medications, or specialized services for each child
- The date of the last physical for each child
- Status of immunizations for each child
- How the above information was obtained, including the date and source of the information

Child's Mental Health (Core Contact)

Document the following information:

On (date), this social worker obtained the following mental health information for (child's name)

- Name of the therapist or provider and the location of the practice
- Any mental health history and diagnoses for the caregiver and child
- Level of compliance with any services provided or medications prescribed
- Any concerns regarding the caregiver's ability (or inability) to care for the child due to mental health issues

Investigation-Related Medical Evaluation

On (date), (child's name) was seen at CNHS

Document a summary of each appointment for any child being seen at the CNHS Child and Adolescent Protection Center for physical or sexual abuse. If a child was not seen for a medico-legal examination and there was a physical or sexual abuse allegation, document why this did not occur (injury no longer present, etc.).

Law Enforcement

Document the following information:

On (date), this social worker contacted (officer's name)

- Contacts regarding assignment, investigations turned over to other agencies, joint investigations, or disposition determinations with the Metropolitan Police Department (MPD)/Youth Investigations Division
- Contacts regarding investigations with MPD or law enforcement in other jurisdictions

Family Court Involvement

Document all prior and current involvement with the court.

On (date), this social worker obtained the following court information

Other Contacts

Consider documenting other contacts or consultations with the following groups that are relevant to the overall investigation or disposition:

- Providers
- Relatives
- Other individuals
- Office of the Attorney General and an Assistant Attorney General

Safety Planning

On (date), this social worker completed a safety plan with (caregiver's name) for (child's name). Summarize any safety planning that occurred in the investigation and any ongoing safety planning needed.

Disposition

On (date), this social worker made the following disposition

Based on the investigation conducted by this social worker, it is determined that the allegation of (abuse or neglect) is (substantiated, inconclusive, or unfounded).

(Include one or two sentences explaining the reason for each disposition.)

Risk and Service Provision

On (date), this social worker (opened or did not open) a case for (family name)

Document one of the following recommendations for opening or not opening a case at the closure of an investigation, keeping in mind that a case can be connected to one of the Collaboratives regardless of the risk level:

- Unfounded or inconclusive disposition—no case opened.
- Substantiated disposition with safety concerns or with high or intensive risk—open (or reopen) case for supportive services and transfer either to the In-Home or Permanency Administration

- Substantiated disposition without safety concerns and low or moderate risk, or substantiated disposition with a family residing outside the jurisdiction or other reason for closure at the CPS level—case opened but closed at CPS with a referral to the collaboratives

Please keep in mind that In-Home will only open a case if the disposition is substantiated and the risk is high and intensive.

Notification of Disposition

Within seven days of the disposition, social workers are required to send a Letter of Notification of Disposition and Right to Fair Hearing Form to the individual identified as the maltreater in the report. For social worker protection and for the integrity of the investigation process, social workers must clearly document in FACES.NET and in their case notes that this notification was provided. Be sure to include the exact date of notification. A copy of the letter must be put in the hard file, if applicable.

The social worker should use the assessment finding screen in FACES.NET to document the disposition of each allegation for each maltreater. You should indicate the outcome (e.g., opening a case, sending to the collaborative), and provide details regarding why the disposition was made. This information populates to the Notification of Investigation Results, which is then sent to each alleged maltreater.

To complete the screen, social workers must include the following information:

- Complete each allegation by selecting substantiated, unfounded, or inconclusive.
- Pick a case-opening decision for each alleged perpetrator.
- Write a clear and concise statement for all allegations in the text box below the case decision. This statement provides the reason for the disposition for each allegation for each maltreater. The information will be read by the caregiver and should inform him/her in a few sentences of the general reason for the finding.
- Only include the initials for the children.
- Write as if speaking directly with the perpetrator.

Incomplete Investigations

All investigations should be closed as complete, meaning that all standard investigation components have been completed.

There may be legitimate reasons, however, when an investigation is not completed. An incomplete investigation requires the consent of the program manager to close. Some examples of these are outlined below.

Jurisdictional issues

- [Allegations occurred in DC but the family lives outside the jurisdiction of the District of Columbia.](#)

In these instances, social workers must disposition the allegation, even if they are not able to complete a full investigation (such as a home assessment or certain collateral contacts) due to jurisdictional issues. These situations still need a disposition.

- [Family lives in DC but the allegation occurred outside jurisdiction.](#)

The CPS Hotline may sometimes accept an allegation that, in the course of investigation, the CPS social worker determines to have occurred outside of DC. In these instances, social workers may not be able to disposition the allegation. Social workers must still assess for any safety issues or service needs that could be occurring within our own jurisdiction. Additionally, if a child is physically in DC and in immediate danger, CFSA has the authority to take immediate custody of the child to ensure the child's safety, if needed.

Investigations where the client refuses to cooperate

In general, social workers may not close an investigation simply because a client is uncooperative. However, a social worker may close an investigation in the rare situation where the social worker has demonstrated that all reasonable efforts have been exhausted in an attempt to complete a full investigation, but there are no sufficient safety reasons to continue pursuing any outstanding tasks on the investigation. A decision to close an incomplete investigation must be made in consultation with your CPS management team who will provide next steps.

False reports

False reports should be reported to the Police, as a crime allegedly occurred. The social worker can close an investigation on a false report following approval from your management team, and a consult with OGC if warranted.

A "false report" is distinguished from an "unfounded report" in that false reports are proven to have been made in bad faith, whereas an unfounded allegation is simply determined to be untrue after a CPS investigation. An investigation may only be closed as a "false report" if the reporter admits to the information being false following approval from your management team.

Investigations involving additional information only

In certain circumstances the CPS Hotline may accept a referral that upon review or after initiation, it has been determined that the investigation should be closed as incomplete. These investigations should be closed as "Incomplete-Additional Information Only."

Diplomatic immunity

These investigations are closed as incomplete, unless CFSA receives authorization to continue the investigation from the United States Department of State (State Department). A letter seeking such authorization is sent to the State Department with a date by which authorization is needed. If none is provided, the investigation may close. Contact the OGC for confirmation that there has been no response. The text of the letter to the US Department of State should be copied and pasted into FACES.NET.

Please refer to the section on diplomatic immunity for additional information.

ACCOUNTABILITY AND SUPERVISORY SUPPORT IN INVESTIGATIONS

Decisions made in a CPS investigation are significant and serious. These decisions should not be made in isolation, without supervisory support and joint critical thinking. The following chapter outlines the accountability, consultations, and supervisory support available to CPS social workers throughout the investigation of an allegation.

Accountability

CPS investigators rely upon supportive and accessible supervision to positively impact their productivity and engagement. If you have any questions regarding an investigation, including whether the facts presented in the investigation constitute abuse or neglect, you must seek guidance from your immediate or covering supervisor or program manager.

Supervisors are held accountable for the following activities:

1. Weekly review of unit data, including the number of case assignments per social worker and class of cases, all of which need to be scheduled in consideration of time management for both the supervisor and the CPS social worker
2. Review of investigations, content of FACES.NET documentation, case planning, and assessments for safety and risk
3. Weekly individual supervision
4. Conferring (either via telephone or in person) with investigative staff on the same day as all initial assignments (whether immediate or 24-hour response) to ensure that thorough and appropriate initial safety decisions have occurred and to discuss next steps
5. Within 48 hours, the following tasks must have been completed:
 - Review of FACES.NET contacts, notes, documentation, and approval of initial safety assessment
 - Supervision notes and further directives entered into FACES.NET

Program managers are held accountable for the following activities:

1. Weekly review of division data
2. Case reviews (specifically trends), external issues, documentation provided by the supervisors
3. Division planning, schedules, overtime, workforce vacancies, and other personnel issues

Weekly Supervision

Weekly supervision is required.

Supervision notes must be entered in FACES.NET after each supervision meeting. The following may be reviewed, and additional direction provided if necessary:

- Interviews of victims and other children
- Interviews of perpetrators
- Interview with reporting source
- Diligent search request and results
- Records request and results
- Evaluations
- Safety of the child
- Family risk
- Appropriate service levels
- Progress of investigation and report
- Disposition

Weekly supervision may also address the following:

- Professional development
- Training
- Corrective counsel

10-15 Day/Clinical Review RED Team

A 10-15-day clinical review is held three times a month to allow staff the opportunity to present referrals to their management team for clinical review. In addition, the clinical review allows for next steps to promote group supervision and to assist in timely investigation closure using the Consultation and Decision-Making Framework.

Supervisors and social workers should present referrals that need clinical supervision by the multidisciplinary team, including CPS nurses, OWB staff, In-Home staff and others.

Big Red Team Meeting

A BIG RED team meeting is held once monthly to discuss referrals that are exceeding the 35-day timeline and have complicated factors or barriers to closure. A representative from the OGC is present for this meeting.

High Risk/Joint Team Staffings

High Risk/Joint Team Staffings are held on a weekly basis to review those referrals where children and or caregivers have not been assessed. Also present in this meeting are representatives from the DSU to provide assistance in locating clients that the SW team has not been successful in locating.

“Four Plus” (4+) Staffings

A 4+ staffing must be held for families that receive four or more reports of maltreatment, with the most recent occurring within the last 12 months, regardless of whether there is an open case, or a case has been closed within the last 30 days of the new report.

A FACES.NET search is completed when the referral is received by the CFSA Hotline. Following the FACES.NET search, if the family meets this criterion, a 4+ staffing will be conducted.

A 4+ staffing should be held as close to the start of the CPS investigation to inform the work and help determine the course of the investigation. The supervisor and social worker must be present.

A 4+ staffing should be utilized and referenced in the following ways:

- Supervision
- During the 10-15 Day/Clinical Review RED Team and Removal RED Team
- If there is an open case or one closed within the last 30 days, the appropriate parties from the In-Home and Permanency Administrations should be contacted to participate.
- If there is no open case, but a case will be opened as a result of the current investigation, the case transfer staffing may be utilized to conduct the 4+staffing.

The supervisor enters a standard contact titled “4+ staffing.” The contact addresses family history, presenting issues, family strengths, service needs, barriers or systemic issues, complicating factors, and recommendations or next steps. The 4+ staffing must follow the Purpose Content Assessment Plan (PCAP) format.

Management of Investigation Timeframes

DC Official Code §4-1301.06 states that CFSA is to complete a CPS investigation no more than 30 days after receipt of the first notice of suspected abuse or neglect. The initial contacts and safety assessment are due within 24 hours of the referral coming into the Hotline.

Supervisors are charged with monitoring the progress of investigations through the above-mentioned techniques (weekly supervision, 10-15-Day/Clinical Review RED Team, etc.). Investigations are expected to have timely initial contact, regular follow-up documentation, and timely submission for closure (at least 2 full business days prior to the investigation reaching the 30-day mark).

If there are justifiable reasons for an investigation to exceed the 30-day time frame, the following procedures are to be adhered to using the Extension Screen in FACES.NET.

Extension Screen Protocol

Request for the investigation extension is used when referrals must exceed the 30-day time frame for closure. The assigned social worker should verbally alert a supervisor or program manager at a minimum of 72 hours prior to the referral exceeding 30 days. Currently, the supervisor or program manager requests approval for an extension in FACES.NET. Upon approval for a valid extension reason, the supervisor or program manager enters the reason code into the extension comments screen to justify the extension with supporting information. The extension screen will provide justification with statistical data capturing the circumstances associated with the extension. The extension screen should be reviewed by a supervisor or program manager on or before the recommended time frame for closure (as noted on the screen).

Important Notes

- The comments screen is mandatory and must provide a description based upon the reason code picklist, including the date and time of the contact note authorizing the extension request and identifying next steps.
- The “Days of Extension” field is required. All extensions are entered within a 30 day timeframe, and must be reevaluated every week to determine whether more time is required for safe closure.
- It is important for ongoing documentation to be entered into the contact screen denoting steps taken to move the referral to closure or denoting the identification of new system barriers. The documentation can reflect supervisory directives, steps completed by the social worker, outstanding actions, etc. The contact notes should be current and detailed with all action steps taken by the assigned social worker and any other staff members.
- Investigations with an approved extension should be discussed during weekly supervision to track progress towards closure. Documentation must be entered in FACES.NET on a weekly basis, at a minimum, regarding the progress toward safe and timely closure.
- Supervisors must be mindful that even when there is justification for an investigation to exceed the 30-day period, additional corrective action may be appropriate if the social worker’s documentation is not current or does not reflect the need for the investigation to exceed the 30-day timeframe.

Reasons for Extensions

Unable to Identify or Locate

The social worker is in the process of completing all mandatory measures to identify and locate children and families but not all steps have been completed or the results of the investigative steps have not yet been received.

Out-of-Jurisdiction

A child or family currently resides or is located outside of the DC jurisdiction. The return of the child or family and/or a response to an out-of-jurisdiction courtesy interview request will not occur within the 30-day period, or there is insufficient time to complete a safe closure due to their untimely return or untimely receipt of the requested courtesy interview assessment. For this reason, it is important to include all attempts made to confirm and document the family's location and any other verification that is currently pending in the contact screen.

Uncooperative Client

The social worker has made reasonable efforts to engage a client who refuses access to a child, individual, home, or information pertinent to the investigation. This information is critical to child safety or the disposition of the investigation. Reasonable efforts may include police involvement, assistance of co-workers, visits on varied shifts, pre-petition custody order, etc.

Delay in Receipt of Critical Information

The social worker has attempted to obtain information critical to child safety or to the disposition of the investigation. The receipt of this information is pending.

Links

New allegations have been linked to the investigation during the 30-day time frame and there is insufficient time to reassess child safety and appropriately disposition the new allegations of the investigation.

Law Enforcement

Aspects of joint investigations (detective assignment, CAC interview, perpetrator interview, etc.) are pending and dependent on outside sources (MPD, Safe Shores, etc.). The pending information has a direct impact on child safety or on the disposition of the investigation.

Child Fatality

MDT investigation information (autopsy findings, perpetrator interviews, etc.) is pending and dependent on outside sources. The pending information has a direct impact on child safety or on the disposition of the investigation.

Supervisory Review for Investigation Closure

In order to ensure that the investigation may be safely closed, it is essential that you have documented all activities in FACES.NET, i.e., a thorough review of the investigation, along with the safety and risk assessments.

The supervisory social worker, must document your completion of the following activities:

- Reviewed the original referral and any linked referrals to refresh the concerns that brought the family to the agency's attention.
- Ensured that all concerns have been addressed in the investigation.

- Reviewed client demographics.
 - Ensured that all clients have correct and consistent spelling of names and dates of birth or made a notation for the reason why the spelling changed throughout the course of the investigation (new information, etc.).
- Ensured that the following information from the Contact Screens has been updated:
 - Attempted or completed contacts with reporting source(s).
 - Completed a thorough FACES.NET search.
 - Completed contacts for all active clients.
 - Completed medical collateral contacts.
 - Completed educational or daycare collateral contacts.
- Reviewed the previously completed safety assessment.
 - Determined whether any update is needed prior to closure.
 - If the social worker indicated any anticipation that safety concerns will persist after the investigation closure, ensured that the documentation reflects ongoing safety planning.
- Reviewed and approved the risk assessment.
 - Ensured that the risk assessment accurately reflects the overall family risk.
 - Ensured that any necessary overrides are completed.
- Reviewed the assessment notes.
 - Reviewed the disposition.
 - Ensured that the documentation in the contacts and assessment notes supports the overall disposition.
- Completed and approved the Case Connect screen.
 - Any substantiated allegation MUST have a CFSA case attached to the investigation, even if it is only to support and close the case based on the risk level.
 - Ensured that the social worker completed the hard record, either for transfer to ongoing or for submission to closed files.
 - Depending on the recommending Case Connect decision, justified whether a case is being opened or closed and whether the family is being referred to the Collaboratives.
 - Remember that Collaborative services are voluntary (even in substantiated investigations) and if a family refuses these services, an override of the overall risk level may be warranted to ensure appropriate service provision.
 - Reviewed and approved the recommendations and closure statement.

CASE CONNECT CLOSURE REASONS	
CASE CONNECT (OPENING A CASE)	OUT OF JURISDICTION/UNABLE TO LOCATE
<ul style="list-style-type: none"> • Connect to closed case and reopen. • Connect to an Open Case. • Open a new case. • Connect to a closed case and do not reopen the case. • Decline referral. • No service needs have been identified. • Pre-existing services. • Refer to the Collaboratives. 	<ul style="list-style-type: none"> • Additional information only • Child turned 18 during the assessment. • Client refused to co-operate with social worker to complete assessment. • False report • Out-of-jurisdiction • Social worker unable to complete due to illness, lack of transportation or other issues.

CONFERENCES AND CONSULTATIONS

CONFERENCES AND CONSULTATIONS

Office of Well-being

Specialists from the Health Services Administration (HSA) are a resource for consultation on common family dynamics involved in CPS investigations, including substance abuse, domestic violence, medical care, mental health and education. In many instances, referrals to various specialists are required, but in many more situations, HSA personnel are available to provide counsel and guidance in the above-mentioned areas.

Legal

During an investigation, consultation between CPS staff and CFSA's legal team safely ensures that CPS dispositions and actions are within the guidelines of federal and DC rules and regulations. Consultations may include but are not limited to advice on testimony from CPS staff; opinions on certain steps to successfully close a referral; and the propriety of requests for information and documentation from caregivers, lawyers, and judges. If the matter has been petitioned, will soon be petitioned, or there is a question of whether there is sufficient evidence to petition, the consultation should be with the Office of the Attorney General, Family Services Division, Child Protection Section (these are the attorneys who represent CFSA in court).

Diligent Search

When reasonable but unsuccessful efforts to locate family members have been made during the CPS investigation, a diligent search referral may be submitted to CFSA's DSU. (For more detailed information on the DSU referral, see the CFSA Diligent Search Policy and Business Process, available via internet and intranet.)

In order to comply with DSU requirements, the procedures outlined below must be followed.

The social worker must document all efforts to locate the person being sought and enter the results in FACES.NET, including when, where, and how attempts were made to identify and locate the person. If the social worker is unable to locate an individual the following activities must be carried out:

- Conduct a thorough review of FACES.NET and any relevant family case files.
- Gather information through interviews with age-appropriate child and (when appropriate) any known relatives or caregivers regarding the whereabouts of the child's parent(s), other relatives, friends, or any significant non-relatives who may be a resource for the child or family.
- Check with the child's current and previous school to review the child's school records, and internet white pages. If possible, also check shelters.

- If the social worker has identified an address for the person being sought, they must make attempts to conduct an in-person visit during various times of day, unless it can be verified that the person no longer lives there.
- If the social worker's efforts (listed above) do not yield results, and there is reason to believe that the person is located in another jurisdiction, the social worker will send the report to the other jurisdiction, via email, fax, phone, etc.

If the person being sought still cannot be located, social workers should consult with their supervisor to determine whether the search is complete. If a supervisor determines that the case should be referred to the DSU, the social worker shall complete a *Diligent Search Referral Form* and submit the referral to the supervisor for review and signature. Upon receipt of supervisory approval and signature, the social worker completes one or more of the following tasks:

- Electronically submit the referral form to DSU at cfsa.dsu@dc.gov.

The investigator responds to requests that are determined to be a high priority (e.g., at-risk cases or a removal) within the same day of receiving the referral and within 5 business days for all other referrals

Social workers are expected to follow up on any leads provided by the DSU investigator and document the results in the contacts section in FACES.NET, including all steps the social worker has taken to follow up on the leads identified by DSU.

Once the social worker has exhausted all leads provided by the DSU investigator, he/she should consult with his/her supervisor to determine whether further action is required or whether the search is complete.

Outside Jurisdictions

As noted earlier, any allegation of abuse or neglect rising to the level of the need for an investigation occurring in the District must be investigated, even if the family lives in another jurisdiction. Under such circumstances, you will need to confer with the other jurisdiction's CPS unit in order to complete the investigation. You may need to request a history of the family's involvement with that jurisdiction.

Other jurisdictions may also request information from CFSA, in the form of a courtesy visit. CFSA may also respond to reports of incidents that may have occurred in another jurisdiction, but the family resides in DC.

If confirmation is received that the family in question does not live in the District and the allegations did not occur in the District, then you should place a call to the appropriate jurisdiction and refer the allegations for investigation accordingly. Please make sure that you thoroughly document such information and referrals.

MDT Meetings

CFSA employees are part of the MDT charged with the responsibility of investigating and prosecuting child maltreatment in DC. Social workers may be expected to participate in joint training with MDT members. The following groups have MDT membership:

- Metropolitan Police Department (MPD)
- Safe Shores DC Children's Advocacy Center (CAC)
- Children's National Medical Center
- Office of the Attorney General, Family Services Division, Child Protection Section
- Office of the Attorney General, Public Safety Division, Juvenile Section
- US Attorney's Office

In order to create the most coherent and effective use of MDT and to facilitate communication among all MDT members, the following meetings are purposefully scheduled:

Pre-/Post Conferences for CAC Interviews

Social workers should plan to arrive 20 minutes prior to scheduled CAC interviews to participate in a facilitated preconference meeting. Be prepared to share all information pertinent to the current allegations, including family history with CFSA or any other information potentially useful to MDT's involvement with the investigation.

After CAC interviews, MDT members may decide to hold a less formalized post conference to discuss next steps, such as needed services, potential child removal, or civil or criminal prosecution.

Physical Abuse Case Review

These reviews are held twice monthly and typically include participation by the supervisor or another member of the CPS management team. Attendees may have questions or request updated information on the investigation. Communication will be facilitated by CPS management representative.

Sexual Abuse Case Review

Sexual abuse case reviews are held on a biweekly basis and typically include participation by the supervisor or program manager. Please be aware that attendees may have questions or request updated information on the investigation. Communication will be facilitated by CPS management representative.

Case Transfer Staffing

Within the CPS Administration, a substantiated CPS investigation with a high or intensive risk level requires an open in-home services case. The process for transferring a case from CPS to In-Home is as follows:

1. CPS will send a notification of case transfer to the Case Transfer email inbox. This notification is to be sent within 30 days of the initiation of the CPS investigation, unless a justified extension has been granted in order to complete additional investigative tasks.

2. Within 1 business day of the notification of intent to transfer the case, the in-home services program manager will make formal case assignment to the social work unit within the respective ward.
3. A Pre-Case Transfer Staffing (PCTS) meeting will take place within one business day of case assignment to in-home services. Participants include:
 - The CPS social worker and supervisor
 - The in-home social worker and supervisor
 - Other CFSA staff or community-based partners who may contribute to the transfer of knowledge, including foster care social workers if any children have been previously removed from the home, or specialists who have provided consultation to social workers regarding specific family issues or concerns.
4. PCTS meeting should take place as a face-to-face meeting, whenever possible. When an in-person meeting is not possible, the PCTS meeting will take place via conference call.
 - The CPS social worker shall document the meeting in FACES.NET.
5. The PCTS meeting should include discussions of the following:
 - Family composition
 - Household members, significant others, and community supports
 - Reason for the Agency's involvement
 - Decisions and information from the assessments
 - Safety plans
 - Recommendations
 - Any court involvement
 - When the hard-copy case record will be transferred and the documents to be included within the record
6. The electronic case must be transferred to the in-home supervisor during the PCTS meeting.
7. The in-home services or CPS supervisor will elevate any concerns about case appropriateness for in-home services after the PCTS meeting to the program manager.

8. Within 3 business days of the PCTS, the CPS and in-home social worker will complete the Partnering Together Conference (PTC) at the family's home to formalize the case transfer to the in-home social workers. *Note: family responsibility remains with the CPS social worker until after the PTC.*
 - The purpose of the PTC is to make introductions, explain the case transfer rationale, revisit family-related risks and concerns, discuss the safety plan, introduce the various assessments that will become part of the family case plan, develop contingency plans, share or complete releases of information, and discuss next steps as the case transitions from the investigative phase to the ongoing in-home services phase.
 - The in-home services or CPS social worker will elevate any concerns about case appropriateness for in-home services to the supervisor and program manager.
 - The in-home social worker will document the meeting in FACES.NET.
9. At least two attempts to hold the PTC will be made within 5 business days of the PCTS. If holding the PTC is unsuccessful, the decision to transfer will be made by the CPS and in-home supervisors. If they cannot reach agreement or there are concerns, the decision should be elevated to the respective program managers.
 - Decisions to move forward without a PTC must be documented in FACES.NET with justification for decision.
10. If the investigation remains open, there will be ongoing communication between the CPS social worker and the in-home social worker after the PTC.
 - CPS will alert the in-home social worker and supervisor when the investigation is closed and provide the notice of investigation results and investigation summary.

Transfers Involving Removals

When a removal occurs, the Removal RED team meeting can be considered the case transfer staffing. The CPS social worker should also attend the FTM and should be prepared to provide the on-going social worker with the hard case record at the initial hearing.

APPENDIX I: ACRONYMS

AAG	Assistant Attorney General
AGC	Assistant General Counsel
ASQ	Ages and Stages Questionnaire
CAC	Children’s Advocacy Center
CAPC	Child and Adolescent Protection Center
CFSA	Child and Family Services Agency
CHSA	Clinical Health Services Administration
CNHS	Children’s National Health System (Children’s Hospital)
CPS	Child Protective Services
CSA	Core Service Agency
CSEC	Commercial Sexual Exploitation of Children
CSOSA	Court Services and Offender Supervision Agency
DAS	Danger and Safety Assessment
DBH	Department of Behavioral Health
DCAS	District of Columbia Access System
DCMR	District of Columbia Municipal Regulations
DCPS	District of Columbia Public Schools
DOH	Department of Health
DSU	Diligent Search Unit
DYRS	Department of Youth Rehabilitation Services
DV	Domestic Violence
DR	Domestic Relations
FASD	Fetal Alcohol Spectrum Disorder

FGM	Family Group Meeting
FSW	Family Support Worker
FTM	Family Team Meeting
GAL	Guardian Ad Litem
GFE	Good Faith Efforts
HHAC	Healthy Horizons Assessment Center
HFTCC	Healthy Families Thriving Communities Collaboratives
HPOM	Hotline Procedural Operations Manual
I&R	Information & Referral
ICFR	Internal Child Fatality Review
IEP	Individualized Education Program
IPOM	Investigations Procedural Operations Manual
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IH	In Home
IMA	Income Maintenance Administration
IPOM	Investigations Procedural Operations Manual
JBAB	Joint Base Anacostia-Bolling
JUV	Juvenile
LEP	Limited English Proficiency
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MDT	Multidisciplinary Team
MPD	Metropolitan Police Department

OAG	Office of the Attorney General
OCME	Office of the Chief Medical Examiner
OGC	Office of the General Council
OSSE	Office of the State Superintendent of Education
OWB	Office of Well-Being
OYE	Office of Youth Empowerment
PCTS	Pre-Case Transfer Staffing
PCF	Pediatric Condition Falsification
POSC	Plan of Safe Care
RED Team	Review, Evaluate, and Direct
SDM	Structured Decision Making® (SDM) model
TANF	Temporary Assistance for Needy Families
TOT	Turned over to
TPO	Temporary Protection Order
VWAU	Victim Witness Assistance Unit
SDM	Structured Decision Making
URM	Unaccompanied Refugee Minors
USAO	United States Attorney's Office
VWAU	Victim Witness Assistance Unit
YFSD	Youth and Family Services Division (of the Metropolitan Police Department)

APPENDIX II: GLOSSARY OF TERMS

LEGAL DEFINITIONS

Abandonment: “Evidence...sufficient to justify an inference of neglect: (A) the child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and locate the parents for a period of at least four (4) weeks since the child was found; (B) the child’s parent who gave a false identity at the time of the child’s birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for a period of at least four (4) weeks since his or her disappearance; (C) the child’s parent, guardian, or custodian who is known but who has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship with the child for a period of at least four (4) months; or (D) the child has resided in a hospital located in the District of Columbia for at least 10 calendar days following his or her birth, despite a medical determination that the child was ready for discharge from the hospital, and the parent, guardian or custodian of the child did not undertake any action or make any effort to maintain a parental, guardianship, or custodial relationship or contact with the child. DC Official Code §16-2316(d)(1)

Abused: 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) nonaccidental 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." [DC Code §16-2301(9)(A)(23)]

Acting “in loco parentis”: The term in loco parentis is Latin for "in the place of a parent" or "instead of a parent," and refers to a person who puts himself or herself in the situation of a lawful parent by assuming obligations and responsibilities of a parent.

Child: Child “means an individual who is under 18 years of age...” [DC Code §16-2301(3)]

Commitment: a child is committed at a disposition hearing following adjudication at a neglect trial or following a stipulation by the parent caretaker. These children are also placed in (foster home, therapeutic foster home, licensed kinship home, group home, residential facility etc.)

Conditional Release: A legal status used when a case first enters the court system and the neglect case has not gone to trial. It is only used when the child is released to a parent. Once the case goes to disposition Conditional Release to Parent changes to Protective Supervision (if the child remains with the parent)

Controlled Substance: “A drug or chemical substance, or immediate precursor, as set forth in Schedules I through V of D.C. Official Code § 48-901.02 et seq., that has not been prescribed by a physician.” [DC Official Code §16-2301(9)(A)(36)]

Credible Evidence: means “any evidence that indicates that a child is an abused or neglected child, including the statement of any person worthy of belief.” DC Official Code § 4-1301.02(5). There is sufficient credible evidence when the evidence more clearly and more probably favors one side than the other. This balancing test is the same one used by both the Family Court and at a Fair Hearing.

Custodian: “A person or agency, other than a 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.”
[D.C. Official Code § 16-2301(12)]

Dispositional Hearing: “A hearing, after a finding of fact, to determine:

(A) whether the child in a delinquency or need of supervision case is in need of care or rehabilitation and, if so, what order of disposition should be made;
or

(B) what order of disposition should be made in a neglect case. [D.C. Official Code § 16-2301(17)]

Drug-Related Activity: “The use, sale, distribution, or manufacture of a drug or drug paraphernalia without a legally valid license or medical prescription” [D.C. Official Code § 16-2301(37)].

Fact Finding Hearing: A hearing to determine whether the allegations of a petition are true. [D.C. Official Code § 16-2301(16)]

Guardian ad Litem: An attorney appointed by the Superior Court of the District of Columbia to represent the child’s best interests in neglect proceedings.
[D.C. Official Code § 4-1301.02(13)].

Holds

Administrative Hold—Although not a legal term, “administrative holds” are included in workers’ FACES.NET documentation. A child removed from the home is under an “administrative hold” until the matter is taken into Family Court and the judge either returns the child to the caregiver or the judge orders shelter care. Workers are not able to put any type of hold on a child without completing a complaint form because the hold, in effect, “removes” the child. A “constructive removal” occurs when a worker removes a child who is not yet physically able to go to a placement (e.g., a hospitalized child).

Five-day Hold—When OAG files a complaint after the removal of a child, the assigned AAG may also request that the Family Court permit CFSA up to five additional days to continue the investigation before returning to Family Court for the initial hearing, at which time a petition must be filed or the child can no longer remain in care. If the court finds that there is “good cause,” the OAG will be granted the five-day hold, but by the end of those five days, the OAG must either file a petition for neglect or return the child home. The parent or legal caregiver still has a right to request a shelter care hearing to determine whether the child should remain in CFSA custody during this time.

Inconclusive: The disposition of an allegation should be inconclusive if there is insufficient credible evidence to substantiate but there is also some conflicting information to indicate that the abuse or neglect may have occurred. An inconclusive report is a report that “cannot be proven to be either substantiated or unfounded.” DC Official Code § 4-1301.02(13A) It should not be made very often and should be discussed with your supervisor. Simply stated, is there enough information to indicate that the child was neglected or is there enough information indicating there was not maltreatment. If not and there is an inability to substantiate and unfound, then it is inconclusive.

Mental Injury: “Harm to a child's psychological or intellectual functioning, which may be exhibited by severe anxiety, depression, withdrawal, or outwardly aggressive behavior, or a combination of those behaviors, and which may be demonstrated by a change in behavior, emotional response, or cognition”[D.C. Official Code § 16-2301(31)].

Neglected Child: 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 the purposes of this sub-subparagraph, the term “reasonable efforts” includes filing a petition for civil protection from intrafamily violence pursuant to D.C. Official 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;

(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;

(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;

(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." [D.C. Official Code 16-2301(9)(A)]

Negligent Treatment or Maltreatment: "Failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect and the deprivation, is not due to the lack of financial means of his or her caregiver, guardian, or other custodian" [D.C. Official Code § 16-2301(24)].

Physical Injury: "Bodily harm greater than transient pain or minor temporary marks" [D.C. Official Code § 16-2301(30)].

Protective Supervision: This is the post disposition legal status that is used when children are placement with their parent(s).

Sexual Abuse: In reference to a child it means:

- (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. [D.C. Official Code § 16-2301(32)]

Sexual Act: means (A) Penetration, however slight, of the anus or vulva of another by a penis; (B) contact between the mouth and the penis, the mouth and the vulva, or the mouth and the anus; or (C) the penetration, however slight, of the anus or vulva by a hand or by any

object, with an intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person. (D) The emission of semen is not required for the purposes of subparagraphs (A) – (C) of this paragraph.” [D.C. Official Code §§ 16-2301 (34) and 22-3001 (8)]

Sexual Contact: “The touching with any clothed or unclothed body part or 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, or arouse or gratify the sexual desire of any person.” [D.C. Official Code §§ 16-2301 (35) and 22-3001 (9)]

Sexual Exploitation: “ When a caregiver, guardian, or other custodian allows a child to engage in prostitution ...”, or it means “when a parent, guardian, or other custodian engages a child or allows a child to engage in obscene or pornographic photography, filming, or other forms of illustrating or promoting sexual conduct....” D.C. Official Code §§ 16-2301(25)

Sexually Explicit Conduct: “actual or simulated: (A)sexual act; (B) sexual contact(C) bestiality; (D) masturbation; or (E) lascivious exhibition of the genitals, anus, or pubic area.” DC Official Code §16-2301(33)

Shelter Care: a child in shelter care has been removed and placed in an agency facility (foster home, therapeutic foster home, licensed kinship home, group home, residential facility etc.) These children are in CFSA custody and CFSA is fully responsible for their health and well-being.

Shelter Care hearing: A hearing to determine whether a child who is in custody should be placed or continued in ... shelter care. [D.C. Official Code § 16-2301(32)]

Substantiated: A “report made which is supported by credible evidence and is not against the weight of the evidence.”

Unfounded: A report that “is made maliciously or in bad faith or which has no basis in fact.”

CHILD WELFARE PRACTICE DEFINITIONS

Caregiver: Refers to the adult in the household who is obligated and entitled to provide for the child's safety, well-being, routine care, and supervision. For purposes of this POM, the term "caregiver" has been used inclusive of the legal terms parent, guardian, and custodian.

Case: There are many uses of the term "case". Definitions of some of those uses follow:

- **Case** - CFSA opens one after an investigation
- **Neglect Case** - A CFSA matter in Neglect Court
- **Court Involved Case** - interchangeable with "neglect case"
- **Case Plan** - The documented case plan that describes the reasons for Child Welfare's involvement and the actions and services required to change behaviors, conditions or circumstances that led to the child being unsafe.
- **In-Home Case** - CFSA matter after investigation stage, not involved in Neglect Court.

Critical Thinking: Thinking that can be defined as the evaluation of the worth, accuracy, or authenticity of various hypotheses, leading to a supportable decision or direction for action.

Emergency Care Facilities: Facilities that provide temporary supervision and care, usually not exceeding 90 calendar days and provided as a result of an individual or family crisis that includes monitoring of applicable school or work attendance and an assessment of a resident's physical, psychosocial, and educational needs.

Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Immediate Danger: When a dangerous situation is present or likely to occur in the immediate future.

Impending Danger: Child safety threats that are not obvious or occurring at the onset of a CPS intervention or in a present context. Such danger is identified and understood after full evaluation and understanding of the individual and family conditions or family functioning. In other words, impending danger refers to a family situation in which a child is not in immediate danger but there yet exists a general state of danger because of what is understood to be happening within his or her family. Without a safety intervention, there is reasonable cause to believe the impending danger will lead to severe harm of the child

Independent Living Programs (ILP): Programs for adolescent and young adults that provide monitored residences in apartments or single dwelling units. ILP services prepare the adolescent or young adult to live successfully on his or her own in the community. Residents can include teen mothers and their children.

Intervention Plan: A plan used when a social worker has identified high-risk situations that in their judgement should not lead to removal but can be mitigated by linking the family to services within the community.

Licensed or Temporarily Licensed Foster and Kinship Homes:

- **"Temporary licensed"** -- Permission has been granted to a relative to operate a kinship

foster home for a temporary period (no more than 120 days). The temporary licensure allows a child to reside in the home while the kinship parent completes training and other licensing requirements.

- **“Licensed”** -- Permission has been granted to an applicant to operate a foster home via the issuance of a license.

Plan of Safe Care: A documented plan that details and directs services and supports to ensure the **safety** and well-being of an infant affected by substance use, withdrawal or FASD, including services for the infant and their family/caregiver

Protective Capacities: Personal and behavioral, cognitive, and emotional characteristics of care-giving that specifically and directly can be associated with being protective of one’s young. These protective capacities contribute to vigilant child protection and apply specifically to the adult who lives with the child and is responsible for the primary care of the child.

Reasonable Efforts: Activities and attempts to assess and analyze impending danger and to seek people, resources, and alternative methods for in-home safety plans that prevent child placement or that allow for a child to be reunified with his or her family.

Risk: The likelihood of maltreatment in the future.

Safety Plan: A written arrangement between caregivers and CPS that establishes how impending danger threats will be managed. The safety plan is implemented and active as long as impending danger threats exist, and caregiver protective capacities are insufficient to assure a child is protected. The safety plan specifies what impending dangers exist, how the impending danger will be managed using identified safety services; who will participate in those safety services; and under what circumstances and agreements and in accordance with what specification of time requirements, availability, accessibility and suitability of those involved. The safety plan is designed along a continuum of least-to- most intrusive intervention: in-home safety options, a combination of in-home and out-of-home safety options, and out-of-home safety options.

Vulnerable Child: A child who is unable to protect him or herself. This includes a child who is dependent on others for sustenance and protection. Evaluating information about **child vulnerability** is crucial when trying to determine if a child is vulnerable to an identified safety threat. Vulnerability is judged according to the child’s physical and emotional development, ability to communicate needs, mobility, physical size, and level of dependence.