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	<b>CHILD AND FAMILY SERVICES AGENCY</b> <b>Approved by: <u>Raymond Davidson</u></b> Interim Director  <b>Date: <u>January 20, 2015</u></b>	<b>REVISION HISTORY:</b> April 19, 2011 August 30, 2011
<b>LATEST REVISION:</b> January 16, 2015	<b>EFFECTIVE DATE:</b> April 28, 2011	

<b>I. AUTHORITY</b>	The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency’s mission and all applicable federal and District of Columbia laws, rules, and regulations, including but not limited to the federal Child Abuse and Prevention Treatment Act (CAPTA) of 1974 and its implementing regulations, the Fostering Connections to Success and Increasing Adoptions Act of 2008, Titles 4 and 16 of the DC Code, provisions in Title 29 of the DC Municipal Regulations (DCMR), and the Modified Final Order and the Implementation and Exit Plan (I&EP) in <i>LaShawn A. v. Gray</i> .
<b>II. APPLICABILITY</b>	All CFSA Child Protective Services (CPS) investigations staff and contracted investigations personnel.
<b>III. RATIONALE</b>	The Child and Family Services Agency (CFSA) is committed to promoting the safety, well-being, and permanency of children and families in the District of Columbia. To this end, the Agency ensures that a fully staffed Child Protective Services (CPS) Administration includes professionally trained investigators who respond within federally and locally mandated timeframes to all Hotline-screened and accepted reports of child abuse and neglect. As part of the investigative process, CPS investigators engage with and assess the family for safety and risk factors that may be negatively impacting the children. CPS also teams with internal and external professionals to ensure the most applicable, child-focused, family-centered disposition decision possible. Community services are provided for families with an allegation where removal is unnecessary, as well as to prevent removals and to address the identified needs of the child and family, as well as to address the presenting and underlying issues that lead to the initial maltreatment allegations. CFSA further provides services to reduce the risk of future maltreatment. All investigative procedures require detailed and consistent compliance with federal and District regulations. In addition, all CPS employees are mandated to fulfill and reinforce the Agency’s mission, Practice Model, and commitment to exemplary child protective service standards in the District of Columbia.

<b>IV. POLICY</b>	<p>It is the policy of the Child and Family Services Agency (CFSA) to ensure that all investigations are properly initiated, conducted, and closed in accordance in compliance with both District and federal regulations. In addition, CFSA investigations must comply with the Agency's Practice Model, mission, and best practice standards. Social workers initiate investigations by establishing face-to-face contact with the alleged child victim in accordance with District law. Under no circumstances shall a CPS investigative social worker close an investigation without first consulting the assigned supervisor or program manager, in addition to following the procedures outlined in the <i>CPS Investigations Practice Operations Model (IPOM)</i>, for verifying the alleged victim's location and/or without making contact with the alleged victim and family. Protocols for closure in the event that a child or family is not located are included in the <a href="#">IPOM</a>. CPS investigators are required to follow the protocols established in the <a href="#">IPOM</a> as well as the procedures outlined in this policy. While this policy sets forth the necessary procedures to complete a thorough investigation, it does not usurp the investigative social worker's authority to make clinical determinations in consultation with his or her supervisor and/or program manager throughout the investigative process to protect a child's safety and well-being. <i>Note: for purposes of this policy, the term "child" shall be understood to include infants and youth (individuals under the age of 18). The term "caregiver" shall be understood to include parent, guardian, or legal custodian (as applicable).</i></p>
<b>V. CONTENTS</b>	<ul style="list-style-type: none"> <li><b>A.</b> CPS Guiding Principles</li> <li><b>B.</b> Roles and Responsibilities</li> <li><b>C.</b> General Considerations</li> <li><b>D.</b> Legal Considerations</li> <li><b>E.</b> Report Assignments</li> <li><b>F.</b> Pre-Investigation Procedures</li> <li><b>G.</b> Interviewing</li> <li><b>H.</b> Assessments</li> <li><b>I.</b> Disposition Decision</li> <li><b>J.</b> Allegation-Specific Procedures</li> <li><b>K.</b> Population-Specific Procedures</li> <li><b>L.</b> Removal and Placement</li> <li><b>M.</b> Documentation</li> <li><b>N.</b> Consultations</li> <li><b>O.</b> Supervisory and Managerial Oversight</li> </ul>
<b>VI. ATTACHMENTS</b>	<ul style="list-style-type: none"> <li><b>A.</b> Priority Level Response Criteria</li> <li><b>B.</b> Notification of Removal to Relatives</li> </ul>
<b>VII. PROCEDURES</b>	<p><b>Procedure A: CPS Guiding Principles</b></p> <p>All CPS investigative social workers are bound by the following guiding principles:</p> <ol style="list-style-type: none"> <li>1. <i>Quality and Competence:</i> advanced critical thinking skills shall be used to ensure professional competency and incorporation of superior investigative procedures.</li> </ol>

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	<ol style="list-style-type: none"> <li>2. <i>Excellence</i>: on-going CPS staff development shall reinforce professional and interpersonal interviewing and listening skills in order to maintain and surpass best practice investigative standards.</li> <li>3. <i>Accountability</i>: supervisory oversight shall ensure accurate and timely documentation in order to safeguard the accountability of the investigative process as well as the individual social worker.</li> <li>4. <i>Efficiency</i>: all investigative social workers shall regularly enter and update (as appropriate) client information in the Agency’s statewide automated child welfare information system (FACES).</li> <li>5. <i>Timeliness</i>: compliance with all legally and policy-mandated timelines shall be a priority action step during all investigative procedures in order to ensure and maintain the highest quality safety intervention process possible.</li> </ol>
	<p><b>Procedure B: Roles and Responsibilities</b></p> <p>The CPS administration is staffed 24 hours a day, 365 days a year. The administration is operated by a program administrator, program managers, supervisors, social workers, family support workers, and administrative support staff. Investigative units include several areas of specialization that comprehensively provide for the Agency’s investigative needs. Please refer to <i>Procedure O: Supervisory and Managerial Oversight</i> for additional details on supervisory and managerial responsibilities for all CPS investigations.</p> <ol style="list-style-type: none"> <li>1. The CPS program administrator shall be responsible for oversight of all CPS operations.</li> <li>2. Program managers shall provide day-to-day oversight of CPS units.</li> <li>3. In addition to the functions listed under <i>Procedure O</i>, the following responsibilities are required of all supervisory social workers: <ol style="list-style-type: none"> <li>a. Receiving, reviewing, and assigning Hotline reports that have been referred for investigation by the Hotline supervisor (<i>please see CFSA’s <a href="#">Hotline policy</a> for details on criteria for accepting reports</i>).</li> <li>b. Complying with all mandated timeframes when reviewing, assigning, and monitoring tasks and investigative procedures.</li> <li>c. Assisting investigative social work with the development of initial plans and ongoing strategies to aid the investigative process.</li> <li>d. Reviewing the following activities for accuracy and appropriateness, providing approval as necessary and, when applicable, informing the social worker of any required changes: <ol style="list-style-type: none"> <li>i. Safety, risk, and family assessments</li> <li>ii. Removals</li> <li>iii. Court-related documents that are completed by the investigative social worker (e.g., complaint forms, pre-petition custody orders, neglect petitions, and court reports.)</li> <li>iv. Case transfers</li> </ol> </li> <li>e. Attending and participating in the following activities (or their designee): <ol style="list-style-type: none"> <li>i. Staffings where the case is transferred to ongoing services</li> </ol> </li> </ol> </li> </ol>
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	<ul style="list-style-type: none"> <li>ii. Court hearings (as needed)</li> <li>iii. Case-specific critical event meetings</li> <li>iv. Internal Child Fatality Reviews</li> <li>v. Family Team Meetings</li> <li>vi. Other meetings as necessary</li> </ul> <ul style="list-style-type: none"> <li>f. Providing weekly one-on-one individual conferences that include strength-based feedback and documenting these conferences in FACES.</li> <li>g. Observing skill sets of investigative social workers during initial child and family interviews, court hearings, home visits, and/or transfer staffings at least once per quarter.</li> <li>h. Providing consultation and oversight of and approving worker decisions on child protection and safety decisions, including dispositions and removals.</li> <li>i. Holding monthly unit meetings and group supervision in addition to the weekly one-on-one individual supervision.</li> <li>j. Informing social workers of any changes in policy and/or legislation that impact their job performance (and giving guidance as needed).</li> <li>k. Providing oversight and accountability for the following investigative duties: <ul style="list-style-type: none"> <li>i. Compliance with mandated timeframes related to initial visitations, court orders and proceedings, staffings, and safe case closures.</li> <li>ii. FACES documentation within 24 hours of all investigative and removal activities.</li> <li>iii. Updates to all case record documentation in FACES and in hard copy files, if applicable.</li> </ul> </li> </ul> <p>4. Investigative social workers shall fulfill their identified frontline duties, including the following specific responsibilities:</p> <ul style="list-style-type: none"> <li>a. Protecting the safety and well-being of children.</li> <li>b. Complying with all mandated time frames for the initiation and completion of investigations.</li> <li>c. Consulting with his or her assigned supervisor to plan, initiate, conduct, and conclude investigations.</li> <li>d. Performing field investigations and assessments in compliance with best practice standards, including the following investigative tasks: <ul style="list-style-type: none"> <li>i. Reviewing allegations in the Hotline report.</li> <li>ii. Contacting and interviewing all individuals related to the investigation, including collateral and core contacts, within the mandated timeframes (<i>see Procedure G: Interviewing in its entirety for details on the interviewing process</i>).</li> <li>iii. Completing a safety assessment (within 24 hours of case assignment), a risk assessment, and family assessments prior to investigation closure (<i>see Procedure H in its entirety for details on the assessment process</i>). <ul style="list-style-type: none"> <li>• If any of the above assessments have not been completed within the relevant mandated time frame, the social worker shall immediately inform his or her supervisor (or designee)</li> </ul> </li> </ul> </li> </ul>
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	<p>and document the reasons for the delay in FACES.</p> <ul style="list-style-type: none"> <li>iv. Completing a search in FACES for historical involvement with CFSA, including demographic information from the Automated Client Eligibility Determination System (ACEDS).</li> <li>v. Searching for open or closed case files on the same family or other family members. <i>Note: the investigative social worker shall refer to CFSA's <a href="#">Client Records Management Policy</a> for procedures related to the review of closed case records.</i></li> <li>vi. Searching for extended family resources per the same guidelines under "Inability to Identify or Locate" in the <a href="#">IPOM</a>.</li> <li>vii. Researching case involvement with other District agencies, including but not limited to the Department of Mental Health, Income Maintenance Administration, DC Public Schools, and Department of Youth Rehabilitation Services (DYRS).</li> <li>viii. Completing and/or reviewing all necessary court documents in consultation (when applicable) with the Office of the Attorney General (OAG).</li> <li>ix. Consulting (as needed) with one or more of the following professionals: <ul style="list-style-type: none"> <li>a) CPS supervisor or program manager whenever removals are necessary or barriers to completing or closing the investigation arise</li> <li>b) Ongoing social worker and supervisor for investigations on open cases, (<i>please refer to the CPS Investigations Practice Operations Manual</i>)</li> <li>c) Any CFSA or private agency staff that may have had previous contact with the family, including the Office of Clinical Practice (OCP) and the Healthy Families/Thriving Communities (HFTC) Collaboratives</li> </ul> </li> <li>e. Determining whether an allegation of abuse or neglect is justified based on evidentiary facts and taking further action as necessary, including reasonable efforts and services to keep the family together, removals, facilitating immediate and, when applicable, long-term services.</li> <li>f. Attending and participating in the at-risk or initial Family Team Meeting (FTM) and court hearing (and other court proceedings as needed).</li> <li>g. Scheduling, attending, and participating in case transfer staffings when sending a case for ongoing services.</li> <li>h. Assessing risk of future maltreatment.</li> <li>i. Making service referrals during the course of the investigation, as appropriate.</li> <li>j. Conducting field visits (e.g., school, daycare, hospital) as well as unannounced home visits.</li> <li>k. Providing written notification of each investigation outcome (the disposition decision) to the alleged maltreater (<i>please also refer to CFSA's policy on the Child Protective Register</i>).</li> <li>l. Participating as a witness in proceedings related to fair hearings as necessary and in consultation with a supervisor and the assigned</li> </ul>
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	<p>Assistant General Counsel.</p> <p>m. Ensuring that all investigation activities have been documented in FACES within 24 hours of their occurrence.</p> <p>5. The family support worker (FSW) shall assist investigative social workers in the various aspects of casework, including but not limited to the following supportive tasks:</p> <p>a. Obtaining, assessing, and documenting information that will inform both the disposition decision and safe closure of the investigation.</p> <p>b. Documenting all investigative activities within 24 hours of the event, including but not limited to information related to client demographics, referrals made or requested, and initial or attempted face-to-face contacts with the following individuals.</p> <p>i. Child victim</p> <p>ii. Caregiver</p> <p>iii. Household members</p> <p>iv. Collaterals (e.g., medical providers and school officials)</p> <p>c. Social workers and/or FSWs shall conduct a face-to-face home visit within 7 business days of a case being posted for a transfer from CPS to the In-Home and Permanency Administration.</p> <p>i. A written summary of the investigation shall be provided to the family by the social worker or FSW.</p> <p>ii. The family shall be informed in person of the case transfer and given an explanation for the recommendation of the transfer.</p> <p>iii. During the visit, the social worker or FSW shall assess and ensure that all is going well with the family during this period of time directly before the transition to ongoing services.</p> <p>iv. The social worker or FSW shall document observations related to the activities that take place during the visit.</p> <p>d. Assisting with emergency and/or planned removals, as well as subsequent placement (<i>see Procedure L: Removal and Placement</i>), including the following activities.</p> <p>i. Documenting initial medical screenings for all children within 24 hours. <i>Note: social workers shall immediately inform their supervisors if they are unable to document screenings within the mandated time frame.</i></p> <p>ii. Transporting and physically placing the child with the licensed resource parent or legal caregiver.</p> <p>iii. Completing and delivering the placement packet to the licensed resource parent.</p> <p>iv. Observing and documenting details relevant to the placement process.</p> <p>e. Making independent placement visits to ensure child safety.</p> <ul style="list-style-type: none"> <li>• When required to supervise a visit, FSWs shall observe and document relevant child/parent (caregiver) interactions and activities.</li> </ul> <p>f. Participate in Family Team Meetings to provide relevant information, to assist in the development of a family plan, and to transition the</p>
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	<p>case to the In-Home and Permanency Administration.</p> <p>6. All CPS units shall have the authority to investigate any neglect or abuse referral:</p> <ol style="list-style-type: none"> <li>a. The Special Abuse Unit shall investigate child fatalities, sexual abuse of children of all ages, and allegations of severe physical abuse of children under the age of five. (Allegations for children over the age of five will be assigned to the Traditional Unit.)</li> <li>b. The Institutional Unit shall investigate allegations of neglect and/or abuse (including some allegations of sexual abuse) reported in the following locations within the District. <ol style="list-style-type: none"> <li>i. Foster homes</li> <li>ii. Congregate care facilities</li> <li>iii. Residential hospital facilities</li> <li>iv. Boarding schools (<i>Note: CFSA does not investigate allegations occurring in DC Public Schools.</i>)</li> <li>v. Daycare facilities or homes</li> <li>vi. “New Beginnings” (or its successor), the juvenile detention facility located in Laurel, MD but under the jurisdiction of the District of Columbia’s Department of Youth Rehabilitation Services.</li> </ol> </li> <li>c. The After Hours Unit shall be staffed to cover evening and midnight shifts. <ul style="list-style-type: none"> <li>• Weeknight shifts shall rotate to accommodate full weekend coverage.</li> </ul> </li> </ol>
	<p><b>Procedure C: General Considerations</b></p> <ol style="list-style-type: none"> <li>1. Every CPS investigation shall be conducted with respect for diversity, culture, and in the primary language of the client. <ol style="list-style-type: none"> <li>a. The investigative social worker shall ensure that individuals with limited English proficiency (LEP) are provided with a translator or translation services (<i>please refer to CFSA’s policy on <a href="#">Language Access Services</a></i>).</li> <li>b. Information, brochures, and/or forms related to a release of information shall be translated as necessary.</li> <li>c. All contact with clients with LEP, including offers or refusal of offers to access translation services, shall be documented in FACES.</li> </ol> </li> <li>2. Mandated response times commence when the Hotline report is received.</li> <li>3. Formal initiation of the investigation is established under the following circumstances: <ol style="list-style-type: none"> <li>a. The investigative social worker makes face-to-face contact with the child, <i>and</i> has interviewed the child outside the presence of the caretaker, parent, or caregiver, <i>or</i></li> <li>b. When the following documented “good faith” efforts have been made to see the child:</li> </ol> </li> </ol>

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	<ol style="list-style-type: none"> <li>i. Visiting the child’s home at different times of the day.</li> <li>ii. Visiting the child’s school and/or day care (if applicable and known) in an attempt to locate the child.</li> <li>iii. Contacting the reporter, if known, to elicit additional information about the child’s location.</li> <li>iv. Reviewing FACES and other information systems, for example ACEDS or the Student Transmittal and Attendance Record System (STARS), for additional information about the child and family.</li> <li>v. Contacting the police for allegations that a child’s safety or health is in immediate danger, to be determined on a case-by-case basis.</li> </ol> <p><i>Note: if efforts to see the child were unsuccessful, the investigative social worker shall document an explanation in the child’s record as well as in FACES, e.g., “Extensive efforts to gather address information were not successful. As a result of the unknown address, visits did not occur at different times of day.”</i></p> <ol style="list-style-type: none"> <li>4. Preferably, all initial home visits should be unannounced. If not unannounced, an unannounced home visit should take place within 1 week of the initial, but announced visit.</li> <li>5. Investigative social workers shall comply with all confidentiality guidelines as set forth in CFSA’s <i>Confidentiality Policy</i>.</li> <li>6. Investigative social workers must be culturally sensitive and to recognize that family structures may vary according to diverse ethnicities and family choice. <ul style="list-style-type: none"> <li>• Social workers must adhere to the law and protect children from any cultural practice that is considered abusive or neglectful according to DC Code (refer to the <a href="#">IPOM</a> for more detailed information on unacceptable cultural practices).</li> </ul> </li> <li>7. The following information must be gathered and documented as part of the investigation and assessment process (for more details, see <i>Procedures G: Interviewing, H: Assessment, and the CPS <a href="#">IPOM</a></i>): <ol style="list-style-type: none"> <li>a. The nature, extent, and cause of the abuse or neglect</li> <li>b. The identity of the alleged perpetrator</li> <li>c. The name, age, sex, and condition of the alleged child victim and all other children in the home</li> <li>d. The conditions of the home at the time of the investigation</li> <li>e. Risk factors for all other children in the home</li> <li>f. Whether any or all children need to be removed from the home to protect their safety and well-being</li> </ol> </li> <li>8. Whenever applicable, the investigative social worker shall request a caregiver to sign an <i>Authorization to Disclose Information</i> form to assist in the effort to gather information to determine the child’s safety and well-being.</li> </ol>
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	<p>9. The investigative social worker shall contact the Hotline if credible evidence arises that indicates unreported abuse or neglect allegations are taking place or have taken place among other families that are living in the same household currently under investigation.</p> <ul style="list-style-type: none"> <li>a. The social worker shall request a companion report and conduct a comprehensive investigation.</li> <li>b. The investigative social worker shall document all additional allegations in FACES as would be done for any other disposition decision.</li> </ul> <p>10. If the Metropolitan Police Department (MPD) indicates that their involvement with an investigation is unwarranted and the investigative social worker later determines that maltreatment to the child warrants MPD involvement according to the criteria set forth in Procedure J of this policy, the social worker shall complete the following activities:</p> <ul style="list-style-type: none"> <li>a. Continue the comprehensive investigation.</li> <li>b. Notify the MPD's Youth Investigations Division (YID) for a joint investigation or criminal prosecution.</li> </ul> <p>11. The investigative social worker shall consult with his or her supervisor when necessary to determine the need for a child's medical or medico-legal evaluation (i.e., an examination that may be used in a criminal case) and transport to the Children's National Medical Center (CNMC) and/or the Child and Adolescent Protection Center (CAPC) (or their successors) either under the following conditions or those outlined under <i>Procedure J: Allegation-Specific Procedures</i>:</p> <ul style="list-style-type: none"> <li>a. Observable injuries, including bruises or markings that are at variance with the explanation provided, or otherwise suspicious.</li> <li>b. There is suspicion of internal injury (e.g., difficulty breathing, impaired speech, and complaint of pain).</li> <li>c. A child is reported to have ingested a harmful and/or toxic substance.</li> <li>d. There is a report of sexual molestation.</li> <li>e. The investigative social worker is aware of and/or suspects other conditions that suggest the need for a medical or medico-legal evaluation.</li> </ul> <p><i>Note: CFSA shall obtain and document in FACES all appropriate medical and/or mental health evaluations prior to completion of the investigation process</i></p> <p>12. Investigative social workers shall complete the following steps prior to the closure of an investigation when transferring cases.</p> <ul style="list-style-type: none"> <li>a. When cases require ongoing services and/or further assessment, investigative social workers shall request transfer of the investigative case to one of the following entities within 5 business days of the disposition and/or removal. <ul style="list-style-type: none"> <li>i. In-Home and Permanency Administration.</li> <li>ii. Out-of-Home and Permanency Administration</li> <li>iii. A private agency <i>in collaboration with CFSA's Contract Monitoring and Program Improvement Administration (CMPIA)</i></li> </ul> </li> <li>b. The staffing shall ensure continuity of services as well as the sharing</li> </ul>
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	<p>of information between the investigative social worker, the assigned ongoing worker, and other staff as necessary.</p> <p>13. Investigations shall not be closed solely on the basis of the investigative social worker's inability to locate the child or family.</p> <ul style="list-style-type: none"> <li>• If a child or family cannot be located or a family refuses to cooperate, the investigative social worker shall follow their child welfare training, supervisory guidance, and the specific procedures detailed in <a href="#">IPOM</a> sections, <i>Inability to Identify or Locate a Child or Family and Client Refusal</i>.</li> </ul>
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	<p><b>Procedure D: Legal Considerations</b></p> <p>CFSA is legally authorized and obligated to protect children's safety and well-being. In order to effectively enforce this authority, including the authority to place a child in foster care, investigative social workers must acquire a working knowledge of current laws insofar as they relate to child abuse and neglect in the District of Columbia. Investigative social workers must also be familiar with the legal procedures of the DC Superior Court's Family Court Operations Division. <i>Note: CFSA's authority extends only to allegations involving parents and/or caregivers acting as a parent (in loco parentis). CFSA does not investigate allegations against teachers in the DC Public School System.</i></p> <ol style="list-style-type: none"> <li>1. CPS investigative social workers shall familiarize themselves with the District's ten legal definitions of a "neglected child" as outlined by DC Code §16-2301(9)(A)(i-x) (<i>See Procedure J: Allegation-Specific Procedures for definitions per the District's statute.</i>)       <ol style="list-style-type: none"> <li>a. Definitions should always be applied to the status of the child.</li> <li>b. Social workers shall make note that the term "abuse" is legally defined in the District as a form of "neglect".</li> <li>c. As of the date of this policy, all neglect definitions are available online at <a href="http://www.grc.dc.gov">www.grc.dc.gov</a> under DC Code, Title 16, Chapter 23 and at <a href="http://www.cfsa.dc.gov">www.cfsa.dc.gov</a> under the "About CFSA" section, Publications, Practice Guides, <i>Investigations Practice Operations Manual (IPOM)</i>.</li> </ol> </li> <li>2. Investigative social workers shall also be familiar with other general terms and processes associated with the District's child welfare system, including legal and other terms identified in the <a href="#">IPOM</a>.       <ul style="list-style-type: none"> <li>• Questions regarding terminology should be directed to a supervisor or, if related to specific legal advice, to the CFSA Office of the General Counsel (OGC).</li> </ul> </li> <li>3. To establish the Agency's legal jurisdiction over a child's care after a removal based on imminent risk of danger to the child, the investigative social worker shall submit to DC Superior Court a completed FACES complaint form that includes sufficient evidence to justify that the allegations are true.       <ol style="list-style-type: none"> <li>a. Complaint forms shall include the following information, entered into the appropriate FACES screen:           <ol style="list-style-type: none"> <li>i. One or more of the specific allegations of neglect as outlined by DC Code §16-2301(9)(A)(i-x). <i>Note: as many as may apply should be chosen.</i></li> <li>ii. A summary of the general reasons why the social worker has made</li> </ol> </li> </ol> </li> </ol>
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	<p>a substantiated disposition decision, including a description of any injuries, and one or more of the following reasons for removal per DC Code §16-2310(b)(1-3):</p> <ol style="list-style-type: none"> <li>a) To protect the person of the child.</li> <li>b) There is no available caregiver, agency, or entity able to provide supervision or care for the child, and the child is unable to care for herself or himself.</li> <li>c) No alternative resources or arrangements are available to the family that would adequately safeguard the child without requiring removal.</li> </ol> <p>iii. The following documentation (when applicable):</p> <ol style="list-style-type: none"> <li>a) Contact with the reporter (redacted for identity protection), the alleged victim, caregiver, alleged perpetrator, siblings, and collaterals.</li> <li>b) Medical evaluation.</li> <li>c) Report from the Metropolitan Police Department (MPD).</li> <li>d) Criminal history of all adults in the household.</li> </ol> <p>b. The completed complaint form must be submitted via FACES to the assigned CPS supervisor for approval.</p> <p>c. After approval and on the day the complaint form is filed electronically through the interface with the Family Court Operations Division, the investigative social worker shall contact and schedule an interview with the assigned AAG.</p> <ol style="list-style-type: none"> <li>i. The interview shall focus on legal demonstration of probable cause that the neglect petition to the Court's Family Operations Division is true and valid.</li> <li>ii. The investigative social worker is obliged to arrange his or her workload to be interviewed by the AAG prior to the initial hearing, which is mandated to occur within 72 hours (except on Sundays) after a removal.</li> </ol> <p>d. A hard copy of the complaint form shall be printed and signed by the supervisor and social worker.</p> <ol style="list-style-type: none"> <li>i. The original shall be placed in the hard case record.</li> <li>ii. The investigative social worker shall give a copy of the signed complaint form to the family.</li> </ol> <p>4. If the investigative 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 shall consult with the assigned AAG to determine whether an affidavit and pre-petition custody order should be submitted.</p> <ul style="list-style-type: none"> <li>• The investigative social worker shall refer to the <a href="#">IPOM</a> for detailed procedures related to affidavits and pre-petition custody orders.</li> </ul> <p>5. Although CFSA has no legal authority over individuals with diplomatic immunity, there may be circumstances whereby the OGC will seek permission from the U.S. State Department to protect the child by permitting a CPS investigation.</p> <ol style="list-style-type: none"> <li>a. If an investigative social worker begins an investigation and discovers that the child or caregiver has diplomatic immunity, the social worker</li> </ol>
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	<p>shall cease the investigation and immediately contact the OGC with all relevant information.</p> <ul style="list-style-type: none"> <li>b. In consultation with the US Department of State, the OGC will determine the level of immunity and give further instructions to the investigative social worker.</li> <li>c. If a child’s life is at risk of imminent danger or harm, the social worker shall respond accordingly (e.g., contacting the Metropolitan Police Department’s Youth Investigations Division) as well as notifying the OGC immediately.</li> <li>d. Upon receipt of legal advice from the OGC to proceed, the investigative social worker shall renew the investigation following the normal procedures.</li> </ul> <p>6. CFSA does not have authority to investigate allegations of crimes committed against children unless those crimes are defined as “child maltreatment” per DC Code §16-2301(9)(A)(i-x). If there are allegations of sexual or physical abuse by a non-parent, caregiver, or guardian, it is NOT CFSA’s case. The Metropolitan Police Department (MPD) has the authority to investigate an individual who is not a parent or who has not acted in place of a parent under circumstances involving allegations of sexual abuse.</p> <p>7. Whenever conducting a joint investigation with MPD, the investigative social worker shall be mindful not to damage or compromise any potential evidence that might be used in a court as part of a criminal or civil case, including medico-legal forms or standard sexual abuse forensic kits, which provide legal evidence for a potential criminal case (<i>see Procedure J: Allegation-Specific Procedures for details on when a joint investigation is required</i>).</p> <p>8. The investigative social worker shall be responsible for all court-related tasks that occur prior and 30-days subsequent to the transfer of the case to an ongoing social worker, including but not limited to the following activities:</p> <ul style="list-style-type: none"> <li>a. FACES documentation of contacts, activities, etc. within 24 hours of removal, including changes to legal status.</li> <li>b. Verification of legal caregivers</li> <li>c. Participation in hearings, mediations, and/or other court-related activities</li> <li>d. Completion of court-related reports, including disposition reports</li> <li>e. Compliance with court orders, and initiation of referrals for services, e.g., medical or mental health examinations.</li> </ul> <p>9. All investigative social workers shall be fully prepared to represent and protect the professional integrity of the Child and Family Services Agency throughout any court-related activity, including but not limited to preparation for and timely arrival at hearings, articulate and thorough court testimony, wearing proper court attire, and proper completion of court-related documents.</p>
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	<p><b>Procedure E: Report Assignments</b></p> <p>Hotline workers receive and screen all child abuse and neglect reports before assigning a priority response category of Level I or Level II, based on the immediate safety concerns for the child. Once the Hotline supervisor approves the assigned categories, the Hotline reports are then submitted for assignment to the CPS Investigations Unit.</p> <ol style="list-style-type: none"> <li>1. The investigations supervisor shall review all Hotline reports and make assignments in a timely fashion that ensures child safety and well-being.</li> <li>2. If events or circumstances prevent the investigative social worker from responding to an assigned Hotline report within the assigned priority time frame, s/he shall inform his or her supervisor immediately and document the surrounding circumstances and all efforts towards compliance, including attempts to make contact with the reporting source, which shall be made prior to the expiration period whenever possible.</li> <li>3. When a CPS supervisor assigns an investigative social worker to an active In-Home case within CFSA, the CPS social worker (or supervisor) shall immediately contact the ongoing social worker and supervisor to obtain background information regarding the case.</li> <li>4. The CPS administration shall schedule regular case assignment review sessions to examine any issues, concerns, or peculiar circumstances surrounding an assignment decision.</li> </ol>
	<p><b>Procedure F: Pre-Investigation Procedures</b></p> <p>CPS is obligated to perform certain pre-investigative procedures regardless of the assigned Priority Level response time (i.e., within 2 or 24 hours). These procedures help the investigator to obtain as much information and detail as possible prior to meeting the family. Based on the obtained information as well as subsequent investigative interviews and the SDM™ assessment, the CPS social worker is then fully equipped to make the best possible determination for protecting the child's safety, ensuring the child's well-being, and serving the family's needs for stability and permanency.</p> <ol style="list-style-type: none"> <li>1. Prior to initial contact with a family, the investigative social worker shall perform a background history search, including but not limited to a review of information from the following sources: <ol style="list-style-type: none"> <li>a. FACES</li> <li>b. Automated Client Eligibility Determination System (ACEDS)</li> <li>c. Student Transmittal and Attendance Record System (STARS)</li> </ol> </li> <li>2. The investigative social worker shall consult the following sources (as applicable) prior to initiating contact with the family: <ol style="list-style-type: none"> <li>a. The reporting source</li> </ol> </li> </ol>

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	<p>b. The Metropolitan Police Department (MPD)</p> <ol style="list-style-type: none"> <li>i. For abuse referrals that are assigned an “immediate” response time, the investigative social worker must contact the Youth Investigations Division (YID) of MPD.</li> <li>ii. If MPD determines the case does not warrant a YID investigation, the case will be “turned over to” (TOT) CFSA and the investigative social worker shall proceed accordingly.</li> </ol> <p><i>Note: please see Procedure J: Allegation-Specific Procedures for further details on referrals and time frames related to investigations involving MPD.</i></p> <p>c. The ongoing CFSA or private agency social worker (when allegations are reported on an open case)</p>
	<p><b>Procedure G: Interviewing</b></p> <p>The CPS interview is a crucial component of any thorough investigation and must always incorporate a thoughtful engagement process to maximize the potential for gathering important information. The investigative social worker shall interview the alleged child victim outside the presence of the caretaker, parent, or caregiver. Interviews shall continue with any other children living in the home before interviewing adult family members. When applicable, collateral sources (e.g., teachers, mental health providers, and emergency room physicians) should most likely be included in the interviewing process. For additional procedures on the interviewing process, including instructions for the release of information, the investigative social worker shall consult with their supervisor and refer to their child welfare training along with the <a href="#">IPOM</a>.</p> <ol style="list-style-type: none"> <li>1. As a basic tenet of the Agency’s Practice Model, engagement shall be the strategy for interviewing individuals involved with the investigation (<i>for more details on the engagement process, please refer to the <a href="#">IPOM</a></i>).</li> <li>2. When initiating the interview process, the investigative social worker shall proceed under the following guidelines: <ol style="list-style-type: none"> <li>a. The investigative social worker shall acknowledge, respect, and honor the diversity of families, including culture, sexual orientation, and religion.</li> <li>b. Proper introductions and identification shall be provided by the investigative social worker and requested of adults being interviewed.</li> <li>c. The purpose and function of the CPS administration shall be explained, including CFSA’s legal authority and charge to investigate as granted under DC Code §4-1303.01a.</li> <li>d. Written information on the family’s rights and responsibilities shall be provided to the family, including the right to appeal a disposition that places the name of the alleged perpetrator into the Child Protective Register. <ul style="list-style-type: none"> <li>• Pursuant to <i>Procedure C.5.a-b</i> of this policy, translation services for the above-cited information shall be provided for any family with limited English proficiency.</li> </ul> </li> </ol> </li> </ol>
	<p>e. The primary caregiver shall be informed of the allegations.</p>

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	<p>f. An <i>Authorization to Disclose Information</i> form shall be obtained from the caregiver in order to facilitate the assessment and disposition decision.</p> <p>3. Pursuant to DC Code § 4-1301.04(c)(3)(A), it is CFSA's practice to perform initial interviews with children outside of the presence of a parent or caregiver.</p> <p>a. A child may be interviewed at school or at some other comfortable location if a home interview is not possible. <i>Note: regardless of where the interview occurs, the investigative social worker must make a home visit for assessment purposes (see Procedure H: Assessments).</i></p> <p>b. If a child is too young to be interviewed or is non-verbal, the child must be observed while awake and then assessed in regards to the caregiver's interactions with the child.</p> <p>c. All investigative social workers should follow the guidelines detailed in the <a href="#">IPOM</a> for observing child injuries during an interview (or as applicable to the circumstances surrounding the investigation).</p> <p>d. If a child discloses an allegation of sexual abuse during an interview, the investigative social worker shall coordinate with the detective assigned by the Metropolitan Police Department (MPD) Youth Investigations Division (YID) (or its successor) to schedule a forensic interview at the Children's Advocacy Center (<i>see Procedure J: Allegation-Specific Procedures</i>).</p> <p>e. The time, date, place, and those present during the interview must be documented in FACES.</p> <p>4. The investigative social worker shall conduct interviews with the five core contacts, i.e., the victim child, the alleged maltreater, the reporting source (when known), the non-offending caregiver(s), and the collaterals, specifically medical and educational resources. (<i>See the <a href="#">IPOM</a> for further information.</i>)</p> <p>5. In the event that a social worker has been unable to successfully make contact to interview any of the five core contacts, s/he shall consult with the assigned supervisor and document the circumstances in FACES.</p> <p>6. The investigative social worker shall use his or her discretion when deciding whether it would be beneficial to jointly interview a child and caregiver for purposes of gathering additional information about their interactions.</p> <ul style="list-style-type: none"> <li>• Joint interviews may only occur after the child has been interviewed separately.</li> </ul> <p>7. Every individual participating in an investigative interview shall be offered the opportunity to ask questions, and be provided with accurate easy-to-understand answers that are explained in everyday language.</p> <p>8. All interview statements regarding allegations must be documented in FACES.</p>
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## Procedure H: Assessments

The investigative assessment process is a legal imperative that requires the investigative social worker to use all of his or her available professional skill sets. Assessments must be made within the assigned response time for all investigations (i.e., within 2 or 24 hours), and determine whether there are any risk factors threatening the safety, well-being and/or permanency of the children and/or other family members in the household. In addition to assessing family members, there must also be an assessment of the home environment.

1. The investigative social worker shall acknowledge, respect, and honor the diversity of families, whether that diversity reflects a family's culture, religion, political persuasion, gender identity or sexual orientation.
2. The investigative social worker shall consider whether the family has prior history with CFSA.
3. Every effort shall be made to engage each age-appropriate family member and to encourage all appropriate family members' active participation in the assessment process. If the social worker is unable to engage specific individuals, these efforts must be documented in FACES.
4. All CPS investigative social workers shall assess children and families for safety (i.e., imminent danger) and for risk (i.e., the likelihood of future abuse or neglect), as well as for family strengths.
  - a. Investigative social workers shall follow their child welfare training, supervisory guidance, and the specific assessment procedures detailed in the [IPOM](#), using criteria for signs of present danger, protective capacities, and child vulnerability factors.
    - As cited in *Procedure G: Interviewing*, Item # 7 above, if information surfaces during an assessment that warrants a criminal investigation, the investigative social worker shall refer this information to YID (or its successor) after consultation with the assigned supervisor.
  - b. Initial safety assessments shall be completed and documented on the FACES safety assessment screen within 24 hours of receipt of the Hotline report. If no contact with the family has been established, this must be documented in FACES.
    - i. When contact is made, the investigative social worker shall assess the physical home environment for safety factors in accordance with supervisory guidance as well as the requirements detailed in the [IPOM](#).
      - a) Any observations of illegal drug activity, including usage, manufacturing, growing, trafficking, etc. shall be documented in the assessment. *Note: removal of a child may be necessary as a result of exposure to drug activities in the home. For guidance, please refer to Procedure J: Allegation-Specific Procedures 3.a.i-iv.*
      - b) Basic needs of the child shall be assessed, including food, clothing, shelter, education, medical care, and child supervision.

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	<ul style="list-style-type: none"> <li>ii. When a safety assessment indicates the need for intervention and development of a safety plan, a Family Team Meeting (FTM) should be considered as a mechanism to further support the child’s family for ensuring safety, particularly to prevent removal and reduce the risk of future harm.</li> <li>iii. Safety plans shall be documented in FACES within 24 hours of the initial investigation. <i>(For guidance on safety planning and its documentation, investigative social workers shall follow their child welfare training, supervisory guidance, and the specific procedures detailed in the <a href="#">IPOM</a>.)</i></li> <li>iv. The social worker shall make every effort to include the caregiver in safety planning using a strength-based approach (with the exception of caregivers who are deemed “unsafe” according to the safety assessment and <a href="#">IPOM</a> guidelines, e.g., a caregiver demonstrates obvious difficulty with making clear and reasonable decisions related to a child’s safety and well-being).</li> <li>v. If an investigative social worker experiences any difficulty getting a parent’s or caregiver’s signature on the safety plan, the social worker shall consult with his or her supervisor. <ul style="list-style-type: none"> <li>a) The social worker shall document the safety plan in the FACES contact notes.</li> <li>b) Supervisory approval is required after a safety plan has been developed. The supervisory approval for a family’s safety plan may be verbal but shall still be documented in FACES.</li> </ul> </li> <li>c. Although risk can (and should) be assessed throughout the investigation, the SDM risk assessment must be completed and documented in FACES within the 30-day mandated time frame. <ul style="list-style-type: none"> <li>i. The investigative social worker shall follow their child welfare training, supervisory consultation and guidance, as well as the guidelines in the <a href="#">IPOM</a>, and the Structured Decision Making (SDM™) tool in FACES to complete the risk assessment.</li> <li>ii. The SDM™ risk levels (i.e., low, moderate, high, or intensive) shall be a determining factor for opening a case, particularly a substantiated case, and subsequent planning for services.</li> <li>iii. As a companion piece to the risk assessment, the family assessment shall be based upon family challenges and strengths, including resources that may be useful for assisting the family to achieve and maintain desired goals, positive outcomes, stability, and permanency.</li> </ul> </li> <li>d. The investigative social worker shall continue to assess for safety and risk throughout the investigation process, documenting any changes or new concerns in FACES.</li> </ul>
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	<p>e. Family assessments shall include the following information, which shall be documented by the investigative social worker.</p> <ul style="list-style-type: none"> <li>i. The relationship between caregiver and his/her significant other</li> <li>ii. The relationship between the child and his or her mother and father (or with any other current caregivers)</li> <li>iii. Family strengths</li> <li>iv. Family challenges</li> <li>v. The family’s perception of their life circumstances</li> <li>vi. The family’s plan for addressing challenges and/or barriers to safety and well-being</li> </ul> <p>5. Every child in the home shall be clinically assessed for risk factors, keeping in mind the child’s age, family history, severity of the allegation(s), special needs of the child, and whether any other children in the home are in a similar situation.</p> <ul style="list-style-type: none"> <li>a. When assessing children ages 0-3, the investigative social worker shall gather information regarding the mother’s prenatal care, the child’s developmental progress, feeding and sleeping arrangements, and all caregivers’ overall capacity for caring for the child.</li> <li>b. If an allegation is substantiated, each child in the household who is under the age of 3 must be referred to a 0-3 screening within 72 hours of the disposition decision. The <i>0-3 Early Intervention Screening Referral Form</i> must be completed by the investigative social worker and manually submitted to CFSA’s Office of Clinical Practice with a hard copy kept in the child’s case file.</li> <li>c. If concerns arise related to the development or educational performance of a child between the ages of 3 to 5, the investigative social worker shall consult with his or her supervisor and discuss arrangements for a screening through the DC Public Schools (DCPS) system or through another appropriate service provider. <ul style="list-style-type: none"> <li>• If the investigative social worker encounters any difficulties identifying an appropriate service provider, s/he shall consult an Educational Specialist from CFSA’s Office of Clinical Practice (OCP).</li> </ul> </li> </ul> <p>6. Assessment results shall determine which specific referrals for services may be needed to protect the safety and well-being of the children and the stability of the family.</p> <ul style="list-style-type: none"> <li>a. Every family with an open investigation shall be offered services that address immediate needs, including but not limited to assistance in obtaining clothing or food and medical or mental health evaluations.</li> <li>b. The investigative social worker shall make every effort possible to initiate referrals for supportive services within the 30-day investigation time frame, including referrals to the Healthy Families/Thriving Communities (HFTC) Collaboratives.</li> <li>c. Referrals to the Collaboratives may be generated for families with an SDM™ risk level of high or intensive when the allegations are unfounded.</li> </ul>
	d. Families shall be informed that walk-in services are available from the

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	<p>HFTC Collaboratives.</p> <p>7. Investigative social workers shall document assessments in FACES and retain hard copy forms in the family case file.</p>
	<p><b>Procedure I: Disposition Decision</b></p> <p>Every CPS investigation must end with a decision that declares the Hotline allegation substantiated, unfounded, or inconclusive. This decision, known as the “disposition decision”, is always based on evidence obtained during the investigative social worker’s in-depth investigation. Disposition decisions shall never be based on an individual worker’s emotional reaction to the circumstances.</p> <ol style="list-style-type: none"> <li>1. As noted under <i>Procedure D: Legal Considerations</i>, Item # 1.a-c, the investigative social worker must be knowledgeable of the District’s legal definitions of abuse and neglect in order to make a proper determination with regards to allegations of child maltreatment.</li> <li>2. The investigative social worker shall conclude his or her investigation by selecting one of the following three disposition decisions, substantiated, inconclusive or unfounded: <ol style="list-style-type: none"> <li>a. Substantiated <ol style="list-style-type: none"> <li>i. The determining factors shall be in compliance with the DC Code which defines a substantiated report as one “which is supported by credible evidence and is not against the weight of the evidence.” <i>Note: credible evidence is defined as proof in the form of statements, photography and/or documents that are worthy or capable of being believed. Credible evidence must be clearly documented in the case record.</i></li> <li>ii. The investigative social worker may substantiate an allegation based on a credible eyewitness account, e.g., that of the mandated reporter, even if the social worker him/herself did not witness the neglect or abuse first hand.</li> <li>iii. Although the investigative social worker may use clinical discretion, if credible evidence of abuse or neglect is made available to the investigative social worker, he or she must substantiate the allegation. The social worker shall follow their child welfare training and consult with the immediate supervisor and program manager.</li> </ol> </li> <li>b. Unfounded <ol style="list-style-type: none"> <li>i. The disposition decision shall be determined as “unfounded” whenever there is no credible evidence to substantiate the allegation.</li> <li>ii. The determining factors shall be in compliance with the DC Code which defines an unfounded report as one which “...is made maliciously or in bad faith or which has no basis in fact.”</li> </ol> </li> <li>c. Inconclusive <ol style="list-style-type: none"> <li>i. If there is insufficient evidence to substantiate the report but there still exists some conflicting information that may indicate the abuse or neglect may have occurred, the disposition decision shall be “inconclusive”.</li> </ol> </li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>ii. The DC Code defines an “inconclusive” report as one which “cannot</li> </ol>

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	<p>be proven to be either substantiated or unfounded.”</p> <p>iii. If unable to conclude that the child is or is not a maltreated child, a discussion with the supervisor is warranted. An inconclusive disposition shall be used sparingly.</p> <p>3. All disposition decisions shall be approved by a supervisor and supported by information from the following sources (as applicable):</p> <ol style="list-style-type: none"> <li>a. Statements from the child, alleged maltreater, and/or collaterals</li> <li>b. Physical evidence</li> <li>c. Medical findings</li> <li>d. Records or reports</li> </ol> <p>4. Approved disposition decisions shall be documented in FACES under the Assessment Findings screen.</p> <p>5. Within seven (7) days of the disposition, the investigative social worker shall send a <i>Letter of Notification of Disposition</i> along with a <i>Right to a Fair Hearing Form</i> to individuals identified as a maltreater.</p> <ol style="list-style-type: none"> <li>a. The date and form of notification must be clearly documented in FACES, and a hard copy placed in the case record. <ol style="list-style-type: none"> <li>i. All notifications sent through the postal system shall include the address to which it was mailed.</li> <li>ii. If the notification was hand delivered, the social worker shall document in FACES where, when, and by whom and to whom it was hand delivered.</li> </ol> </li> <li>b. The notice shall provide a brief description of why the allegation was investigated, including all relevant DC Code sections, i.e., DC Code §16-2301(9)(a)(i-x). <ol style="list-style-type: none"> <li>i. If FACES does not populate the correct citation, the correct section shall be hand-written or typed before sending the notification. The social worker shall seek assistance from his or her supervisor.</li> <li>ii. The assigned program administrator shall ensure documentation in FACES as well as in the case record of any change to a disposition decision.</li> </ol> </li> </ol> <p>6. Any disposition decision that substantiates an allegation will result in the child maltreater’s name being entered into the Child Protection Register (see CFSA’s <a href="#">Child Protection Register policy</a>). The disposition decision may be appealed pursuant to CFSA’s policy on <a href="#">Fair Hearings</a>.</p> <ol style="list-style-type: none"> <li>a. The Office of General Counsel may request the investigative social worker to appear as a witness during a fair hearing.</li> <li>b. The social worker shall prepare for the hearing by reviewing the investigative summary report and all associated facts, including other related documentation (e.g., school attendance reports, and medical reports).</li> <li>c. If a disposition is changed due to a fair hearing, the Office of Fair Hearings and Appeals shall be responsible for notifying FACES directly (particularly with regards to expungements in the Child Protective Register) as well as notifying the appropriate program administrator.</li> </ol>
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## Procedure J: Allegation-Specific Procedures

Investigative social workers may need additional information when responding to specific allegations. They shall consult with the assigned supervisor or program manager and/or the Office of the General Counsel (OGC) as necessary. Social workers shall also follow their child welfare training and the specific procedures detailed in the [IPOM](#).

1. Allegation-specific investigations require the same overarching procedures as any other investigation, i.e., interviewing core contacts, assessing for risk and safety, concluding the investigation, and notifying perpetrators of the right to a Fair Hearing within 7 days of the disposition decision (*for more information, see CFSA's policy on [Fair Hearings](#) as well as Procedure I.5-6 of this policy*).
2. Investigative social workers must determine whether there are any additional allegations to the one(s) entered by the Hotline worker under the maltreatment categories identified by the FACES Decision Tool.
  - a. Each allegation must be individually investigated and concluded.
  - b. Certain allegations may require specific and somewhat unique investigation methods (or inquiries) and findings. *Note: certain allegations may overlap with other types of maltreatment.*
  - c. The social worker shall consult with his or her assigned supervisor if questions arise regarding identification of a maltreatment type.
3. After completing CFSA's pre-service training, including discussions with the Office of the Attorney General (OAG), CPS investigators shall be responsible for maintaining a working knowledge of the following ten types of child maltreatment (summarized here from the DC Code):
  - a. Neglect due to abandonment or abuse
    - i. "Abandonment" means that the child's parent, guardian or custodian has made no effort to maintain a parental relationship with the child. Per the language used in the District of Columbia's statute, this includes the following evidence that would indicate a child has been abandoned:
      - a) The child's parent(s) have made no effort to maintain a relationship with the child, reasonable efforts have been made to identify the child, and reasonable efforts have been made to locate the parents for a period of at least four weeks.
      - b) The child's parent(s) gave a false identity at the time of birth and since then have made no effort to maintain a parental relationship. Reasonable efforts have been made to locate the parents for a period of at least four weeks since their disappearance.
      - c) The child's parent, guardian, or custodian is known but has abandoned the child by making no reasonable efforts to maintain a parental relationship for at least four months.
      - d) The child is by legal definition a "boarder baby", i.e. a child who was born in the hospital, who is medically fit for discharge, and who continues to reside there after their birth. See 3g below.

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	<ul style="list-style-type: none"> <li>e) The child has been, in effect, abandoned at a medical facility.</li> <li>ii. "Abuse" means a caregiver has inflicted or failed to make reasonable efforts to prevent the infliction of physical or mental injury upon the child. This includes excessive corporal punishment, sexual abuse, and exploitation. <ul style="list-style-type: none"> <li>a) Physical abuse allegations shall fall under one of the following two Priority Level categories (<i>see Attachment A: Priority Level Response Criteria</i>). <ul style="list-style-type: none"> <li>1) Priority Level I reports require response within 2 hours.</li> <li>2) Priority Level II reports require response within 24 hours.</li> </ul> </li> <li>b) Pursuant to DC Code § 4-1301.08, CFSA has legal authority to take photographs and to acquire radiological exams during physical abuse investigations.</li> <li>c) Unexplained injuries that are suggestive of child physical abuse require a medical exam.</li> </ul> </li> <li>iii. For child sexual abuse investigations, the term "sexual abuse" is defined as engaging in, or attempting to engage in a sexual act or sexual contact with a child; causing or attempting to cause a child to engage in sexually explicit conduct; or exposing a child to sexually explicit conduct.</li> <li>iv. Investigations involving domestic violence (DV) may include consideration of a caregiver's failure to protect the child's safety even if the child has not been physically abused.</li> <li>v. For purposes of this policy, allegations of child maltreatment occurring in an institution or facility shall include but not be limited to staff members in the following settings: <ul style="list-style-type: none"> <li>a) Foster homes</li> <li>b) Congregate care facilities</li> <li>c) Residential hospital facilities</li> <li>d) Boarding schools (<i>Note: CFSA does not investigate allegations occurring in DC Public Schools.</i>)</li> <li>e) Licensed daycare facilities or homes</li> <li>f) "New Beginnings" (or its successor), the juvenile detention facility located in Laurel, MD but under the jurisdiction of the District of Columbia's Department of Youth Rehabilitation Services.</li> </ul> </li> <li>b. Neglect due to lack of proper parental care or control, subsistence, or education as required by law, and/or other care or control necessary for the child's physical, mental, or emotional health, AND the deprivation is not due to a lack of financial means. <i>Note: CFSA must demonstrate that the child is not neglected due to a lack of financial means. All income sources must be documented, including TANF, jobs, child support, etc.</i> <ul style="list-style-type: none"> <li>i. Instances of "lack of proper parental care" may include but are not limited to the following examples: <ul style="list-style-type: none"> <li>a) Lack of supervision, e.g., home alone without an adequate or appropriate care plan</li> </ul> </li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>b) Insufficient food or clothing, or poor hygiene</li> <li>c) Medical neglect or failure to treat or obtain legally required immunizations.</li> <li>d) Emotional neglect</li> <li>e) Educational neglect (i.e., failure to insure children from age 5 up until the child's 18<sup>th</sup> birthday are attending school)</li> <li>f) Refusal to allow the child back into home</li> </ul> <p>ii. Substantiation of medical neglect must be accompanied by an opinion from a medical professional who can justify the disposition.</p> <p>c. Neglect due to the inability of the caregiver to discharge parental responsibilities for the child as a result of incarceration, hospitalization, or physical or mental incapacity. <i>CFSA must demonstrate that the caregiver made no appropriate provision or plan for the child's care during the time the caregiver was unable to discharge their responsibility. There must be a direct link between the caregiver's inability and the impact on the child.</i> The following examples include but are not limited to sources of a caregiver's inability to discharge their responsibilities:</p> <ul style="list-style-type: none"> <li>i. Drug use</li> <li>ii. Mental illness</li> <li>iii. Incarceration (<i>The social worker shall refer to CFSA's policy on <a href="#">Engaging Incarcerated Parents.</a></i>)</li> <li>iv. Hospitalization</li> <li>v. Alcohol abuse</li> </ul> <p>d. Neglect due to the refusal or inability of the caregiver to assume 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. Examples of this type of maltreatment may include the following circumstances:</p> <ul style="list-style-type: none"> <li>i. A child is out of control, AND an identified individual caring for the child has stated refusal to continue care.</li> <li>ii. The medical and or general needs of the child are beyond the ability of the caregiver, AND an institution or person who is caring for the child states that they can no longer do so.</li> <li>iii. The parent left the child with their relative and the relative no longer wishes to continue care of the child.</li> </ul> <p>e. Neglect due to an imminent danger of the child being abused AND a sibling or other child living in the same home has also been abused. <i>There must be an "abuse" case for another child and they must have the same caretaker. See 3a above.</i></p> <p>f. Neglect due to the child receiving negligent treatment or maltreatment from his or her caregiver. <i>Note: "negligent treatment or maltreatment" includes the failure to provide adequate food, clothing, shelter or medical care but is used legally mostly for the medical care aspect.</i> The following examples include but are not limited to circumstances where negligence or maltreatment apply:</p> <ul style="list-style-type: none"> <li>i. Withholding doctor-recommended medical treatment for a</li> </ul>
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	<p>serious and/or life-threatening condition, including medically-indicated treatment for a disabled infant with a life-threatening condition.</p> <ul style="list-style-type: none"> <li>ii. Non-organic failure to thrive, e.g., the child was at one time developing normally but now fails to thrive or suffers malnourishment due to a caregiver withholding food. <i>Note: “failure to thrive” determinations must conclude that the medical diagnosis is not the result of a medical condition. Also note that a “failure to thrive” case is also a “lack of proper care case”. See 3b above.</i></li> </ul> <p>g. Neglect because the child has resided in a DC hospital for at least 10 days following birth despite a medical determination that the child is ready for discharge, and the caregiver has not taken any action nor made any effort to maintain contact or a parental, care-giving relationship with the child.</p> <ul style="list-style-type: none"> <li>• This type of child maltreatment applies to “boarder babies” only. <i>It does not apply to children who are admitted to a hospital later and then abandoned there.</i></li> </ul> <p>h. Neglect due to a positive toxicology result upon the birth of the child. This applies when the newborn has a significant amount of a controlled substance in his or her system at birth.</p> <ul style="list-style-type: none"> <li>i. Allegations for positive toxicology results for a newborn shall be fully investigated but may NOT be automatically substantiated “based solely on a finding that a child is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth.” DC Code §16-2317(b). <i>Note: the intent of the law is for CFSA to determine whether the positive toxicology result is an indication of “other” possible neglect outside of the toxicology result, most likely “lack of proper care” or “inability to discharge parental responsibility due to a physical and mental incapacity. See 3b and 3c above, respectively.</i></li> <li>ii. Documentation of a finding of neglect related to the positive toxicology must be succinctly entered in FACES with corroborating evidence that the drugs in the infant’s system have caused direct harm to the child.</li> </ul> <p>i. Neglect because of a positive child toxicology result that was a direct and foreseeable result of an action or omission by the caregiver (e.g., the child ingested drugs that were left out or not kept secure).</p> <p>j. Neglect because the child is regularly exposed to drug activity in the home and there is evidence of a correlation between the exposure and a direct or potential harm to the child.</p> <p><i>Note: for any investigation, the social worker shall follow his or child welfare training in addition to consulting with the supervisor, program manager or OGC for clarification, if needed.</i></p>
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## Procedure K: Population-Specific Procedures

Assessment and investigative procedures may need to be adapted for certain populations, e.g., very young children and infants, and children with special needs. In general the investigative social worker shall follow the general investigative procedures as previously cited, in addition to the social worker's child welfare training, supervisory guidance, and the specific procedures detailed in the [IPOM](#).

1. The following considerations shall be included in assessments involving infants:
  - a. The infant must be observed awake.
  - b. Developmental milestones and the physical appearance of the infant shall be assessed in accordance with the guidelines set forth in the [IPOM](#).
  - c. Interactions with the caregiver shall be noted.
  - d. Sleeping arrangements must be appropriate. *Note: although it is not illegal to co-sleep, CFSA and the District discourage the practice for safety reasons. The social worker shall reinforce the importance of a separate sleeping space for an infant and, when necessary, facilitate acquisition of a crib.*
2. When children with special needs are assessed, the following observations shall be documented:
  - a. Type of disability (e.g., sight or hearing impairment, physical or mental delays, or a medical condition such as cerebral palsy)
  - b. Mobility and communication abilities
  - c. Level of dependency on caregiver
  - d. Cognitive skills
  - e. Behavior controls
  - f. Child's ability to tell the truth
3. Investigative social workers shall assess families that have a primary caregiver with cognitive disabilities and/or developmental delays with the same respect and professionalism as any other caregiver.
  - a. No CFSA investigative social worker shall ever presume that a caregiver with cognitive disabilities and/or developmental delays is not a capable caregiver.
  - b. In light of the caregiver's circumstances, the investigative social worker shall adhere to the following interview guidelines:
    - i. The interview process shall be conducted with patience and whenever necessary, include repetition of simple, open-ended questions.
    - ii. The assessment interview shall be brief but allow for the caregiver to fully express him or herself.
    - iii. The caregiver shall not be prompted into responses that in any way compromise the investigation, either positively or negatively.
  - c. If during the interview process, the investigative social worker is informed that the caregiver has an assigned DC Department of Disability Services (DDS) social worker, the CFSA investigative social

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	<p>worker shall determine if it is appropriate to contact the DDS social worker for coordination of services for the family. If necessary, the social worker can consult with his or her supervisor.</p> <ul style="list-style-type: none"> <li>i. If the caregiver does not currently have a case with DDS, the CFSA investigative social worker may determine whether it is appropriate to refer the caregiver to DDS if the social worker believes the caregiver fulfills the DDS eligibility criteria (e.g., Down's Syndrome or diagnosis of mental retardation).</li> <li>ii. If the caregiver has less severe disabilities, the social worker shall consider services through the District's Rehabilitation Services Administration (RSA).</li> </ul> <p>4. Investigations involving individuals with diplomatic immunity shall follow the steps outlined in <i>Procedure D: Legal Considerations</i> 5.a-d.</p> <p>5. When investigations involve military personnel within the District, CFSA shall provide services (as needed) in collaboration with the Joint Base Anacostia-Bolling (JBAB) Military &amp; Family Support Center, Family Advocacy Program, as well as YID.</p> <ul style="list-style-type: none"> <li>a. Military branch, status, and base residence shall be established and documented. Note: the following military bases (which include housing and day care facilities) are located in the District: <ul style="list-style-type: none"> <li>i. Joint Base Anacostia-Bolling (SW)</li> <li>ii. Fort McNair (SW)</li> <li>iii. Marine Barracks (SE)</li> <li>iv. Washington Navy Yard (SE)</li> </ul> </li> <li>b. Notification shall be given to the law enforcement official (e.g., Provost Marshall or Military Police) of the particular branch.</li> <li>c. If the military branch is unknown, the investigative social worker shall contact the JBAB Military &amp; Family Support Center, Family Advocacy Program at 202-433-6151 during business hours and 202-436-0827 for after-hours case consultation. The social worker shall provide the relevant information for determining appropriate point of contact.</li> <li>d. In addition to law enforcement notification, a copy of the Hotline report (redacted to protect the identity of the reporter) shall be submitted to the military branch program manager for coordination of supportive services.</li> </ul> <p>6. Investigations related to persons of "special interest" shall be assigned to an investigative unit according to normal procedures.</p> <ul style="list-style-type: none"> <li>a. Persons of special interest may include but are not limited to the following individuals: <ul style="list-style-type: none"> <li>i. Elected or appointed government officials</li> <li>ii. MPD officers, including YID officers</li> <li>iii. CFSA and private agency employees, including their relatives</li> <li>iv. Vendors and other CFSA-contracted employees</li> </ul> </li> <li>b. If an investigative social worker discovers an investigation involves a person of special interest, the social worker shall immediately notify CPS management for direction.</li> </ul>
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	<ul style="list-style-type: none"> <li>i. If the allegation involves an MPD officer, a joint investigation with MPD's Internal Affairs Division may be required.</li> <li>ii. A coordinated investigation with MPD may be conducted if the allegation involves a CFSA employee.</li> <li>c. Confidentiality shall at all times be a priority.</li> <li>d. During investigations of persons of special interest, the CPS supervisor shall restrict FACES access to the investigative social worker and management staff only.</li> </ul>
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	<p><b>Procedure L: Removal and Placement</b></p> <p>Maintaining a child at home with the family is the first objective for any CPS investigation and reasonable efforts shall be made to prevent the removal. When removal is necessary as a result of imminent risk of danger to the child, reasonable efforts shall be made to reunite the family as soon as possible (whenever appropriate). CFSA has autonomous legal authority to remove a child from his or her home when an investigative social worker has clinically determined that a child's safety and well-being are at imminent risk of danger or harm.</p> <ol style="list-style-type: none"> <li>1. Information related to removals and placement must be documented in FACES within 24 hours per the guidelines outlined in <a href="#">IPOM</a>.</li> <li>2. Pursuant to DC Code § 4.1301.09(a), investigative social workers shall first make reasonable efforts to protect a child's in-home status, including a Family Team Meeting and consideration of a broad range of safety-oriented responses. <i>See also Items # 10 &amp; # 11 below.</i> <ol style="list-style-type: none"> <li>a. No child shall be removed without the convening of an FTM unless the child is at imminent risk of harm and/or it would be unsafe to delay removal. The FTM must be convened within 72 hours of the removal.</li> <li>b. An Affidavit of Reasonable Efforts shall be completed for all removals.</li> <li>c. Reasonable efforts may include but are not limited to the following activities: <ul style="list-style-type: none"> <li>i. Helping the caregiver identify resources for paying utility bills.</li> <li>ii. Arranging homemaker services.</li> <li>iii. Service referrals, e.g., HFTC Collaboratives, day care, parenting classes, housing, and substance abuse treatment</li> <li>iv. Helping the caregiver apply for Temporary Assistance to Needy Families and any other public benefits for which the caregiver and family may be eligible.</li> </ul> </li> <li>d. Although reasonable efforts to prevent removal are <u>not</u> required under the following circumstances, the investigative social worker shall consult with the assigned supervisor or program manager. <i>Note: the OAG should be informed if it is determined that reasonable efforts to prevent removal were not made.</i> <ol style="list-style-type: none"> <li>i. When parental rights were involuntarily terminated in regards to a sibling.</li> <li>ii. When a court of competent jurisdiction has determined that the caregiver has committed one or more of the following criminal acts: <ol style="list-style-type: none"> <li>a) Subjected a sibling or other child to cruelty, abandonment,</li> </ol> </li> </ol> </li> </ol> </li> </ol>
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	<p>torture, chronic abuse, or severe sexual abuse.</p> <ul style="list-style-type: none"> <li>b) Murdered a sibling or other child, or been convicted of voluntary manslaughter of a sibling or other child.</li> <li>c) Aided, abetted, attempted, conspired, or solicited to commit the murder or voluntary manslaughter of a sibling or other child.</li> <li>d) Committed a felony assault against the child, his or her sibling, or other child.</li> </ul> <p>3. Removal decisions shall be made when the investigative social worker has reasonable grounds, based on the SDM safety tool, to believe that the child is in immediate danger from his or her surroundings and/or suffers from illness or injury or is otherwise endangered such that removal is necessary.</p> <ul style="list-style-type: none"> <li>• All removal decisions shall be made in consultation with a supervisor or program manager.</li> </ul> <p>4. An investigative social worker shall not leave the scene during a removal unless there is another social worker or a police officer present, and the investigative social worker has informed them that he or she is leaving the premises and if expected to return, the specified time.</p> <p>5. Efforts shall be made to respectfully engage the caregiver whenever a removal is necessary, both for the integrity of the process and to increase the potential for constructive future engagement.</p> <ul style="list-style-type: none"> <li>a. Engagement shall include an explanation of the court process, notification of court hearing dates and times, and reinforcement of the importance of timely attendance to all court hearings as well as the importance of cooperation with CFSA and an explanation that reunification is the goal.</li> <li>b. Caregivers shall be provided (either in person or delivered to the place of residence) a written <i>Notice to Appear in Family Court</i> that has been signed by the investigative social worker.</li> <li>c. Families must be informed that placement with kin can only occur after a licensing process has been completed, including temporary or emergency licensing. <ul style="list-style-type: none"> <li>i. All potential identified kinship placement resources shall be referred to CFSA’s Family Licensing Division.</li> <li>ii. Prior to kinship placements, the investigative social worker shall initiate the following procedures in anticipation of the ongoing social worker ensuring completion for full licensure: <ul style="list-style-type: none"> <li>a) Discuss with relatives the possibility of becoming a kin resource.</li> <li>b) Gather information about the extended family members including the father’s family.</li> <li>c) Completion of all Child Protective Register clearances.</li> <li>d) Criminal records checks.</li> <li>e) Social and home assessments.</li> </ul> </li> </ul> </li> </ul>
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	<p>d. A Family Team Meeting (FTM) brochure shall be given to the caregiver along with an explanation of the FTM process that reinforces the teaming aspects of case planning with the caregiver and family members, incorporating them as a respected part of the child’s team.</p> <p>e. As much information about the child as possible, per the guidelines established in the <a href="#">IPOM</a>, shall be gathered from the caregiver.</p> <p>6. The program manager shall approve all removals in FACES after the complaint forms have been submitted (<i>see Procedure D: Legal Considerations above for more information on complaint forms</i>).</p> <p>7. The investigative social worker shall arrange for medical screenings and/or medico-legal examinations within 24 hours, and in accordance with the detailed procedures outlined in the <i>CPS Investigations Practice Operations Manual</i>:</p> <p>a. Medical screenings must occur under the following circumstances:</p> <ul style="list-style-type: none"> <li>i. Directly after a removal and prior to an initial placement</li> <li>ii. During a change of placement</li> <li>iii. Upon the return to a legal caregiver</li> <li>iv. Upon court-ordered release to a relative</li> </ul> <p>b. A full medical and dental examination must be completed within 30 days for all children entering Agency custody.</p> <p>c. For non-abuse cases, the following activities must be completed:</p> <ul style="list-style-type: none"> <li>i. The child shall be screened at CFSA’s Healthy Horizons Assessment Center (HHAC), which provides services 24 hours a day, 365 days a year.</li> <li>ii. If emergency medical care is required, the investigative social worker or family support worker shall call 911 for an ambulance or if obviously safe to do so, transport the child to Children’s National Medical Center or the nearest emergency room as appropriate after consultation with the supervisor or program manager.</li> <li>iii. Screening forms shall be obtained from the HHAC nurse.</li> <li>iv. Prescriptions shall be filled (in consultation with the HHAC nurse).</li> <li>v. The investigative social worker shall document all screenings in FACES within 24 hours.</li> </ul> <p>d. For physical and/or sexual abuse cases, the investigative social worker shall follow the medico-legal procedures outlined in <i>Procedure J</i>.</p> <p>8. Investigative social workers shall follow the procedures outlined under <i>Procedure D: Legal Considerations</i> for filing complaint forms, etc.</p>
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	<p>9. Whenever a removal is clinically determined to be necessary for the child's safety, the investigative social worker shall team closely with the Placement Services Administration (PSA) to ensure a licensed placement that best protects and nurtures a child's well-being, including kinship placements whenever applicable (see the <a href="#">CFSA Placement and Matching Policy</a> for more information).</p> <ul style="list-style-type: none"> <li>• The investigative social worker shall ensure that the PSA worker is provided with all pertinent data on the child, including but not limited to the following information which shall comprise the "Placement Packet": <ul style="list-style-type: none"> <li>i. Child's name and date of birth</li> <li>ii. Demographic information</li> <li>iii. Health needs, including medications and prescriptions <ul style="list-style-type: none"> <li>a) If a prescription medication needs to be refilled, the social worker shall consult with the HHAC nurse and attempt to contact the physician to ensure the prescription is refilled prior to placement.</li> <li>b) Only foster care providers, designated OCP nursing staff (available 24-7), or medical professionals shall administer medication to a child.</li> <li>c) <i>No investigative social worker shall ever administer medication.</i></li> </ul> </li> <li>iv. School or daycare information</li> <li>v. Medical screening documentation</li> <li>vi. Reason for removal</li> </ul> </li> </ul> <p>10. Within 30 days of the removal, the investigative social worker and/or ongoing social worker shall use reasonable efforts to locate any absentee parents (including all parents of a sibling of the child, where such parent has legal custody of such sibling), other legal caregivers, maternal and paternal grandparents, other adult relatives (such as aunts or uncles), and/or non-related individuals who may have a close, important relationship to the child.</p> <ul style="list-style-type: none"> <li>a. The above-cited individuals shall be notified of the removal and strongly encouraged to attend all court hearings and team meetings (see Attachment B).</li> <li>b. Times, dates, and locations of hearings and team meetings shall be provided by the investigative and/or ongoing social worker.</li> <li>c. Whenever appropriate, extended family members as well as other individuals who may be serving in a supportive capacity for the family shall be invited to team meetings and encouraged to actively participate as team members in support of the family.</li> <li>d. In the event that family members are unable to be located, the investigative social worker shall consult with his or her supervisor before contacting CFSA's Diligent Search Unit to conduct an in-depth search for the family member(s).</li> </ul>
	<p>11. The investigative social worker shall make a proactive effort to include the resource parent or provider as part of the child and family's team during the placement process.</p> <ul style="list-style-type: none"> <li>a. In order for resource parents or congregate care providers to provide</li> </ul>

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	<p>the best care for the child or youth being placed in their care, the investigative social worker shall provide as much detail as possible about each individual child or youth's needs, including medical needs.</p> <ul style="list-style-type: none"> <li>• The investigative social worker and the resource parent or provider shall have a discussion regarding all documents included in the completed placement packet, including medical screening forms.</li> </ul> <p>b. Discretion shall be used with regards to discussions about any criminal components of an investigation.</p> <p>12. Based on the clinical determinations of the investigative social worker, parental and sibling visitation parameters shall be recommended to the judge during the initial court hearing. <i>Note: a minimum of weekly visitations between parent and child is required (unless the Court order states otherwise) and should be based in part on CFSA's recommendation. See CFSA's <a href="#">Visitation Policy</a> for more details.</i></p>
	<p><b>Procedure M: Documentation</b></p> <p>It is mandatory that all information related to an investigation be documented in FACES. Documentation not only protects children, families, and the integrity of the investigation process, it also serves to facilitate Agency efforts to examine trends that will ultimately inform resource development. All such efforts fulfill the Agency's mission and compliance with federal and District regulations, supported by accurate and concise FACES documentation.</p> <ol style="list-style-type: none"> <li>1. Investigative social workers shall follow the detailed protocols and templates identified in the <a href="#">IPOM</a> and ensure that the following investigation-related activities are documented in FACES when completed: <ol style="list-style-type: none"> <li>a. Interviews and contacts, including the core contacts cited under <i>Procedure G: Interviewing</i></li> <li>b. Safety and risk assessments</li> <li>c. Assessment findings</li> <li>d. Safety plan</li> <li>e. Case Connect</li> <li>f. Investigation closure</li> <li>g. Complaint form</li> <li>h. Affidavit of Reasonable Efforts</li> <li>i. Removal and placement screens</li> <li>j. Permanency plan</li> <li>k. Court reports</li> </ol> </li> <li>2. Supporting documentation (e.g., photographs, record checklist, and the <i>Letter of Notification of Disposition</i>) shall be included in the hard copy case record.</li> <li>3. Documentation shall be thorough, accurate, and clearly written within 24 hours of each activity's occurrence, including the specific allegations, initial contacts, the results of the safety assessment, and updates to information previously documented.</li> </ol>

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## Procedure N: Consultations

A resource pool of specialists (*see below for a list of team members*) is available for consultation during any investigation, particularly the multidisciplinary team. Investigative social workers shall team with both internal and external stakeholders to make the most accurate disposition decision possible and to develop the most strength-based strategy for protecting the safety, well-being, and permanency of children and families. The teaming process includes consultations with various administrations within CFSA as well as local private and government agencies.

1. The Office of Clinical Practice shall be consulted for matters and services related to substance abuse, domestic violence, medical care, mental health, and/or education.
2. Whenever an SDM™ tool has determined a family to be high or intensive risk for child abuse or neglect, the investigative social worker shall consult with CFSA's In-Home and Permanency Administration for a case transfer staffing and follow practice guidelines from training, supervision, and procedures outlined in the [IPOM](#).
3. Consultations with the Office of the Attorney General (OAG) CPS division are mandated for court-related abuse and neglect matters, as well as for determining whether there is a need for a pre-petition custody order. The Office of General Counsel shall be consulted for legal matters that are not court related, as well as for investigations on individuals with diplomatic immunity.
4. During allegation-specific investigations, consultations shall occur as needed between CPS and one or more of the following members of the multi-disciplinary team:
  - a. Metropolitan Police Department (MPD)
    - MPD shall be consulted for all investigations that are given a Priority Level I response time, in addition to all sexual abuse allegations.
  - b. Safe Shores Children's Advocacy Center (CAC)
    - CAC shall be consulted for all Priority 1 and sexual abuse cases (*see the CPS [IPOM](#)*).
  - c. Children's National Medical Center (CNMC)
    - Investigative social workers shall consult with CNMC regarding any medico-legal examinations.
  - d. Office of the Attorney General – Neglect Division
  - e. Office of the Attorney General – Juvenile Division
  - f. United States' Attorney's Office
    - As a member of the multidisciplinary team identified in the 2003 MOU on sexual abuse investigations, the U.S. Attorney's Office is available to investigative social workers for consultation related to sexual abuse allegations (*Procedure J*). It is likely that the social worker will receive necessary guidance from his or her supervisor prior to needing advice from the U.S. Attorney's Office.
5. In the event an allegation of abuse or neglect involves another jurisdiction, the investigative social worker shall proceed according to the following

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	<p>guidelines:</p> <ol style="list-style-type: none"> <li>a. All allegations of abuse and neglect occurring in the District of Columbia must be investigated even if the family involved does not live in the District.</li> <li>b. When the family does not reside in the District, the investigative social worker shall consult with the equivalent of the other jurisdiction's CPS agency.</li> <li>c. If the family lives in the District but the allegations occurred in another jurisdiction, the investigative social worker shall cooperate with another jurisdiction's request for consultation.</li> <li>d. If there are concerns or issues that arise, the investigative social worker shall consult with his or her supervisor and if necessary, the Office of General Counsel.</li> </ol>
	<p><b>Procedure O: Supervisory and Managerial Oversight</b></p> <p>The Child and Family Services Agency is committed to a teaming relationship between front line workers and their supervisors and managers. This level of partnering secures the advantageous productivity and positive outcomes that are expected of every CPS investigation.</p> <ol style="list-style-type: none"> <li>1. The CPS administrator shall be responsible for the following tasks: <ol style="list-style-type: none"> <li>a. Direct supervision of program managers.</li> <li>b. Consultation with staff as well as provision of feedback and direction.</li> <li>c. Ensuring compliance with federal and District mandates.</li> <li>d. Conducting (or assigning to a designee) and documenting outcomes of the Program Administrator's Reviews (PARs) per the CFSA's <a href="#">Fair Hearing Policy</a>.</li> </ol> </li> <li>2. Program managers shall be held accountable for the following functions: <ol style="list-style-type: none"> <li>a. Develop policies and procedures.</li> <li>b. Review and/or approve relevant reports and activities.</li> <li>c. Monitor supervisory decision-making and provide weekly supervision for all supervisors.</li> <li>d. Weekly review of division data.</li> <li>e. Reviews of cases, trends, issues, and documentation of supervisors.</li> <li>f. Division plans, scheduling for overtime and workforce vacancies.</li> <li>g. Daily tracking of investigations and review of any associated barriers to closure for the life of the investigation until safe case closure.</li> <li>h. Authorizing a CPS supervisory social worker's request for an extension of the mandated time for case closure <i>only under the following extenuating circumstances</i>: <ol style="list-style-type: none"> <li>i. The investigative social worker is continuing to make reasonable efforts to locate a child or family.</li> <li>ii. A child or family resides or is located outside of the District.</li> <li>iii. The client is uncooperative.</li> <li>iv. There are repeated delays in the receipt of critical information (e.g., receiving results of an autopsy related to a child fatality, and collateral or medical information)</li> <li>v. New allegations have been linked within the last 10 days of the 30- day timeframe.</li> </ol> </li> </ol> </li> </ol>

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- vi. Information on a joint YID or multi-disciplinary investigation is pending, and the information has a direct impact on child safety or a disposition decision.
- vii. Other extenuating circumstances may be determined by the CPS management team.

*Note: after receiving authorization from the program manager, the supervisory social worker shall document the request and its approval in FACES in the Contact Notes.*

3. In addition to the roles and responsibilities cited in *Procedure B.3*, the CPS supervisor shall be held accountable for the following activities:
  - a. Weekly individual supervision, documented in FACES, and weekly review of case data.
  - b. Completion of the following tasks within 48 hours of receipt of a Hotline report:
    - i. Consultation with the investigative social worker over all child interviews
    - ii. Planning for future interviews with all persons associated with the investigation
    - iii. Determination regarding additional records or evaluations to complete the investigation
    - iv. Review of FACES contact notes, documentation and initial approval of safety assessment
    - v. FACES entry of supervision notes and further directives
  - c. Approval for all investigation closures.
    - i. All closures shall include supervisory review of the following activities:
      - a) The original and any linked referral
      - b) Client demographics
      - c) Contact screens
      - d) Completed safety assessments and safety plans
      - e) SDM™ risk assessment
      - f) Assessment notes
      - g) Disposition decision
      - h) Case transfer and home removal information
    - ii. The following aspects of safe case closure shall be considered and where appropriate, completed prior to closure:
      - a) Every substantiated allegation must have a CFSA case attached to the investigation, even if only to support the safe case closure based on risk level.
      - b) A hard copy of records must be completed for every substantiated case.
      - c) Justifications must be documented for opening, closing, or referring a case to the HFTC Collaboratives.
      - d) Appropriate forms shall be completed and signed, including a FACES override of risk level (when applicable) for families refusing as well as receiving services.

4. The following managerial tasks shall be the combined responsibility of the

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	<p>CPS supervisors, program managers, and/or the administrator:</p> <ol style="list-style-type: none"> <li>a. Management of and compliance with mandated investigative timeframes, including safe case closure.</li> <li>b. Special corrective action reviews for cases whereby a family is subject to a new investigation and for whom the current report of child maltreatment is the 4<sup>th</sup> or greater report, and for whom the most recent report has occurred within the last twelve (12) months. <ol style="list-style-type: none"> <li>i. The CPS administrator and program managers shall be responsible for continually monitoring the data associated with the special corrective action reviews.</li> <li>ii. CPS shall produce accurate monthly reports that identify children in accordance with the categories determined by the Agency Director and/or the Deputy Director for Agency Programs.</li> </ol> </li> <li>c. Scheduling and attending monthly quality assurance (enhanced Grand Rounds) meetings. <ol style="list-style-type: none"> <li>i. Representatives from the Quality Assurance administration shall be invited to attend the internal CPS QA meetings.</li> <li>ii. A rotating selection of CPS supervisors shall present randomly selected open investigations for presentation.</li> <li>iii. Meeting participants shall provide the supervisor with recommendations to ensure an expedited, safe case closure.</li> <li>iv. The CPS supervisor shall be responsible for FACES documentation of the recommendations, implementation, and any subsequent follow-up.</li> </ol> </li> </ol>
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## ATTACHMENT A: PRIORITY LEVEL RESPONSE CRITERIA

*Note: The following list is not inclusive of all acts of abuse and neglect that may warrant an immediate response time.*

<p><b>Priority Level I (Neglect)</b></p> <p><b>Immediate Response or within 2 hours</b></p>	<ul style="list-style-type: none"> <li>• Left Alone (dependent upon the age, developmental, emotional and physical needs of the child)</li> <li>• Uninhabitable conditions (e.g. family living in an abandoned building, inoperable utilities, and/or exposed wiring)</li> <li>• Severe deprivation</li> <li>• Walk-in</li> <li>• Caregiver made plausible or credible threat to seriously harm the child</li> <li>• Failure to thrive</li> <li>• Malnutrition</li> <li>• Medical neglect for infants born with handicapping conditions</li> </ul>
<p><b>Priority Level I (Abuse)</b></p> <p><b>Immediate Response or within 2 hours</b></p>	<ul style="list-style-type: none"> <li>• Death</li> <li>• Inflicted Bone fractures</li> <li>• Inflicted Sprains or dislocations</li> <li>• Brain damage or skull fracture</li> <li>• Subdural Hematoma</li> <li>• Internal injuries</li> <li>• Wounds (open or deep)</li> <li>• Torture, bound or confinement</li> <li>• Sexually transmitted diseases</li> <li>• Sexual penetration</li> <li>• Sexual exploitation</li> <li>• Sexual molestation</li> <li>• Burning and scalding</li> <li>• Cuts, bruises or welts</li> <li>• Shaken Baby Syndrome</li> <li>• Sexual abuse with perpetrator having access to the victim</li> <li>• Failure to protect (sexual and physical abuse)</li> <li>• Sale or attempted sale of a child</li> <li>• Other serious abuse allegations depending upon the child vulnerability factors, the caregiver/family and child danger factors, the extent of the injury and the age of the child.</li> <li>• Hospital, physician, or police is currently holding the child</li> </ul>

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

<p><b>Priority Level II (Neglect)</b></p> <p><b>Response within 24 hours</b></p>	<ul style="list-style-type: none"> <li>• Substance Abuse</li> <li>• Boarder babies</li> <li>• Inadequate food</li> <li>• Inadequate shelter</li> <li>• Inadequate clothing</li> <li>• Educational neglect</li> <li>• Medical neglect</li> <li>• Failure to obtain mental health services;</li> <li>• Domestic violence;</li> <li>• Emotional or mental deprivation; or</li> <li>• Caregiver is unwilling or unable to provide care</li> </ul>
<p><b>Priority Level II (Abuse)</b></p> <p><b>Response within 24 hours</b></p>	<ul style="list-style-type: none"> <li>• Failure to protect</li> <li>• Hitting, punching, biting</li> <li>• Substantial risk of physical injury</li> </ul>

## ATTACHMENT B: Notification of Removal to Relatives

### GOVERNMENT OF THE DISTRICT OF COLUMBIA Child and Family Services Agency



[DATE]

[Relative Name(s)]

[Street Address]

[CITY], [STATE] [ZIP]

Re: (Name and DOB of Child #1)  
(Name and DOB of Child #2)  
(Name and DOB of Child #3)

Dear (Relative Name[s]),

As a social worker for the District of Columbia's Child and Family Services Agency (CFSA), I am contacting you because you have been identified as a relative of the above named (child/ren). CFSA investigates reports of child abuse and neglect, and provides child protection. Services include family stabilization, reunification, time-limited foster care, adoption, and supportive community-based services. These services enhance the safety, permanence and well-being of abused, neglected, and at-risk children and their families in the District of Columbia.

Based on CFSA's investigation, it is/was necessary for (name of child/ren) (to be /to have been) removed from the custody of (his/her/their) (parent/s or caretaker/s) and placed in the care of CFSA. When children are removed from their home and placed in care, CFSA works diligently to locate and contact relatives to inform them of the child's removal, and to explain how the relative can support the child during this difficult time. This is especially important because children do better when they are placed with or are able to stay connected with their loved ones.

As a relative, you can provide support to (name of child/ren) during this time by having contact with him/her/them through phone calls, letters, or visitation. In addition, your participation in the case planning and family teaming process can help stabilize (name of child/ren). Identifying other relatives who may want to get involved is also helpful. Most importantly, you may be eligible to become (name of child/ren)'s resource parent and have (him/her/them) placed in your home.

If you would like to provide a home for (name of child/ren) while (he/she/they) (is/are) in CFSA's care, you will have to participate in a licensing process that includes resource parent training, a home assessment, and a background check. A home assessment includes a criminal history check of every adult in your home (18 and older), a Child Protection Register check (for child abuse and neglect records in DC and other places you or the people in your home have lived). Certain history may disqualify you (and/or your home) but there are exceptions. I can fully explain when you contact me.

I encourage you to contact me so we can be sure that you and (name of child/ren) will receive all of the benefits and services available under these types of circumstances, including but not limited to Temporary Aid to Needy Families (TANF), mental health services, special education services, child care, mentoring, tutoring, etc. If you do not respond to this request, you may lose the opportunity to obtain these resources and have the children placed in your care.

If you know of another family member that may want to participate in planning for (name of child/ren) please speak with me and/or complete the attached Relative Search Information Form. Failure to contact me may

prevent you and your family members from getting all of the benefits you could for (name of child/ren) so please contact me immediately at the number listed below. A quick resolution is essential to (name of child/ren), and your assistance may be invaluable.

Below is a list of placement options and resources that may be available to you. When you call or contact me, we can discuss them more fully.

Adoption: The legal process whereby the Family Court terminates a birth parent's legal rights and duties toward his or her child/ren. Those rights and duties are transferred to the adoptive parents. If the child/ren being adopted has special needs, financial assistance may be provided.

Permanent Guardianship: The transfer of parental responsibility and legal authority from a birth parent to an adult caregiver who then provides permanent care for the child. This is done without legally terminating the parental rights of the child's parents, although it is done through the District of Columbia Family Court. Transferring legal responsibility removes the child from the child welfare system, allows the caregiver to make important decisions on the child's behalf, and establishes a long-term caregiver for the child. Financial assistance may be provided, based on need.

Permanent Custody Agreement: An alternative permanency option for youth who are unable to be reunified with birth parents, or for whom adoption and guardianship are not viable permanency options. Under these circumstances, relatives (or non-relatives who have a significant relationship with the youth, including neighbors, godparents, friends of the family, etc.) can apply to become the youth's permanent legal custodian. Financial assistance may be provided based on the youth's age and level of need.

Please review the two (2) forms that accompany this letter. On the "Relative Interest Form", please indicate the type of support you would like to provide to the (child/ren). If you know of another family member who may want to participate in case planning for (name of child/ren), please complete the attached "Relative Search Information" form. If you are interested in having any type of connection with the (child/ren), we request that you complete and return all forms to the Agency within 30 days. You may also call me at any time to ask questions. Your reply to this notice does not obligate you in any way, but please know that this may be the only notification you receive. Your response may make the difference in (name of child/ren) placement and care.

Again, if you have any questions regarding the information in this letter, please do not hesitate to contact me at (Phone #).

Sincerely,

(Social worker Name)  
(Address)  
(Telephone #)  
(Email Address)  
(Supervisor's Name)  
(Telephone #)  
(Email Address)

200 I Street, SE ♦ Washington, DC 20003  
www.cfsa.dc.gov

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Relative Interest Form**

I, \_\_\_\_\_ understand that \_\_\_\_\_  
Relative's Name Child/ren's Name(s)  
(has been/have been/will be) placed in the custody of the District of Columbia's Child and Family Services Agency (CFSA).

1. Please indicate if you wish CFSA to consider you for having contact with the child/ren such as writing letters, phone contact, visitation or other type of involvement:

(Check one only)	<input type="checkbox"/>	<b>YES. Do</b> consider me for having some type of contact with the child/ren.
	<input type="checkbox"/>	<b>NO. Do not</b> consider me for having contact with the child/ren.

2. Please indicate whether you wish CFSA to consider you as a possible placement resource option for the child/ren in care. This means you are willing to have the child/ren placed in your home (with services).

(Check one only)	<input type="checkbox"/>	<b>YES. Do</b> consider me as a possible placement resource for the child/ren.
	<input type="checkbox"/>	<b>NO. Do not</b> consider me as a possible placement resource for the child/ren.

To be considered for any of the above options, please sign, date and return this form within 30 days. If you do not return this form or if CFSA is unable to communicate with you in some other way, CFSA will assume that you are currently unable to provide a family connection or a home for the child/ren to live. If you are unsure and would like to discuss the child/ren's needs and options available to you, place contact (Social Worker Name) at (Phone #).

\_\_\_\_\_  
Relative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact number(s)

\_\_\_\_\_  
Email

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency



Relative Search Information

Name of Person completing Form: \_\_\_\_\_

Child(ren's) Name(s): \_\_\_\_\_

<b>1.Relative Information</b>	Relationship to Child _____	<input type="checkbox"/> Maternal (Mother's side)	<input type="checkbox"/> Paternal (Father's side)
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone:(    )      Work Phone:(    )      Cell Phone:(    )      Email: _____			

<b>2.Relative Information</b>	Relationship to Child _____	<input type="checkbox"/> Maternal (Mother's side)	<input type="checkbox"/> Paternal (Father's side)
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone:(    )      Work Phone:(    )      Cell Phone:(    )      Email: _____			

<b>3.Relative Information</b>	Relationship to Child _____	<input type="checkbox"/> Maternal (Mother's side)	<input type="checkbox"/> Paternal (Father's side)
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone:(    )      Work Phone:(    )      Cell Phone:(    )      Email: _____			

<b>4.Relative Information</b>	Relationship to Child _____	<input type="checkbox"/> Maternal (Mother's side)	<input type="checkbox"/> Paternal (Father's side)
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone:(    )      Work Phone:(    )      Cell Phone:(    )      Email: _____			

<b>5.Relative Information</b>	Relationship to Child _____	<input type="checkbox"/> Maternal (Mother's side)	<input type="checkbox"/> Paternal (Father's side)
Name: _____			
Street: _____			
City: _____ State: _____ Zip Code: _____ Country: _____			
Home Phone:(    )      Work Phone:(    )      Cell Phone:(    )      Email: _____			