



DISTRICT OF COLUMBIA

F A C E S . N E T

CHILD AND FAMILY SERVICES AGENCY

CHILD PROTECTIVE SERVICES

Summer 2009
Version - 3.1

FACES.NET CHILD PROTECTIVE SERVICES MANUAL



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PREFACE

Course Objectives

- Course Overview
- Course Objectives
- Course Curricula Tools and Symbols



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Course Overview

Welcome to the FACES.NET two-day Child Protective Services (CPS) training. This course is designed to give trainees an understanding of the functions in FACES.NET pertaining to CPS. The course is divided into sections, each having its own set of objectives and corresponding to a particular area of functionality in the FACES.NET system. A FACES.NET Scenario has been constructed to link the sections together and mimic the way FACES.NET will be used for Agency business. In the classroom, trainees will participate in a guided walkthrough of the FACES.NET Scenario in order to practice activities based on real-life situations.

Please keep in mind that the FACES.NET system is frequently updated, and some of the screens may have slightly changed after this document was printed.

Course Objectives

Upon completion of this course, the trainee will have an understanding of how CFSA business process correlates with FACES.NET data entry. FACES.NET CPS training will reinforce the lessons covered in the three-month Pre-Service Training Program offered by the Office of Training Services. By giving trainees practice time in the classroom, they will build confidence in their ability to properly enter and access data in the FACES.NET system.

Remember that a system is only as good as the information it receives. This course will train trainees how to supply FACES.NET the proper information so that it can remain a Federally certified Child Welfare Information Systems in the Nation. Best Wishes!






Course Curricula Tools

Curricula Features:

- Performance Objectives
- FACES.NET Guide
- FACES.NET Scenarios

Curricula Symbols

The following icons are used throughout the FACES.NET Scenario Guide:

Icon	Title	Description
	Reminder	Indicates that there is an important point to which the trainee needs to pay attention.
	Definitions	Indicates that a word or concept is being defined.
	Notes	Indicates a helpful piece of information for the trainee to know.
	Practice	Indicates Agency practice information.
	FACES.NET Guide	Indicates the section of the manual having FACES.NET step-by-step instructions.

Course/Classroom Rules

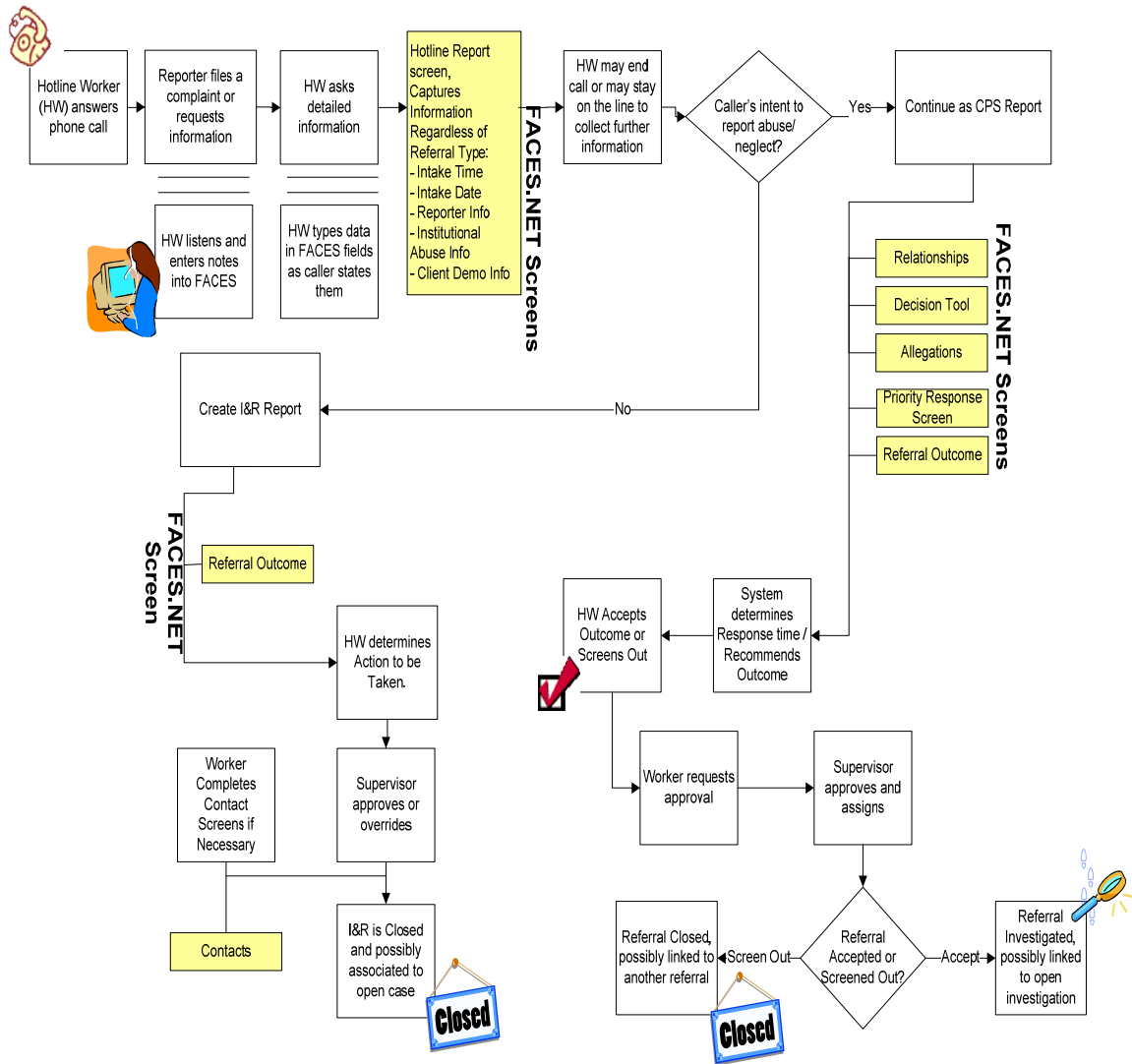
- Course begins promptly at 9:00 AM and ends at 4:00 PM on the each consecutive training day;
- Lunch is one (1) hour;
- Two fifteen (15) minute breaks. One in the morning and one in the afternoon;
- No eating or drinking in the classroom;
- No roaming on the Internet;
- Cell Phone should be off or in vibrate/silent mode.

Error! No table of contents entries found.

Child Protective Services Flow Chart

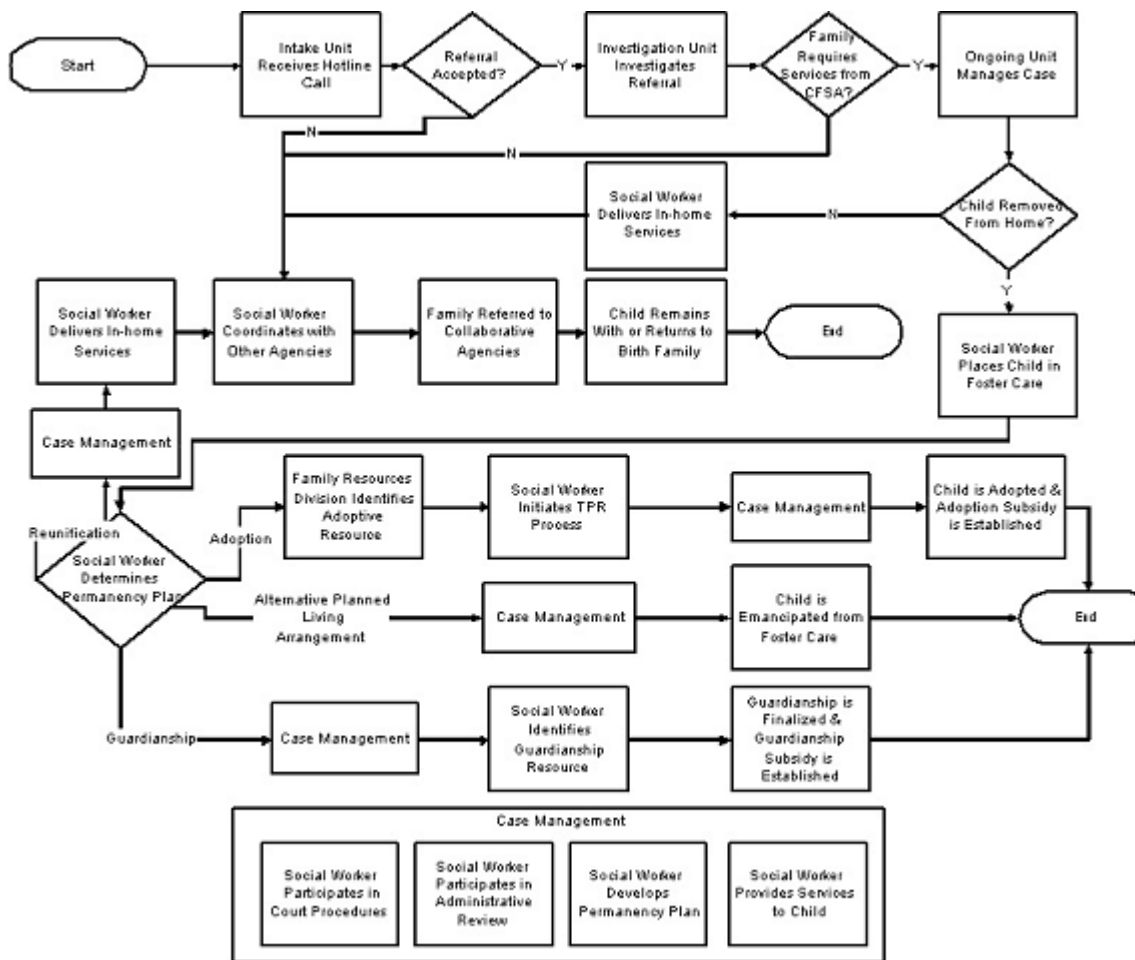
The flow chart below provides a high level overview of the flow from the Hotline Report Screen within the Agency. From this depiction you can visualize from the point of the initial hotline call to the many avenues taken to provide the best scenario for children and families that come into our care.

FACES.NET Hotline Intake Process Flow



Life of a Case

The flow chart below provides a high level overview of the flow from the Intake/Investigation, Placement, and then Permanency information within the Agency. From this depiction you can visualize from the point of the initial hotline call to the many avenues taken to provide the best scenario for children and families that come into our care then ultimately find a permanent living environment.



Note: CFSA has embedded a permanency planning social worker (PPSW) in 29 out-of-home care units in In-Home & Reunification Services, Permanency & Family Resources, and Youth Development.

SECTION 1: INTRODUCTION

- What is FACES.NET?
- How to Use This Manual
- How to Get Help
- The Family Case



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Introduction

What is SACWIS?

- Federally mandated through the Administration of Children and Families;
- Comprehensive automated case management tool that supports a case from investigation, removal of a child through placement, until the child achieves permanence, and all the other supportive functions such as finance, contracts, clinical practice, well being indicators, etc;
- Required to support mandated Federal reporting of data to the Adoption and Foster Care Analysis Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS);
- House and utilize information to promote stability, economic security, responsibility, and self-sufficiency of children and families within our care;
- Captures the entire life of a case;
- Ability to provide case specific and aggregate reports;
- Collects information relating to the eligibility of individuals under Title IV-E.

What is FACES.NET?

FACES.NET is the District of Columbia's Statewide Automated Child Welfare Information System (SACWIS). The Child and Family Services Agency (CFSA) is the District of Columbia's child protection agency, which employs more than 900 social workers, and partners with fifteen private agencies. FACES.NET is designed to support social workers and the Agency in the following areas:

- Case management activities, such as documenting contacts/visits, writing case plans and court reports;
- Issuing payments to service providers;
- Collecting data to produce outcome-based management;
- Standardizing policy and practice.

FACES.NET has enabled the Agency to collect and disseminate information to diverse audiences including the Court Monitor, the Mayor's Office, *The Washington Post*, Federal oversight agencies such as the General Accounting Office (GAO), Administration of Children and Families (ACF), and Congress.

How to Use this Manual

This FACES.NET CPS manual is designed to introduce and reinforce the concept of using an automated information system to improve child welfare practice. In particular, the guide focuses on the responsibilities of social workers, who are the front-line workers of the Agency.

This manual further serves two functions. First, it will be your guide during the FACES.NET portion of your CFSA CPS training. With your instructor, you will complete each of the Sections and gain an understanding of how to use the FACES.NET system in your day-to-day responsibilities. You will complete the Sections over the two-day course. Each section is organized in an easy-to-read manner laying the groundwork with a Practice Overview segment. Afterwards there are detailed step-by-step instructions on how to accomplish that topic using FACES.NET.

The second function of this manual is to serve as a desktop guide for FACES.NET use after you have completed the initial training. You may keep this copy of the manual, and make any notes that you desire during class. At the end of each section is a page designated for note-taking. Later, if you need to review how a particular task is performed in FACES.NET, you can look it up at your convenience.

This document adheres to standardized technical writing conventions. All command buttons are displayed the way they appear on the computer screen. All commands are in bold, indicating that an action should be taken. Each scenario is introduced using real case stories or training activities in order to provide an appropriate context for the particular module. Throughout the manual, participants in the Jackson case are highlighted using the underline feature.

How to Get Help

If you still have question after consulting this resource, you are of course welcome to contact the IT ServUs Helpdesk /FACES.NET Helpdesk. Helpdesk staff is available from 8:00 AM - 5:00 PM every weekday to assist with FACES.NET and technical questions. For Private Agency workers please call the FACES.NET Helpdesk which can be reached at 202-434-0009. For Agency workers Please contact the IT ServUs Helpdesk at 202-671-1566.

The Family Case

The Jackson family case is the case you may be familiar with from other elements of your Pre-service training, and is used as the sample case in this document. The scenario that you may use during the actual FACES.NET training may slightly differ. If so, follow your instructors' directions on how to reconcile this manual with the case details you see in FACES.NET. Details of the Jackson family case begin on the following pages

Jackson Case Narrative

Office of Training Services CPS Training for Social Work Staff

Field Practice Case

Learning Objectives:

1. Through using a case illustration, workers will have a better understanding of CFSA's programs and policies.
2. Through case illustration, workers will be able to understand how to effectively deliver services to clients.

Case Name: Shanté Jackson

Case Description:

The Jackson case came to the attention of Child and Family Services Agency's Child Protective Services Administration due to an allegation of abuse and neglect against Ms. Jackson. Ms. Jackson was previously known to CFSA. A neighbor reported Ms. Jackson's young children were left home alone and were seen in the streets unsupervised, unkempt and inappropriately dressed. It was also alleged that there were drug trafficking activities in Ms. Jackson's apartment. Upon investigation of the allegations, you observe that one child had (what appeared to be) belt marks on both arms and on her back.

Household Composition:

Name	Age	Gender	Description
<u>Shanté Jackson</u>	30 years old	Female	Mother
<u>Paul Williams</u>	16 years old	Male	Son/Sibling
<u>Femalé Scott</u>	15 years old	Female	Daughter/Sibling
<u>Keyshawn Jackson</u>	12 years old	Male	Twin Son/Sibling
<u>Reyshawn Jackson</u> (<u>Rey-Rey</u>)	12 years old	Male	Twin Son/Sibling
<u>Tanisha Holmes</u>	7 years old	Female	Daughter/Sibling
<u>Latonya Holmes</u>	5 years old	Female	Daughter/Sibling
<u>Lakeisha Jackson</u>	3 years old	Female	Daughter/Sibling
<u>Rodney Scott</u>	2 years old	Male	Grandson
<u>Kiana Scott (Bebe)</u>	6 months old	Female	Granddaughter

Family Description:

Shanté Jackson is a 30-year-old, single, African American female. She is the mother of seven children and two grandchildren. She has a 7th grade education and no history of employment. **Shanté** has a history of substance abuse, sexual abuse, and depression. She currently uses cocaine and alcohol and is involved in selling drugs from her apartment. **Shanté** receives public assistance. Last month, she was beaten by one of her drug dealer boyfriends. She received multiple bruises to her head and body, a broken arm, and a black eye. As a result, she continues to suffer from frequent severe stomach pains and headaches. **Shanté** is estranged from her family members and has no contact with the biological fathers of her children. She does not have a support system or friends.

Paul Williams is a 16-year-old, African American male. He attends Carter Senior High School where he is in the 9th grade for the third time. His grades are poor and he is often truant. Socially, **Paul** functions at a very low level. He has few friends, displays extreme anger and aggression towards others, and often gets into fights with peers and school officials. **Paul** smokes marijuana and drinks beer at least twice per week and on weekends. He also assists his mother sell drugs from their home. He has been involved in petty thefts and has had frequent trouble with law enforcement officials.

Femalé Scott is a 15-year-old African American female. She has two small children **Rodney**, age 2, and **Kiana (Bebe)**, age 6 months. **Rodney** displays temper tantrums and aggressive behavior that are often difficult for **Femalé** to handle. Otherwise, he is progressing well and is happy and healthy. **Femalé** dropped out of junior high school when she became pregnant with her son **Rodney**. She sporadically attended an adult education program until she became pregnant with **Kiana**. During her pregnancy with **Kiana**, she occasionally drank beer and smoked marijuana. Currently, **Femalé** does not attend school. She is unaware of the whereabouts of her son **Rodney**'s father. However, she has sporadic contact with **Kiana**'s father, **Ricky Boone**, who provides no financial support to his daughter. **Femalé** smokes marijuana and drinks alcohol. She often hangs out on the corner with her friends and leaves **Rodney** and **Kiana** at home with her seven-year-old sibling, **Tanisha**. Although **Femalé** lives with her mother, they have a strained relationship. They frequently argue and fuss at each other regarding **Femalé**'s children and household responsibilities.

Rodney Scott is a 2 year old, African American toddler. He is a happy and healthy child. However, he displays temper tantrums and aggressive behavior that are difficult for his mother to handle. **Rodney** is progressing well developmentally. He enjoys playing with his 6 month old sibling, his aunt and uncles. He also enjoys watching Barney and Teletubbies.

Kiana Scott (known to her family as **Bebe**), is a 6 month old African American infant. She is progressing poorly physically and developmentally. **Kiana** possibly has failure to thrive syndrome. However, she sporadically receives her well baby check-ups as **Femalé** often forgets her appointments. **Kiana**'s eating habits are poor; she has not gained adequate weight in the last three months and has some developmental lags. **Kiana** cries excessively when she is not being held or played with.

Keyshawn Jackson is a 12-year-old African-American male and twin brother of **Reyshawan**. **Keyshawn** currently attends Parker Junior High School, where he is in the 6th grade. He

receives special education and is classified as emotionally disturbed. Keyshawn's grades are poor. He bullies other children in his class and is often involved in altercations. Keyshawn is disrespectful to his teachers and other school officials. He has been suspended twice in the last month. His grades are poor. Keyshawn displays anger and aggression both in school at home. His mother is unable to handle his angry outbursts and rages. He also destroys property at home and frequently gets into fights with his siblings and peers in the neighborhood.

Reyshawn Jackson (Rey-Rey) is a 12-year-old African-American male and twin brother of Keyshawn. Reyshawn attends Parker Junior High School, where he is in the 6th grade. He receives special education and is classified as learning disabled. Reyshawn is socially withdrawn and often appears sad and depressed. Reyshawn also stutters and prefers not to talk in order to avoid being teased. He has few friends and has difficulty fitting in with his peers. His grades are poor, but he tries very hard. At home he is sad, withdrawn, and is teased by his siblings.

Tanisha Holmes is a 7-year-old African-American female. She currently attends Lee Elementary School, where she is in the 3rd grade. Tanisha is an outgoing and friendly child. However, she is often attention seeking and overly affectionate with adults. Socially, she has few friends and gets along well with peers. Academically, she has difficulty with reading and math. She participates in a reading and math resource program at school and tries very hard to succeed. She is well liked by her teachers. Tanisha suffers from Enuresis and occasional Encopresis. She is embarrassed by her condition due to the fact that her classmates tease her about her odor. Tanisha also needs glasses. At home, Tanisha is overly sweet and compliant. However, her mother often physically punishes her for wetting and soiling herself. Tanisha also has unrealistic expectations and adult responsibilities placed on her, as she is often the caretaker for the younger children (Latonya, Lakeisha, Rodney, and Kiana) in the home. Consequently, Tanisha receives a beating for the wrongdoings of the other children. Tanisha enjoys her role as caretaker as she doesn't have many friends.

Latonya Holmes is a 5-year-old African American female. She attends Lee Elementary School, where she is Kindergarten. Latonya enjoys school and is generally a happy child. Latonya suffers from chronic bronchial asthma. She often requires hospitalization after an attack. Latonya's bronchial asthma is controlled with medication. At home, Latonya is quiet and withdrawn and cries easily. Latonya sleeps with her mother due to lack of space in the home. However, her mother's boyfriend also sleeps in the same bed occasionally. Due to the sleeping arrangements, Latonya has been subjected to ongoing sexual molestation by the mother's boyfriend. She revealed this to her sister Tanisha and told her not to tell. Latonya enjoys watching Barney and Teletubbies on television.

Lakeisha Jackson is a 3-year-old African American female. Lakeisha was born with a positive toxicology to cocaine. She was also born with the sickle cell trait. She was placed in foster care at birth, but returned home after three months. Lakeisha is developmentally delayed. She uses one to two word phrases, walks on her toes, and sucks her thumb. She is not potty trained and continues to use a bottle. Lakeisha also sleeps in the bed with her mother and Latonya. Lakeisha has frequent colds. She enjoys watching Barney and Teletubbies.

Description of Environment:

The family resides at 1254 Edgefield Terrace # T105, at the Brookfield Housing projects, in the N.E. section of Washington, D.C. The neighborhood is predominantly comprised of African Americans and some Hispanics. The neighborhood is heavily drug and crime infested. However, there are many community services and resources in the area. This includes substance abuse programs, mental health clinics, the Edgefield Collaborative, hospitals, and shelters.

Description of the Home:

The Jackson home consists of two bedrooms, one bathroom, a small living room/dining room, and a tiny kitchen. Home maintenance is very poor. The apartment reeks of urine, and is cockroach infested. There is dirty clothing and other miscellaneous items scattered all over the apartment floor. The kitchen is filthy with dirty dishes in the sink, on the countertops, and on the floor. The apartment is sparsely furnished with one couch, a small dining room table, one small television, two full size beds, one crib, and a playpen.

SECTION 2: SYSTEM NAVIGATION

- Definition of Icons and Language Usage in FACES.NET



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Practice Overview

FACES.NET is strategically used to support case practice and the business processes within each Administration. There are common icons and buttons that run throughout FACES.NET and aid in the ease of use of the FACES.NET screens. This segment illustrates some important features to know about the FACES.NET system.

Definition of Icons and Language Usage in FACES.NET

This segment reviews icons and language usage in this guide relative to FACES.NET.

Drop-Down Menu

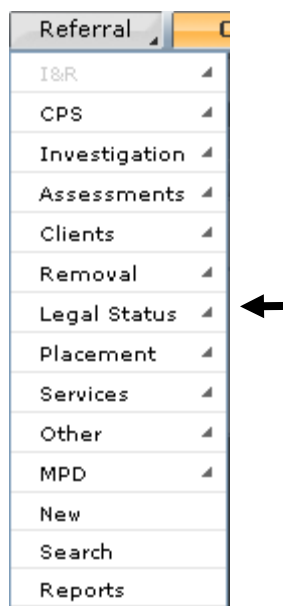


Figure 2.1

The gray command buttons at the top of the FACES.NET screen is the Drop-Down Menu. These command buttons, which features the Referral, Case, Client, Provider, and Admin, is always accessible in FACES.NET, no matter what screen you are on. The options, within the menu, dynamically change as different entities are brought into focus, but the five main command buttons remain accessible. The menu includes a parent/child system. What this means is that any menu that has a gray arrow on the right side of the menu contains additional screens within it.

Breadcrumbs Toolbar



Figure 2.2

This toolbar is displayed when a specific track (Referral, Case, etc.) is selected. This toolbar will change depending on where you are in the system. Blue areas are previous selections accessed through these command buttons display menu listings which will dynamically change. The orange button is the screen that is currently in the work area.

Quick Link

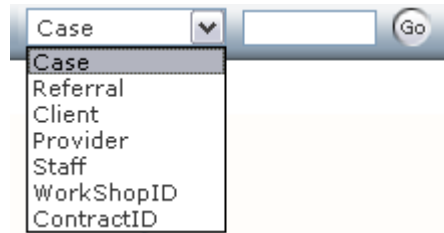


Figure 2.3

The Quick Link is a new functionality within FACES.NET. This box, in the upper right hand corner of FACES.NET, allows for the entry of a Referral, Case, Client, Provider, Staff, Workshop ID, or Contract ID to bring that entity into focus.

Toolbar Additional Screen Icon

The additional screen icon is a small picture found on certain toolbar buttons. If the button has this icon, it means that there are lower level screens associated with that button. When you click on that button, it will move to the left side of the breadcrumbs toolbar, and a new series of buttons will appear on the right side of the toolbar. If a toolbar button does not have an icon, it means that there is only one screen associated with that button.



Button with Icon

Figure 2.4



Button with no Icon

Figure 2.5

Radio Buttons

Radio buttons are the round circles found next to certain fields in FACES.NET. These allow you to quickly select a displayed option. Once selected, the radio button will turn to green. Only one radio button may be selected at a time.

Additional Information

Associated Referral and Assignment*

Do Not Associate
 Associate with Referral
 Associate with Case

Referral/Case ID:

Find:

Worker: Unit:

Figure 2.6

Select Boxes

Select Boxes are collections of check boxes within a pop-up screen. These allow you to quickly select a displayed option. Once selected, the check box will contain a \checkmark inside the box. Unlike the radio button, more than one check box within the select box may be selected at a time.

Strengths

Available




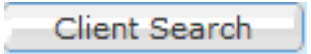

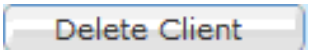
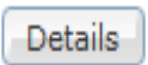

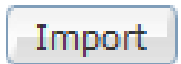

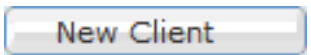
- Academically Successful
- Accepts Consequences for Own Behavior
- Accepts Discipline
- Accountable for Own Behavior
- Active/Energetic
- Adaptive
- Adorable
- Affectionate
- Alert
- Assertive
- Attentive
- Attractive
- Brave/Courageous
- Bright
- Bright Eyes

Ok Cancel

Figure 2.7

Command Buttons

The row of gray/orange buttons on the bottom of any FACES.NET screen is called the Command buttons. These buttons are used to perform specific actions. A list of common command buttons and their functions are provided below:

Command Buttons	Definition
	Approval – Sends information to the Supervisor for approval.
	Cancel - Exits the current screen (This should be used every time you exit a screen).
	Clear – Clears all the information out of all fields within the screen. This will not delete saved information within a record.
	Client Search – Searches the client within the FACES.NET System.
	Delete – Erases a record from the database. This action is normally disabled in most screens.
	Delete Client – Deletes a client from the referral in the Hotline Report Screen.
	Details – Shows the details of a file within the File Cabinet.
	Edit – Opens a field for editing.
	Import – Imports a file to the File Cabinet.
	New – Creates a new record. Creates a blank record on the screen in focus.
	New Client – Opens a new client in the Hotline Report Screen.


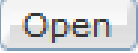
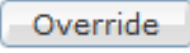
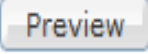



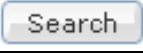

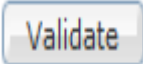
Command Buttons	Definition
	Ok – Enters a selection into the record.
	Open – Opens a file within the File Cabinet.
	Override – Allows for a supervisor to override a decision made within the CPS Outcome screen.
	Preview – Allows for viewing of a report as a .pdf file.
	Print – Prints a selected report from the Management Reports.
	Save – Saves the record to the database.
	Save Client – Saves a client to a referral in the Hotline Report screen.
	Search – Searches the database for a specific record.
	Show – Puts a selected entity/record into focus.
	Validate – Validates Information within the Hotline Report screen.

Figure 2.8

Notes

SECTION 3: WORKLOAD REVIEW

Performance Objectives

In this Section, you gain confidence in your ability to:

- Navigate to your Workload
- Review your Workload
- View Associated Referrals and Cases



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FACES.NET Guide

The previous segment focused on agency practice revolving around reviewing risk assessment tools, case transfer conference and information pertaining to receiving new referrals. This section will guide you through the relevant FACES.NET screens.

Navigate to your Workload

The Workload dialog box displays all of the referrals and investigations that have been assigned specifically to each worker. When a referral is assigned to a worker it can be found in their workload.

Steps Include:

- Step 1: Click the **Workload** area, then click the **My Assignments (+)** link within the left pane to display your **Workload**.

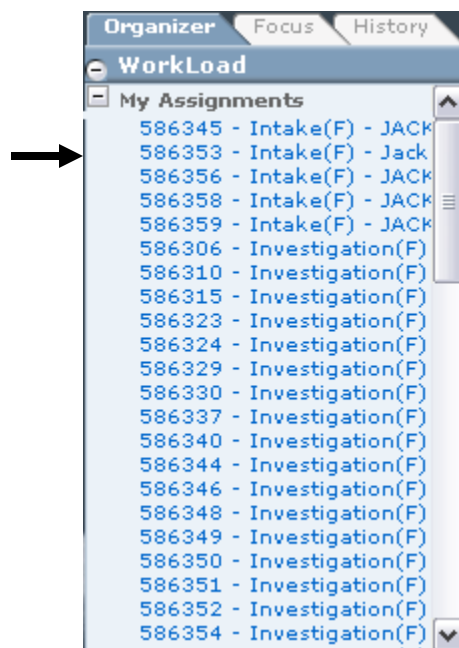


Figure 3.1

- Step 2: Click the Referral name that is being worked on. This will bring that Referral into focus.

Step 3: Or click anywhere on the words “My Assignments” to view the workload in detail. This will bring up the **Workload List** screen.

WorkLoad List

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

Case / Intake / Other Listing

Program Area*
FACESNET TRAINING

Unit
ADMIN, T. - Training ADMIN 1760

Workers
TRAINER, ADMIN

ID	Restricted	Type	Responsib	Referral T	Name	Client	Date Assig	Open Date	Resp. Time
586358		Intake	Family		JACKSON21		01/14/2006	12/28/2005	
586357		Investigatio	Family	Neglect	JACKSON20		01/14/2006	12/28/2005	Immediate
586356		Intake	Family		JACKSON62		01/13/2006	12/28/2005	
586355		Investigatio	Family	Neglect	JACKSON65		01/13/2006	01/13/2006	Immediate
586354		Investigatio	Family	Neglect	JACKSON66		01/13/2006	01/13/2006	Immediate
586353		Intake	Family		Jackson61		01/12/2006	12/28/2005	
586352		Investigatio	Family	Neglect	JACKSON67		01/13/2006	01/12/2006	Immediate
586351		Investigatio	Family	Neglect	Jackson60		01/12/2006	12/28/2005	Immediate
586350		Investigatio	Family	Neglect	JACKSON68		01/12/2006	01/12/2006	Immediate
586349		Investigatio	Family	Neglect	JACKSON24		01/12/2006	01/12/2006	Immediate
586348		Investigatio	Family	Neglect	Jackson59		01/12/2006	12/28/2005	Immediate

*** Indicates Restricted or *A* Indicates Restricted && Adoption Security or 'A' Indicates Adoption Security

Show Transfer Summary Restrict Assign/Transfer

Figure 3.2

Step 4: Highlight the Referral that you wish to bring into focus and click **Show**. This will put that referral into focus.



Note: The **Workload List** screen can also be used to access the **Transfer Summary**, **Assign/Transfer**, and Workload pages, as well as, Close, Restrict and/or edit the contacts and case name within them.

Sort Workload



Note: The Workload may be sorted using various key category heading, i.e. Case or Referral ID, Referral Type, Case Name, Client or Date Assigned etc. Using one of the sort criteria, it can then be put in ascending or descending order.

Steps Include:

Step 1: Click the **Workload** area, and then click the **My Assignments** link within the left pane to display your Workload. *This will display a list of cases in the workload in the right display window. See Figure 3.3*

Workload List

* Denotes Required Fields ** Denotes Half-Mandatory Fields # Denotes AFCARS Fields

Case / Intake / Other Listing

Program Area*
FACESNET TRAINING

Unit
003, TRAINER - Training Unit III 1730

Workers
00: TRAINER

Sort By: ▾

ID	Restricted	Type	Responsib	Referral T	Name	Client	Date Assig	Open Date	Resp. Time
10013725		Potential Pr	Primary		YO		11/30/2004	11/30/2004	
572615		Investigatio	Family	Neglect	BARBAROO		03/08/2000	03/08/2000	Immediately
10013577		Case	Family		BARNES	KAREN BAR	03/03/2000	08/20/1999	
10013353		Case	Family		BIRD	KAREN BIR	03/03/2000	08/19/1999	
10013254		Case	Family		BONDY	KAREN BON	03/03/2000	08/18/1999	
10013614		Case	Family		BONNELL	KAREN BON	03/03/2000	08/20/1999	
10013193		Case	Family		BRANDLE	KAREN BRA	03/03/2000	08/18/1999	
10013457		Case	Family		CARRAWAY	KAREN CAR	03/03/2000	08/20/1999	
10013533		Case	Family		COSBY	KAREN COS	03/03/2000	08/20/1999	
572628		Investigatio	Family	Neglect	CRANE		03/08/2000	03/08/2000	Immediately
572616		Investigatio	Family	Neglect	CRICK		03/08/2000	03/08/2000	Immediately

*** Indicates Restricted or *A* Indicates Restricted && Adoption Security or 'A' Indicates Adoption Security

Figure 3.3

Step 2: Click **Sort By** in the **Workload List** screen. *The Sort screen will appear as in Figure 3.4*

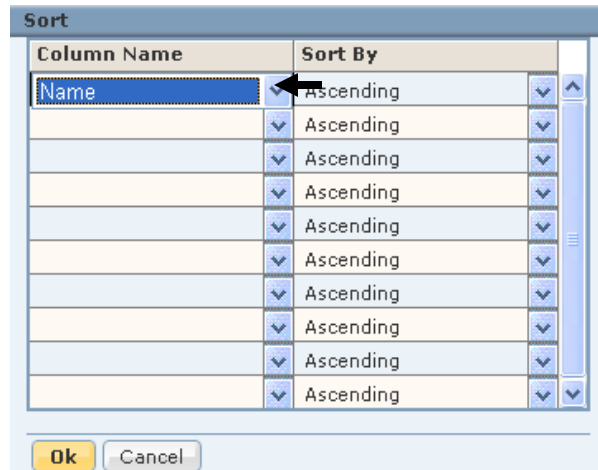


Figure 3.4

Step 3: Click on the drop-down arrow to the right of the **Column Name** column to display sort values.

Step 4: Select a sort criterion from the pick list values displayed.

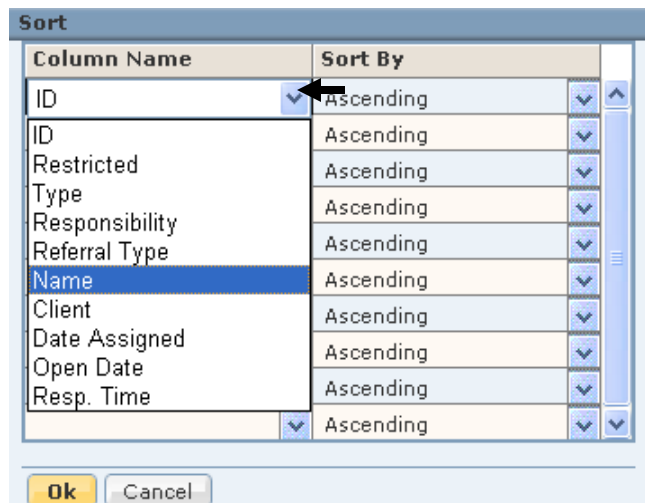


Figure 3.5

Perform a Referral Search through the Referral Search Screen



Note: A social worker can search for and find any referral in FACES.NET but will only be able to open referrals to which the worker has been assigned.

Steps Include:

Step 1: Place the cursor over the **Referral** menu and click **Search** from the drop-down menu.

Step 2: Enter **Search Criteria** (Name, Referral ID, or Focus ID).

Step 3: Click the **Search** button.



Note: The Search results show the **Referral Details**, the **Referral Client List**, **Linked Referrals**, and **Associated Referrals**.

Referral Search

* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes AFCARS Fields

Search Criteria

Referral Name* JACKSON01 Referral Number

Referral Type Threshold(1%-100%) 79

Search Results

Results 1 - 10 of 30

Referral ID	Restricted	Referral Name	Facility Name	Ref Date	% Match
586303	<input type="checkbox"/>	JACKSON01		01/05/2006	100
586367	<input type="checkbox"/>	JACKSON10		01/17/2006	94
586378	<input type="checkbox"/>	JACKSON08		01/19/2006	88
586377	<input type="checkbox"/>	JACKSON07		01/19/2006	88
586347	<input type="checkbox"/>	JACKSON06		01/12/2006	88
586333	<input type="checkbox"/>	JACKSON05		01/10/2006	88
586331	<input type="checkbox"/>	JACKSON04		01/10/2006	88
586314	<input type="checkbox"/>	JACKSON03		01/06/2006	88
586307	<input type="checkbox"/>	JACKSON02		01/06/2006	88
586372	<input type="checkbox"/>	JACKSON71		01/17/2006	84

Referral Details Referral Client List Linked Referrals Associated Referrals

Referral ID: 586303 Referral Date: 1/5/2006

Family Name: JACKSON01 Facility Name:

Case ID: 192566 Referral Status: Accepted

Outcome Date: 1/5/2006

Search Show Clear Cancel

Figure 3.6

Step 4: Click on the **Referral Client List** tab.

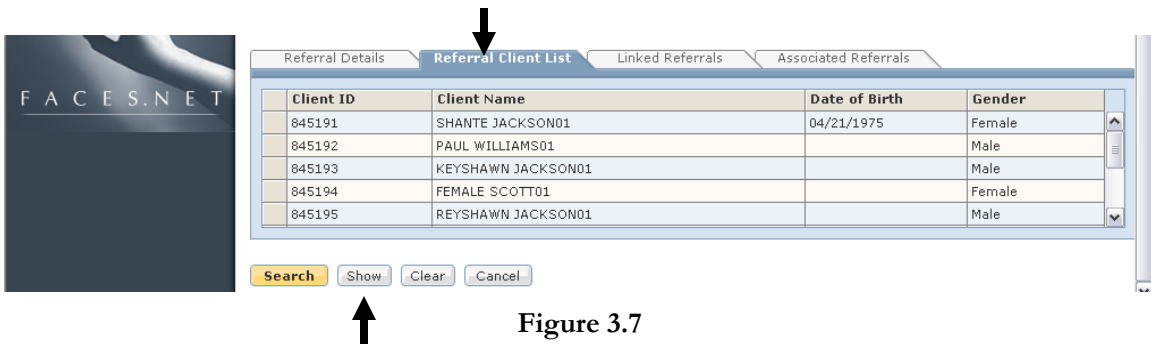


Figure 3.7

Step 5: Select the Jackson referral and click the **Show** button to bring the referral into focus.

Perform a Client Search

In the previous section we learned how to perform a referral search. In the following exercises, you will search for a client and view additional client information.



Note:

- A social worker will only be able to open cases to which the worker has been assigned;
- These screens are also available through both the Referral and Case tracks in FACES.NET.

Steps Include:

Step 1: Place the cursor over the **Client** menu and click **Search**.

Step 2: Type Jackson in the **Last Name** field and click **Search**.

The screenshot displays the FACES.NET Client Search interface. The top navigation bar includes 'Referral', 'Case', 'Client', and 'Provider' menus. The 'Client' menu is selected, and the 'Search' option is highlighted. The search criteria section is expanded, showing fields for 'Client Characteristics', 'Address', 'SSN', 'FACES Client ID', 'FOCUS Client ID', and 'Social File #'. The 'Last Name' field is highlighted in yellow and contains the text 'JACKSON'. A red arrow points to this field. Below the search criteria, there are buttons for 'Search', 'Show', 'Clear', and 'Cancel'. A red arrow points to the 'Search' button.

Figure 3.8

Step 3: Select a member of the **Jackson** family in the **Search Results** list (i.e., Keyshawn Jackson).

Client Search

* Denotes Required Fields ** Denotes Half-Mandatory Fields # Denotes AFCARS Fields

Search Criteria

Search Type

Client Search Adoptive Client Search Threshold(1%-100%) 79

Client Characteristics

Client Characteristics

First Name Middle Name Last Name*
 Birth Date Gender Race

Address

Street # Street Name Suffix
 Quadrant City State

SSN FACES Client ID FOCUS Client ID Social File #

Search Results

Results 11 - 20 of 32

Client ID	First Name	Mid Name	Last Name	Date of Birth	SSN	Duplicate	% Match
845312	KEYSHAWN		JACKSON41		--	<input checked="" type="checkbox"/>	88
845317	LAKEISHA		JACKSON41		--	<input type="checkbox"/>	88
845338	REYSHAWN		JACKSON15		--	<input type="checkbox"/>	88
845498	LAKEISHA		JACKSON17		--	<input type="checkbox"/>	88
845495	REYSHAWN		JACKSON17		--	<input type="checkbox"/>	88
845494	KEYSHAWN		JACKSON17		--	<input type="checkbox"/>	88
845358	KEYSHAWN		JACKSON51		--	<input type="checkbox"/>	88
845356	LAKEISHA		JACKSON51		--	<input type="checkbox"/>	88
845350	REYSHAWN		JACKSON51		--	<input type="checkbox"/>	88
845407	LAKEISHA		JACKSON16		--	<input type="checkbox"/>	88

Info Address Relations Case(s) Referral(s) Court Removal Status Placement Perm Goal

Name: KEYSHAWN JACKSON41 Date of Birth: --
 SSN: -- Creation Date: 1/6/2006
 Address: 3700 KING Street NW WASHINGTON District of Columbia 20001 Gender: Male
 Race: Black or African American

Known Aliases

Type	Name

Search Show Clear Cancel

Figure 3.9

- Step 4: In the **Search Results** list you can see the client's client ID#, name, SSN, date of birth, % Match, and a column noting duplicates.
- Step 5: On the lower half of the screen, there are ten tabs that quickly display detail information that has already been entered into FACES.NET for the selected client. Click each tab to display the information.
- Step 6: Click the **Show** button to bring the client's record into focus.

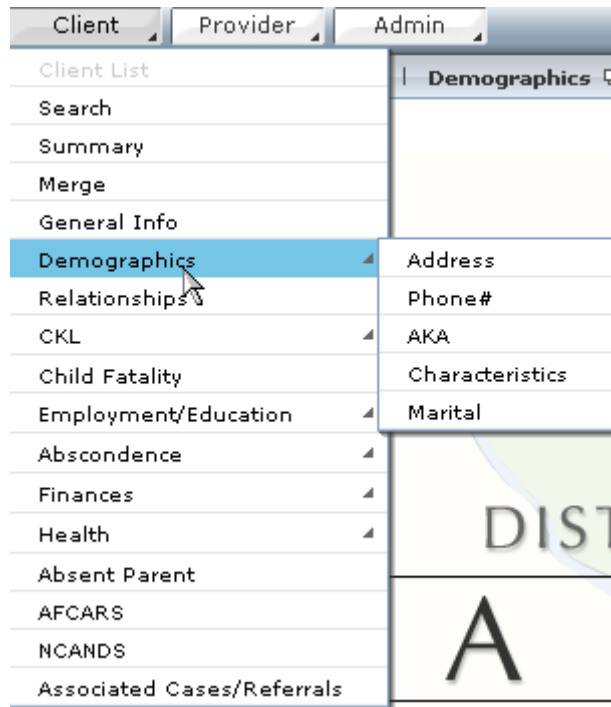


Figure 3.10

- Step 7: Place the cursor over **Demographics** and then click it. This allows you to quickly view the client's address, phone numbers, alias, and other information that has been entered into FACES.NET.
- Step 8: Place the cursor over **Demographics** and click **Address**. This screen shows current and previous addresses associated with this member of the Jackson family.
- Step 9: Place the cursor over **Demographics** and click the **Phone #**. This screen shows a list of all phone numbers associated with this client.

Notes

SECTION 4: HOTLINE REPORTS

Performance Objectives

In this Section, you gain confidence in your ability to:

- Create an I&R Hotline Report
- Create a CPS Hotline Report
- Add Clients
- Check for Clients in FACES.NET

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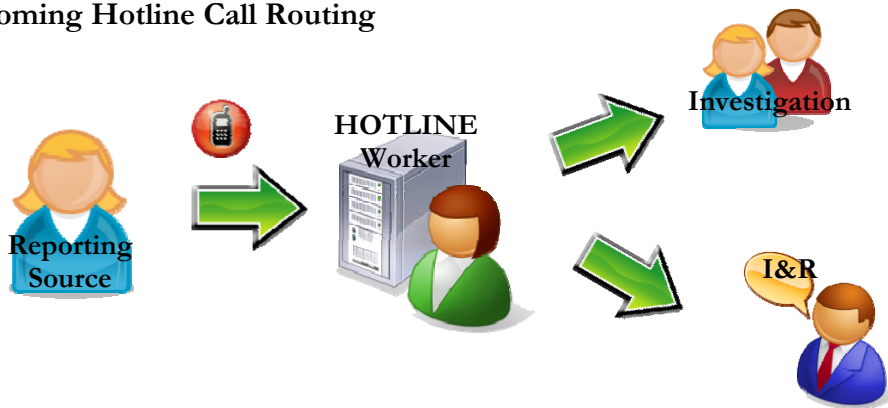


Practice Overview

Hotline Report

The Hotline serves as the first line of contact between the community and the Agency for the protection of children. The purpose of the Hotline is to screen reports of alleged or suspected abuse and neglect of children.

Incoming Hotline Call Routing



The primary functions of the Hotline include the following:

- Receive and document information from the reporting source;
- Provide information and referral for prevention services;
- Determine whether a report will be accepted for investigation;
- Establish a priority for an accepted report;
- Research agency records and collateral sources;
- Promptly assign reports for information and referral, or investigations.

Practice

It is the practice of the Child and Family Services Agency (CFSA) that all reports pertaining to child maltreatment (abuse and neglect) are responded to in a thorough, systematic, and timely manner. To accomplish this goal, the Agency has established and maintains a Hotline system, which is operated and staffed on a 24-hour, 7-day per week basis. Staff assigned to the Hotline perform functions and duties in accordance with applicable legal requirements, CFSA policies and procedures, and training guidelines.

Gathering Information for CPS Reports

A report should contain as much of the following information the reporter is able to provide:

- reporter's identifying information (e.g. name, age, gender, address, etc.), relationship to the family, and contact information (if willing to disclose);



Note: Mandated reporters must provide their identifying information (i.e. name, contact information, statement of actions taken by reporter concerning the child and occupation) when making a report. Anonymous reporters are an allowed value within the system, as long as they are not mandated reporters.

- demographic information (e.g. name, age, gender, address, etc.) regarding the victim, siblings, other family members, other caretakers, and maltreater;
- family composition, available support systems, and community resources;
- information related to the medical and educational status of child;
- allegations of maltreatment and history of prior maltreatment (incidents reported and not reported);
- injuries sustained as a result of the maltreatment;
- reporter's perception of the child's safety status, imminent danger concerns, and any special needs of the child;
- how reporter came to learn of the maltreatment and what prompted the report;
- information regarding other person(s) who may know about the maltreatment;
- family history of substance abuse, domestic violence, mental health concerns, parenting skills, and/or additional risk factors;
- date of the last time child was seen by the reporter and the child's condition;
- child's behavioral response to the maltreatment;
- reporter's assessment of safety for CFSA worker visiting the home;
- current location and address of the child and who is currently supervising the child;
- current location and address of the household and the assessment location;
- physical conditions of both the household and the assessment location; and
- additional information as indicated.



FACES.NET Guide

This section will include information on how to enter an Information and Referral Hotline Report screen.

FACES.NET Scenario

Joan Bright has called the Hotline for Shanté Jackson in order to receive parenting assistance. She was calling to find resources for Shanté.

Enter an Information and Referral Hotline Report

Steps Include:

Step 1: Place the cursor over the **Referral** menu and click **New**.

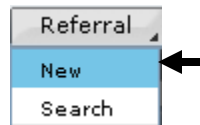


Figure 4.1

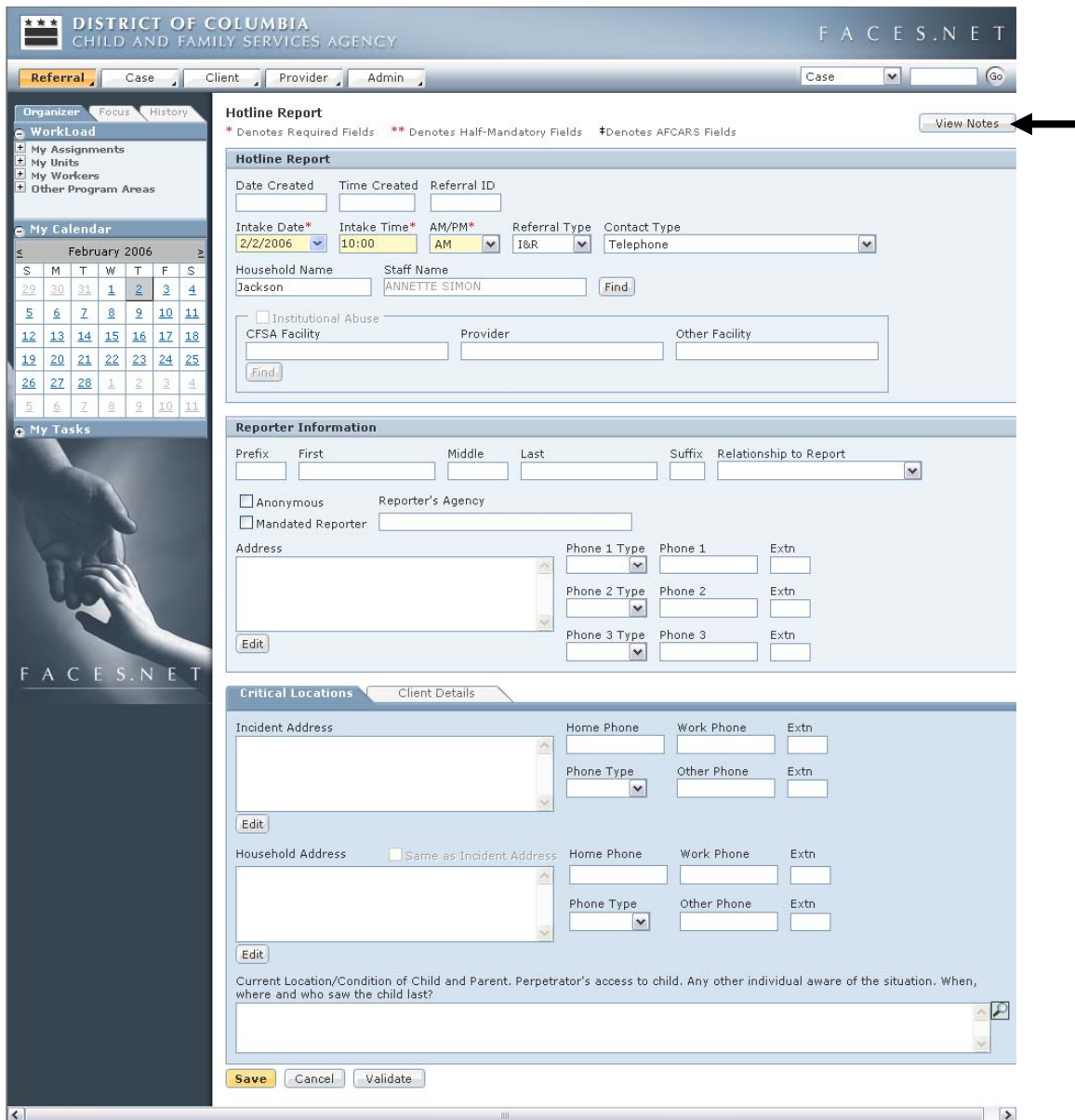


Figure 4.2

Step 2: Select the **Intake Date***, **Intake Time***, and the **AM/PM***.

Step 3: Click the **View Notes** button.



Note:

- The **View Notes** button is a new functionality. It is an unofficial notebook for the worker to use to record the conversation they have with the reporter. Once a Referral, I&R or CPS, has been closed the notes are no longer viewable and are not kept for official record;
- View Notes is accessible from every screen within a referral track until the referral is closed;
- Intake date, time, and AM/PM fields are the only fields required to save a referral.

Step 4: Enter your **Referral Notes**.

The screenshot shows the FACES.NET interface. A 'Referral Notes' dialog box is open, allowing the user to enter notes. The background shows the 'Hotline Report' form with various input fields and a 'Find' button for institutional abuse.

Figure 4.3

Step 5: Select the **Referral Type** as **I&R**.

Step 6: Select **Contact Type** as **Telephone**.

Step 7: Enter **Jackson** as the **Household Name**.

Step 8: Enter the following information into the correct fields in the **Reporter Information** area:

Prefix: **Ms.**

First Name: **Joan**

Last Name: **Bright**

Relationship to Report: **Neighbor**.



Note: If this is an institutional abuse, and the perpetrator is a CFSA provider, then the worker must click the **Find** button within the Institutional Abuse window to search for the provider.



Note: Shanté Jackson has asked neighbor Joan Bright for parenting assistance. Joan Bright is the one who has called into the Hotline.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Referral Case Client Provider Admin

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

Organizer Focus History

In Focus

User Name:
ADMIN TRAINER

Hotline Report

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

Hotline Report

Date Created Time Created Referral ID

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

1/31/2006 10:00 AM I&R Telephone

Household Name Staff Name

JACKSON ADMIN TRAINER Find

Institutional Abuse

CPSA Facility Provider Other Facility

Find

Reporter Information

Prefix First Middle Last Suffix Relationship to Report

Mrs. Doan Bright

Anonymous Reporter's Agency

Mandated Reporter

Address

702 H Street NW
WASHINGTON, District of Columbia 20001
Ward:2, Census Tract:58

Phone 1 Type Phone 1 Extn

Home (202) 333-3333

Phone 2 Type Phone 2 Extn

Phone 3 Type Phone 3 Extn

Edit

Critical Locations Client Details

Incident Address Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

Household Address Same as Incident Address Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

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

Save Cancel Validate

Figure 4.4

Note:

- All fields with asterisks and colored yellow are mandatory and must be filled out in order to save the information;
- All fields with double asterisks are half mandatory, meaning that information must be in at least one of the fields in order to save the information.



Points to Remember:

Blue fields in FACES.NET are Federal Reporting fields. Although not mandatory in order to save the screen, they must be completed.

Step 9: Click the **Edit** button in the **Report Information** area and enter the **Address** information.

The screenshot shows the 'Hotline Report' window in the FACES.NET system. The 'Enter Address' form is active, with the following details:

- Address Type: Domestic Address, P.O.Box, Foreign Address
- Address Details:
 - Street#: 3698
 - Street Name: King
 - Suffix: Street
 - Quadrant: NW
- Unit Type: [Dropdown]
- Unit No: [Text]
- County: [Dropdown]
- City: Washington
- State: District of Columbia
- Zip: 20001-

At the bottom of the form, there are 'OK', 'Find', and 'Cancel' buttons. A red arrow points to the 'Find' button. Below the form, a message reads 'No Data To Display'.

Figure 4.5

Step 10: Click **OK**.



Note:

- Clicking the **Find** button will display a map and a photo of the current address in the **Enter Address** window.
- Clicking **Find** is the only way to populate the Census Track and Collaborative information into the Address.

Step 11: Click the **Edit** button in the **Household Address** field.

The screenshot shows the FACES.NET interface for the District of Columbia Child and Family Services Agency. The main window is titled 'Hotline Report' and contains an 'Enter Address' form. The form has three radio buttons for address type: 'Domestic Address' (selected), 'P.O.Box', and 'Foreign Address'. Below this, there are several sections of input fields: 'Address Details' with 'Street#' (3700), 'Street Name' (King), 'Suffix' (Street), and 'Quadrant' (NW); 'Unit Information' with 'Unit Type', 'Unit No', and 'County'; and 'City/State/Zip' with 'City' (Washington), 'State' (District of Columbia), and 'Zip' (20001-). A 'Comments' text area is located below these fields. At the bottom of the form, there are 'OK', 'Find', and 'Cancel' buttons. A black arrow points to the 'Find' button. The background shows a sidebar with navigation options like 'WorkLoad', 'My Assignments', and 'My Calendar'.

Figure 4.6

Step 12: Enter the address information.

Step 13: Click the **Client Details** tab.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Referral Case Client Provider Admin Case Go

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

Organizer Focus History

WorkLoad

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

My Calendar

January 2006

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

My Tasks

Hotline Report

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

Hotline Report

Date Created Time Created Referral ID

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

1/17/2006 10:00 AM CPS Telephone

Household Name Staff Name

JACKSON ADMIN TRAINER Find

Institutional Abuse

CPSA Facility Provider Other Facility

Find

Reporter Information

Prefix First Middle Last Suffix Relationship to Report

Ms. Joan Bright Neighbor

Anonymous Reporter's Agency

Mandated Reporter

Address Phone 1 Type Phone 1 Extn

3698 King Street NW Home (202) 333-3333

Washington, District of Columbia 20001

Phone 2 Type Phone 2 Extn

Phone 3 Type Phone 3 Extn

Edit

Critical Locations Client Details

Incident Address Home Phone Work Phone Extn

3700 King Street NW

Washington, District of Columbia 20001

Phone Type Other Phone Extn

Edit

Household Address Same as Incident Address Home Phone Work Phone Extn

3700 King Street NW

Washington, District of Columbia 20001

Phone Type Other Phone Extn

Edit

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

Three children are still within the home. Location of the parents is unknown. Location of other children is unknown.

Save Cancel Validate

Figure 4.7

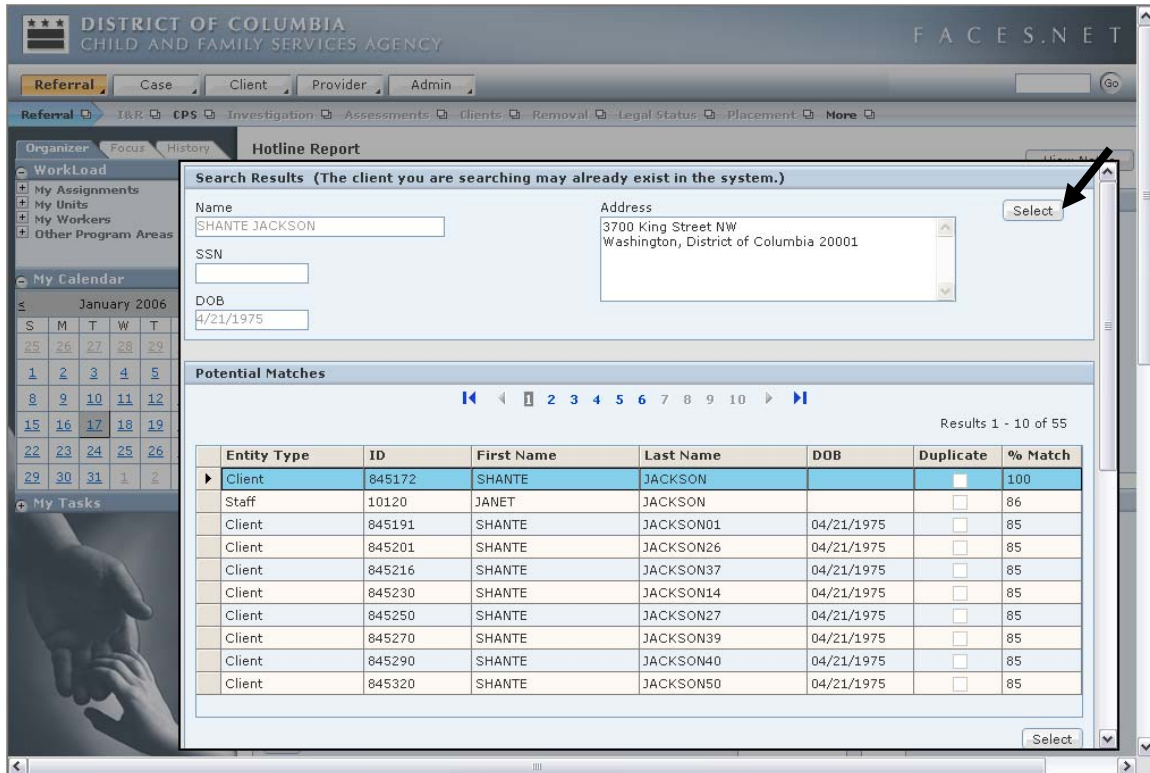
- Step 14: Enter the following information into the correct fields in the **Client Details** tab:
- First Name: **Shanté**
 - First Name: **Jackson**
 - Birth Date: **April 21, 1975**
 - Gender: **Female**
 - Primary Race: **Black or African American**
 - Hispanic: **No**
 - In Household?: **Yes**
 - Participating as Child?: **No**
 - Role at Intake: **Birth Parent**, and **Caretaker**
 - Client Contact Information: Click the **Same as Household** radio button.

The screenshot shows a web-based form for entering client information. The form is titled "Client Details" and is divided into several sections. At the top, there is a table with columns for "Client Name", "Age", "Searched?", and "Existing Client". Below this is the "Client Information" section, which includes fields for "Prefix", "First", "Middle", "Last", "Suffix", "Birth Date", and "Aprx. Age". The "Race & Ethnicity" section includes "Primary Race" and "Hispanic" dropdown menus. The "Association to Referral" section includes "In Household?" and "Participating as Child?" dropdown menus. The "Client Contact Information" section includes radio buttons for "Same as Household", "Address of Incident", and "Homeless", along with an "Other Address Please Specify" section. There are "Save Client", "New Client", "Client Search", and "Delete Client" buttons on the right side. At the bottom, there are "Save", "Cancel", and "Validate" buttons. Two black arrows point to the "Save Client" button and the "Same as Household" radio button.

Figure 4.8

- Step 15: Click **Save Client**.

Step 16: Click **Client Search**.



The screenshot shows the FACES.NET interface for the District of Columbia Child and Family Services Agency. The main window displays a 'Hotline Report' with a search results section. The search results section has a heading 'Search Results (The client you are searching may already exist in the system.)' and contains input fields for Name (SHANTE JACKSON), Address (3700 King Street NW, Washington, District of Columbia 20001), SSN, and DOB (4/21/1975). A 'Select' button is located to the right of the address field. Below the search form is a 'Potential Matches' section with a table of results. The table has columns for Entity Type, ID, First Name, Last Name, DOB, Duplicate, and % Match. The first row is highlighted in blue and shows a Client with ID 845172, First Name SHANTE, Last Name JACKSON, and a 100% match. Other rows show various other clients with different IDs and match percentages. A 'Select' button is also located at the bottom right of the table.

Entity Type	ID	First Name	Last Name	DOB	Duplicate	% Match
Client	845172	SHANTE	JACKSON		<input checked="" type="checkbox"/>	100
Staff	10120	JANET	JACKSON		<input type="checkbox"/>	86
Client	845191	SHANTE	JACKSON01	04/21/1975	<input type="checkbox"/>	85
Client	845201	SHANTE	JACKSON26	04/21/1975	<input type="checkbox"/>	85
Client	845216	SHANTE	JACKSON37	04/21/1975	<input type="checkbox"/>	85
Client	845230	SHANTE	JACKSON14	04/21/1975	<input type="checkbox"/>	85
Client	845250	SHANTE	JACKSON27	04/21/1975	<input type="checkbox"/>	85
Client	845270	SHANTE	JACKSON39	04/21/1975	<input type="checkbox"/>	85
Client	845290	SHANTE	JACKSON40	04/21/1975	<input type="checkbox"/>	85
Client	845320	SHANTE	JACKSON50	04/21/1975	<input type="checkbox"/>	85

Figure 4.9



Note:

- The bottom grid represents clients already in the FACES.NET system;
- FACES.NET intelligently searches the database for matches; including staff, providers, and previous clients;
- The top enters the client as a new client.

Step 17: Click the upper **Select** button to enter Shanté as a new client.

Step 18: Click **Save**.

Complete the I&R Outcome

This section will include information on how to complete Information and Referral Outcome screen.

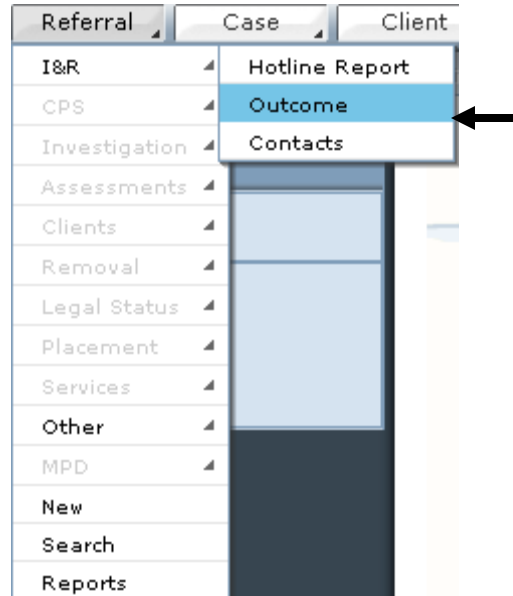


Figure 4.10

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **I&R** and click **Outcome**.

- Step 2: Enter an **Outcome Date** and select an **Action Taken**.
- Step 3: Enter a **Narrative**.
- Step 4: Click the **Select** button for **Agencies Referred To** and click and Agency. Click **Ok**.
- Step 5: Select an **I&R Type**.
- Step 6: Click **Do Not Associate**, **Associate with Referral**, or **Associate with Case** radio button. If an association is being made, enter a **Referral/Case ID** number.

Figure 4.11

- Step 7: Click the **Close I&R** checkbox.
- Step 8: Click **Save**.

(FOR CLASS PURPOSES - DO NOT SAVE THIS RECORD)



Note: The worker must request approval from their supervisor to close the I&R.

Enter an I&R Contact



Figure 4.12

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **I&R** and click **Contacts**.

Step 2: Click **New**.

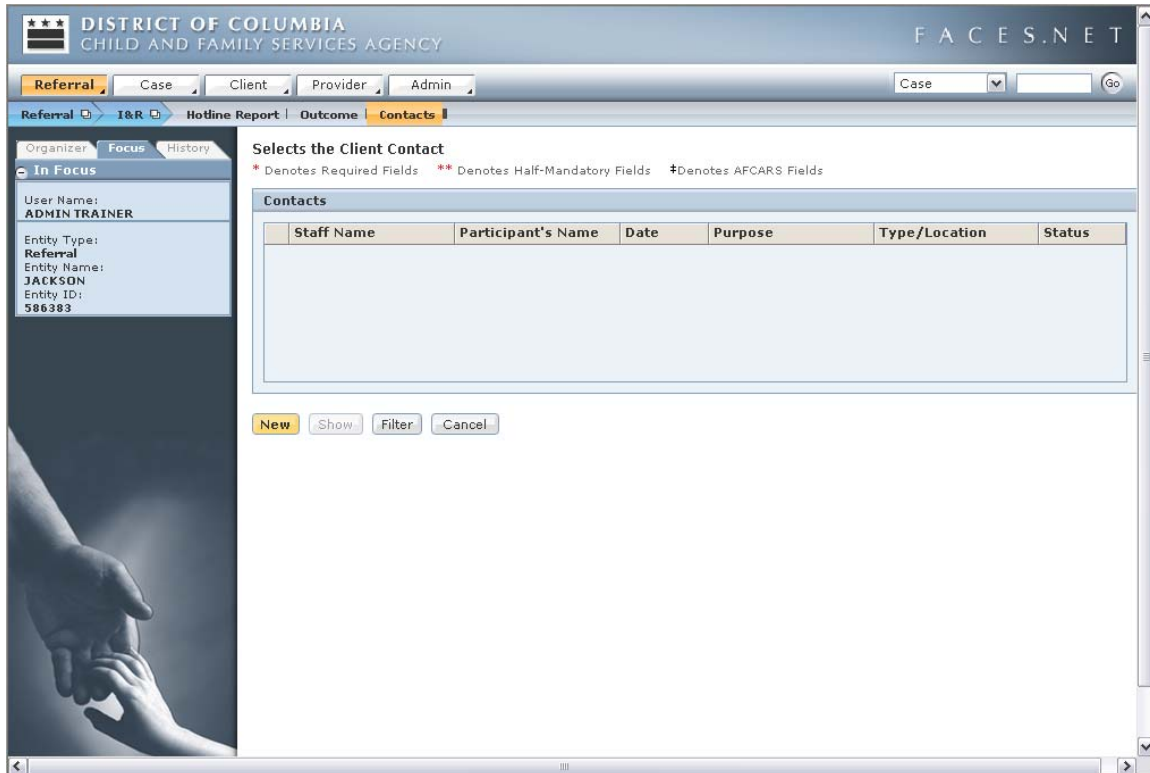


Figure 4.13

Step 2: Click **New**. (This will take you to the **Contacts** screen.)

General Information Screen

The **Staff Name** field will default to the worker inputting the information. If you are an SSA entering the contact on behalf of the social worker, then click the **Find** button to search for the social worker's name that actually made the contact/visit.

Step 3: Select a **Type/Location*** and enter a **Date*** and **Time***.

The screenshot displays the 'Selects the Client Contact' form in the FACES.NET application. The form is divided into several sections:

- General Information:** Contains fields for Staff Name (ADMIN TRAINER), Type/Location* (Telephone), Source (IntakeReferral), Date* (1/31/2006), Time* (10:55), Status (Completed), Duration (00:00), and Travel Time (00:00). There are also radio buttons for A.M. and P.M.
- Clients Discussed:** A list box containing 'Shante Jackson' with a 'Select' button below it.
- Contact Participants:** Two list boxes for Client/Collateral** and Non-Client/Non-Collateral Participants**, both containing 'Shante Jackson' and a 'Select' button.

Arrows in the image point to the 'Type/Location*' dropdown, the 'Date*' and 'Time*' fields, the 'A.M.' and 'P.M.' radio buttons, the 'Select' button under 'Clients Discussed', and the 'Contact Participants' section.

Figure 4.14

Step 4: Click the **Select** button and select **Client Discussed**.

Step 5: Click **Select** button and select a **Contact Participants**.

Step 6: Click the **Purpose & Comments** tab.

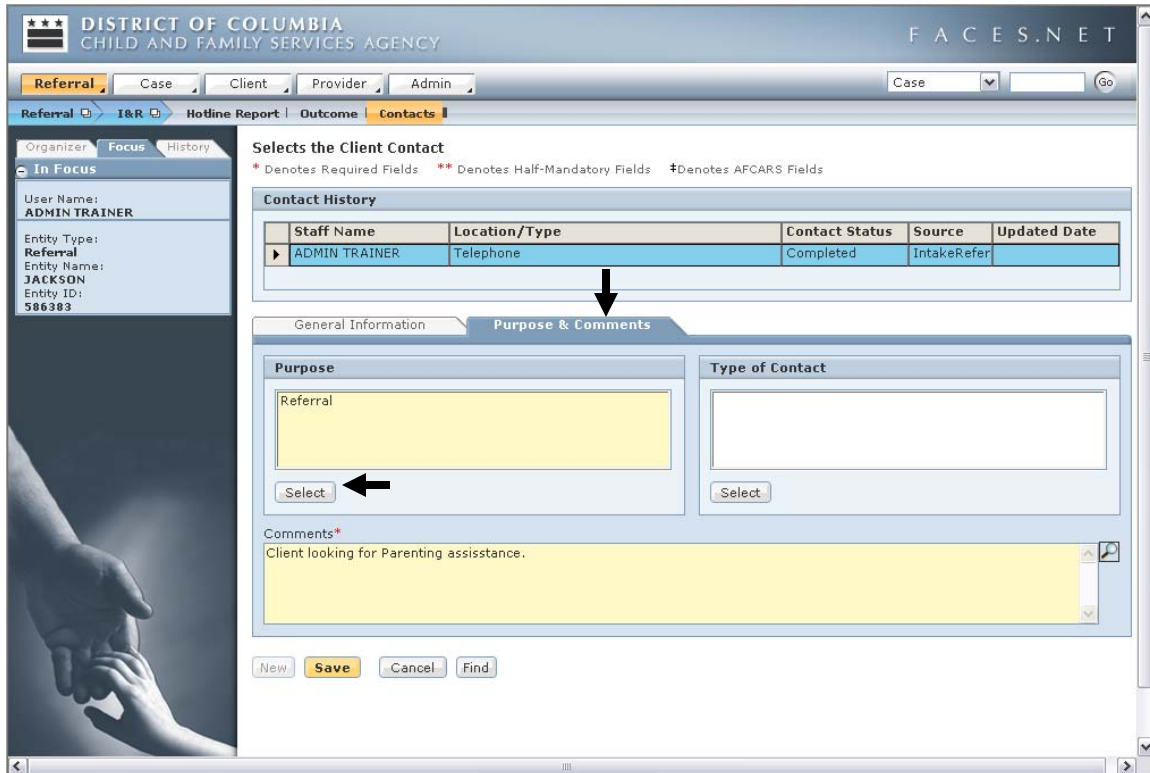


Figure 4.15

Step 7: Click the **Select** button for **Purpose**, select a purpose, and click **Ok**.

Step 8: Enter any **Comments**.

Step 9: Click **Save**.



FACES.NET Guide

This section will include information on how to enter a CPS referral on the Hotline Report screen, how to add clients to the Referral, and how to search to find if the clients are already within the FACES.NET system.

FACES.NET Scenario

(As the conversation with the reporter on the Hotline progressed, the reporter information provided revealed that this referral should be recorded as a CPS report and not an I&R)

The Jackson case came to the attention of Child and Family Services Agency’s Intake and Investigations Administration due to an allegation of abuse and neglect against Ms. Jackson. Ms. Jackson was previously known to the system. A neighbor reported Ms. Jackson’s young children were left home alone and were seen in the streets unsupervised, unkempt and inappropriately dress. Joan Bright called the CFSA hotline to report that her neighbor Shanté Jackson is neglecting her children. She is 30 years old. Shanté has a total of 7 children: 16 years old Paul Williams, 15 years old Female Scott, 12 years old Keyshawn Jackson, 12 years old Reyshawn Jackson, 7 years old Tanisha Holmes, 5 years old Latonya Holmes, 3 years old Lakeisha Jackson. Keyshawn and Reyshawn came to Joan’s house to ask for food, stating that they hadn’t had anything to eat since yesterday and there is nothing to eat in the house. Joan has also seen multiple instances of drug activity within the home.

Details:

Family Address: 3700 King Street NW, Washington, DC 20001

Family Phone: (202) 222-2222

For your reference there are 10 members of the family and they are as follows:

The Jackson Case		
<u>Shanté Jackson</u>	30 years old	Mother
<u>Paul Williams</u>	16 years old	Son
<u>Femalé Scott</u>	15 years old	Daughter
<u>Key Shawn Jackson</u>	12 years old	Twin Son
<u>Rey Shawn Jackson (Rey-Rey)</u>	12 years old	Twin Son
<u>Tanisha Holmes</u>	7 years old	Daughter
<u>Latonya Holmes</u>	5 years old	Daughter
<u>Lakeisha Jackson</u>	3 years old	Daughter
<u>Rodney Scott</u>	2 years old	Grandson
<u>Kiana Scott (Bebe)</u>	6 months old	Granddaughter

Enter a Child Protective Service Hotline Report

(For the classroom purposes, steps 1-4 will not be used, *skip to step 5*)

Steps Include:

Step 1: Place the cursor over the **Referral** menu and click **New**.

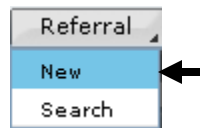


Figure 4.16

Step 2: Select the **Intake Date***, **Intake Time***, and the **AM/PM***.

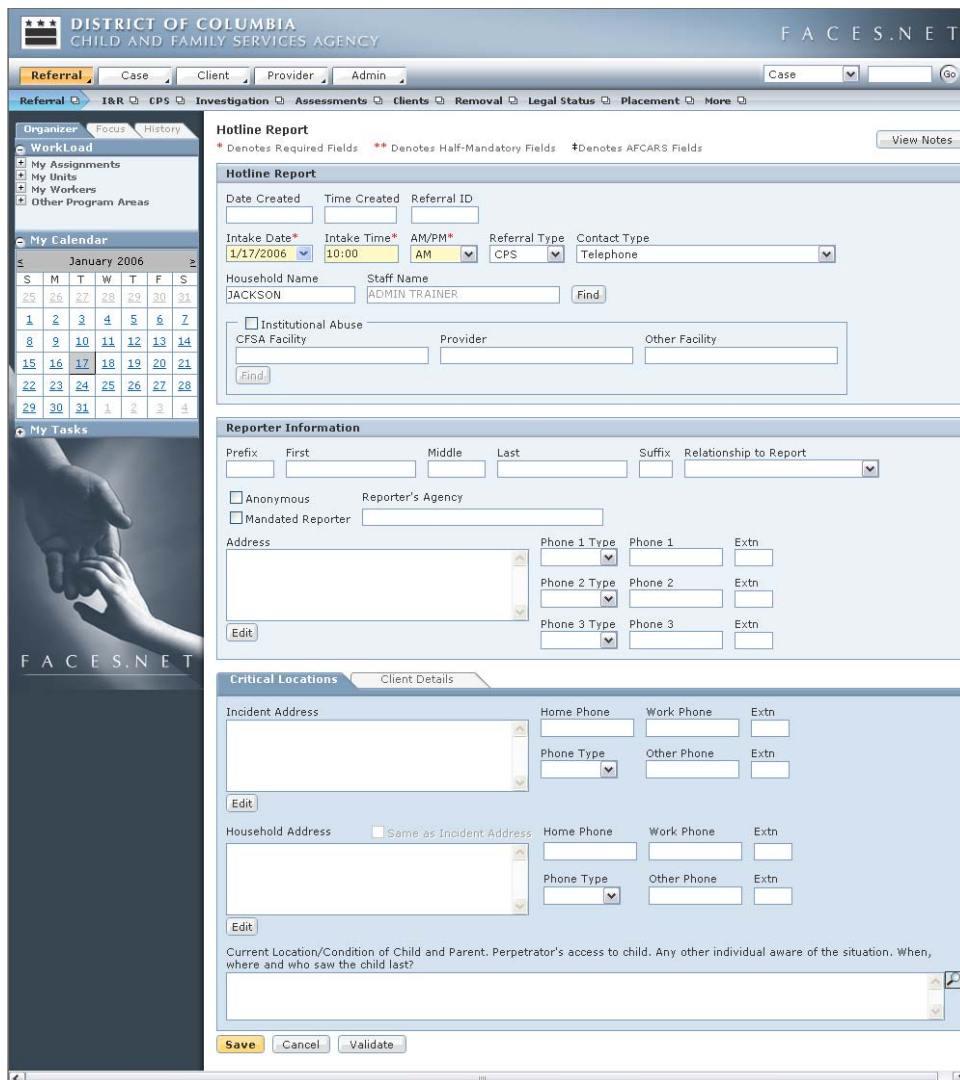
A screenshot of the District of Columbia Child and Family Services Agency (CFSA) 'Hotline Report' form. The form is titled 'Hotline Report' and includes a 'View Notes' button. The form is divided into several sections: 'Hotline Report' (with fields for Date Created, Time Created, Referral ID, Intake Date*, Intake Time*, AM/PM*, Referral Type, and Contact Type), 'Reporter Information' (with fields for Prefix, First, Middle, Last, Suffix, Relationship to Report, and Reporter's Agency), and 'Critical Locations' (with fields for Incident Address, Household Address, Home Phone, Work Phone, and Extn). The form also includes a 'Save' button and a 'Validate' button.

Figure 4.17

Step 3: Click the **View Notes** button.

Step 4: Enter your **Referral Notes**.

The screenshot shows the FACES.NET interface. A 'Referral Notes' dialog box is open, allowing the user to enter notes. The dialog box contains a large text area, a 'Character Limit' of 2000, and 'Save' and 'Cancel' buttons. The background form is the 'Hotline Report' form, which includes fields for 'Date Created', 'Intake Date', 'Household Name', 'Institutional Abuse', 'CFSA Facility', 'Reporter Information' (Name, Address, Phone), and 'Relationship to Report'. The 'Referral Notes' dialog box is positioned over the 'Hotline Report' form, and an arrow points to the 'Referral Notes' dialog box.

Figure 4.18

Step 5: Select the **Referral Type** as **CPS**.



Note:

- Once **CPS** has been selected and saved, you cannot reselect I&R.
- If you click **Mandated Reporter**, the **Name** and **Relationship to Report** become mandatory, and at least one phone number must be entered.
- If **Institutional Abuse** is checked, the worker will use the **Find Provider** functionality or type the name of the facility if it is non-CFSA provider.
- Reporting as an **Anonymous** reporter is allowed within the system, but is not compliant with Federal Reporting standards.

Step 6: Select **Contact Type** as **Telephone**.

Step 7: Enter **Jackson** as the **Household Name**.

Step 8: Enter the following information into the correct fields in the Reporter Information area:

Prefix: **Ms.**

First Name: **Joan**

Last Name: **Bright**

Relationship to Report: **Neighbor**.

The screenshot displays the FACES.NET interface for a 'Hotline Report'. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. The left sidebar shows 'Organizer' with 'WorkLoad', 'My Assignments', 'My Units', 'My Workers', and 'Other Program Areas'. Below this is a 'My Calendar' for January 2006 and 'My Tasks'. The main form area is titled 'Hotline Report' and contains several sections:

- Hotline Report:** Fields for Date Created, Time Created, Referral ID, Intake Date* (1/17/2006), Intake Time* (10:00), AM/PM* (AM), Referral Type (CPS), and Contact Type (Telephone). It also includes Household Name (JACKSON) and Staff Name (ADMIN TRAINER).
- Reporter Information:** Fields for Prefix (Ms.), First (Joan), Middle, Last (Bright), Suffix, and Relationship to Report (Neighbor). It also includes an address (3698 King Street NW, Washington, District of Columbia 20001) and three phone number entries.
- Critical Locations:** Fields for Incident Address, Household Address, Home Phone, Work Phone, and Other Phone. It also includes a text area for 'Current Location/Condition of Child and Parent, Perpetrator's access to child, Any other individual aware of the situation, When, where and who saw the child last?'.


 The form includes 'Save', 'Cancel', and 'Validate' buttons at the bottom.

Figure 4.19

Note:



- For CPS referrals there must be one (1) **Alleged Maltreater** and one(1) **Alleged Victim** to save the referral unless it is a child fatality;
- All fields with asterisks and colored yellow are mandatory and must be filled out in order to save the information;
- All fields with double asterisks are half mandatory, meaning that information must be in at least one of the fields in order to save the information.



Points to Remember:
Blue fields in FACES.NET are Federal Reporting fields. Although not mandatory in order to save the screen, they must be filled in.

Step 9: Click the **Validate** button and a list of incomplete or invalid fields on the Hotline Report will appear in a window.



Figure 4.20

Note:



- If the worker would like to check the **Hotline Report** screen for errors before requesting approval, the worker will be able to do so by clicking the **Validate** button;
- If there are any incomplete or invalid fields the validate button will cause the appropriate error messages to be displayed in a window;
- **Validations** also occur at the end of the **CPS Outcome** screen;
- Once the screen validates, the worker will receive a message stating that all information is valid and complete.

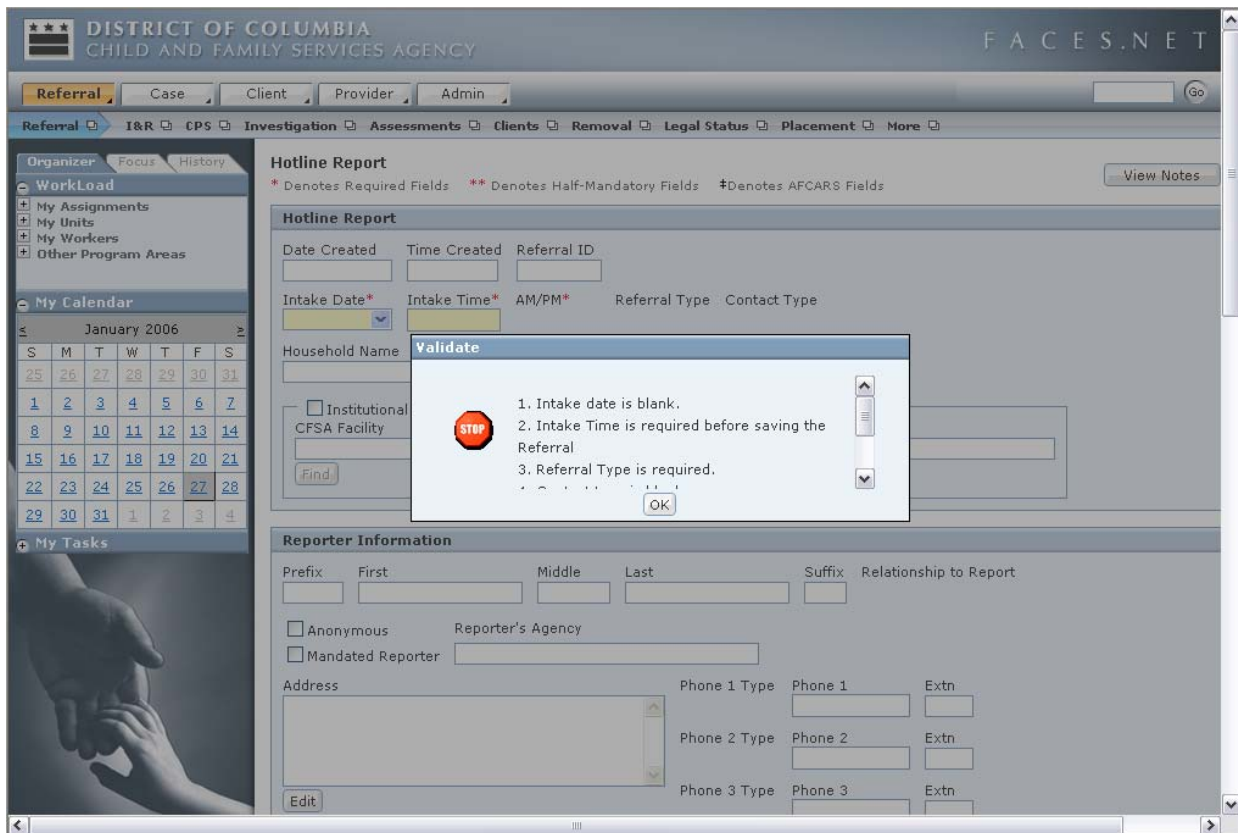


Figure 4.21

Step 10: Click the **Edit** button in the **Reporter Information** area and enter the **Address** information.

The screenshot displays the FACES.NET web application interface. At the top, the header includes the District of Columbia Child and Family Services Agency logo and the text 'FACES.NET'. Below the header is a navigation bar with tabs for 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. A secondary navigation bar contains various service categories: 'Referral', 'I&R', 'CPS', 'Investigation', 'Assessments', 'Clients', 'Removal', 'Legal Status', 'Placement', and 'More'. The main content area is divided into a left sidebar and a central form. The sidebar includes sections for 'Organizer' (WorkLoad, My Assignments, My Units, My Workers, Other Program Areas), 'My Calendar' (a calendar for January 2006), and 'My Tasks'. The central form is titled 'Hotline Report' and contains an 'Enter Address' section. This section has three radio buttons: 'Domestic Address' (selected), 'P.O.Box', and 'Foreign Address'. Below this is the 'Address Details' section with fields for 'Street#' (3698), 'Street Name' (King), 'Suffix' (Street), 'Quadrant' (NW), 'Unit Type', 'Unit No', 'County', 'City' (Washington), 'State' (District of Columbia), and 'Zip' (20001-). A 'Comments' text area is located below the address details. At the bottom of the form, there are 'OK', 'Find', and 'Cancel' buttons. An arrow points to the 'Find' button. Below the form, there is a 'No Data To Display' message and an 'Edit' button. The bottom of the page shows 'Phone 3 Type', 'Phone 3', and 'Extn' fields.

Figure 4.22

Step 11: Click **OK**.

Step 12: Click the **Edit** button in the **Incident Address** field on the **Critical Locations** tab.

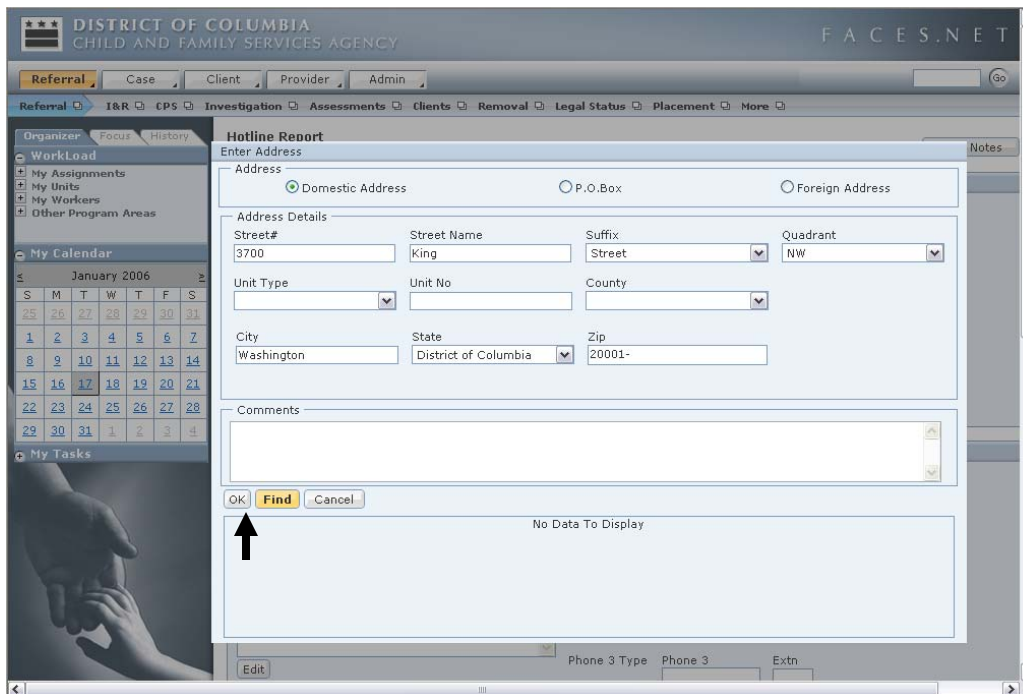


Figure 4.23

Step 13: Click the **Same As Incident** checkbox.

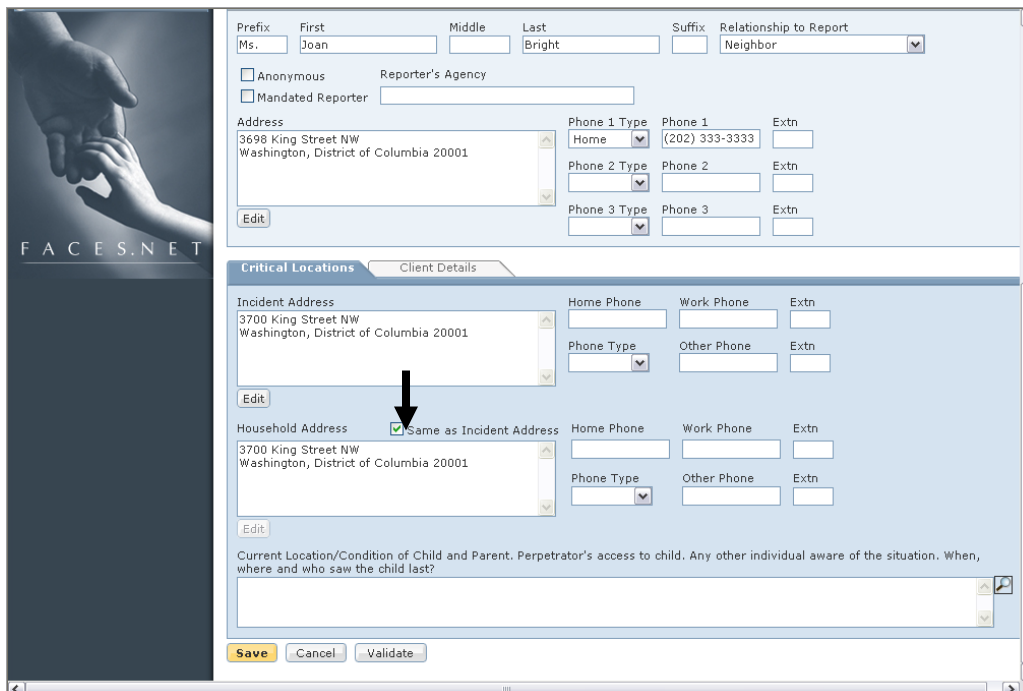


Figure 4.24



Note:

- If the **Same as Incident Address** checkbox is clicked, it will copy the **Incident Address** information to the **Household Address**, but if it is not the same, click the **Edit** button under the **Household Address** to enter the address;
- Clicking the **Find** button will display a map and a photo of the current address in the **Enter Address** window;
- Clicking **Find** is the only way to populate the Census Track and Collaborative information into the Address.

Step 14: Enter the **Current Location/Condition of Child and Parent** field narrative.

Step 15: Click the **Client Details** tab.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Referral Case Client Provider Admin

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

Organizer Focus History

WorkLoad

My Assignments
My Units
My Workers
Other Program Areas

My Calendar

January 2006

My Tasks

Hotline Report

* Denotes Required Fields ** Denotes Half-Mandatory Fields # Denotes AFCARS Fields

View Notes

Hotline Report

Date Created Time Created Referral ID

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

1/17/2006 10:00 AM CPS Telephone

Household Name Staff Name

JACKSON ADMIN TRAINER Find

Institutional Abuse

CFSA Facility Provider Other Facility

Find

Reporter Information

Prefix First Middle Last Suffix Relationship to Report

Ms. Joan Bright Neighbor

Anonymous Reporter's Agency

Mandated Reporter

Address

3698 King Street NW
Washington, District of Columbia 20001

Phone 1 Type Phone 1 Extn

Home (202) 333-3333

Phone 2 Type Phone 2 Extn

Phone 3 Type Phone 3 Extn

Client Details

Incident Address

3700 King Street NW
Washington, District of Columbia 20001

Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

Household Address Same as Incident Address

3700 King Street NW
Washington, District of Columbia 20001

Home Phone Work Phone Extn

Phone Type Other Phone Extn

Edit

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

Three children are still within the home. Location of the parents is unknown. Location of other children is unknown.

Save Cancel Validate

Figure 4.25

- Step 16: Enter the following information into the correct fields in the **Client Details** tab:
- First Name: **Shanté**
 - First Name: **Jackson**
 - Birth Date: **April 21, 1975**
 - Gender: **Female**
 - Primary Race: **Black or African American**
 - Hispanic: **No**
 - In Household?: **Yes**
 - Participating as Child?: **No**
 - Role at Intake: **Alleged Maltreater, Birth Parent, and Caretaker**
 - Client Contact Information: Click the **Same as Household** radio button.

The screenshot shows the 'Client Details' form in the FACETS.NET system. At the top, there are tabs for 'Critical Locations' and 'Client Details'. Below the tabs is a table with columns: Client Name, Age, Searched?, and Existing Client. The table contains one row for 'SHANTE JACKSON' with an age of 30. To the right of the table are buttons for 'Save Client', 'New Client', 'Client Search', and 'Delete Client'. Below the table is the 'Client Information' section with fields for Prefix, First* (SHANTE), Middle, Last* (JACKSON), Suffix, Birth Date** (4/21/1975), and Aprx. Age** (30). There is also a checkbox for 'Child Fatality'. Below that is the 'Race & Ethnicity' section with dropdowns for Primary Race# (Black or African Americ), Hispanic# (No), and Secondary Race#. There is also a 'Diplomatic Immunity?' dropdown. To the right is the 'Association to Referral' section with 'In Household?' (Yes), 'Participating as Child?*' (No), and a 'Role at Intake*' dropdown menu with options: Alleged Maltreater, Birth Parent, and Caretaker. Below that is the 'Client Contact Information' section with radio buttons for 'Same as Household' (selected), 'Address of Incident', and 'Homeless', and an option for 'Other Address Please Specify'. There are fields for Address (3700 King Street NW, Washington, District of Columbia 20001), Home Phone, Work Phone, Extn, and Other Phone Type. At the bottom are 'Save', 'Cancel', and 'Validate' buttons. A black arrow points to the 'Save Client' button.

Figure 4.26

- Step 17: Click **Save Client**.



Notes:

The following buttons are located on the right of the grid on the **Client Details** tab.

- **Save Client** – Will save the information you enter to this referral;
- **New Client** – Creates a new client record within the referral;
- **Client Search** – Performs a global search through FACES.NET to find if the client has already been entered into the system. FACES.NET will find the client if they have been entered as a provider, client, household member, contact, or staff member. Each client must be searched before an Outcome can be requested for approval. Once the client search has been completed the **Searched?** column in the grid will be populated with a **Y**;
- **Delete Client** – Delete the client from the referral. If the client exists elsewhere in the system this will not delete them;
- If a client exists within the system, the **Existing Client** column will populate with the client ID;
- If the report is a Child Fatality, check the **Child Fatality** checkbox. This will make the **Decision Tool** and **Allegations** screens non-mandatory.

Step 18: Click **Client Search**. A client search must be performed for EVERY client entered into FACES.NET

The screenshot displays the FACES.NET interface for a 'Hotline Report'. The search criteria are: Name: SHANTE JACKSON, Address: 3700 King Street NW, Washington, District of Columbia 20001, SSN: (empty), and DOB: 4/21/1975. A 'Select' button is visible next to the address field. Below the search criteria, a 'Potential Matches' section shows a table of results. The table has columns for Entity Type, ID, First Name, Last Name, DOB, Duplicate, and % Match. The first row is highlighted in blue and shows a Client with ID 845172, First Name SHANTE, Last Name JACKSON, and a 100% match. Other rows show various other clients with similar names and DOBs, with match percentages ranging from 85% to 86%.

Entity Type	ID	First Name	Last Name	DOB	Duplicate	% Match
Client	845172	SHANTE	JACKSON		<input type="checkbox"/>	100
Staff	10120	JANET	JACKSON		<input type="checkbox"/>	86
Client	845191	SHANTE	JACKSON01	04/21/1975	<input type="checkbox"/>	85
Client	845201	SHANTE	JACKSON26	04/21/1975	<input type="checkbox"/>	85
Client	845216	SHANTE	JACKSON37	04/21/1975	<input type="checkbox"/>	85
Client	845230	SHANTE	JACKSON14	04/21/1975	<input type="checkbox"/>	85
Client	845250	SHANTE	JACKSON27	04/21/1975	<input type="checkbox"/>	85
Client	845270	SHANTE	JACKSON39	04/21/1975	<input type="checkbox"/>	85
Client	845290	SHANTE	JACKSON40	04/21/1975	<input type="checkbox"/>	85
Client	845320	SHANTE	JACKSON50	04/21/1975	<input type="checkbox"/>	85

Figure 4.27



Notes:

- The bottom grid represents clients already in the FACES.NET system.
- FACES.NET intelligently searches the database for matches; including staff, providers, and previous clients.

- The top select enters the client as a new client.

Step 19: Click the upper **Select** button to enter Shanté as a new client.

Step 20: Click **New Client**.

Step 21: Repeat steps 13-17 for all clients.

Step 22: Click **Save**.



Note: If a Child Fatality is selected, the **Decision Tool** and **Allegations** screens do not need to be completed to proceed to the **CPS Outcome** screen. However, you may enter **Allegations**, though the **Decision Tool** must be completed to enter these allegations.

Enter Client Relationships

This section will include how to enter client relationships.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **CPS**, and click **Relations**.

Client Relationships Intake

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

Relationships

Client 1	Relation	Client 2	Caretaker	Paternity Established	Date Established
▶ SHANTE JACKSON	Mother (Biological)	REYSHAWN JACKSON	Y		
REYSHAWN JACKSON	Son (Biological)	SHANTE JACKSON	N		

Relationship Information

Client 1* is the Relationship* of Client 2*

SHANTE JACKSON is the Mother (Biological) of REYSHAWN JACKSON

Client 1 is the Caretaker* Involvement Start Date Involvement End Date

Yes

Court Order in process for establishment of paternity

Paternity Established, Date Established

New Save Delete Cancel

Figure 4.28

Step 2: Click **Client 1** and select Shanté.

Step 3: Click **Relationship** as **Mother (Biological)**

Step 4: Click **Client 2** and select Reyshawn.

Step 5: Select **Yes** for **Client 1 is the Caretaker**.

Step 6: Click **Save**.



Note: FACES.NET will populate the reciprocal relationship.

Step 7: Click **New** to create another relationship.

Step 8: Complete relationships for the rest of the clients to Shanté.

Using the Decision Tool

In the following exercises, you will enter information into the Decision Tool and generate a Standard Met response.

The **Decision Tool** screen provides a set of standard questions that helps determine whether a report of neglect or abuse meets the standard according to District of Columbia statutes.

The **Decision Tool** is mandatory for all CPS Reports in FACES.NET except in Child Fatalities. The Hotline worker or supervisor is also able to “override” the **Decision Tool’s** recommendation if he or she thought it was appropriate to do so. The **Decision Tool** results are viewable from the **Referral Snapshot Report**.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **CPS**, and click **Decision Tool**.

The screenshot displays the FACES.NET interface for the Decision Tool. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. The main menu shows 'Referral', 'CPS', 'Hotline Report', 'Relations', 'Decision Tool', 'Allegations', 'Priority Response', and 'CPS Outcome'. The 'Decision Tool' is selected, and the 'Standards/Decision Tool' section is active. The 'Decision Tool Results' table shows the following data:

Maltreatment Category	Standard Met
Neglect-Lack of Supervision	YES

The 'Assessment Questions' section contains the following questions and answers:

- 1. Is any child younger than 14? Yes. If yes, who? REYSHAWN JACKSON
- 2. Has any child been unsupervised for more than three hours? Yes. If yes, who?
- 3. Does the child have any mental, emotional, or physical disabilities? Yes. If yes, who?
- 4. Is the child unable to contact the parent if necessary? No

The 'Save' button is highlighted with a red arrow.

Figure 4.29

Step 2: Select a **Maltreatment Category**.

Step 3: Answer the questions generated by the **Maltreatment Category**.

Step 4: Click **Save**.

Step 5: Click **New** to add additional **Maltreatment Categories**.

Step 6: Repeat steps 2-4 for each additional maltreatment category.



Note:

- FACES.NET will auto-generate a **Standard Met** response.
- If a **Child Fatality** report, the **Decision Tool** is not required to move to accept the referral for investigation.
- **Maltreatment Categories** must be answered in order to enter allegations for that **Maltreatment Category**.

Adding Allegations

In the following exercises, you will enter information into the **Allegations** screen.

The **Allegations** shown will be directly based upon what was entered into the **Decision Tool**. The system will then filter and the maltreatment categories and types. If the report met the District's standard for abuse or neglect, an allegation must be entered for that maltreatment category. If the report did not meet the District's standard for abuse or neglect, an allegation may still be entered for that maltreatment category.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **CPS** and click **Allegations**.

Step 2: Select an **Alleged Victim***.

Step 3: Select an **Alleged Maltreater***.

The screenshot displays the FACES.NET interface for adding allegations. The 'Allegations' menu item is highlighted in the top navigation bar. The 'Decision Tool Results' section indicates 'Neglect: Met Standard'. Below this, a table lists the alleged victim as REYSHAWN JACKSON with a category of Neglect. The 'Maltreatment and Injury Information' section contains several dropdown menus and text boxes for entering details. The 'Alleged Victim*' is set to REYSHAWN JACKSON, and the 'Alleged Maltreater*' is set to SHANTE JACKSON. The 'Category*' is set to Neglect. The 'Save' button at the bottom is highlighted with an arrow.

Figure 4.30

Step 4: Select a **Category***.

Step 5: Select a **Type**.

Step 6: Click **Save**.



Note:

- If there are multiple **Allegations** to be added, you can use the **Fast Add**. This allows for multiple victims, allegations, and maltreaters to be added at once.
- If **Abuse** or **Sexual Abuse** is selected **MPD Notification Required** is automatically selected as **Yes**.
- The **Allegations** screen will display the source of origin for that allegation (i.e. Intake, Investigation etc.).

Enter Priority Response

In the following exercise, you will enter information into the **Priority Response** screen which determines whether the report must be responded to immediately or within 24 hours. This will be displayed on the **CPS Outcome** screen.

Steps Include:

Step 1: Place the cursor over **Referral**, then **CPS**, and click **Priority Response**.

Step 2: Click all of the checkboxes that apply.

The screenshot shows the 'Hotline Priority Response' screen in the District of Columbia Child and Family Services Agency (CPS) web application. The interface includes a navigation menu with 'Referral', 'CPS', 'Hotline Report', 'Relations', 'Decision Tool', 'Allegations', 'Priority Response', and 'CPS Outcome'. The 'Priority Response' tab is selected. The main content area is titled 'Hotline Priority Response' and contains a list of 'Immediate Response Triggers' with checkboxes. The 'Save' button is highlighted with a red arrow.

Hotline Priority Response
* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes AFCARS Fields

Immediate Response Triggers

- Children who are left alone.
- Child who has a serious medical condition or serious injury that requires immediate medical attention.
- There is a death of a child.
- A hospital/physician or the police are currently holding the child, i.e. positive tox.
- The child has been caged, bound, or is significantly physically restricted in the home.
- The caretaker has made a plausible/credible threat to seriously harm or abandon the child.
- A perpetrator who has sexually abused a child and has access to the child.
- Family living in an abandoned building, or living without essential utilities, or environmental hazards are present and are a safety concern.
- Walk in.
- Caretaker is currently or was recently violent and/or out of control, i.e. domestic violence, caretaker involved in physical or verbal altercation.
- The caretaker is mentally ill or developmentally disabled and cannot make a reasonable judgement about the child's safety.
- The Caretaker is currently involved in dangerous criminal activity, i.e. weapons in the home, arrest.
- There is a history of serious maltreatment, i.e. history of fatality, child removed from home, child at school with a bruise.
- Caretaker or child appears suicidal or homicidal.
- None.

Save

Figure 4.31

Step 3: Click **Save**.



Note: At least one response checkbox must be selected to save the screen.

Completing the CPS Outcome

To enter a **CPS Outcome**, complete the following steps:

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **CPS**, and click **CPS Outcome**.

The screenshot shows the 'Referral Acceptance' form in the FACES.NET system. The form is divided into several sections:

- Referral Acceptance:** Includes fields for Referral Date (01/17/2006), Family Name (Jackson), Outcome Date (1/17/2006), and CPS Type (General CPS).
- Prior History:** Contains two tables: 'Associated Referrals' and 'Associated Cases', both currently empty.
- Outcome:** Features a table with 'System Recommended Outcome' (ACCEPT), 'Final Outcome' (ACCEPT), and 'Response Time'. Below this, the 'Keep Decision Tool outcome of ACCEPT' radio button is selected, indicated by a black arrow. Other options include 'Do not Keep Decision Tool Outcome and instead SCREEN OUT'.
- Narrative and Comments:** Includes a text area for 'Narrative of Alleged Maltreatment' containing the text: 'Ms. Jackson has on repeated occasions left young children alone in the house. It is also believed that drugs are present within the household.' Below this are fields for 'Worker Comments' and 'Supervisor Comments'.
- Worker Assigned to Investigation:** Shows 'TRAINER, ADMIN' as the assigned worker.
- Program Area:** 'FACESNET TRAINING' and 'Unit: Training ADMIN'.
- Buttons:** 'Save', 'Approval', 'Override', and 'Cancel' buttons are at the bottom. A red arrow points to the 'Save' button.

Figure 4.32

Step 2: Click **Keep Decision Tool outcome of ACCEPT** radio button.

Step 3: Enter a **Narrative of Alleged Maltreatment**.

Step 4: Enter any **Worker Comments**.

Step 5: Click **Save**.

Step 6: Click **Approval**.

Step 7: Click the **Request** checkbox and click **OK**.



Note:

- The following guidelines are pointers to remember prior to accepting or screening out a Referral:
 - A report not meeting the standard of abuse or neglect, no child fatalities entered, and has no allegations can only be screened out and cannot be overridden;
 - A report with no maltreatments meeting the standard with allegations can be accepted or screened out;
 - A report that has at least one allegation that met the standard maybe accepted or screened out;
 - A child fatality report with no allegations can be accepted or screened out.
- Within the **Prior History** field, any linked or associated referrals records and any referrals or cases that have at least one common client with the referral in focus will be listed as a hyperlinks that open the referral snapshot for associated referrals or open the case snapshot for associated cases;
- You have the option to accept the **Decision** Tool outcome or not. If not you must supply a reason and explanation;
- The worker must choose one of the four (4) options from the **Make Association** or **Link Referral** section. These are:
 - **Do Not Associate** – this moves the referral onto a new investigation;
 - **Associate with a Referral** – will associate to the referral, but new investigation must occur;
 - **Associate with a Case** - will associate to the case, but new investigation must occur;
 - **Link to an open Investigation** – will close the current referral and link it to an open investigation. A new investigation will not be opened. All clients and allegations not in the “linked-to” referral will copy to the investigation;
 - You may only link an accepted referral to an open investigation.
- The **CPS Outcome** must be accepted and approved by your supervisor to open an Investigation;
- After approval (if prior to approval, the draft watermark will be on document) of the referral, a Referral Snapshot will be **created**. This will be viewable within the **Referral Acceptance Report** (located under Referral – Reports);
- The **Assign/Transfer** screen will open upon approval of accepted referral and an assignment to an investigation unit should be created.

Notes

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SECTION 5: INVESTIGATION - CONTACTS, COLLATERAL, AND CLIENTS

Performance Objectives

In this Section, you gain confidence in your ability to:

- Review the Referral Snapshot Report
- Enter a Contact
- Enter a Collateral
- Enter a New Client
- Enter a Investigation Allegation



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Practice Overview

General Procedures for Investigation

Investigations are conducted in a manner, which is appropriate to and respectful of the culture and primary language of the client.

If the family does not speak English, then the Investigations Worker makes efforts to obtain an interpreter while conducting an investigation.

The Investigations Worker initiates the investigation as soon as possible, but no later than 24 hours after receipt of the report unless the report is prioritized as an emergency (in which case it is initiated even sooner).

Initiation of the investigation is established when the Investigations Worker makes face-to-face contact with the child and has spoken with the child out of the presence of caretakers alleged to have abused or neglected the child or when documented good faith efforts have been made to see the child. The 24-hour timeframe commences when the report is received. The initial home visit should be unannounced.

All investigation activities are documented in FACES.NET within 24 hours of their occurrence.

The Investigations Worker's investigation and assessment report contains the following information:

- review of the hard copy and automated records;
- reason for agency involvement;
- contact with the reporting source;
- when and how the alleged maltreater was notified of the report;
- basic demographic information regarding the household composition including all information from the Intake Assessment Form;
- alleged maltreater's account of the events for each allegation;
- victim's account of the events for each allegation;
- description of the home environment, sleeping arrangements, food supply, and clothing for the children;
- description of the parent's or caregiver's parenting style, discipline methods, and ability to meet the child's basic needs;
- history of maltreatment or threats to harm the child;
- parent's overall mental/physical health and how it affects their ability to care for the child;
- history of domestic violence (partners shall be interviewed separately);
- relationship between parents, caregivers, and significant others;
- relationship between father and child, including visitation and financial support;
- history of substance abuse in the home including drug of choice, past treatment, impact on parenting ability, and willingness to engage in treatment;

- the family's strengths, perceptions of their life circumstances, and plan for addressing the problems or concern identified in the investigation/assessment;
- any relative resources or other supports available to assist the child and family;
- collateral contacts and interviews with household members;
- contact with the schools and medical providers;
- supportive documentation;
- reasonable efforts to avoid placement;
- services provided during the investigation or previously; and
- recommendations.



FACES.NET Guide

FACES.NET Scenario

Role: You are a CPS Investigator and you have just received an assignment to the Jackson case.

Review the Referral Snapshot

This section will focus on reviewing the **Referral Snapshot** report.

Steps Include:

The Jackson Referral must be in focus.

Step 1: Place the cursor over the **Referral** menu and click **Reports**.

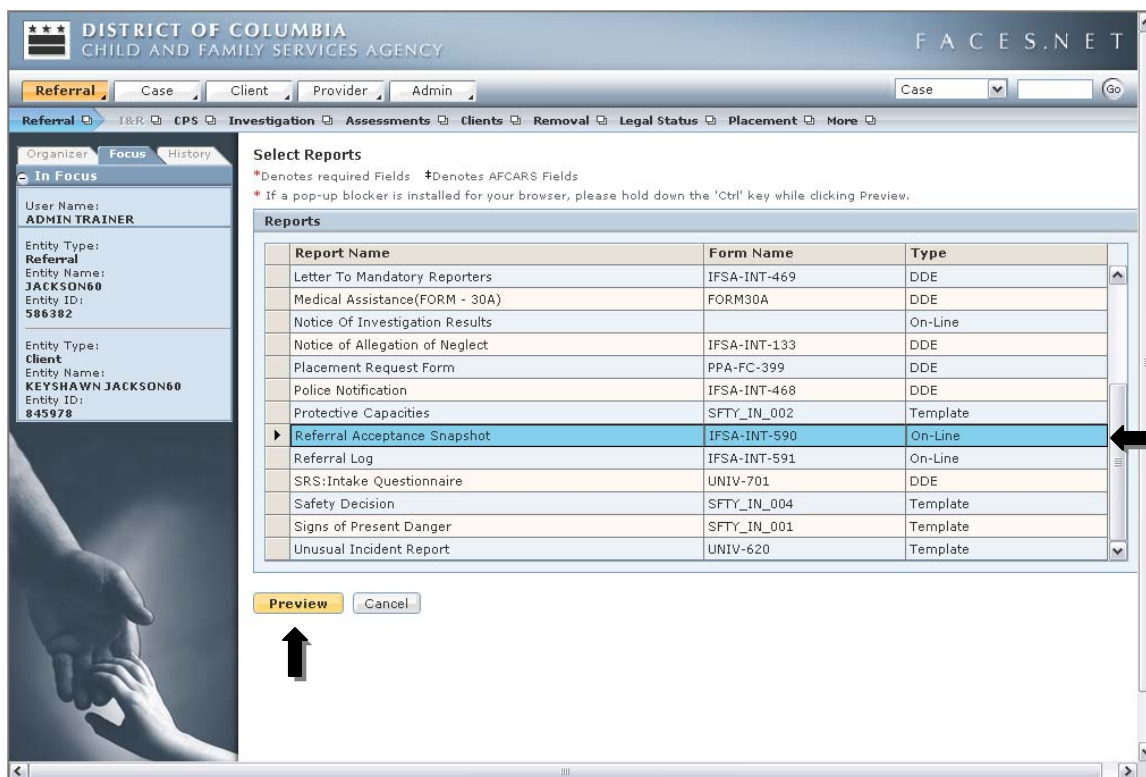



Figure 5.1

Step 2: Click the **Referral Acceptance Report** and click **Preview**.

Step 3: Review the details of the **Referral Acceptance Report**.



Referral Acceptance Snapshot

Referral#:	Date of Intake:	Time of Intake:	Referral Type:	Hotline Worker:
586303	01/05/2006	10:00 AM	Neglect	Admin Trainer

Outcome: REFERRAL ACCEPTED, Not Linked to any Referral.

Reporter:	Phone 1: Home	Phone 2:	Phone 3:
Joan Bright	(202) 333-3333		

Incident Location:	Household Address:
3700 King Street NW Washington, DC 20001- Ward: Census Tract: Collaborative:	3700 King Street NW Washington, DC 20001- Ward: Census Tract: Collaborative:
Telephone:	Telephone:

Narrative of Alleged Maltreatment (who, what, when, and any additional issues or worker safety concerns):
 Neighbor, Joan Bright called CFSA Hotline on Dec. 28, 2005 and reported that her neighbor's children were at home alone. She believes that three children are in the house currently with no supervision (the oldest being no older than 8 years of age, and the toddler and an infant). Ms. Bright reported that she often witnesses drug activity in that household, and is worried that the children may get caught up in a dangerous situation one day...

Current Location/Condition of Child and Parent. Perpetrator's access to child. Any other individual aware of the situation. When, where and who saw the child last?
 Ms. Shante Jackson01 is currently out of the house, but her whereabouts are unknown. The neighbor, Joan Bright, indicated that three children are in the home. She believes that this seven year old is home alone with a toddler.

Prior or Current CPS History:

Case Number	Relationship	Yes	No	Age
-----	Sibling Child	---	--	
REYSHAWN JACKSON01	Alleged Victim Sibling Child	Yes		12
TANISHA HOLMES01	Alleged Victim Sibling Child	Yes		7
LATONYA HOLMES01	Alleged Victim Sibling Child	Yes		5
LAKEISHA JACKSON01	Alleged Victim Sibling	Yes		3

Figure 5.2

Entering a Contact

This section will focus on the entry of a contact with the client or collateral.

FACES.NET Scenario

During the course of the investigation, the CPS worker meets with the Jackson family to gather additional information about the alleged neglect situation. During the meeting, the worker discovers that Shanté is employed but having a hard time making ends meet. You also discover that Shanté's mother helps them out financially. The mother's name is Tracey Reed.

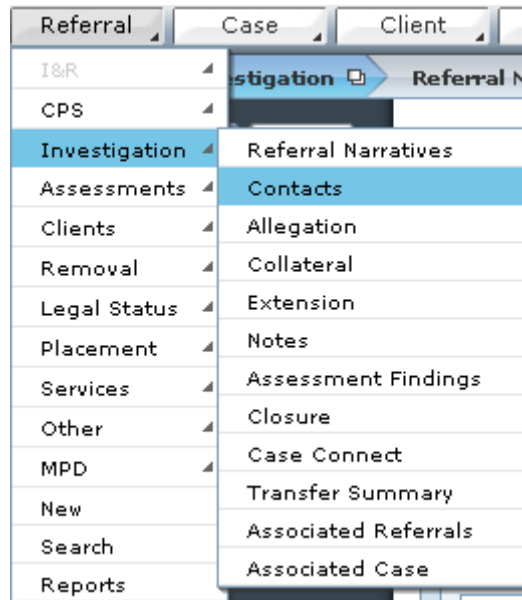


Figure 5.3

Steps Include:

Step 1: Place the cursor over **Referral**, then **Investigation**, and finally click **Contacts**.



Note: There are five (5) core contacts within an Investigation. They are:

- Reporter
- Alleged Victim
- Alleged Maltreater
- Collateral
- Other Household Members

Step 2: Click **New**. (This will take you to the **Contacts** screen, containing only one screen.)

General Information Screen

The **Staff Name** field will default to the worker inputting the information. If you are an SSA entering the contact on behalf of the social worker, then click the **Find** button to search for the worker's name that actually made the contact/visit.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

F A C E S . N E T

Referral Case Client Provider Admin PPW Case [Go]

Referral Investigation Referral Narratives **Contacts** Allegation Collateral Extension Notes Assessment Findings More

Organizer Focus History
In Focus
User Name: ADMIN TRAINER
Entity Type: Referral
Entity Name: JACKSON26
Entity ID: 586305

Selects the Client Contact
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Contact History

Staff Name	Location/Type	Contact Status	Source	Updated Date
ADMIN TRAINER	Face to Face (Home)	Completed	Investigation	

General Information

Staff Name: ADMIN TRAINER Type / Location*: Face to Face (Home) [Dropdown] ←

Source: Investigation/Assessment Date*: 2/1/2007 [Dropdown] Time*: 09:00 [Dropdown] A.M. P.M.

Status: Attempted Completed ← Duration: 00:00 [Dropdown] Travel Time: 00:00 [Dropdown]

Clients Discussed

SHANTE JACKSON26
KEYSHAWN JACKSON26

[Select]

Contact Participants

Client/Collateral** ← KEYSHAWN JACKSON26
SHANTE JACKSON26

Non-Client/Non-Collateral Participants**

[Select]

Purpose

Worker Visit [Dropdown]

[Select]

Type of Contact

[Dropdown]

[Select]

Comments* ←
Train

[New] [Save] [Cancel] [Find]

Figure 5.4

Steps Include:

Step 1: Change the **Status** of the contact to **Completed** by clicking the radio button.

- Step 2: Choose **Face to Face (Home)** as the location of the visit in the **Type/Location*** field, indicating that this visit took place at the client's home.
- Step 3: Enter the date and time of the contact.
- Step 4: Select Keyshawn and Shanté under **Clients Discussed**. This section is for recording the clients discussed during the visit.
- Step 5: Click the **Select** button in the **Contact Participants** section and select Shanté and Keyshawn from the **Client** select box. (Place a check in the box in front of her name.) This section is for recording actual participants in the visit.
- Step 6: Click the **Select** button below the **Purpose** box.
- Step 7: Click **Worker Visit** the list of purposes that appears, as well, as any other desired options.
- Step 8: Click the **Select** button next to the **Type of Contact** box.
- Step 9: Enter notes detailing the visit in the **Comments*** field.
- Step 10: Click **Save**.
- Step 11: A verification message will appear: "The initial version of this contact will become read-only once it is saved. Changes can be made, but will be recorded as amendments to the original contact record". Click **OK** to verify the save or click **Cancel** to return to the screen to edit.



Notes:

- Collaterals and Providers associated with a case can also be listed as contact participants by selecting the collaterals name button within the Contact Participants select button.
- A client participating in the visit need not be discussed, and a client discussed need not participate – these fields are independent of each other. Remember particularly to select a client present at the visit in the **Contact Participants** section of this screen, even if you have already selected him or her in the **Clients Discussed** section. If you do not, you will not receive credit for the visit.
- The **Clients Discussed** box is populated with client names that have been selected from the **Multi Select** pop-up window after clicking on **Select**. Highlight client(s) from the **Available Values**, then click the >> sign to move selected client(s) to the **Selected Values** windows. After clicking **OK**, the client(s) name(s) will then pull to Contact screen. The opposite process can be completed in order to remove any clients that were selected in error.
- The **New** button is active on the Contact screen for both closed and case connected investigations.
- Please refer to the modified final order and Best Practice Amended Implementation Plan in LaShawn A. vs. Fenty for policies and guidelines concerning the frequency of visits to children. This information can be found on the CFSA Intranet and Internet.



Points to Remember:

- Best Practice dictates that contacts/visits documentation should occur at least 24 hours after the occurrence.
- To provide additional support, contacts/visits must be recorded in FACES.NET prior the 15th day of the following month, so record your visits in a timely manner. (i.e.: Visits that occurred in January must be entered by February 14th)
- Special attention should be given to ensure that you select only active clients in the case.
- Always include all the **Clients** that were present in the **Contact Participant** grid.
- Verify that the proper client is indicated as the caretaker on the relationship screens so that the correct information populates on the contacts/visits management reports.
- All collaterals must be entered on the Collateral screen prior to being able to select them as participants.

Enter a Collateral

This section will focus on entering a collateral.

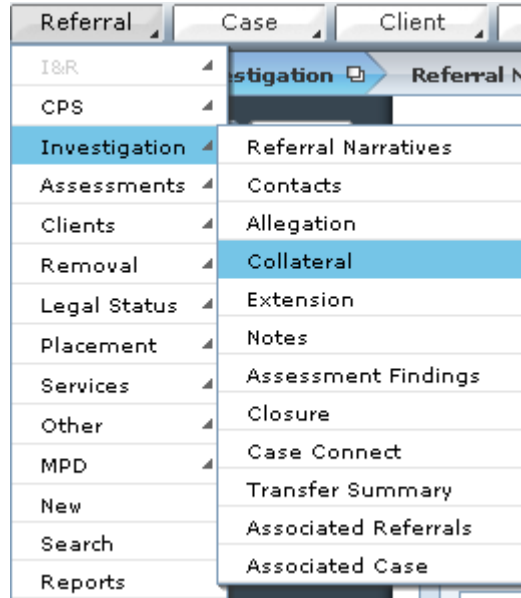


Figure 5.5

Steps Include:

- Step 1: Place the cursor over **Referral**, then **Investigation**, and finally click **Collaterals**.
- Step 2: Select the **Relationship to Family**.

Step 3: Enter the **First** and **Last*** Name.

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FACES.NET

Referral Case Client Provider Admin Case [Go]

Referral Investigation Referral Narratives Contacts Allegation Collateral Extension Notes Assessment Findings More

Organizer Focus History

In Focus

User Name:
ADMIN TRAINER

Entity Type:
Referral

Entity Name:
JACKSON24

Entity ID:
586349

Collateral/Significant Other Information

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

Name	Relationship to Family
JILL TIATRA24	Teacher
Tracy Reed	Mother

Collateral Details

Relationship to Family*
Mother

Start Date End Date

Demographic Contact Info Comments

Name
Prefix First Middle Last* Suffix

Birth Date SSN Race Relative Resource

Employer Name

Associated Clients**

Name	ID	Age
SHANTE JACKSON24	845657	31

Associated Non Clients**

Select

New Save Delete Find Cancel

Figure 5.6

Step 4: Click **Select** and select the **Associated Clients**** and click **Ok**.

Step 5: Click the **Contact Info** tab and complete the **Address** information.

Step 6: Click the **Comments** tab and complete the comments information.

Step 7: Click **Save**.



Note: Attorneys, AAG's, GAL's, and Primary Care Physicians have to be searched before entering collaterals with this type of relationship to family.

Modifying the Client Screens

This section will go through all the relevant FACES.NET screens for creating, updating, and viewing client information.

When an Investigation is open in FACES.NET it is assigned to the investigations unit and specific social worker for investigation and providing of services to the family. During the investigation, the social worker is able to record all client information and contacts in FACES.NET. Many of the screens within the Referral module are relatively straightforward, and for these screens, this section will point out their location and briefly describe their purpose. Other screens within the module are more complex, incorporating several sub-screens and various ties to other areas of the FACES.NET application. This section will address these more elaborate screens through FACES.NET Scenario based instruction highlighting the special features of the area in focus.

FACES.NET Scenario

As mentioned previously, the Jackson matter was brought to the attention of Child and Family Services Agency's Intake Unit due to an allegation of neglect against Ms. Jackson. Ms. Jackson was previously known to the system. A neighbor reported that Ms. Jackson's young children were left home alone and were seen in the streets unsupervised, unkempt, and inappropriately dressed. It was also alleged that there were drug trafficking activities in Ms. Jackson's apartment. The father of the children is George Thomas and does not live with the family. At present, Shanté does not know where he is and they are not married.

For your reference there are 10 members of the family and they are as follows:

The Jackson Case		
<u>Shanté Jackson</u>	30 years old	Mother
<u>Paul Williams</u>	16 years old	Son
<u>Femalé Scott</u>	15 years old	Daughter
<u>Key Shawn Jackson</u>	12 years old	Twin Son
<u>Rey Shawn Jackson (Rey-Rey)</u>	12 years old	Twin Son
<u>Tanisha Holmes</u>	7 years old	Daughter
<u>Latonya Holmes</u>	5 years old	Daughter
<u>Lakeisha Jackson</u>	3 years old	Daughter
<u>Rodney Scott</u>	2 years old	Grandson
<u>Kiana Scott (Bebe)</u>	6 months old	Granddaughter

Add a New Client

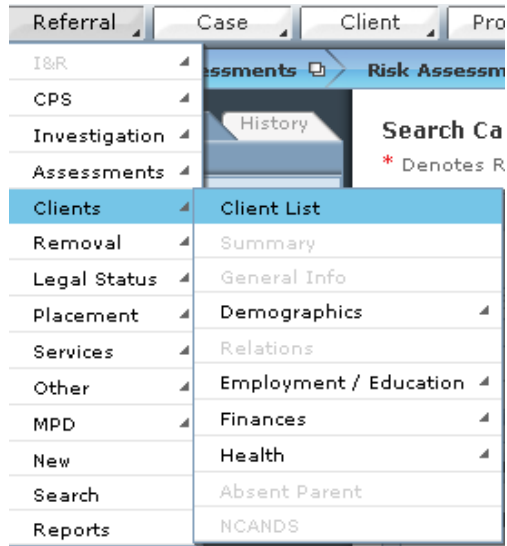


Figure 5.7

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Client** and click **Client List**.

Step 2: Click the **New** button.

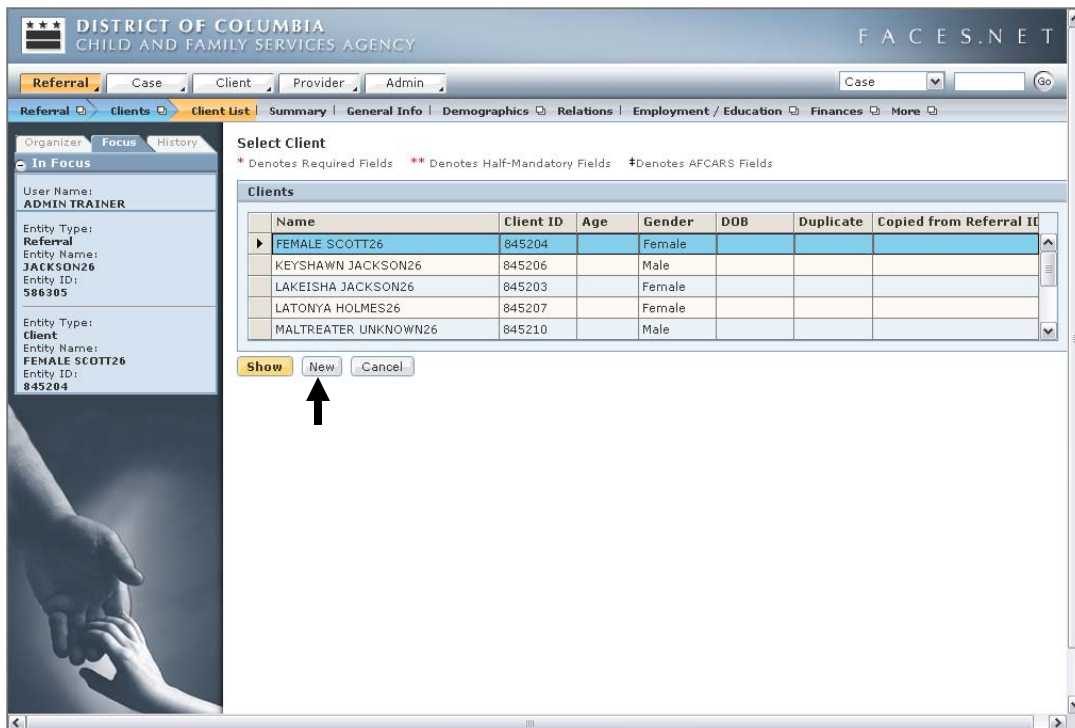


Figure 5.8


- Step 3: Enter the following information into the correct fields:
- First Name: **George**
 - Last Name: **Thomas**
 - In Household: **No**
 - Gender: **Male**
 - Participating as a Child: **No**
 - Role In Case: **Birth Parent.**

Figure 5.9



Notes:

- All fields with asterisks and colored yellow are mandatory and must be filled out in order to save the information;
- All fields with double asterisks are half mandatory, meaning that information must be in at least one of the fields in order to save the information;
- FACES.NET will check entries for duplicates before adding the record.



Points to Remember:
Blue fields in FACES.NET are Federal Reporting fields. Although not mandatory in order to save the screen, they must be filled in.

- Step 4: To enter information on the client's current residence, click the **Residence** tab. To enter other descriptive information, such as physical characteristics and race, click the **Other** tab.
- Step 5: Click **Save** to save the information entered. FACES.NET will now search to see if the client is already in the system. If possible matches are found, a list will be shown allowing you to check these clients' information. This helps prevent the entry of duplicate clients.
- Step 6: Click the **Select** button at the top of the screen to select the client entered.



Notes:

- The **Potential Matches** dialog box appears. At the bottom are the same 9 tabs that are found in the Search Results pop-up box.
- If the client is found in the **Potential Matches** list, highlight that client and click the **Select** button in the Potential Matches section to import this client and data into your case.
- If the client is not found in the **Potential Matches** list, click the **Select** button in the top section beside the name of the new client. This will add that client as new and assign a unique client ID number to him/her.
- If after clicking **Save** on the main screen, there are no matches, you will receive a pop-up window with a message saying that there are no matches and to click **Yes** if you wish to add this client as new.

View General Client Information

To view **General Client Information**, complete the following steps:

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Client**, and click **Client List**.

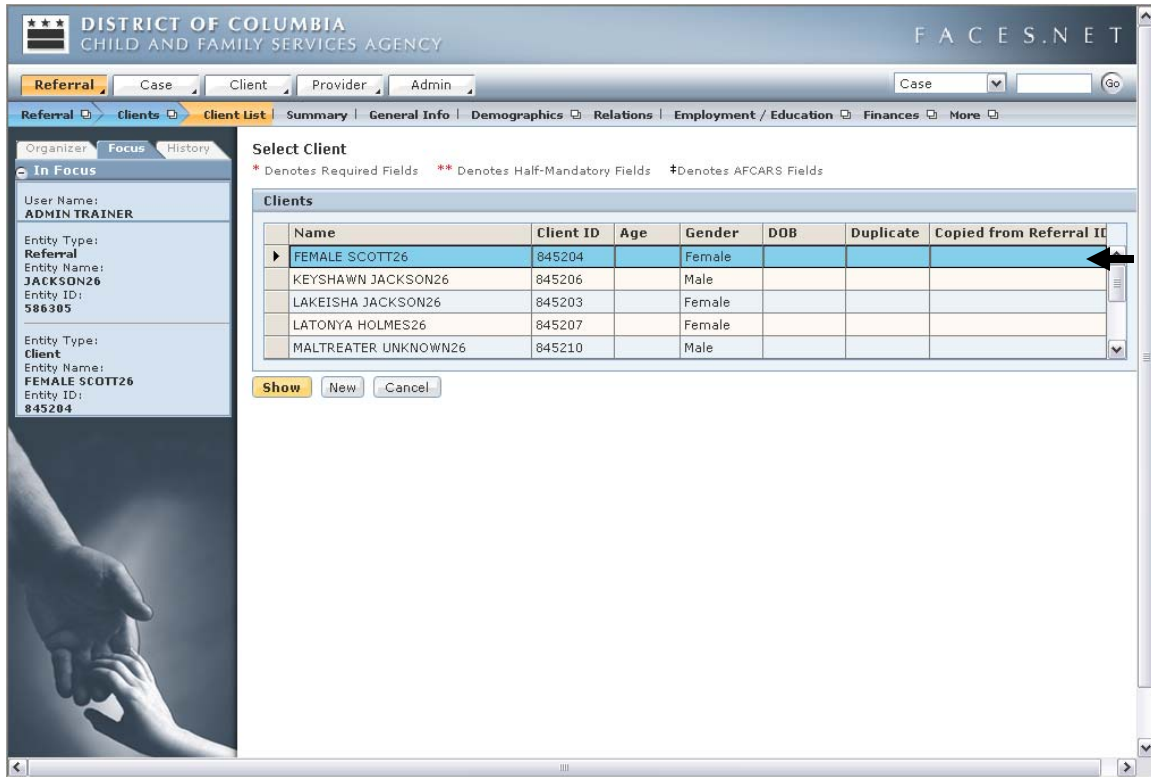


Figure 5.10

Step 2: Click an existing client from the **Client List** and click **Show** to display or edit general information for this client.

Client Information Summary

To view a summary of entered **Client Information**, complete the following steps.

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Clients** and click **Client List**.
- Step 2: Highlight client and click **Show**.
- Step 3: To view the **Client Summary** screen, click **Summary**. This read-only screen displays key information entered on other screens, such as the client's location, court status, and the reason for agency involvement.

Employment or Education Information

To add, view or update client employment, education or military information, complete the following steps.

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Clients**, and click **Client List**.
- Step 2: Highlight client and click **Show**.
- Step 3: Place the cursor over Referral, Clients, and then click **Employment/Education** to display the **Employment**, **Education**, and **Military** screens.
- Step 4: Enter information pertaining to the client's occupation on the **Employment** screen.
- Step 5: Enter information pertaining to the client's military status on the **Military** screen.
- Step 6: Enter information pertaining to the client's educational level and school on the **Education** screen. The education screen has three tabs.
- Step 7: On the **School/DayCare/College/University** tab, enter the name of school that your client attends.



Note: Schools in the District of Columbia and Prince George's County (ie. High schools, local universities and colleges) are listed in the **Name**** field. Once a school is selected, the phone number and address will automatically populate to their respective fields.

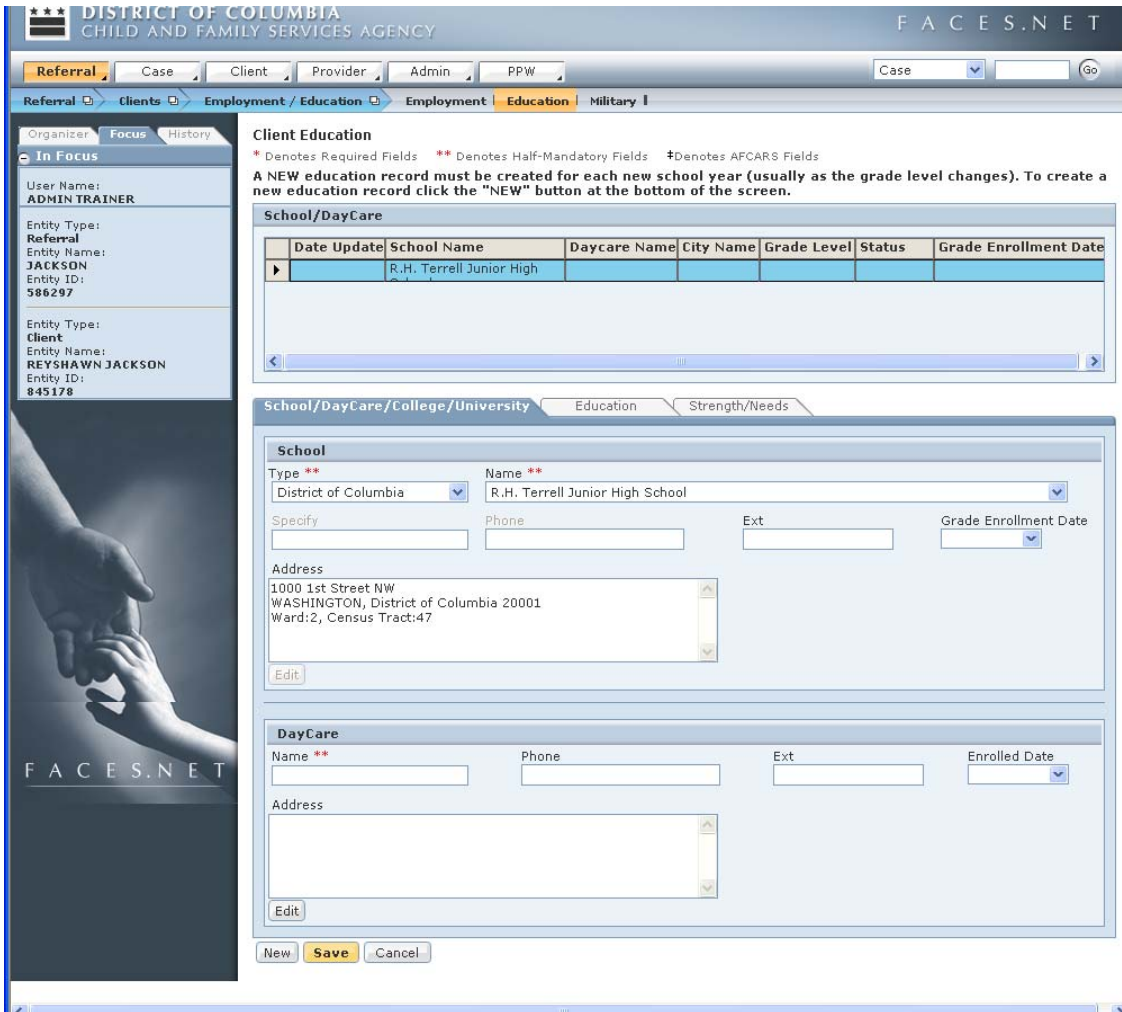


Figure 5.11

Step 8: On the **Education** tab, enter information about the client’s educational level.



Note: Whenever the educational status of a client has changed (i.e.: client has been truant) it is important to record and keep track of that information in FACES.NET.

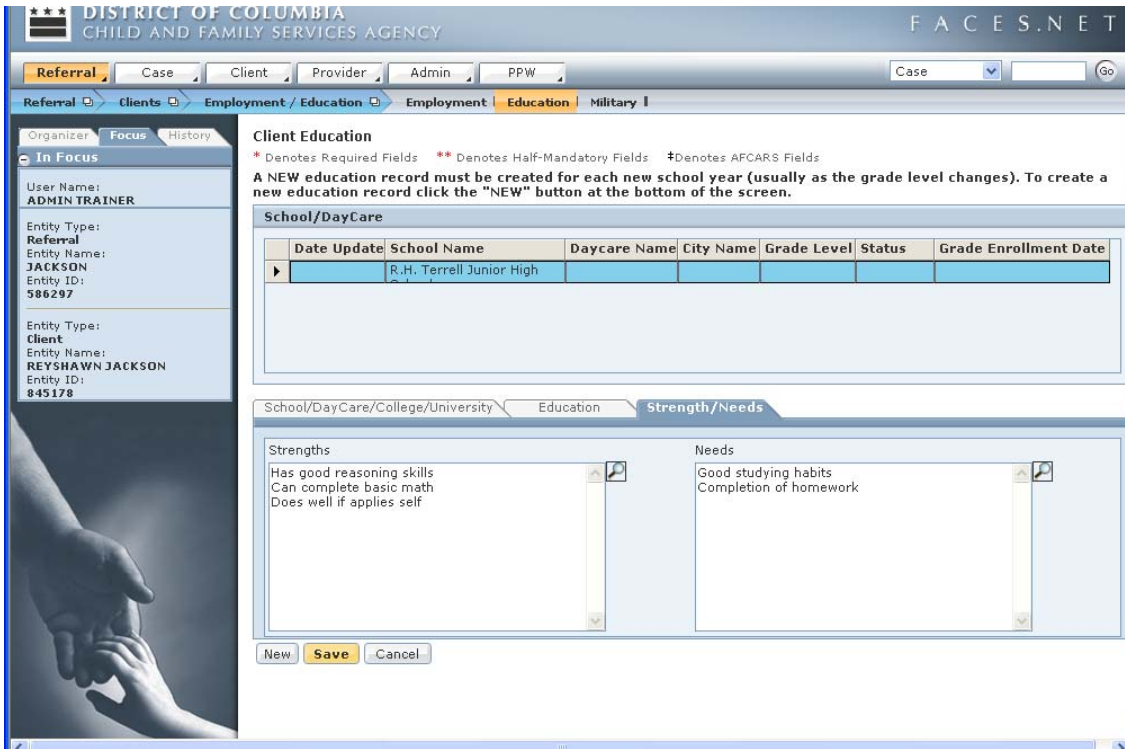


Figure 5.12

- Step 9: Lastly, on the **Strengths/Needs** tab, note some educational strengths and needs for your client.
- Step 10: Click **Save** to save the screen.

Finances

To view or edit client financial information, complete the following steps.

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Client** and click **Client List**.
- Step 2: Highlight client and click **Show**.
- Step 3: Place cursor over **Referral, Clients**, and then click **Finances**.
- Step 4: The **Finances** screen will be displayed; where client financial and payment information can be entered.

Health

To add, view or update client health information, complete the following steps:

Steps Include:

- Step 1: Place the cursor over the **Referral** menu and then **Client**.
- Step 2: Click the **Client List** button.
- Step 3: Highlight client and click **Show**.
- Step 4: Place cursor over **Referral, Clients**, and then click **Health**. (Medical information, such as immunization records, allergies, test results, and medical appointments can be entered or viewed in the Health screens.)
- Step 5: Most medical information can be entered into the FACES.NET database in the form of an appointment. To view an existing appointment, schedule or create a new one, click **Appointments**.

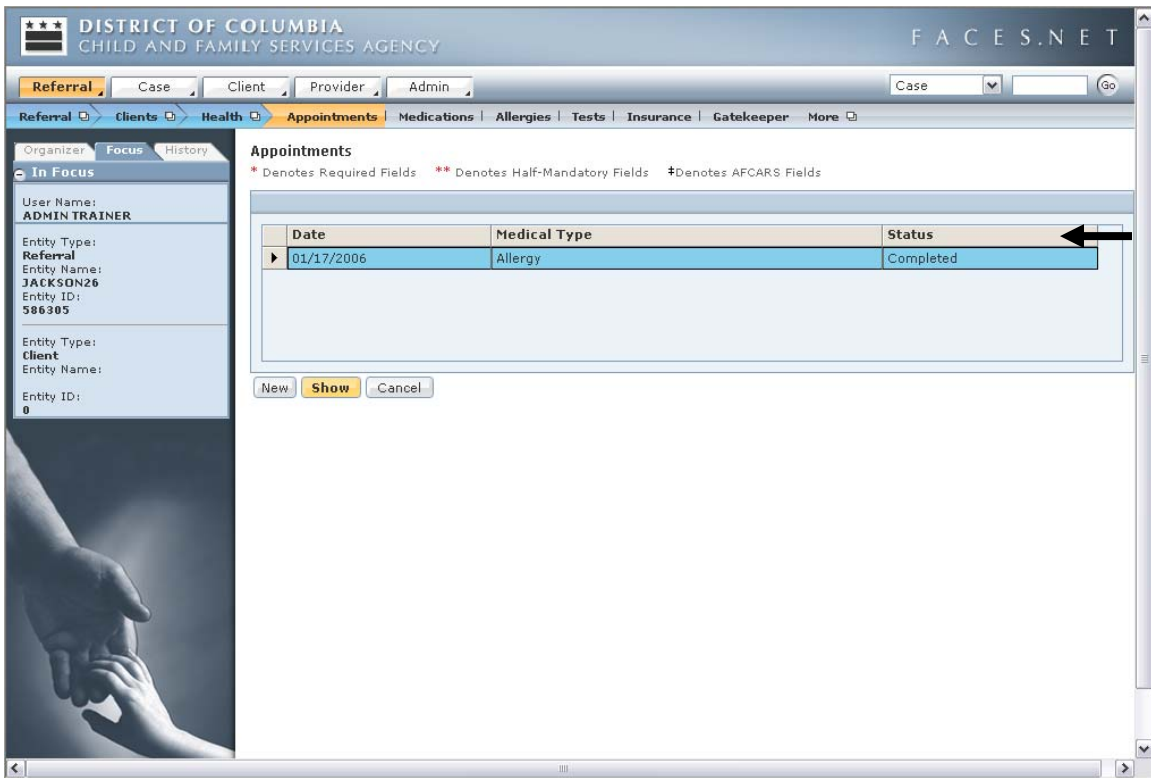


Figure 5.13

Step 6: To view an existing appointment, click the desired appointment and click **Show**.

Create a New Appointment

Steps Include:

- Step 1: Place cursor over **Referral, Clients**, and then **Client List**.
- Step 2: Highlight client and click **Show**.
- Step 3: Place cursor over **Referral, Clients**, and then **Health**.
- Step 4: Click Appointments to display the **Select Medical Appointment** list.
- Step 5: Create a new allergy appointment for Reyshawn. Click **New** and the Medical Appointment Details screen will be displayed.
- Step 6: Select **Scheduled** in the **Status** drop-down list and enter a future date in the **Date** field. Select **Allergy** in the **Medical Type** pick list.
- Step 7: Next, enter the doctor's name into the **Health Professional's Name** field. Assume that Reyshawn's pediatrician is Dr. Jones. Enter his name in the appropriate field.

The screenshot displays the FACES.NET interface for creating a new appointment. The left sidebar shows the user 'ADMIN TRAINER' and the client 'REYSHAWN JACKSON'. The main form area is titled 'Client Medical Appointments' and includes fields for 'Current Primary Physician', 'Current Primary Dentist', 'DC KIDS MR#', and 'Created By'. Below this is the 'Allergies' section, which is currently empty. The 'Summary' tab is active, showing the following details:

- Date***: 4/10/2007
- Time**: 09:00 (AM selected)
- Medical Type***: Allergy
- Status***: Scheduled
- Other Specify**: (empty field)
- Health Professional's name****: Dr. Jones
- Agency****: (empty field)
- Address**: (empty field)
- Phone**: (empty field)

Buttons for 'Save' and 'Cancel' are located at the bottom of the form.

Figure 5.14



Note:

- The **Health Professional's Name** and the **Agency** fields are marked by asterisks. Remember that this indicates that one of the two must be filled out in order to proceed.
- The **Details** tab unlocks after a status of “**Completed**” has been selected.

The screenshot displays the FACES.NET web application interface. At the top, it shows the logo for the District of Columbia Child and Family Services Agency and the FACES.NET branding. Below this is a navigation menu with tabs for Referral, Case, Client, Provider, Admin, and PPW. The main content area is titled 'Appointments' and includes a sub-section for 'Client Medical Appointments' with fields for 'Current Primary Physician', 'Current Primary Dentist', 'DC KIDS MR#' (with a value of 'TADMIN'), and 'Created By'. Below this is an 'Allergies' section with a search field. The 'Detail' tab is selected, showing a 'Diagnosis' field with a 'Select...' button, a 'Date/Time' field (4/10/2007 09:00 AM), and a 'Medical Type' dropdown (Allergy). Other sections include 'Brief Summary, Recommendation' with sub-fields for 'Dental conditions' and 'Developmental History', 'Physical Exam' (including laboratory and radiology evaluations), and 'Specialty Update*'. A 'Save' button is visible at the bottom.

Figure 5.15



Notes:

- AFCARS data element #10 looks to the **Diagnosis** field to see if a client has a handicap or disability. Should the social worker choose one of the pre-defined disabilities, the client will be indicated as having a handicap on their general information screen;
- Medical screens will primarily be populated by data retrieved from Children’s National Medical Center (CNMC) for children flagged as part of the DC Kids program;
- If a client’s medical information was entered via the Children’s National Medical Center, then the **DC Kids MR#** will be displayed at the top of the screen;
- If you had selected a different appointment type, different listing of options would be shown here from which to choose;

Absent Parent Information

To add, view or update absent parent information for a client, complete the following steps.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Client**, and click the **Client List** button.

Step 2: Highlight a client and click **Show**.



Note: You may only enter absent parent information for a client who is participating as a child in the referral.

Step 3: Click **Absent Parent** to display the **Absent Parent** screen.

Step 4: Enter absent parent information for the client.



Points to Remember:

Remember that the client who is being entered as the absent parent must first be indicated as an absent parent on the general information screen. Their Role in referral should read **Absent Parent**.

NCANDS

To add, view or update NCANDS information for a client. The functionality of this screen is to gather information on the clients that are abused or neglected. The screen displays the client's demographics, referral information, maltreatment information, caretaker characteristics, services and perpetrator information. To see what information is missing click the **Missing Info** button. If information is missing you must navigate back to the screen to enter the data.

Step 2: Click **New**.

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FACES.NET

Referral | Case | Client | Provider | Admin

Referral | Investigation | Referral Narratives | Contacts | **Allegation** | Collateral | Extension | Notes | Assessment Findings | More

Organizer | Focus | History

In Focus

User Name:
ADMIN TRAINER

Entity Type:
Referral

Entity Name:
JACKSON01

Entity ID:
586303

Allegation Information

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

Maltreatment and Injuries

Alleged Victim	Category	Type	Injury	Allegation Source
LAKEISHA JACKSON01	Neglect	Unwilling or Unable to Pr		Intake -586303
LATONYA HOLMES01	Sexual Abuse			Investigation -586303
PAUL WILLIAMS01	Neglect	Abandonment		Intake -586303
PAUL WILLIAMS01	Neglect	Boarder Baby		Intake -586303
PAUL WILLIAMS01	Neglect	Controlled Substance in		Intake -586303

Maltreatment and Injury Information

Alleged Victim*
PAUL WILLIAMS01

Alleged Maltreater*
SHANTE JACKSON01

Category*
Neglect

Type
Lack of Supervision

MPD Notification Required
No

Date of Incident

Injury Characteristics

Injury Age

Injury Location

Maltreatment/Injury Specifics

Accidental Injury

Physical/Sexual Assault

Newborn w/Positive Tox

Addicted/Dependent Newborn

Figure 5.17

Step 3: Select an **Alleged Victim**.

Step 4: Click the **Alleged Maltreater Select** button and select a maltreater.

Step 5: Select a **Category**.

Step 6: Click **Save**.

Note:

- MPD Notification will auto-populate for **Abuse** and **Sexual Abuse** allegations.
- For allegations added in the investigation, the **Allegation Source** column will be updated with the word Investigation and the Investigation ID.

Notes

SECTION 6: INVESTIGATION ASSESSMENTS

Performance Objectives

In this Section, you gain confidence in your ability to:

- Complete Safety Assessments



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FACES.NET Guide

This section will focus on what immediate danger is within the household.

Complete the Signs of Present Danger Assessment

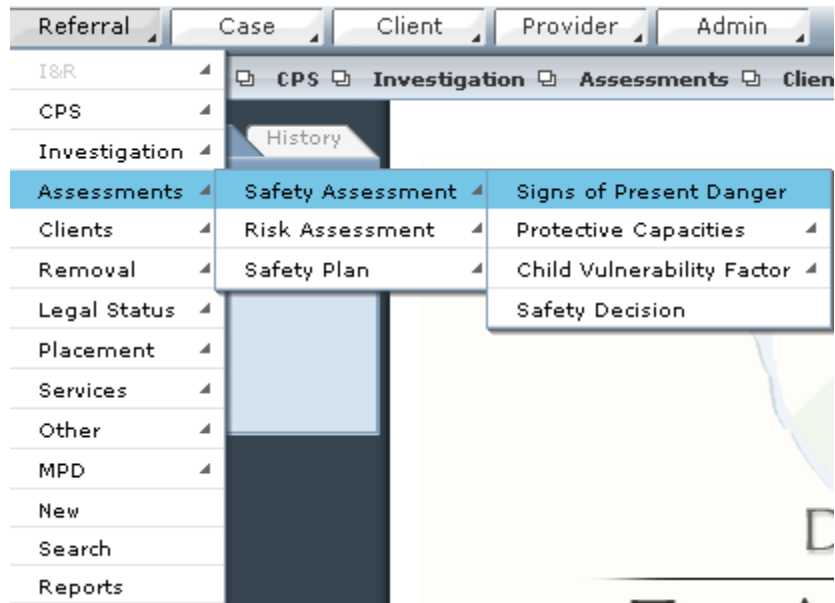


Figure 6.1

Steps Include:

Step 1: Place the cursor over **Referral**, then **Assessments**, **Safety Assessment**, and finally click **Signs of Present Danger**.

Step 2: Select a **Date of Initial Assessment**. This should default to the current date.

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CHILD AND FAMILY SERVICES AGENCY

F A C E S . N E T

Referral Case Client Provider Admin Case Go

Referral Assessments Safety Assessment Signs of Present Danger Protective Capacities Child Vulnerability Factor Safety Decision

Organizer Focus History
In Focus
User Name: ADMIN TRAINER
Entity Type: Referral
Entity Name: JACKSON60
Entity ID: 586382

Present danger
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Signs of Present Danger History

Assessment Date	Assessment Type	Staff Name	Decision Approval Date	Approved By
12/28/2005	Initial	ADMIN TRAINER	1/25/2006 10:51:25 AM	ADMIN TRAINER

General Information

Date of Initial Assessment* 12/28/2005 Initial Assessment Done By* ADMIN TRAINER
Assessment Updated Date* Assessment Update Done By* ADMIN TRAINER

Please select Credible or No Credible Information for each of the 20 questions below:

17. No Credible Information Caretaker has previously had parental rights terminated as a result of abuse or neglect or has failed to benefit from any previous services related to child safety issues, and/ or has had children removed from his/her care due to abuse/neglect.

18. No Credible Information There is reason to believe the child is in immediate danger of serious harm and the family refuses access to the child, the child's whereabouts cannot be ascertained, or there is reason to believe the family will flee.

19. Credible Information A paramour is the alleged or indicated perpetrator of physical abuse or sexual abuse.

20. No Credible Information Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.

Signs of Present Danger Narrative

Ms. Jackson60 and her children are involved with CFSA because a report came into the agency alleging that Ms. Jackson60 was leaving her underaged children unsupervised at home. The report alleged heavy drug use and distribution from the Jackson60 household. Upon further investigation, many allegations were substantiated against Ms. Jackson60 and she will now have an open case with CFSA for further monitoring.

Save Find Cancel

Figure 6.2

Step 3: Answer each of the statements with **No Credible Information** or **Credible Information**.

Step 4: Complete the **Signs of Present Danger Narrative**.

Step 5: Click **Save**.



FACES.NET Guide

This section will focus on characteristics of the caretaker that might offset the signs of present danger and alleviate the safety threat to the child(ren).

Complete the Protective Capacities

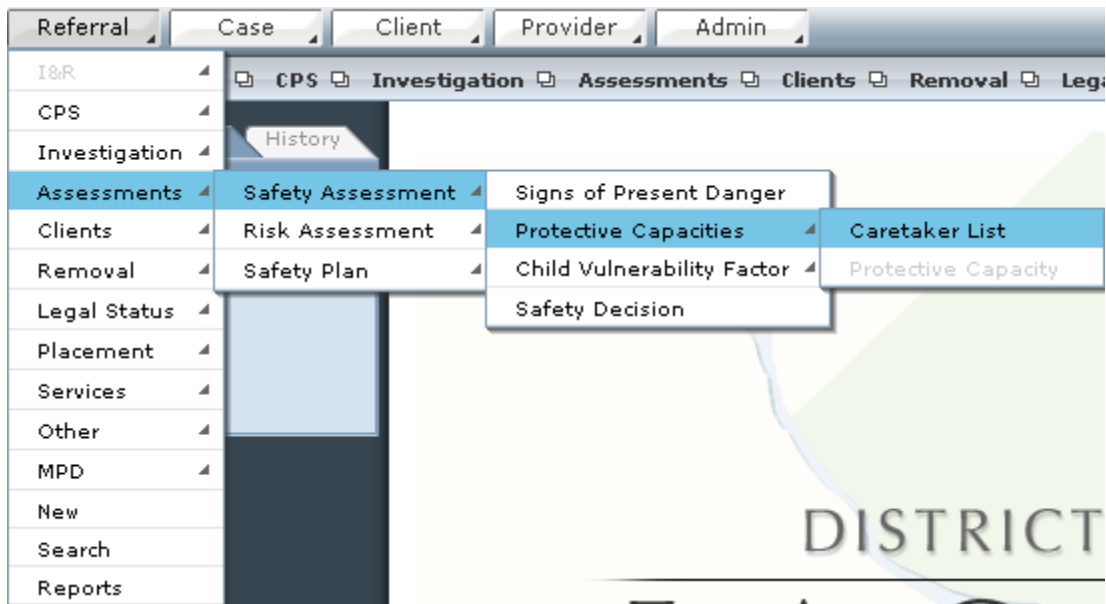


Figure 6.3

Steps Include:

Step 1: Place the cursor over **Referral**, then **Assessments**, **Safety Assessment**, **Protective Capacities**, and finally click **Caretaker List**.

Step 2: Select Shanté from the **Selection of Client/Caretaker** screen and click **Show**.

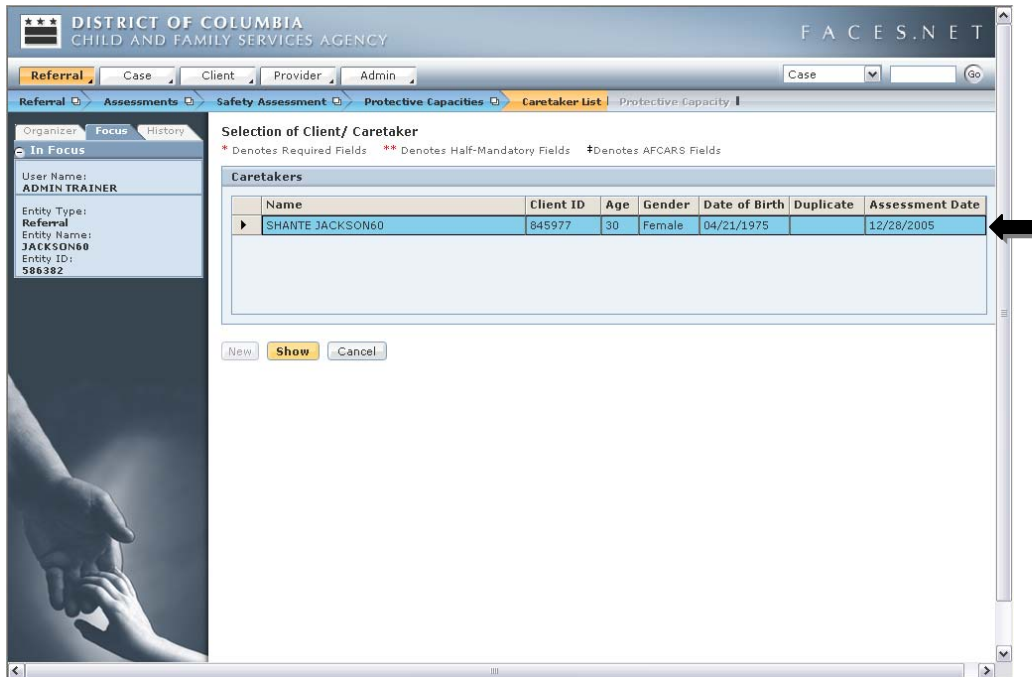


Figure 6.4

Step 3: Select a **Date of Initial Assessment**. This should default to the current date.

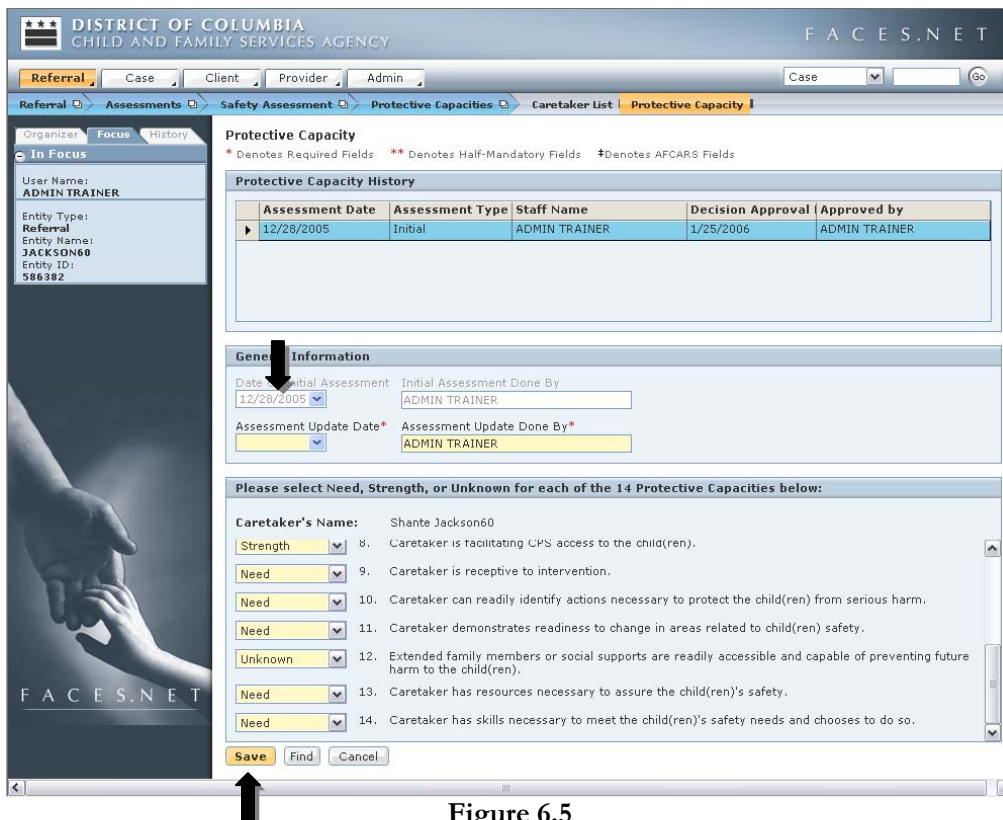


Figure 6.5

Step 4: Answer each of the statements with **Strength, Need, or Unknown**.

Step 5: Click **Save**.



Note: You must complete the **Protective Capacities** for every client listed as a caretaker on the **Relationships** screen.



FACES.NET Guide

This section will focus on vulnerabilities factors for each of the children. An assessment must be done for each child within the home.

Complete the Child Vulnerability Factor

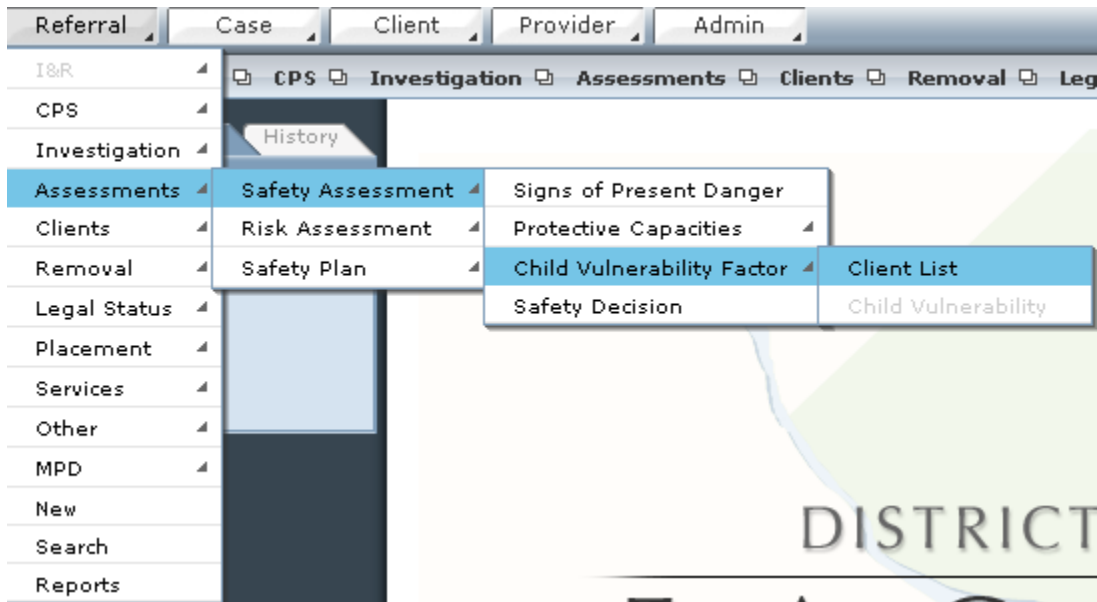


Figure 6.6

Steps Include:

Step 1: Place the cursor over **Referral**, then **Assessments**, **Safety Assessment**, **Child Vulnerability Factor**, and finally click **Client List**.

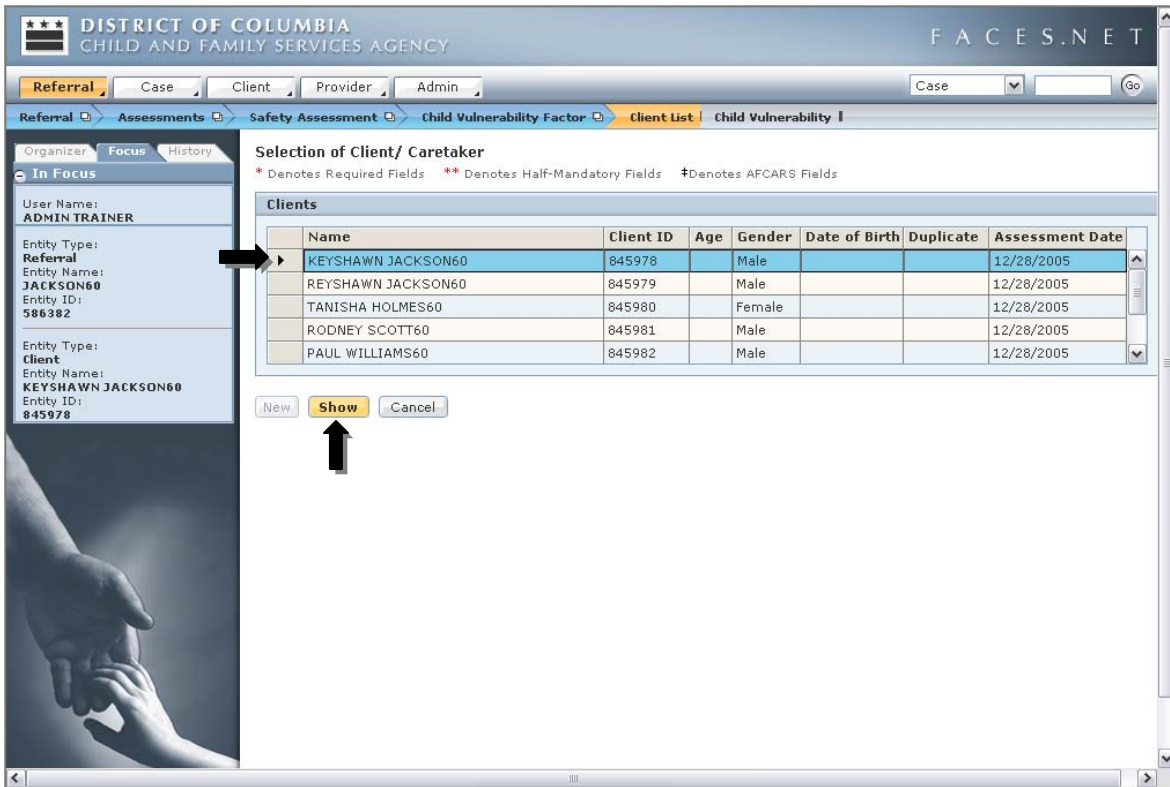


Figure 6.7

Step 2: Select a client from the **Selection of Client/Caretaker** screen and click **Show**.

Step 3: Select a **Date of Initial Assessment**. This should default to the current date.

The screenshot shows the 'Child Vulnerability Factors' form in the FACES.NET system. The form is divided into several sections:

- Child Vulnerability History:** A table with columns: Assessment Date, Assessment Type, Staff Name, Decision Approval Date, and Approved By. One entry is visible: 12/28/2005, Initial, ADMIN TRAINER, 1/25/2006 10:51:25 AM, ADMIN TRAINER.
- General Information:** Fields for Date of Initial Assessment* (12/28/2005), Initial Assessment Done By* (ADMIN TRAINER), Assessment Updated Date*, and Assessment Update Done By* (ADMIN TRAINER).
- From the list of 14 Child Vulnerability characteristics, select all that apply below:** A list of 10 characteristics with checkboxes. Characteristic 5, 'Child is emotionally disturbed', is checked.
- Buttons:** Save, Find, and Cancel buttons are at the bottom.

Arrows in the image point to the 'Date of Initial Assessment' dropdown menu and the 'Save' button.

Figure 6.8

Step 4: Click any **Child Vulnerability Characteristics** that a child may exhibit.

Step 5: Click **Save**.



FACES.NET Guide

This section will focus on overall safety of the household. A **Safety Decision** must be completed for every referral. The safety decision will document any signs of danger within the home and what actions are being taken to remedy them. It also requires a supervisor to use a checklist to verify if each of the assessments were done thoroughly and then approve the **Safety Decision**.

Complete the Safety Decision

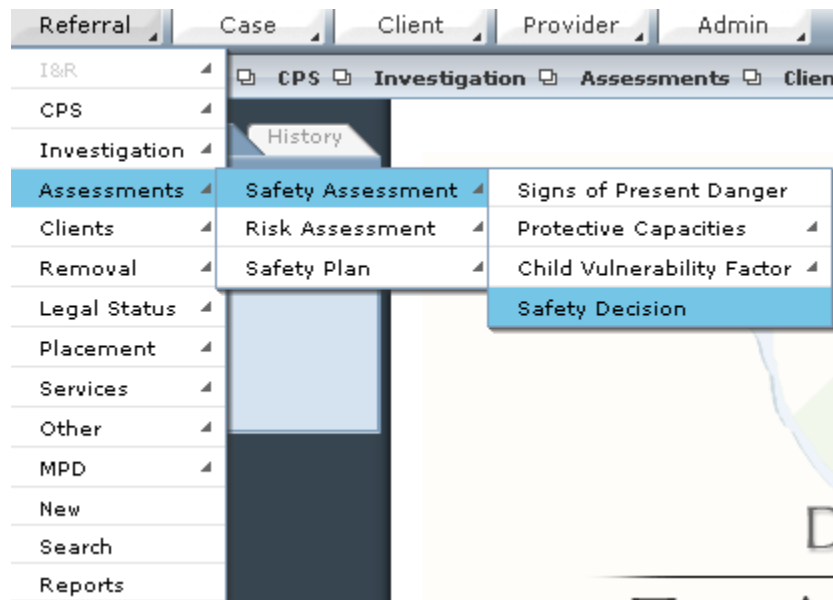


Figure 6.9

Steps Include:

Step 1: Place the cursor over **Referral**, then **Assessments**, **Safety Assessment**, and finally click **Safety Decision**.

Step 2: Select a record from the **Safety Decision History** grid.

The screenshot shows the FACES.NET interface for a Safety Assessment Decision. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. The breadcrumb trail is: Referral > Assessments > Safety Assessment > Signs of Present Danger | Protective Capacities > Child Vulnerability Factor | Safety Decision |.

Safety Assessment Decision
 * Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Safety Decision History

Decision Date	Assessment Typ	Staff Name	Decision Approv	Approved By
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER

General Information

Date of Initial Assessment: 12/28/2005 Initial Assessment Done By: ADMIN TRAINER

Assessment Updated Date*: 12/28/2005 Assessment Update Done By*: ADMIN TRAINER

Decision

4. One or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm and removal to foster care or an alternative placement (or continued placement) is the only controlling safety intervention possible for the child(ren).

Describe the reasons for removal.

Select: Keyshawn Jackson60, Reyshawn Jackson60, Tanisha Holmes60, Rodney Scott60, Paul Williams60

Removal is the only protecting intervention....

5. One or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm, but caretaker(s) has refused access to the child(ren) or fled, or child(ren)'s whereabouts are unknown. Appropriate legal/investigative actions are being taken.

Buttons: Save, Find, Cancel, Approve, Report

Figure 6.10

Step 3: Pick a level of the Safety Decision 1-5.

Step 4: Click the **Select** button to display the **Client Name** screen.

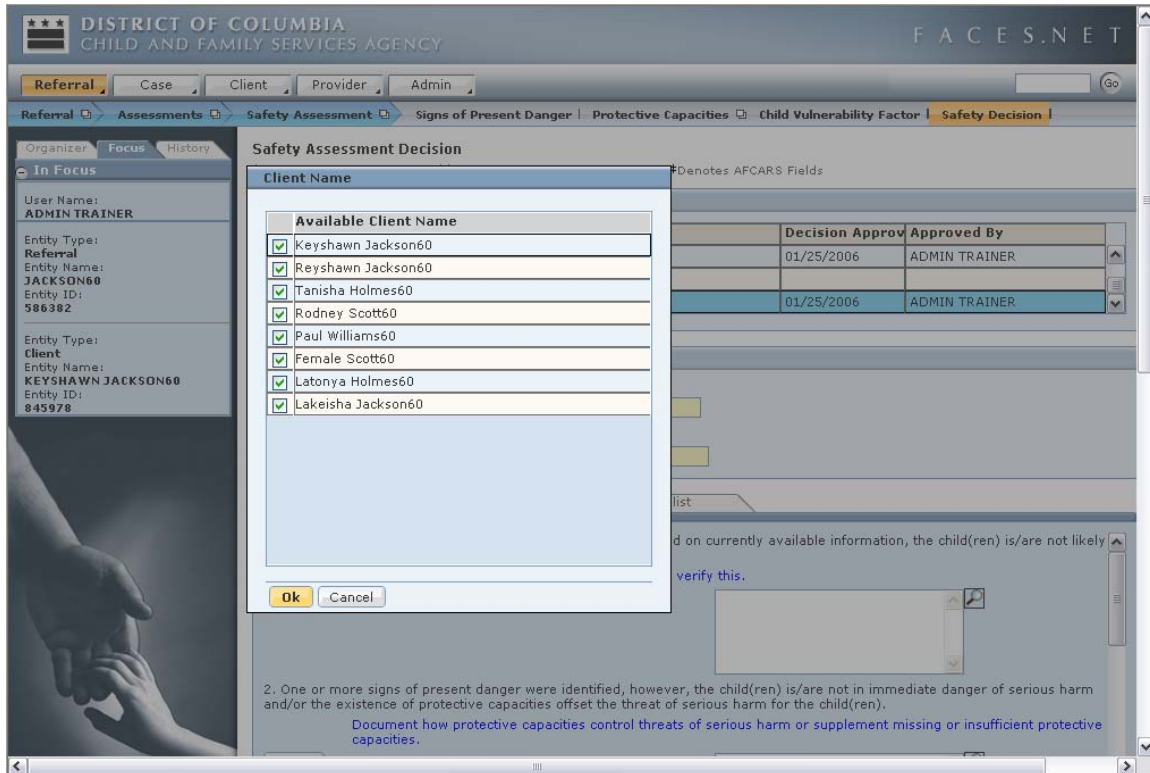


Figure 6.11

Step 5: Place a check in the box for the clients you wish to select.

Step 6: Click **Ok**.

Step 7: Enter a Reason for Removal.

DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY

FACES.NET

Referral Case Client Provider Admin Case Go

Referral Assessments Safety Assessment Signs of Present Danger Protective Capacities Child Vulnerability Factor Safety Decision

Organizer Focus History
In Focus

User Name:
ADMIN TRAINER

Entity Type:
Referral
Entity Name:
JACKSON60
Entity ID:
586382

Entity Type:
Client
Entity Name:
KEYSHAWN JACKSON60
Entity ID:
845978

Safety Assessment Decision

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

Safety Decision History

Decision Date	Assessment Type	Staff Name	Decision Approved	Approved By
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER
12/28/2005	Update	ADMIN TRAINER		
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER

General Information

Date of Initial Assessment: 12/28/2005 Initial Assessment Done By: ADMIN TRAINER

Assessment Updated Date*: 12/28/2005 Assessment Update Done By*: ADMIN TRAINER

Decision Supervisor Checklist

4. One or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm and removal to foster care or an alternative placement (or continued placement) is the only controlling safety intervention possible for the child(ren).

Describe the reasons for removal.

Select: Keyshawn Jackson60, Reyshawn Jackson60, Tanisha Holmes60, Rodney Scott60, Paul Williams60

Removal is the only protecting intervention....

5. One or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm, but caretaker(s) has refused access to the child(ren) or fled, or child(ren)'s whereabouts are unknown. Appropriate legal/investigative actions are being taken.

Save Find Cancel Approve Report

Figure 6.12

Step 8: Click **Save**.

Step 9: Click **Approve**.

Step 10: Click the **Request** checkbox from the Approval screen.

Step 11: Click **Ok**.

Supervisor Checklist

This section is for supervisors only.

Steps Include:

Step 1: Click the **Supervisor Checklist** tab.

The screenshot displays the 'Safety Assessment Decision' application window. On the left, a sidebar shows user information for 'ADMIN TRAINER' and 'KEYSHAWN JACKSON60'. The main area is divided into several sections: 'Safety Decision History' with a table of past assessments, 'General Information' with dropdown menus for dates and staff, and the 'Supervisor Checklist' tab. The checklist contains five numbered statements, each with a 'Yes' dropdown menu. Below the statements is a text area for required changes. At the bottom, buttons for 'Save', 'Find', 'Cancel', 'Approve', and 'Report' are visible. Two black arrows point to the 'Save' and 'Approve' buttons.

Decision Date	Assessment Type	Staff Name	Decision Approved	Approved By
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER
12/28/2005	Update	ADMIN TRAINER		
12/28/2005	Update	ADMIN TRAINER	01/25/2006	ADMIN TRAINER

General Information

Date of Initial Assessment: 12/28/2005 Initial Assessment Done By: ADMIN TRAINER

Assessment Updated Date*: 12/28/2005 Assessment Update Done By*: ADMIN TRAINER

Supervisor Checklist

Yes 5. Safety plan is appropriate given identified threats of serious harm, protective capacities, and vulnerabilities and will assure the safety of the child(ren).

Yes 6. Any necessary parties to the safety plan are in agreement and capable of assuring the child's safety.

Yes 7. If placement out of the home is the safety plan, the recommendation for visitation (supervised, unsupervised) is appropriate given the threats of serious harm, protective capacities, and the child(ren)'s vulnerability.

Yes 8. If the safety decision is number five, the actions being taken are appropriate.

Yes 9. The plan for monitoring the safety plan is adequate to assure it remains in place.

For any 'No' answer indicate required changes

Save Find Cancel Approve Report

Figure 6.13

Step 2: Select **Yes** or **No** for each of the statements.

Step 3: If no is answered for any of the statements, enter the required changes in the textbox below.

Step 4: Click **Save**.

Step 5: Click **Approve** and click the **Approve** checkbox.

Step 6: Click **Ok**.

Notes

SECTION 7: HOUSEHOLD

Performance Objectives

In this Section, you gain confidence in your ability to:

- Create a new household in Referral.
- View and amend members of a household.



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Practice Overview

Create a New Household

The Household screens are accessible in the Referral Module of FACES.NET. In Referral, it will allow you to create and modify households on which to perform an initial Risk Assessment.

At least one household must be defined for each referral. At least one household must be defined for each investigation.

Household: All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home.

Caretaker: Adult in the household who is obligated and entitled to provide for the child's safety, well-being, routine care, and supervision.

For the purposes of completing the SDM assessments, it is necessary to identify a Primary Caretaker in each household being assessed. If a child is a member of two households, a different person will be identified as the "Primary Caretaker" in each household.

Primary: The primary caretaker is the adult living in the household who has legal responsibility and assumes the most responsibility for the child. For example, when a mother and her boyfriend reside in the same household and appear to equally share child care responsibilities, the mother is selected. If both caretakers in the household have legal responsibility and child care equally, the maltreater or alleged maltreater should be selected. For example, when a mother and a father reside in the same household and appear to equally share child care and the mother is the maltreater or the alleged maltreater, the mother is selected. In circumstances where both caretakers are in the household, equally sharing child care responsibilities, and both have been identified as maltreaters or alleged maltreaters, the caretaker demonstrating the more severe behavior is selected. A primary caretaker is required, and only one primary caretaker can be identified.

Secondary: The secondary caretaker is defined as an adult living in the same household who has routine child care responsibility but less responsibility than the primary caretaker. A paramour, caretaker, or adult living in the home may be a secondary caretaker, even though he/she is not a legal caretaker and has minimal responsibility for childcare. A secondary caretaker is optional since there might not be one included in the household. This does not include a nanny or au pair living in the home.

Child: A child is anyone acting as a child in a household. A child may be a part of multiple households. At least one child is required to complete a household.

Family: Caretakers, adults fulfilling the caretaker role, guardians, children, and others related by ancestry, adoption, or marriage; or as defined by family.

SDM assessments are completed on households; therefore, when a child's caretakers do not live together, the child may be a member of two households. Because only one household can be assessed on each SDM assessment tool, there will be referrals in which the worker will complete two of each SDM assessment. Identify which household is being assessed using the "Household Name" field in the header.

SDM assessments must be completed on the household that is the primary residence of the child, **AND** the household of the caretaker who is the alleged maltreater. If no alleged maltreater is identified, the caretaker's household where the alleged abuse/neglect occurred is assessed. If the child is a member of two households, and both caretakers are identified as alleged maltreaters, complete a separate stream of SDM assessments for each household. Not completing SDM assessments as described above requires supervisory approval.

FACES.NET Guide

The household list screen lists all the households present within the referral. You can navigate to this screen from menu structure by selecting Household. You initially see a list of all the households present within the case. Households are identified by the primary caretaker's name and FACES.NET Client ID on the screen. You either select a current household to modify it or select "New" to create an entirely new household with a new primary caretaker. If no clients have been assigned the role of primary or secondary caretaker, then the "New" button will be disabled until there is a caretaker selected. Once a household has been selected or "New" has been clicked, the "Household Details" section at the bottom of the screen populates with the appropriate data.

You then select a primary caretaker and a Start Date to define when the household was formed. The End Date is used to mark a household as inactive. You may then click the "Show" button and the selected household will be brought into focus allowing you to move onto the Member List screen by using the breadcrumbs.

Complete New Household

The Household screens provide you with the ability to create, add, and modify households and household members.

Household Manager

Household manager consists of two screens: **Household List** and **Member List**.

Steps Include:

Step 1: Hold cursor over **Referral**.

Step 2: Click on **Household** (see *Figure 7.1*).

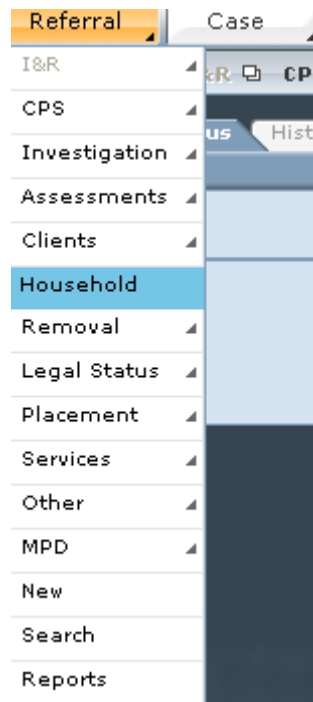


Figure 7.1

Step 3: Select the **Primary Caretaker**.



Note:

- The household is based on the Primary Caretaker. Therefore, if the primary dies and the secondary takes over the household, the original household would be marked inactive and a “New” household would be created under the name of the new Primary Caretaker.
- A client can only participate as a primary caretaker for one household at a time. Once a client is identified as a primary caretaker for one household, that client will not be able to

be selected as a primary or secondary caretaker for subsequent households within that case.

- A client can only participate as a secondary caretaker for one household at a time within a single case. Once a client is identified as a secondary caretaker for one household they will not be able to be selected as a primary or secondary caretaker for subsequent households within that case.
- You can only end date a household member from the Household Manager screen if you first click the **Make Non-Applicable** button on the approved SDM assessment. The assessment will be invalid. Then you can create a new assessment and, if necessary, a new household.

Step 4: Enter the **Start Date**.

Step 5: Describe the **Household**.

Step 6: Click **Save** (See *Figure 7.2*)

Referral | I&R | CPS | Investigation | Assessments | Clients | **Household** | Removal | Legal Status | More

Organizer | Focus | History

In Focus

User Name: TRAINER 001

Entity Type: Referral

Entity Name: JACKSON

Entity ID: 586383

Household Manager

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

Household List

Household Name (Primary Caretaker)	Secondary Caretaker	Status	Start Date	End Date
▶ SHANTE JACKSON	No Secondary	Incomplete	09/01/2008	

Active Households
 All Households

New

Household Details

Primary Caretaker* SHANTE JACKSON Start Date* 09/01/2008 End Date

Describe Household*

Shante Jackson is the mother of seven children and two grandchildren.

Save Show Cancel

Figure 7.2

Member List

The **Member List** screen lists everyone in the household identified by the Primary Caretaker in the header. You can select “All Members,” listing all who have lived in that household in the past and in the present. You can select “Active Members” to see who is currently a part of the household of the active Referral or Case.

Step 1: Click **Show**. This automatically navigates to the **Member List**.

Step 2: Click **Add Members** button to add household members.

The screenshot displays the 'Household Manager' interface. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. The main menu on the left shows 'Organizer', 'Focus', and 'History', with 'In Focus' selected. The user information on the left indicates 'User Name: TRAINER 001', 'Entity Type: Referral', 'Entity Name: JACKSON', and 'Entity ID: 586383'. The main content area is titled 'Household Manager' and 'Member List' for Primary Caretaker SHANTE JACKSON. A table with columns 'Client ID', 'Name', 'Role', 'Start Date', 'End Date', 'Status in Case', and 'Duplicate' is shown. Below the table are radio buttons for 'Active Household Members' (selected) and 'All Household Members'. An 'Add Members' button is highlighted with a black arrow. At the bottom, there is a 'Member Details' section with input fields for Name, Role (a dropdown menu), Start Date, and End Date.

Figure 7.3



Note: The **Add Members** option enables you to add multiple household members in a single step. These household members will all have the same role and start date for that household. The “Acting as” column will provide a guideline for you to select household roles. The filter drop down allows you to assign the selected members to a role of caretaker, child, or other. The start date and role will apply to all the selected clients when “Save” is selected.

*The **Clients in Case/Referral** pop-up window will display.*

Step 3: Select member(s) to be added to household by **Child**, **Caretaker** or **Other** using the filter feature.

Step 4: Select **Role** and **Start Date**.

Step 5: Select **Save**.

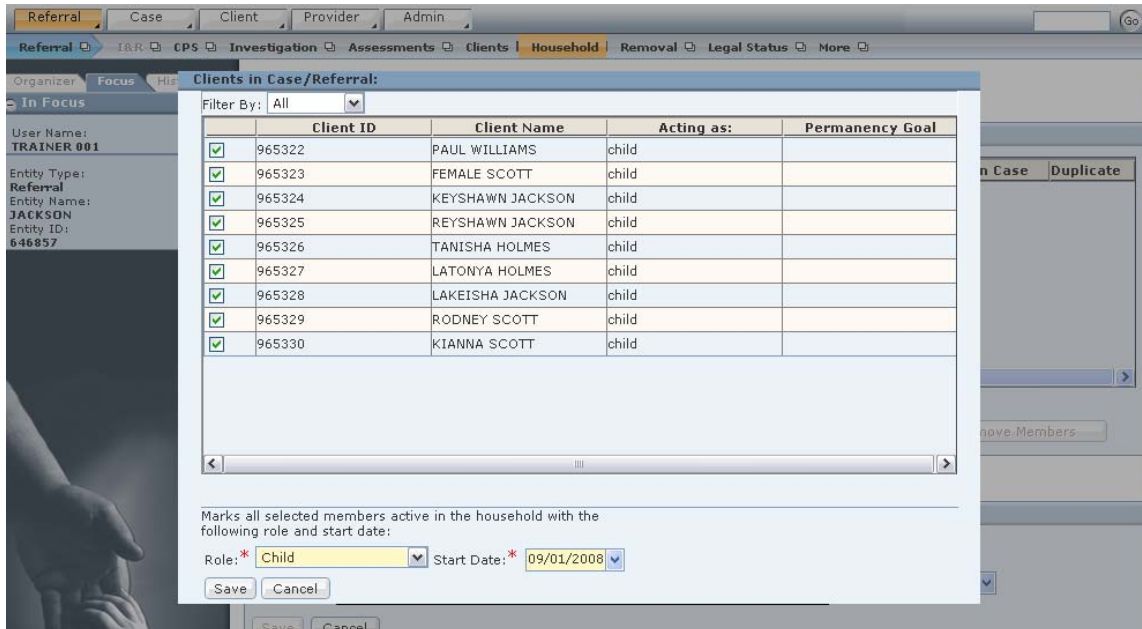


Figure 7.4



Note: The household member(s) the user added will populate onto the Member List screen.

Household Manager
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Member List Primary Caretaker : SHANTE JACKSON

Client ID	Name	Role	Start Date	End Date	Duplicate
▶ 965322	PAUL WILLIAMS	Child	09/01/2008		<input type="checkbox"/>
965323	FEMALE SCOTT	Child	09/01/2008		<input type="checkbox"/>
965324	KEYSHAWN JACKSON	Child	09/01/2008		<input type="checkbox"/>
965325	REYSHAWN JACKSON	Child	09/01/2008		<input type="checkbox"/>
965326	TANISHA HOLMES	Child	09/01/2008		<input type="checkbox"/>
965327	LATONYA HOLMES	Child	09/01/2008		<input type="checkbox"/>
965328	LAKEISHA JACKSON	Child	09/01/2008		<input type="checkbox"/>
965329	RODNEY SCOTT	Child	09/01/2008		<input type="checkbox"/>

Active Household Members
 All Household Members

Member Details

Name:

Role: Start Date: End Date:

Figure 7.5

Step 6: Click **Remove Members** button to remove household members. *The **Clients in Case/Referral** pop-up window will display member(s) listed in this household.*

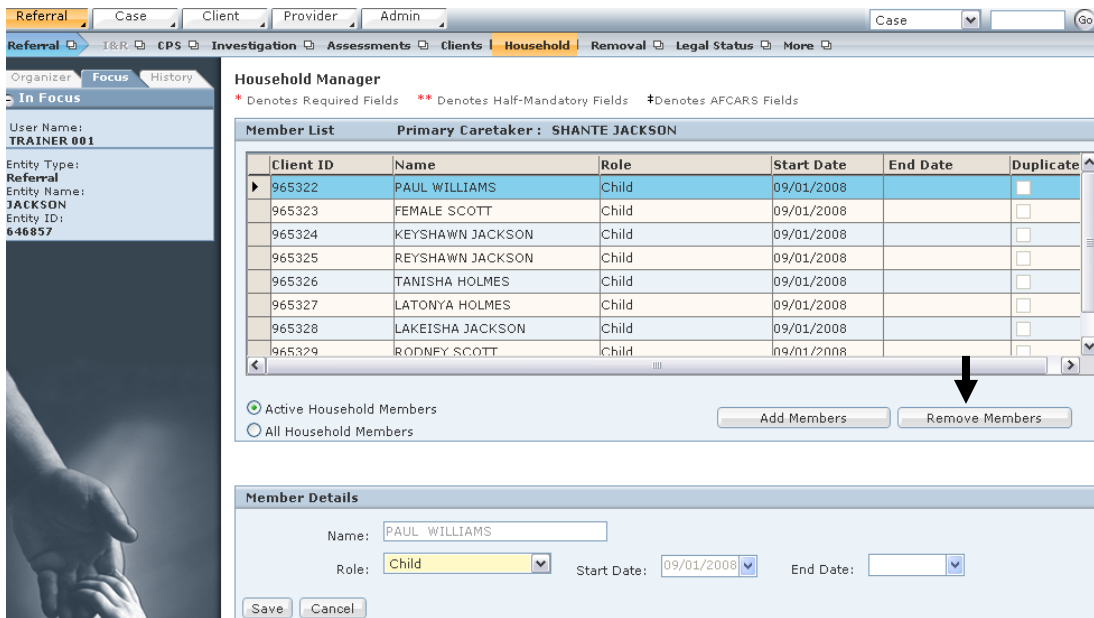


Figure 7.6



Note: Remove Members will function the same way as Add Members, except that it populates a list of all the clients already in the case and allows you to select and end date them. Clients who have an end date will be considered “inactive” and not a part of the current household.

- Step 7: Select member(s) to be removed from household by **Child, Caretaker** or **Other** using the filter feature.
- Step 8: Select **Role** and **End Date**.
- Step 9: Select **Save**. This automatically saves all information on the Member List screen.

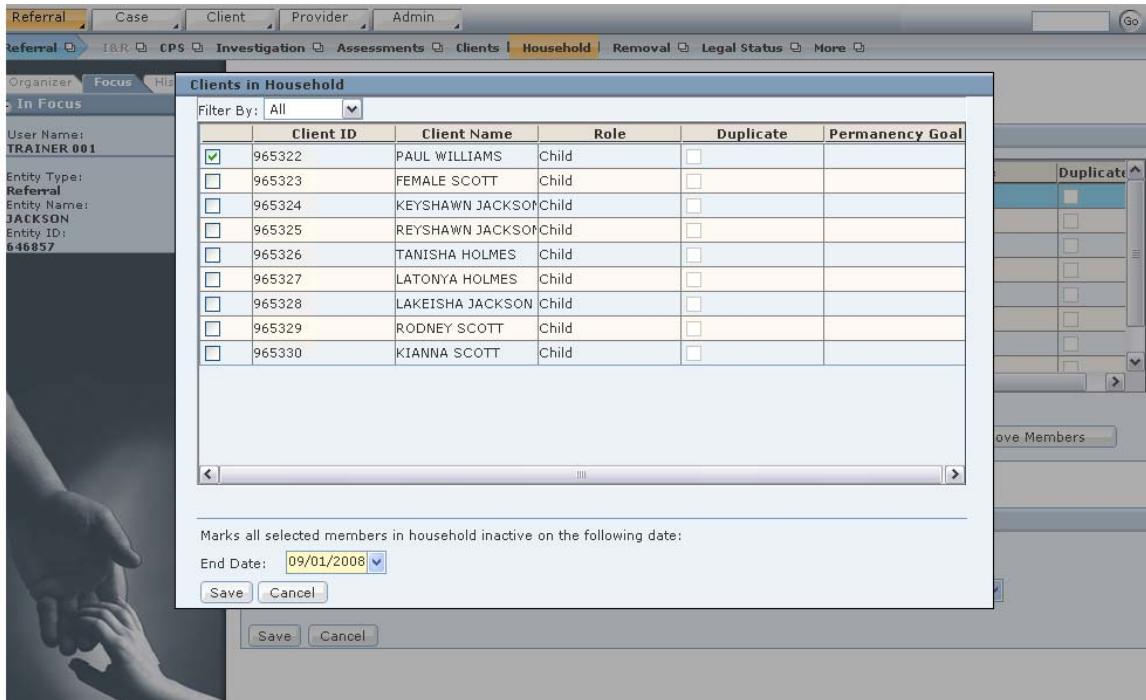


Figure 7.7



Note: The Member List will be updated and show only the clients who remain a part of the household.

Household Manager
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Member List Primary Caretaker : SHANTE JACKSON

Client ID	Name	Role	Start Date	End Date	Duplicate
▶ 965323	FEMALE SCOTT	Child	09/01/2008		<input type="checkbox"/>
965324	KEYSHAWN JACKSON	Child	09/01/2008		<input type="checkbox"/>
965325	REYSHAWN JACKSON	Child	09/01/2008		<input type="checkbox"/>
965326	TANISHA HOLMES	Child	09/01/2008		<input type="checkbox"/>
965327	LATONYA HOLMES	Child	09/01/2008		<input type="checkbox"/>
965328	LAKEISHA JACKSON	Child	09/01/2008		<input type="checkbox"/>
965329	RODNEY SCOTT	Child	09/01/2008		<input type="checkbox"/>
965330	KIANNA SCOTT	Child	09/01/2008		<input type="checkbox"/>

Active Household Members All Household Members

Add Members Remove Members

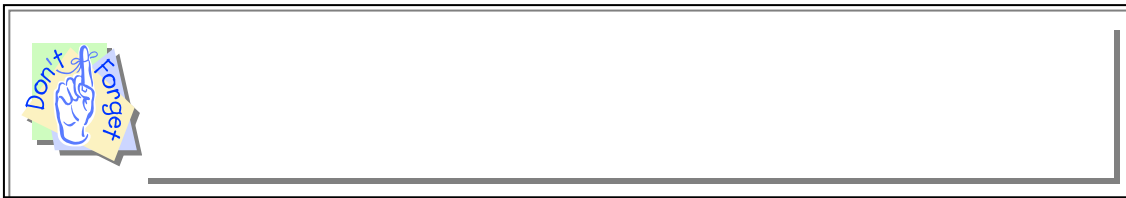
Member Details

Name: FEMALE SCOTT

Role: Child Start Date: 09/01/2008 End Date:

Save Cancel

Figure 7.8



Notes

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SECTION 8: SDM FAMILY RISK ASSESSMENT

Performance Objectives

In this Section, you gain confidence in your ability to:

- Select the appropriate household or households on which a risk assessment will be completed.
- Complete the Family Risk Assessment.





Practice Overview

Risk assessment identifies families with low, moderate, high, or intensive probabilities of future abuse or neglect. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their child in the next 18 to 24 months. The difference between risk levels is substantial. High risk families have significantly higher rates of subsequent referral and substantiation than low risk families and are more often involved in serious abuse or neglect incidents. The risk level guides the decision whether to open as a case, divert to a collaborative or close the investigation with no further services.

When risk is clearly defined and families are objectively classified, the choice between serving one family or another is simplified: agency resources are targeted to higher risk families because of the greater potential to reduce subsequent maltreatment.

This assessment does not predict recurrence, but assesses whether a family is more or less likely to have another incident without intervention by the agency.

The risk assessment is required for all maltreatment investigations regardless of findings.

The risk assessment is to be completed at the end of the investigation and prior to the report being closed without further services or opened as a case. This is no later than 30 days from the date of the report. If children have been removed during the course of the investigation, the risk assessment must be completed prior to the transfer of the case. An SDM family risk assessment must be completed on the household that is the primary residence of the child. If the caretaker who is the alleged maltreater resides in a different household and continues to be entitled and obligated to provide for the safety and well being of a child, a risk assessment on their household should also be completed. If the child is a member of two households, and both caretakers are identified as alleged perpetrators, complete a separate family risk assessment for each household.

FACES.NET Guide

There are three steps involved in the family risk assessment process:

1. Select the assessment household;
2. Complete the Family Risk Assessment;
3. Complete the Assessment Narrative.

The user will complete the first step, selecting the assessment household, by selecting Assessments, SDM Risk Assessment, Household List from the menu structure. The Household Selection screen appears, which lists all households associated with the investigation. Assessment households are identified by the primary caretaker's FACES client ID.

From the household selection list, you must click to select:

- The household that is the primary residence of the child.
- The household of the caretaker that is the alleged maltreater.

When the appropriate household has been selected, click **New** to complete the Family Risk Assessment. The Household Selection screen will close.

After the Family Risk Assessment is complete, then Assessment Narrative can be completed. When both the Family Risk Assessment and Assessment Narrative are completed and saved, then the Conclusion screen containing the overrides will be accessible.

Select the Assessment Household

After first placing a Referral in focus, select the assessment household.

Steps include:

Step 3: Hold cursor over **Referral, Assessments, SDMRiskAssessment**.

Step 4: Click on **Household List** (see *Figure 8.1*). This opens the Household Selection screen.

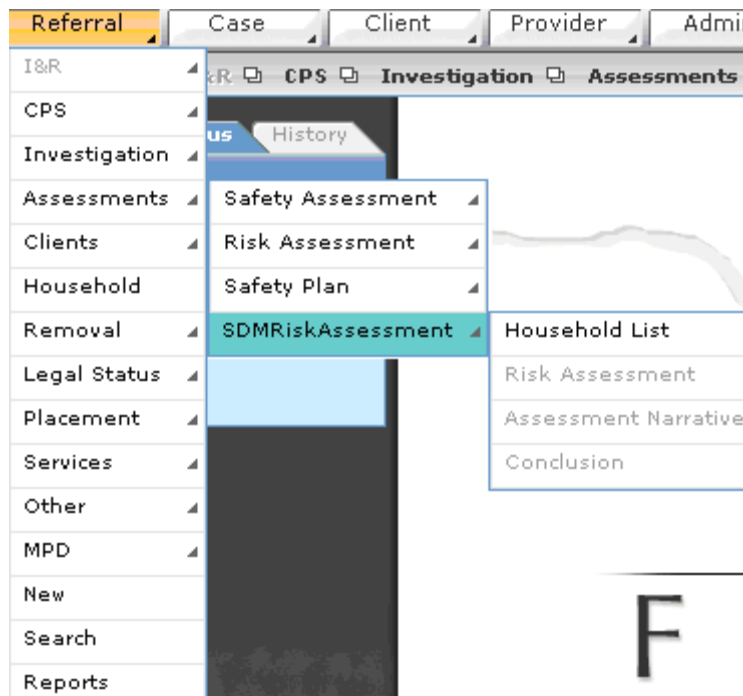


Figure 8.1

Step 5: Select the household to be assessed from the **Household Selection** screen (see *Figure 8.2*).

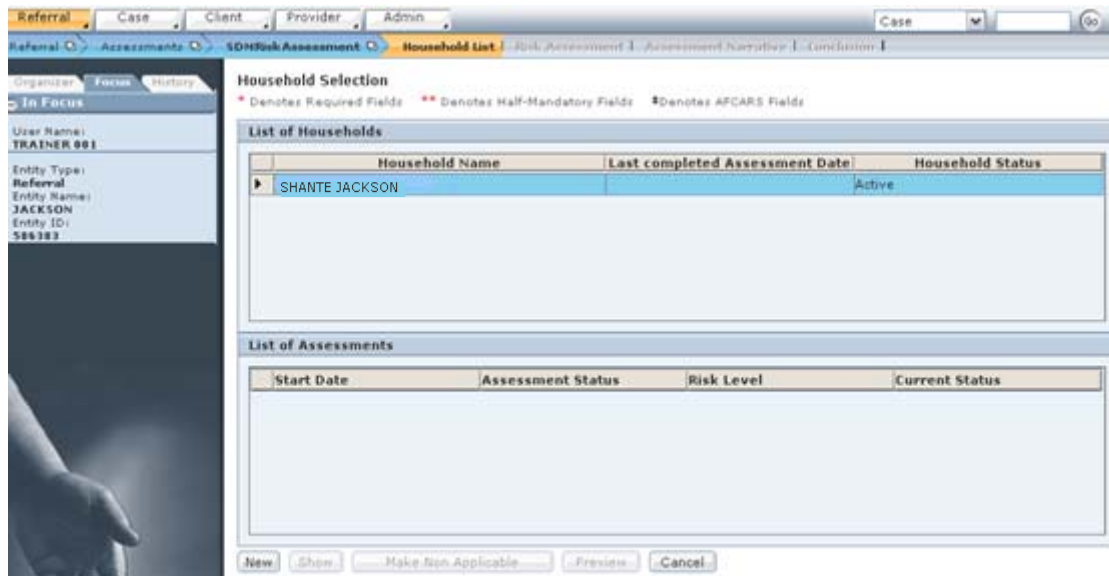


Figure 8.2



Note:

- The household that will be assessed should be the primary residence of the child and the caretaker who is the alleged maltreater.
- The **Make Non-Applicable** button becomes active after the assessment has been approved or sent back. The Assessment Status column will read “Invalid” on the Household Selection screen. Then a new Risk Assessment can be created.
- The Risk Assessment must be made invalid before making any necessary changes to the Household.
- The **Make Non-Applicable** button will not be active if assessment is pending approval or has been case connected.

Step 6: Click **New**. *The **Risk Reassessment** screen will display.*

Complete the Family Risk Assessment

Steps include:

- Step 1: Click **New** on the Household Selection screen. *This opens the Family Risk Assessment.*
- Step 2: Answer each of the 16 questions on the assessment.



Note:

- As you complete each item, the Completion Status bar at the top will indicate your progression toward completing the assessment.
- For each question you answer, a blue box will appear in this status bar. *Figure 8.3* shows the completion bar when three of the 16 questions have been answered.

Referral Case Client Provider Admin Case

Referral Assessments SDHRiskAssessment Household List Risk Assessment Assessment Narrative Conclusion

Organizer Focus History

In Focus

User Name: TRAINER 991

Entity Type: Referral

Entity Name: JACKSON

Entity ID: 186283

Family Risk Assessment

* Denotes Required Fields ** Denotes Half-Mandatory Fields #Denotes APCARS Fields

Family Risk Assessment | Primary Caretaker: SHANTE JACKSON

Completion Status: Incomplete

Assessment Date: 09/01/2008 Household Structure: Neglect score Abuse score

Current Investigation and CPS History

1. Current Report is for

a. Neglect

b. Abuse

c. Both 1 1

2. Prior Investigations

a. No 0 0

b. Yes

2a. Prior neglect

a. None 0 0

b. One

Figure 8.3



Note:

- When you click the question mark icon to the left of each question, a pop-up definition box will appear.
- This pop-up box contains the definition for that question from the Protocol Manual (see *Figure 8.4*).

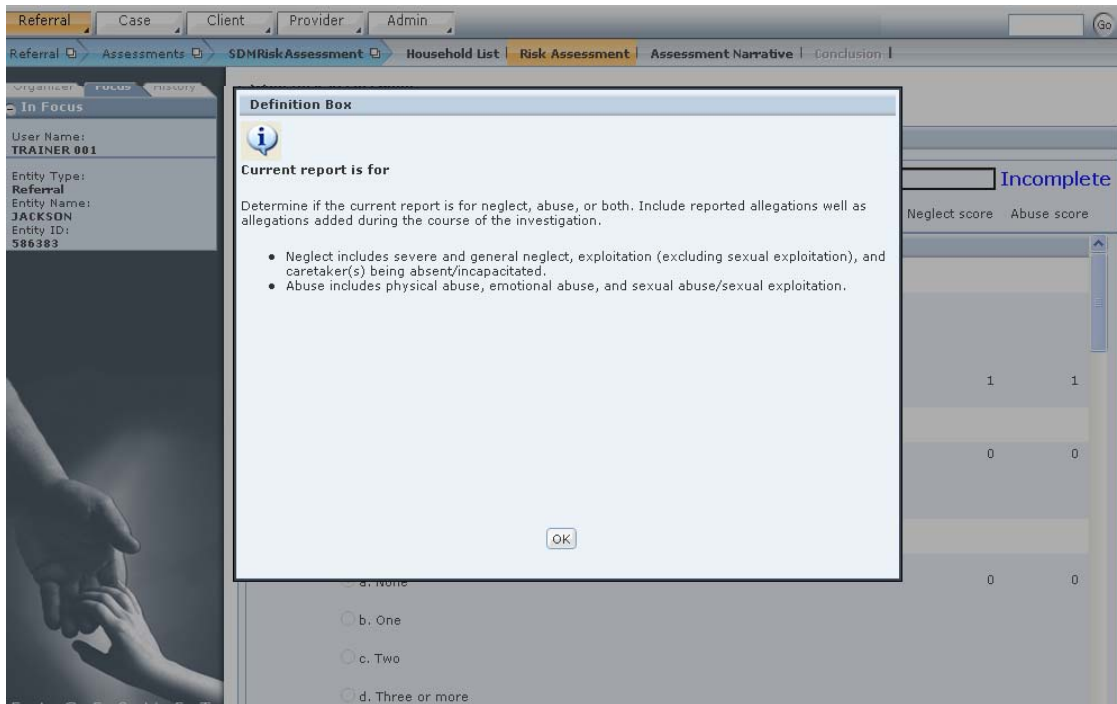


Figure 8.4



Note:

- After you have answered all 16 questions, the completion status will read “Incomplete” until the Assessment Narrative and Conclusion’s Override section are completed (see *Figure 8.5*).
- The Conclusion breadcrumb is not accessible until you answer all questions on the Risk Assessment and complete the Narrative Assessment, then click **Save** on the Narrative Assessment screen.

In Focus

User Name: **TRAINER 001**

Entity Type: Referral

Entity Name: **JACKSON**

Entity ID: **586383**

Family Risk Assessment | Primary Caretaker: SHANTE JACKSON

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

Completion Status: [Progress Bar] **Incomplete**

Assessment Date: 09/01/2008 Household Structure: Neglect score Abuse score

Alcohol

During the last 12 months

Prior to the last 12 months

Drugs

During the last 12 months

Prior to the last 12 months

? 14. Primary caretaker has a history of abuse or neglect as a child

a. No 0 0

b. Yes

Household

? 15. Two or more incidents of domestic violence in the household in the past year

a. No 0 0

b. Yes

? 16. Housing (check all that apply)

a. Current housing is physically unsafe

b. Homeless at time investigation began

c. Family has housing that is physically safe 0 0

Save

Figure 8.5

Step 3: Click **Save**. *You will remain on the **Risk Assessment** screen after saving.*

Complete the Assessment Narrative

Steps include:

Step 1: Hold cursor over **Referral, Assessments, SDMRiskAssessment**.

Step 2: Click on **Assessment Narrative** (see *Figure 8.6*). This opens the Risk Assessment Narrative screen.

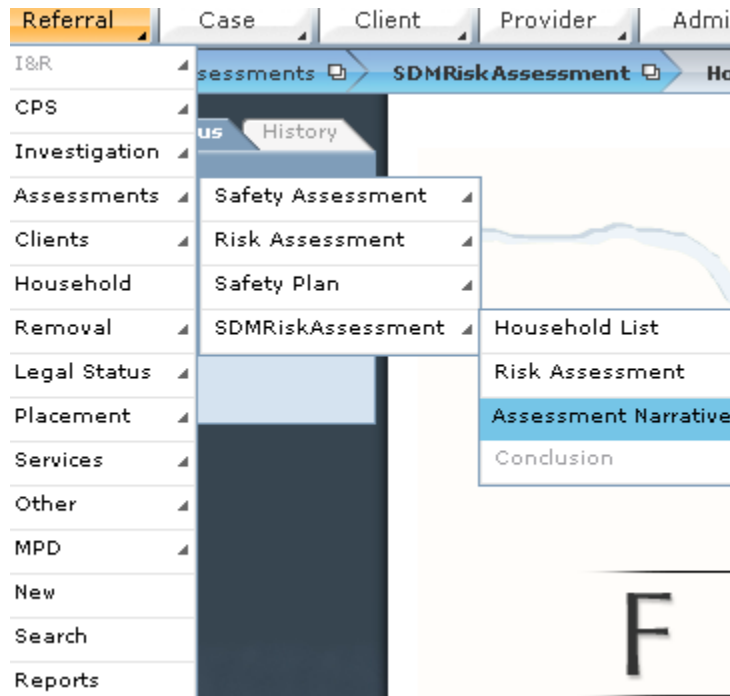


Figure 8.6

Step 3: Complete the narrative.

Step 4: Click **Save** (see *Figure 8.7*).

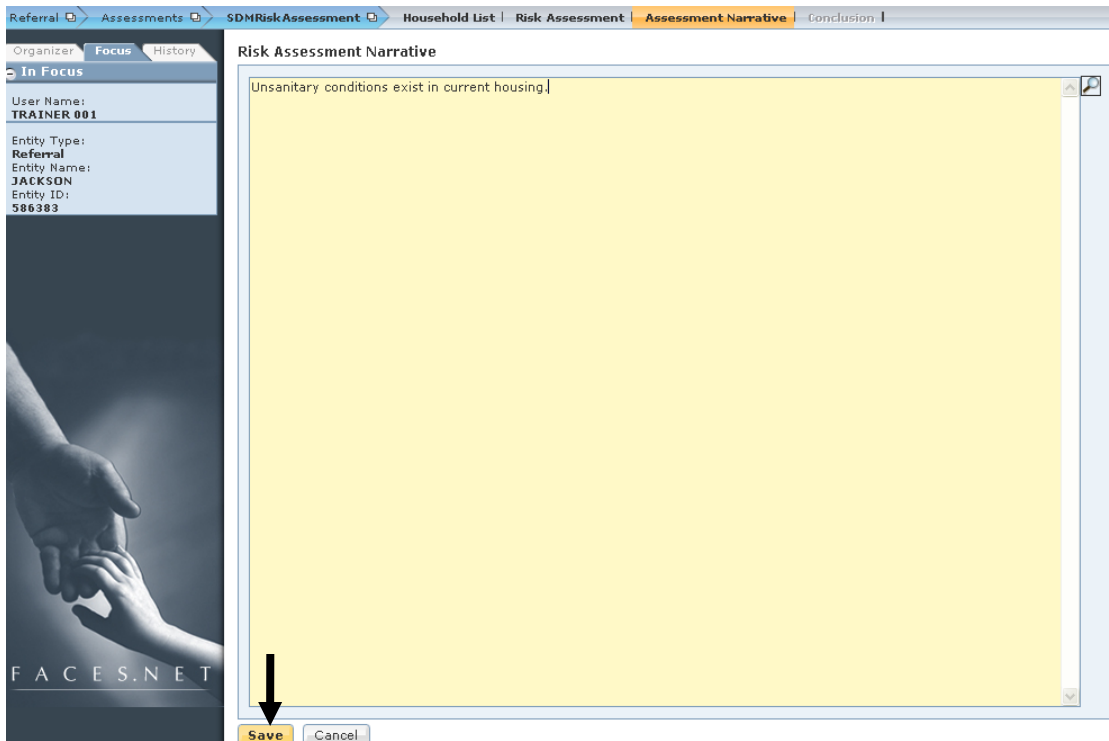


Figure 8.7



Note: After clicking **Save**, the **Conclusion** breadcrumb will be enabled (see *Figure 8.8*).

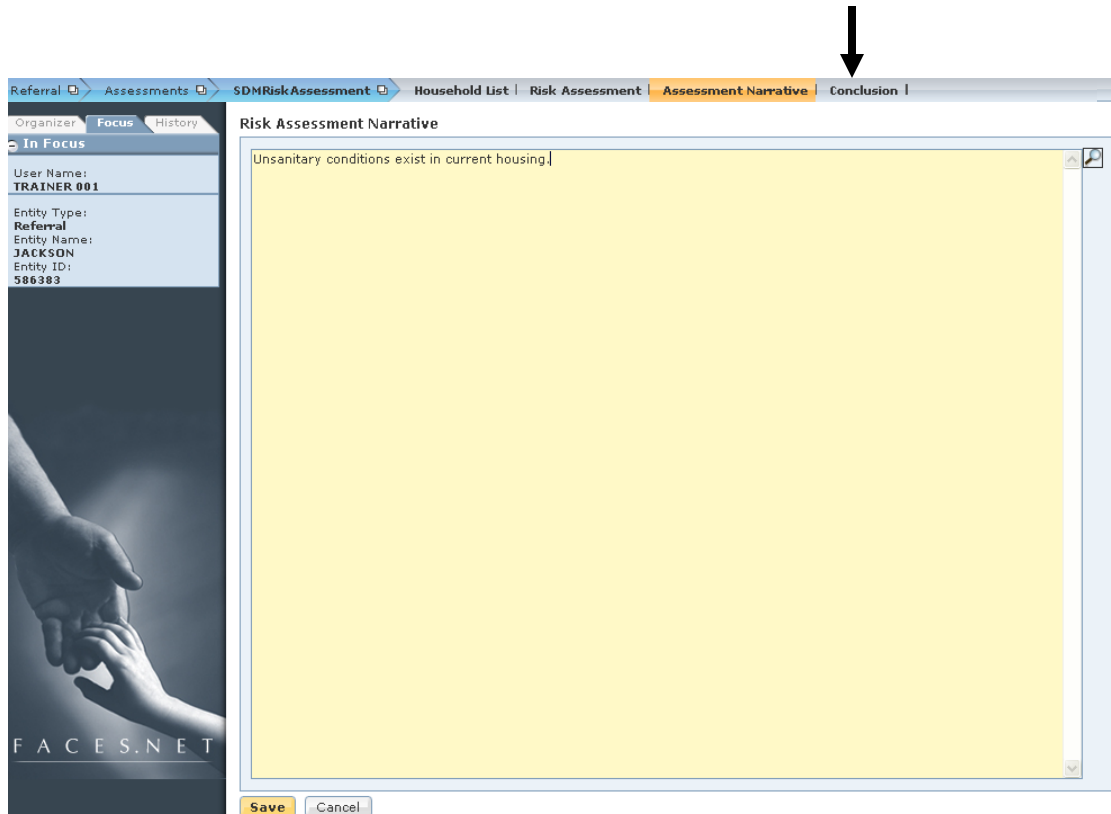


Figure 8.8

Step 4: Click **Conclusion**. *You will be directed to the Override section of the Family Risk Assessment.*



Note:

- The top portion of the screen above the **Override** section displays information based on your selections from the first screen of the Family Risk Assessment:
- To see how the neglect and abuse risk levels correspond to the neglect and abuse risk scores, click the question mark icon to the right of the risk levels; a pop-up definition box appears that breaks out the levels by score range (see *Figure 8.9*).

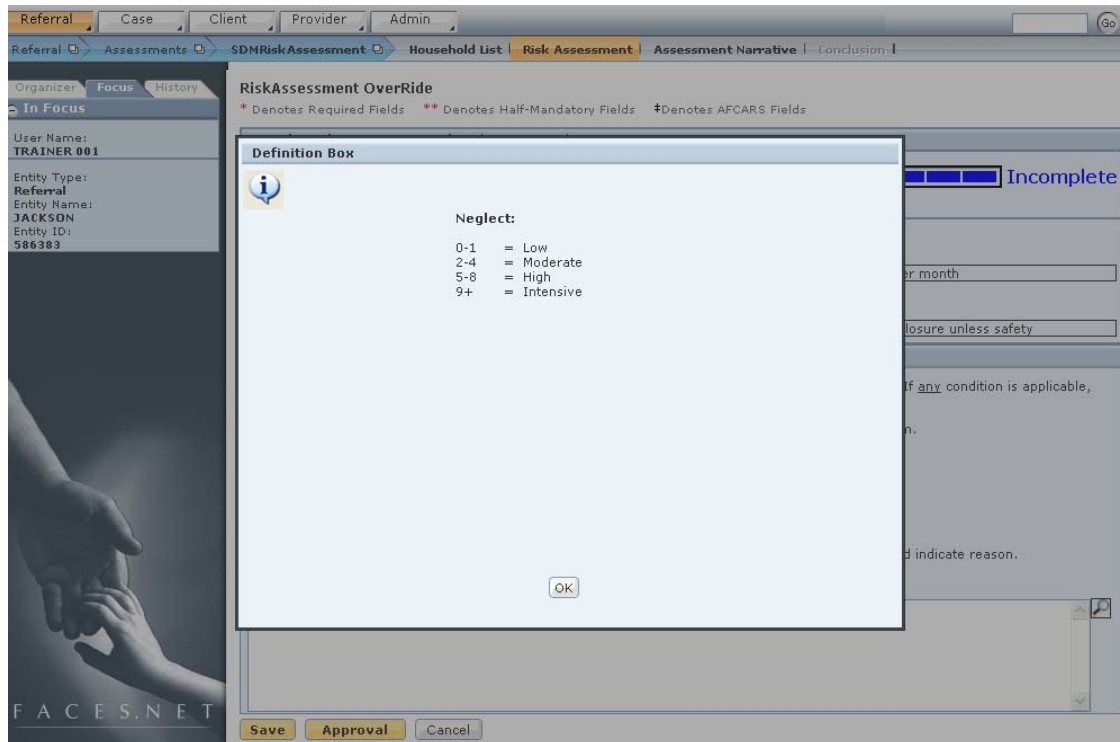


Figure 8.9

Step 7: Answer “Yes” or “No” to each policy override item. If you answer “Yes” to one or more items, you have applied a policy override.

Step 8: If a discretionary override is appropriate, mark the checkbox next to **Discretionary Override**. You must also enter the reason for the discretionary override in the **Discretionary Override Reason** text box (see *Figure 8.10*).

RiskAssessment OverRide
* Denotes Required Fields ** Denotes Half-Mandatory Fields † Denotes AFCARS Fields

Family Risk Assessment | Primary Caretaker: SHANTE JACKSON

Completion Status: Complete

Assessment Date: 09/01/2008

Neglect Score: 3 Moderate ?

Abuse Score: 2 Moderate ? Minimum Contact Guidelines: Three face-to-face per month

Override: Override Applies

Final Risk Level: high Case open/close guidelines: Opening a case is needed

Override

POLICY OVERRIDES: Select yes if a condition shown below is applicable in the current review period. If any condition is applicable, override final risk to intensive.

- Yes No 1. Sexual abuse case where the maltreater is likely to have access to the child victim.
- Yes No 2. Non-accidental injury to a child under age two years.
- Yes No 3. Serious non-accidental physical injury requiring hospital or medical treatment.
- Yes No 4. Death (previous or current) of a sibling as a result of abuse or neglect.
- Yes No 5. Child or sibling has been diagnosed or is suspected as failure to thrive.

Discretionary Override If a discretionary override is made, risk level will increase by one level, and indicate reason.

Discretionary Override Reason:

Child exposed to drug activity leading to child's experimentation.

Save Approval Cancel

Figure 8.10



Note:

- When the **Override** section has not been completed, or when no policy or discretionary overrides are selected, the Override: display will say “No Override Applies” (see *Figure 8.11*).
- When a policy or discretionary override has been selected, the Override: display will say “Override Applies” (see *Figure 8.11*).

Figure 8.11



Note:

- If no override is selected, then the final risk level remains the same as the scored risk level, which will be the higher of the two scores of Neglect or Abuse.
- If a policy override is selected, then the final risk level changes to “Intensive” (see *Figure 8.12*).
- If a discretionary override is selected, then the final risk level will change to one level higher than the scored risk level.

Step 7: Click **Save** (see *Figure 8.12*).

Step 8: Click **Approval** to submit the assessment for supervisor approval (see *Figure 8.12*).

The screenshot displays the 'RiskAssessment Override' form. The left sidebar shows the user 'TRAINER 001' and the entity 'JACKSON'. The main form area is titled 'Family Risk Assessment' for 'Primary Caretaker SHANTE JACKSON'. It includes a completion status bar (100% green) and 'Complete' text. The assessment date is '09/01/2008'. Scores for Neglect (3 Moderate) and Abuse (2 Moderate) are shown. The 'Final Risk Level' is 'Moderate', with a red box around it and an arrow pointing to the 'Case open/close guidelines' field containing 'Opening a case is needed'. The 'Override' section lists five policy override conditions, all with 'No' selected. At the bottom, 'Save' and 'Approval' buttons are highlighted with black arrows.

Figure 8.12

Step 9: In the **Approval** pop-up window, select the **Approving Worker** from the drop-down menu (see *Figure 8.13*).

Step 10: Click **OK** at the bottom of the **Approval** pop-up window.

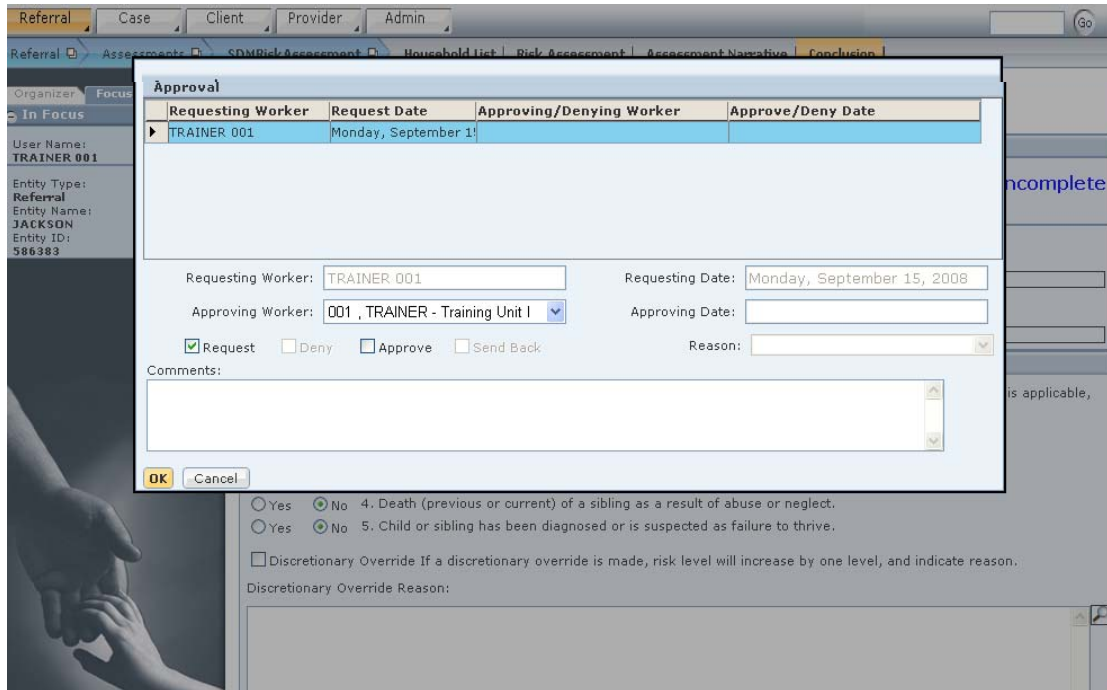


Figure 8.13



Note:

- In the event that another household needs to be assessed, you will need to return to the Household List screen to select another household.
- To navigate to the Household List from a Family Risk Assessment that has been saved and submitted for approval, click **Household List** in the breadcrumbs.
- Once back at the Household List, you will select the other family to assess (See *Figure 8.14*).

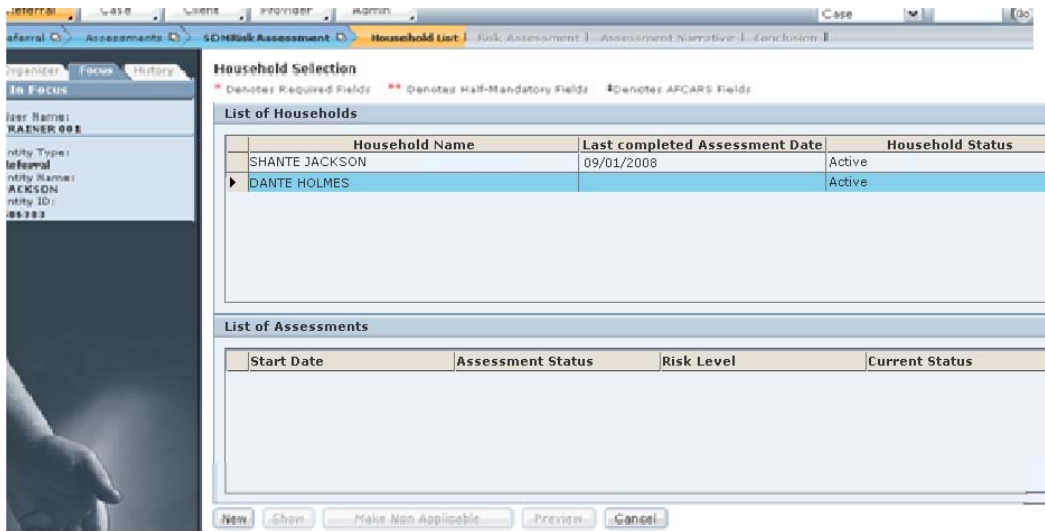


Figure 8.14

Notes

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SECTION 9: HOME REMOVAL AND PLACEMENT RECOMMENDATION

Performance Objectives

In this Section, you gain confidence in your ability to:

- Verify and Record a Child's Removal Status
- Change a Client's Legal Status
- Record a Placement Recommendation



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Practice Overview

Placement

Placements may be either planned or emergency. Planned placements allow the social worker to assure the best possible placement match for the child and allows for the efficient delivery of pre-placement services to ease the child's adjustment.

Emergency placements shall be made only when there is an unforeseen and unavoidable removal from either a child's legal guardian or foster home. Emergency placements follow the same procedure as a planned placement with the exception that the steps are accelerated.

The social worker shall consult with his or her supervisor on all placement requests. Assessment of the child's needs and identifiable information is used to match children with providers, and shall be included in the Placement Recommendation screen in FACES.NET.

Social worker shall forward to the Placement Unit/Reconciliation Unit information that will assist in making a placement decision that is in the child's best interest and in the least restrictive and most family-like setting.

Out-of-home placements are appropriate in any of the following situations:

- When a child who has been neglected, abused, or abandoned by his/her parent and cannot, based on the social worker's assessment, safely remain in that home, even with the provision of services;
- When a child, who is placed with another facility or agency, requires transfer to another home in order to receive the most appropriate medical, psychological, social, and educational services;
- When a child's family which experiences, or is about to experience, an anticipated short-term change in circumstances (i.e. parental drug treatment, hospitalization, etc).

The following rules apply for placement eligibility:

- A child must have an open home removal and CFSA legal status before a placement can be initiated;
- If the child is in need of a therapeutic foster home, the social worker must provide diagnostic information to support the need for a therapeutic setting;
- If the child (17 years old or younger) is being placed out-of-the District of Columbia with relatives, foster parents, or a treatment facility, an ICPC must be completed.

For further reference to home removal and placement requirements see the electronic form of the CFSA's Policy and Procedures through the Policy Planning Program Support link on the CFSA Intranet site or through the FACES.NET link on the CFSA Internet/Intranet site.



Note:

It is the policy of CFSA to see that all reasonable efforts are made so that children can safely remain within their own homes, to reunite children with their parent(s) or legal guardian as soon as safely possible when removal has occurred, and to promote permanency whether in the child's own home, a kin's home, or other permanent arrangement. Whatever the individual circumstances, the goals of safety, permanency and well-being are paramount in the placement process. For those children who can not remain safely in their homes, it is the policy of CFSA that children should be placed in accordance with balancing the best interest of each individual child and taking strong consideration of the following factors:

- Each child is placed in the least restrictive, most family-like setting appropriate for their needs. Congregate care shall be considered as an option only after a foster home or kin placement has been considered and determined not to be appropriate for the child's needs.
- Efforts are made to place children in kin placements, thus creating a continuance of family bonds within a safe environment.
- Efforts are made to preserve sibling groups, further recognizing the importance of family bonds and minimizing trauma to the child.
- Special care is made to place children in the communities in which they resided prior to placement.
- Encompassing the above considerations, children in need of a placement shall be matched with an appropriate placement based on the individual needs of the child and family, designed to minimize placement disruptions, and thus promote stability and permanency for children.

This policy recognizes the fact that each placement disruption and subsequent re-placement compounds the trauma in each child's life, thus the CFSA recognizes the importance on maintaining a stable placement.



FACES.NET Guide

The previous segment focused on agency practice revolving around placement and home removal. To record a placement in FACES.NET the social worker will have to first record the home removal and legal status of the child. This section will guide you through the relevant FACES.NET screens.

FACES.NET Scenario

Role: You are a CPS Investigator.

You have determined that for the safety of the children, Keyshawn and Reyshawn need to be removed. Though placing children with their siblings is preferable, for the sake of this example only, Keyshawn will go into a Traditional Foster Care program and Reyshawn into a Kinship Non-Foster Care program.

Record a Home Removal

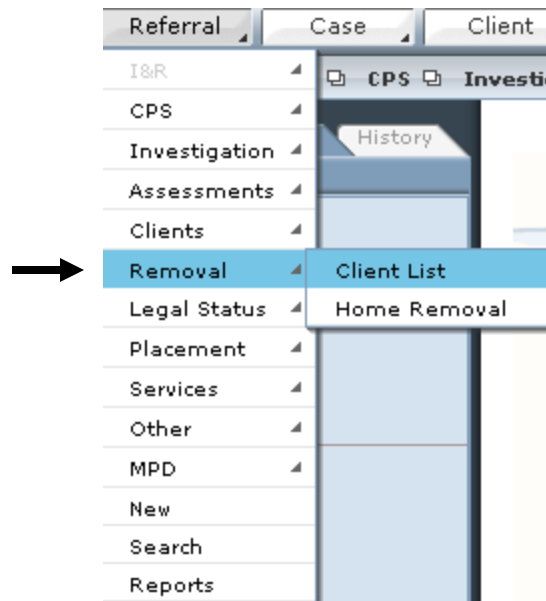


Figure 9.1

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Removal**, and click **Client List**.

Step 2: Select Keyshawn and click **Show**.

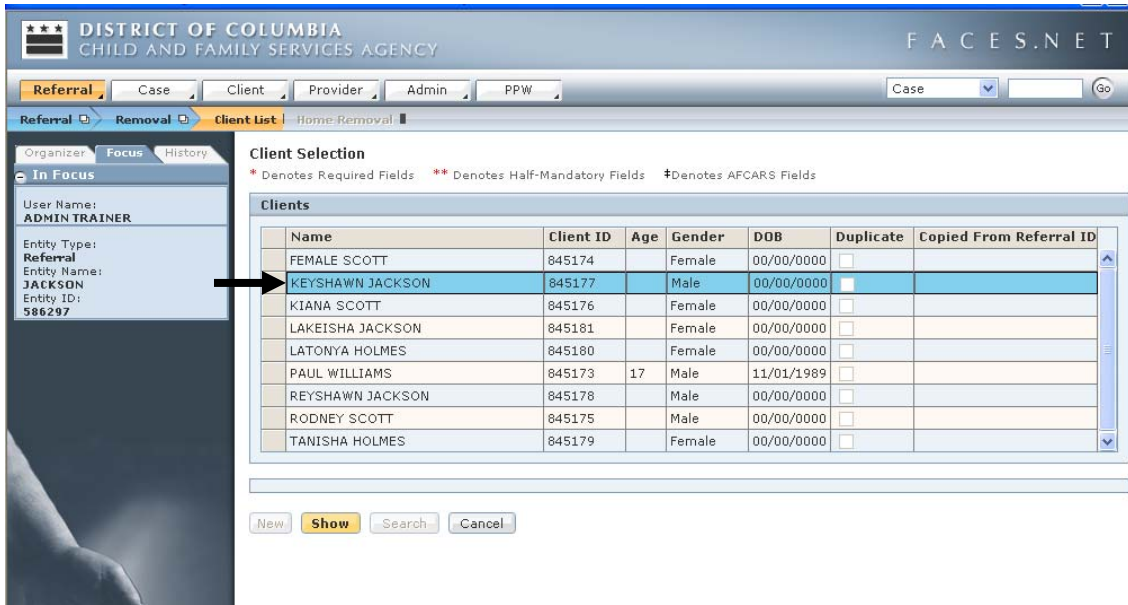


Figure 9.2

Step 3: Click **Home Removal**.

Step 4: Enter information on the **Removal** tab.



Note: The **End of Care Date** and the **End of Care Reason** fields do not get completed until the child has reached permanency.

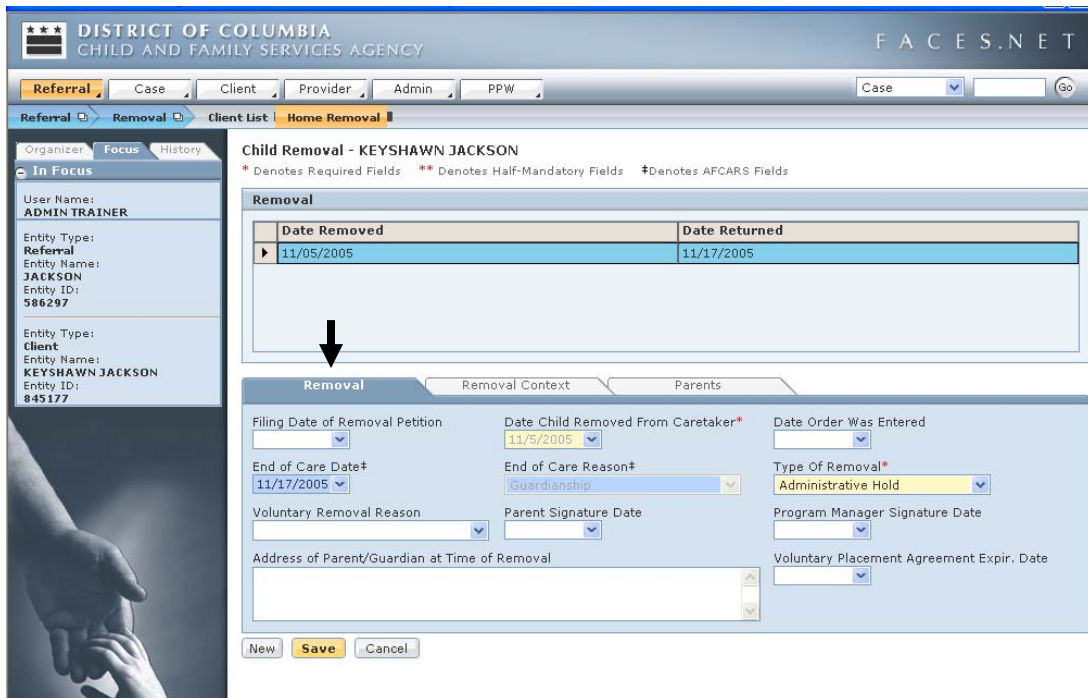


Figure 9.3

Step 5: Enter information on the **Removal Context** tab.

The screenshot displays the 'Child Removal - KEYSHAWN JACKSON' application. The left sidebar shows the user 'ADMIN TRAINER' and the client 'KEYSHAWN JACKSON'. The main window has a 'Removal' table with the following data:

Date Removed	Date Returned
11/05/2005	11/17/2005

Below the table, the 'Removal Context' tab is active, showing the following fields:

- Child Removed From*: Mother (Biological)
- Caretaker Family Structure*: Single Female
- Reason for Removal: [Empty text box]
- Specify: [Empty text box]
- Specify Child's Living Arrangement: [Empty dropdown]
- Child Lived with Specified Relative within 180 days Prior to Removal: [Unchecked checkbox]
- Has Child Ever Been Adopted?#: No
- Age When Previous Adoption Legalized#: Not Applicable

Buttons for 'New', 'Save', and 'Cancel' are located at the bottom of the form.

Figure 9.4



Notes:

- The blue fields within the screen are AFCARS fields. These are required to be completed for Federal Reporting.
- Once this screen is saved and locked, the worker can still edit the AFCARS fields.
- Depending on the circumstances of a removal, a Family Team Meeting conference must be held.

Step 6: Enter information on the **Parents** tab.

The screenshot displays the FACES.NET interface for a child removal case. The header includes the District of Columbia Child and Family Services Agency logo and the text 'FACES.NET'. The navigation bar shows tabs for Referral, Case, Client, Provider, Admin, and PPW. The main content area is titled 'Child Removal - KEYSHAWN JACKSON' and includes a table with the following data:


Date Removed	Date Returned
11/05/2005	11/17/2005

An arrow points to the 'Parents' tab, which is currently selected. Below the tab, there is a text area for describing how the parent's rights were safeguarded. Underneath, the 'Conditions of Removal' section is visible, with a dropdown menu showing 'Alcohol Abuse (Parent)', 'Drug Abuse (Parent)', and 'Inadequate Housing'. At the bottom of the form, there are buttons for 'New', 'Save', and 'Cancel'.

Figure 9.5

Step 7: Click **Save**.

Step 8: Repeat steps 1 through 7 for Reyshawn.



Points to Remember:
Be sure to enter a Placement Recommendation into FACES.NET. If the child has been removed and there is no placement information recorded, then we are unable to tell where that child is placed.

Enter the Client's Legal Status

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Legal Status**, and then click **Client List**.
- Step 2: Highlight Keyshawn and click **Show**.
- Step 3: Click the **Legal Status** button.
- Step 4: Select the **CFSA** radio button.
- Step 5: Pick “**Administrative Hold**” as the **Legal Status**.

The screenshot shows the 'Client Status' form with the following details:

- Custody Status Table:**

Legal Custody Status	Legal Status	Begin Date	End Date
CFSA	Administrative Hold	11/11/2005	11/17/2005
- Legal Custody Information:**
 - Legal Custody Status: CFSA, Non CFSA, Court Ordered Exception
 - Reason: [Text Field]
 - Legal Status*: Administrative Hold (dropdown)
 - Begin Date*: 11/11/2005 (dropdown)
 - End Date: 11/17/2005 (dropdown)
 - Relationship: [Dropdown]
 - Name: [Dropdown]
 - Address: [Text Field]
- Buttons:** New, Save (highlighted), Cancel

Figure 9.6

- Step 6: Enter the **Begin Date**.
- Step 7: Click **Save**.
- Step 8: Repeat steps 1 through 7, selecting Reyshawn as the client in Step 2.



Note:

- If a legal status is end dated, you will receive a message asking if the child is still in agency care. If the answer is “Yes” then you MUST enter another legal status before leaving the screen. THE CANCEL BUTTON WILL NOT UNLOCK UNTIL YOU ENTER ANOTHER LEGAL STATUS FOR THIS CHILD.
- If a Legal Status is generated during the Investigation upon Case Connect an Administrative Review is created.

Record a Placement Recommendation

Importance of Placement Information

It is essential that the whereabouts of a child under the care of the agency be known at all times. The agency is responsible for all children under their care. It is the duty of all social workers to ensure that the safety and well being of the child is ensured. If we do not know where the child (ren) is, we cannot ensure the safety of the child (ren).

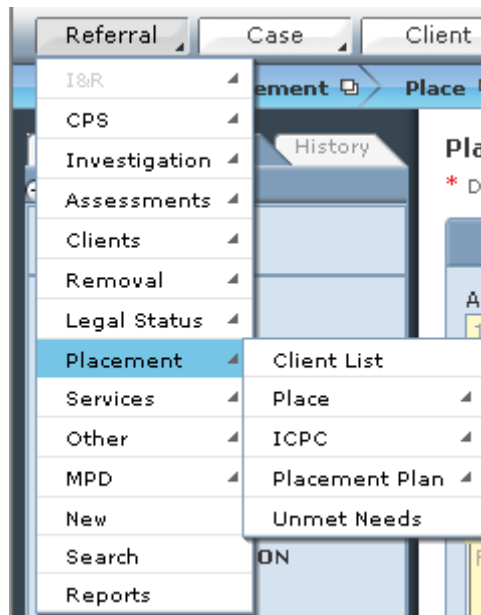


Figure 9.7



Note: Before entering a placement, perhaps you would like to see a history of the child's past placements. You can view these past placements on the **List of Placement Episodes** screen. This screen is Read-only.

Record a Placement Recommendation

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Placement**, and click **Client List**.

Step 2: Select Keyshawn and click **Show**.

Step 3: Click the **Place** button.

Step 4: Click the **New** button on the **Select Placement Episode** window.

Step 5: Click the **Paid Placement** radio button and click **OK**.

Step 6: Click the **Planned Placement** radio button as the **Type of Placement**.



Note: Emergency placements can only be entered by supervisors in FACES.NET and Placement Providers and the Placement Unit within Provider Web.

Step 7: Click the **Placement Recommendation** button.

The screenshot shows the FACES.NET interface for recording a placement recommendation. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', 'Admin', and 'PPW'. The main menu is open to 'Placement' > 'Place' > 'Placement Episode List' > 'Placement Recommendation'. The left sidebar shows the user 'ADMIN TRAINER' and a list of entities, including 'JACKSON' (Entity ID: 586297) and 'KEYSHAWN JACKSON' (Entity ID: 845177). The main form area is titled 'Placement Recommendation' and contains the following fields and options:

- Anticipated Placement Date:** 12/2/2005
- Projected Length of Stay for Placement Requested Date:** 4/17/2006
- Court Ordered Placement
- Post Placement Planning:** (dropdown menu)
- Type of Care:** Foster-to-Adopt
- Indicate Special Placement Needs:** (text area)

Buttons at the bottom include 'Save', 'Cancel', and 'Approval'.

Figure 9.8

Step 8: Enter the **Anticipated Placement Date**. This date will be the recommended start date of a placement for this child.

Step 9: Enter the **Anticipated Length of Stay for Placement Requested Date**. This will be the recommended amount of time at the placement.

- Step 10: Select a **Type of Care**. In this case it will be Traditional Foster Care.
- Step 11: Choose Initial Placement as the **Reason for Placement** request on the **Placement Reason Tab**.
- Step 12: Choose **Room & Board/Traditional Foster Family/Continuing/Level 1** using the **Services Needs of Child** button within the **Placement Criteria Tab**.
- Step 13: Complete all other applicable information on the screen, and then click the **Save** button.
- Step 14: Click the **Approval** button to request approval of the recommendation.



Points to Remember:

The placement recommendation must be approved by the supervisor. As soon as the supervisor approves the placement recommendation, an automatic Administrative assignment to the referral will be given to the Placement Unit and this screen will become “Read Only.”

ICPC Requests

CFSA must comply with the Interstate Compact on the Placement of Children (ICPC) whenever a child may be sent to another state for any of the following reasons:

- The placement is preliminary for an adoption;
- The child will be placed into a foster home, group home residential treatment facility, or other institution;
- The placements will be with a parent or relative; and
- It is the placement of an adjudicated delinquent in another state's institution.

CFSA is not required to comply with the ICPC when making placements into medical, mental health or mental retardation facilities or boarding schools.

There are 2 types of ICPC forms:

1. 100A – This must be signed by the sending state ICPC office.
2. 100B – The ICPC 100B will be used to report the following placement status changes of a child:
 - Placement cancelled/withdrawn;
 - Change of address;
 - Discharge from placement;
 - Legal custody changed;
 - Adoption finalized;
 - Type of care changes, e.g., from foster care to adoption.

Interstate Compact Placement Request (100A)

Before a social worker completes a placement entry for a client under 18 years old who will be placed outside of the District, they must first record an ICPC 100A form on the **ICPC** screen under **Placement**.

This screen is for entering ICPC information about clients who are being placed outside of the District.



Note: Before an ICPC can be requested, a case must be created using the **Case Connect** screen.

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Placement**, then **ICPC**, and click **List of ICPC 100A**.
- Step 2: Click **New ICPC**.
- Step 3: Select **100A Sent** or **100A Received** radio button.
- Step 4: Enter the information on all the tabs and click **Save**.

Step 5: Click the **Approval** button to send to your supervisor for approval.

The screenshot displays the FACES.NET interface for creating an ICPC 100A report. The top navigation bar includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin' menus. The main content area is titled 'Select ICPC 100A' and contains a form with the following sections:

- ICPC Section:** Includes 'Date' (1/17/2006), 'From State' (District of Columbia), and 'To State' dropdowns. Radio buttons for '100A Sent' and '100A Received' are present.
- Identifying Data Tab:** Contains fields for 'Type' (CFSA), 'Agency', 'Sending State Agency', 'Name', 'ICWA Eligible', 'Title IV-E determination', 'Address' (400 16972 Street SW, Washington, District of Columbia 20024), and 'Phone/Ext'.
- Financial Planning Tab:** Contains similar fields for 'Type' (CFSA), 'Agency', 'Sending State Agency', 'Name', 'Address', and 'Phone/Ext'.

At the bottom of the form, there are buttons for 'Save', 'Approval', 'Preview', and 'Cancel'.

Figure 9.9

Interstate Compact Report on Child Placement Status (100B)



Note: Before an ICPC can be requested, a case must be created using the **Case Connect** screen.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Placement**, then **ICPC**, and click **List of ICPC 100B**.

Step 2: Click **New ICPC**.

Step 3: Select **100B Sent** or **100B Received** radio button.

Step 4: Enter the information on this screen.

Step 5: Click **Save**.

Step 6: Click the **Approval** button to send the request to your supervisor for approval.

Placement Plans

The series of screens under the **Placement Plan** screen are used to record information regarding the placement into which the child will be entered. Before placement plan information can be recorded, the referral must have a case connect

Family Information

The **Family Information** screen must be completed before the other placement plan screens will unlock.

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Placement** and click **Client List**.
- Step 2: Select Reyshawn.
- Step 3: Click the **Show** button.
- Step 4: Click the **Placement Plan** button.
- Step 5: Click the **New Plan** button on the **Select Placement Plan** window.
- Step 6: Complete all applicable information on the **Family Information** screen.
- Step 7: Click the **Save** button.

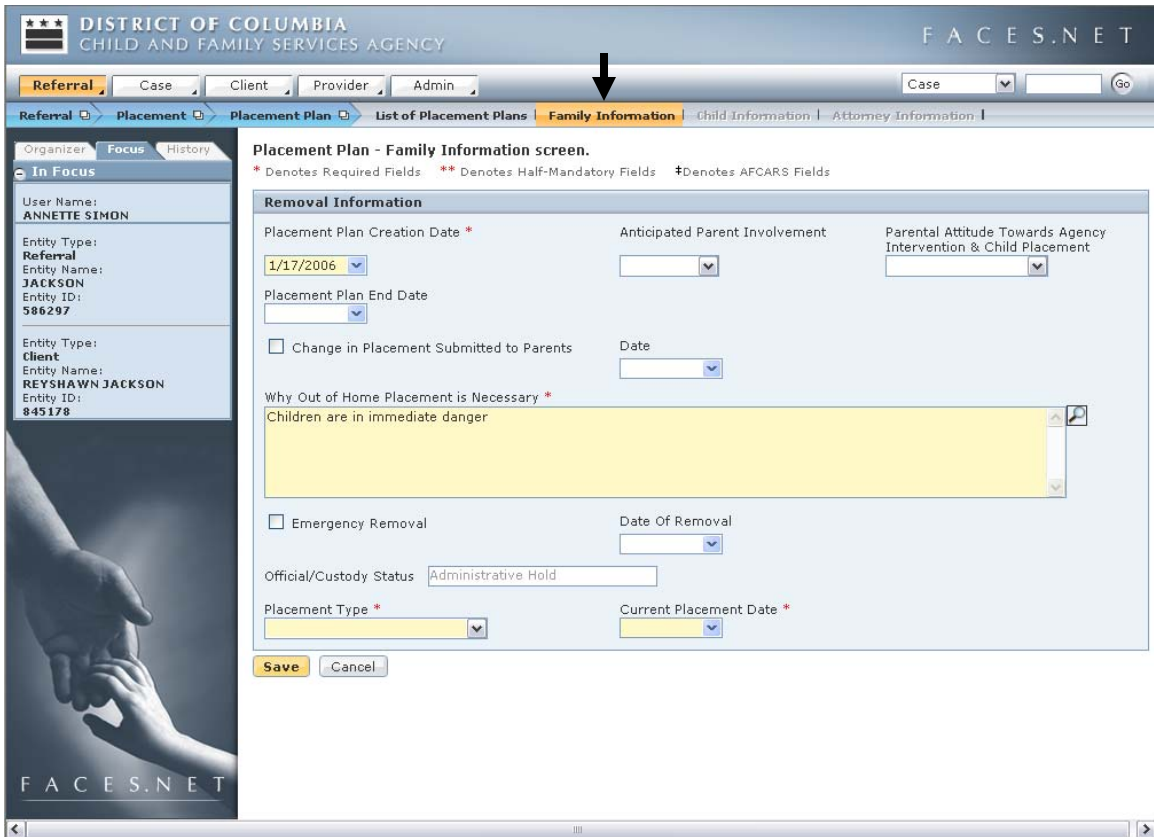


Figure 9.10

Child Information

Steps Include:

- Step 1: Click the **Child Information** button.
- Step 2: Complete all applicable fields and click **Save**.



Note: The **Attorney Information** is not used at this time.

Unmet Needs

The **Unmet Needs** screen allows the worker to view a list of the child's previously unmet needs if the child were previously in the system. The screen is locked down and only becomes available when searching for a provider that does not exist in the FACES.NET system.

Notes

SECTION 10: CASE CONNECTING

Performance Objectives

In this Section, you gain confidence in your ability to:

- Connect a Case to the Referral and Investigation.



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FACES.NET Guide

This section will demonstrate how to open a new case from a current investigation.

FACES.NET Scenario

Role: CPS Investigator

You are a CPS Investigator and have found evidence that an on-going case should be opened for the Jackson investigation.

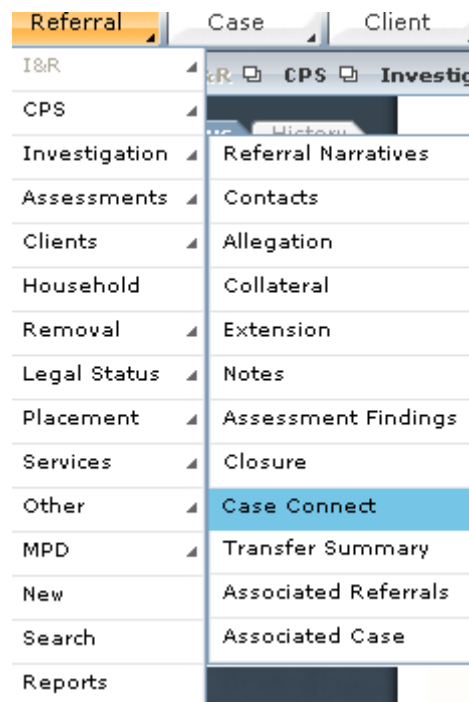


Figure 10.1

Case Connect

Steps Include:

- Step 1: Place the cursor over the **Referral** menu, then **Investigation**, and click **Case Connect**.
- Step 2: Select **Open a New Case** in the Action Taken pick list.
- Step 3: Complete the **Reason for Agency Involvement** field.

Referral Case Client Provider Admin Case Go

Referral Investigation Referral Narratives Contacts Allegation Collateral Extension Notes Assessment Findings More

Organizer Focus History

In Focus

User Name: TRAINER 001

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

Case Connect

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

Case Connection

Connection

Safety Decision: One or more signs of present danger were identified, which place the child(ren) in immediate danger of serious harm and removal to foster care or an alternative placement (or continued placement) is the only controlling safety intervention possible for the child(ren)

Risk Level: Intensive **Disposition:** Substantiated

Associated Cases and Referrals:

Case/Referral Id	Case/Referral Name	Open Date	Close Date	Type

Recommended Decision: Open

Override Decision:

Reason for Differing from Reco

Action Taken:

- Connect to a Closed Case and Re-Open
- Connect to a Screened-Out-Referral and Open Case
- Connect to an Open Case
- Open a new case

Case to Connect to: **Collaborative Referred to:** **Date of Collaborative Engagement:**

Find

Reason for Agency Involvement*

Comments

Save Approve Cancel

Figure 10.2

- Step 4: Click the **Save**.
- Step 5: Click **Approve**.
- Step 6: Click the **Request** checkbox and click **Ok**.



Note:

- The Safety Decision advisor button will display the decisions from the Safety Assessment. Only the most critical safety decision will appear in the Safety Decision box on the Case Connect screen.
- The Risk Level field: This field will display the Final SDM Risk Level from an approved risk assessment. If an approved risk assessment is not present, this field will be empty.
- There are six (6) ways to connect a case. These are:
 - **Open a New Case**
 - **Connect to an Open Case**
 - **Connect to a Closed Case and Re-Open the Case** The **Case/Referral to Connect to** field becomes mandatory.
 - **Connect to a Screened – Out – Referral and Open a Case**
 - **Do Not Open A Case**
 - **Connect to Closed Case and Do Not Re-Open the Case**
- All the recommended Case Connect Decisions can be overridden by the worker with the exception of safety decision 4.

Final Risk Level and Case Connect

The final risk level helps us target resources to families where children are most likely to experience subsequent maltreatment. For high and intensive cases, the recommendation is to open or refer the case for services. There will be some high or intensive risk families who are unwilling to cooperate with services and for whom there is not enough evidence for court involvement to require the family’s participation. In these cases, services should be offered and outreach attempts made and documented prior to closing the case.

If risk is low and there are no safety concerns present, the case is recommended for closure. Moderate risk cases without safety concerns are recommended for closure unless there is an identified service need.

This chart shows how the interaction of risk and safety informs the case opening decision. As you can see, when risk is low or moderate, the safety decision is important to the decision to open a case, divert, or take no action. If risk is high or intensive, however, the case should be opened across safety decisions.

	Safety Decision				
Final SDM® Risk Level	1 – No signs of present danger	2 – Not in immediate danger	3 – Present danger and controlling intervention	4 – Present danger, placement required	5 – Refused access, fled, whereabouts unknown
Low	Recommend no further action	Recommend divert	Recommend divert	Automatic open	Recommend no case connect decision
Moderate					
High	Recommend open	Recommend open	Recommend open		
Intensive					

Case Connect Decisions and Actions

- Recommended case connect decision is based on safety decision and final risk level.
- In some cases, worker may override recommended case connect decision.

Final Case Connect Decision	Case Connect Action
Open	<ul style="list-style-type: none"> • Open a new case • Connect to an open case • Connect to a closed case and re-open • Connect to a screened-out referral and open case
No Further Action	<ul style="list-style-type: none"> • Do not open a case • Connect to a closed case and do not re-open the case • Pre-existing services
Divert	<ul style="list-style-type: none"> • Divert to collaborative

Notes

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SECTION 11: INVESTIGATION CLOSURE

Performance Objectives

In this Section, you gain confidence in your ability to:

- Create Service Log Record
- Close an Investigation



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FACES.NET Guide

This section will show how to create a service log record and close an investigation.

Create a Service Log Record

To record a service for a client, use the following steps.

Steps Include:

Step 1: Place the cursor over the **Referral** menu, then **Service**, and click **Service Log**.

Step 2: Select Keyshawn.

Step 3: Click the **Show** button.

The screenshot displays the FACES.NET web application interface. At the top, it shows the District of Columbia Child and Family Services Agency logo and the FACES.NET branding. The navigation menu includes 'Referral', 'Case', 'Client', 'Provider', and 'Admin'. The 'Services' menu is expanded, and 'Service Log' is selected. The main content area is titled 'Service Offered/Delivered' and contains a table with the following data:

Services	Provider	Last Updated By	Current Status	Est Begin Date	Act Begi
Clothing/Continuing		ASIMON	Referral Made	1/17/2006	

Below the table is a form for entering service details. The form includes the following fields and options:

- Service Information:**
 - Service: Clothing/Continuing (dropdown)
 - Status: Referral Made (dropdown)
 - Provider Type: Provider, Collateral, Collaborative
 - Frequency: As Necessary (dropdown)
 - Duration: (dropdown)
 - Estimated Begin Date: 1/17/2006 (dropdown)
 - Estimated End Date: (dropdown)
 - Actual Begin Date: (dropdown)
 - Actual End Date: (dropdown)
 - Date Referral Form Received: (dropdown)
 - Court Ordered, Preventive Service
 - Court Ordered Comments: (text area)
 - Status Comments: (text area)

At the bottom of the form are buttons for 'New', 'Save', 'History', 'Approval', and 'Cancel'.

Figure 11.1

- Step 4: Click **Service Log** button.
- Step 5: Click the **Service** button on the **Service** tab and enter clothing as a service.
- Step 6: Fill out the remaining required and relevant fields on the **Service** tab.
- Step 7: Select the appropriate **Provider Type** for the service (**Provider, Collateral, or Collaborative**).
- Step 8: Click the **Provider** tab to enter provider information.
- Step 9: Use the **Find** button to search for the Provider for the client.
- Step 10: Click **Save**.
- Step 11: Click **Approval** and send approval request to supervisor.



Note: For the service that is in focus, every time the status is change, it is recorded in the service history. This can be accessed by clicking the **History** button.

FACES.NET Scenario

After the investigation has been completed, the investigation can be closed and the case opened for on-going services for the Jackson family.

Close an Investigation

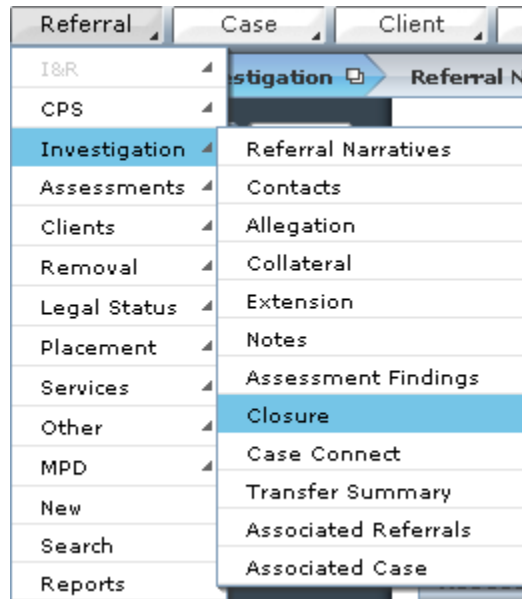


Figure 11.2

Steps Include:

Step 8: Place the cursor over the **Referral** menu, then **Investigation**, and click **Closure**.

Step 9: Select either **Family Accepts Recommendation** or **Family Does Not Accept Recommendation**.

Step 10: Enter an **Explanation**.

Step 11: Click **Complete Investigation**.

Figure 11.3

Step 12: Click **Save**.

Step 13: Click the **Approval** button to request supervisory approval.

Step 14: Click the **Request** checkbox and click **Ok**.

Note:



- If there is another investigation open for the family and the two investigations should be linked so that data need only be entered in one place, then investigative worker can select to link the current investigation to another open investigation;
- Linking your current Investigation to another open Investigation will close the Investigation on which you are working;
- The worker must request supervisor approval to link two (2) investigations;
- If the supervisor approves this linking, then the secondary investigation becomes Read-Only and its status will become “Open and Linked”;
- All clients and allegations not in the primary referral will be copied over to it from the secondary referral.

- The **Notice of Investigation Results** and the **Investigation Summary Report** should be printed after approval of the closure of the investigation has been approved. These two reports can be found under the **Referral – Reports** menu.

Notes

SECTION 12: SUPPORT TOOLS

Performance Objectives

In this Section, you gain confidence in your ability to:

- How to Enroll in Training
- Accessing the Reports and File Cabinet
- Accessing the Help Functionalities in FACES.NET
- Create and View FACES.NET Alerts



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FACES.NET Guide

Training

The Training Section will teach you how to use the various Training screens in FACES.NET. Most of the screens within training will be used only by the training unit; however, social workers will be able to enroll in classes and view workshop information. New workers must complete the FACES.NET Pre-service training (this course) or the FACES.NET Overview training. Transferring workers and those wishing to expand or refresh their knowledge of a specific part of the FACES.NET system can take courses focusing on narrower topics, such as CPS, Providers, or Adoption. The schedule of FACES.NET training courses is available monthly from the FACES.NET office via email.

FACES.NET Scenario

Role: You are a social worker who wants to enroll in the FACES.NET Overview training class. First you decide to view the workshop information and then enroll into the course.

View Workshop

The Workshop screens allow staff to view descriptions of available workshops and to enter evaluations for workshops attended. Access the Workshops screens through the **Training** lower level toolbar.

Find a Workshop

Steps Include:

- Step 1: Place the cursor over the **Admin** menu, then **Training**, and finally **Search Workshop**.
- Step 2: Enter the search criteria for a workshop (ie: enter **Workshop Title**, or click the **Workshop Dates** checkbox and enter **Start** and **End** dates.) Do not fill out all fields – only fill out those necessary to find the workshop.
- Step 3: Click the **Find** button to display the Workshops Search Results inset grid.
- Step 4: Highlight a workshop from the search results.
- Step 5: Click the **OK** button.
- Step 6: View the workshop.

View workshop information

Steps Include:

- Step 1: Click the **Description** button and view the detailed information on each tab, including the workshop description, title, type of training, category, and location information.
- Step 2: Click the **Evals** button. This is where a worker can complete an evaluation for a specific workshop.
- Step 3: Click the **Eval Summary** button. A worker can view the average results of all the evaluations submitted for the workshop in focus.



Note: Social workers do not have the security to view a list of individuals who are registered for a workshop.

Enroll in Workshop

The Enrollment screen is used to enroll individuals in training workshops. There are two types of workshops to enroll in, CFSA and non-CFSA. Either type of workshop requires a supervisory approval, with the exception of Foster or Adoptive Parents training.

Steps Include:

- Step 1: Place the cursor over the **Admin** menu, then **Training, Enroll, CFSA**, and click **Find Workshop**.

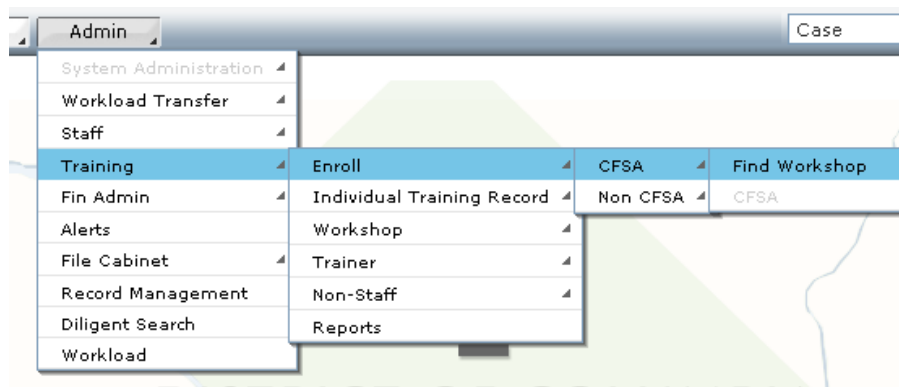


Figure 12.1

The Workshop search screen displays.

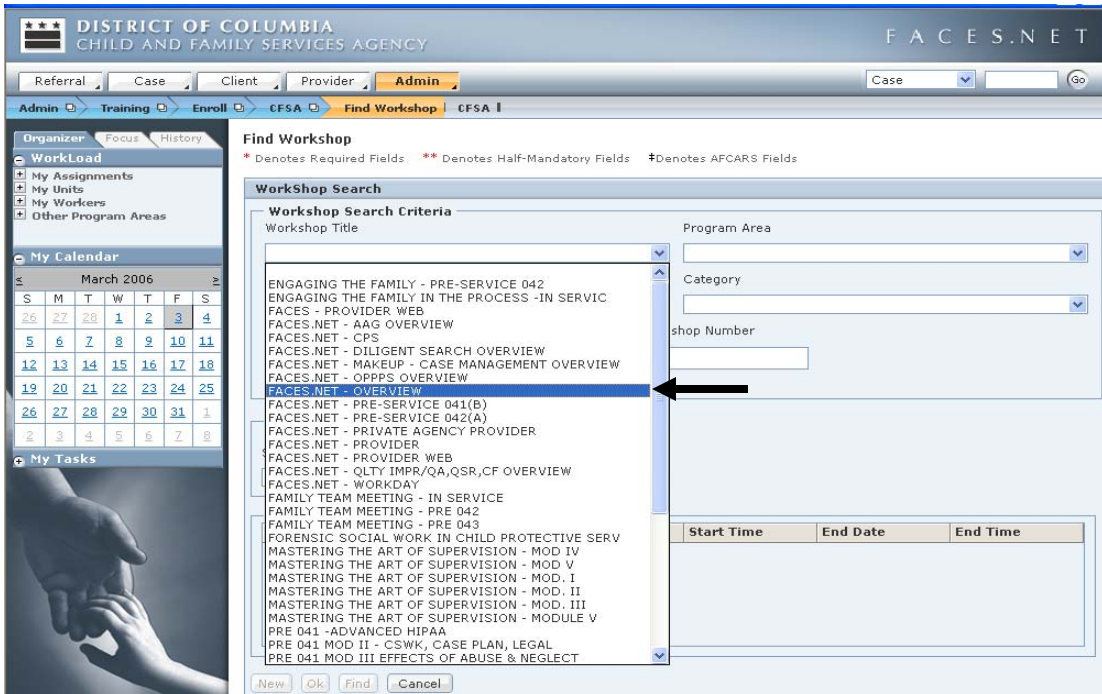


Figure 12.2

- Step 2: Select “FACES.NET Overview” from the **Workshop Title** drop-down list.
- Step 3: Click the **Find** button to display the **Workshop Search Results** list in the inset grid.

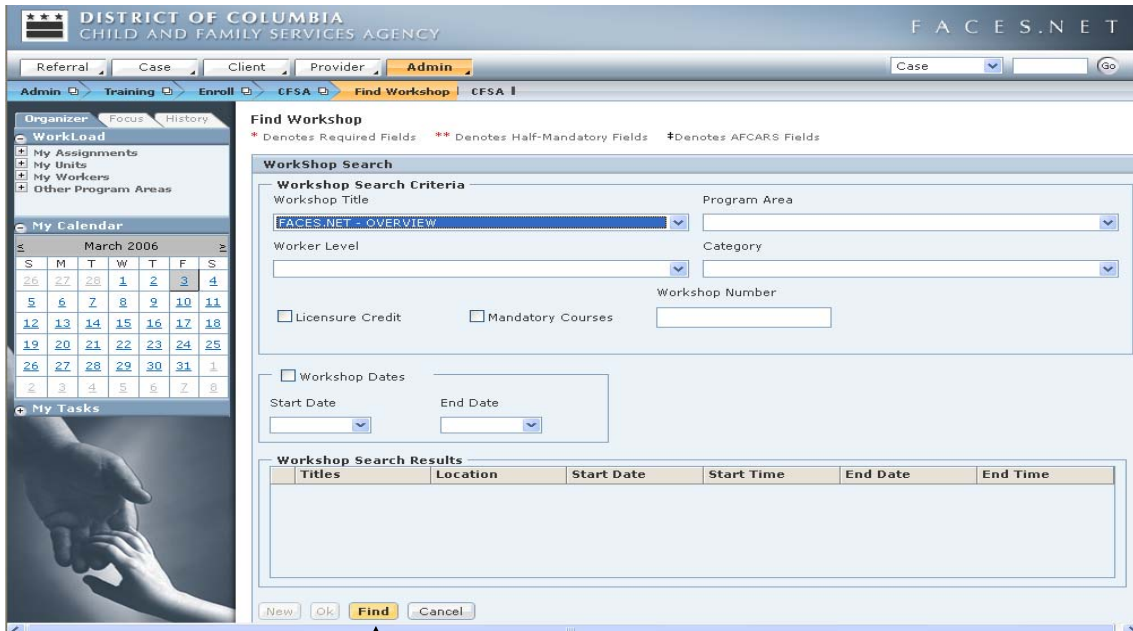


Figure 12.3

- Step 4: Select the workshop from the inset grid.

Step 5: Click the **Ok** button.
The Training breadcrumbs will refresh with a CFS.A button.

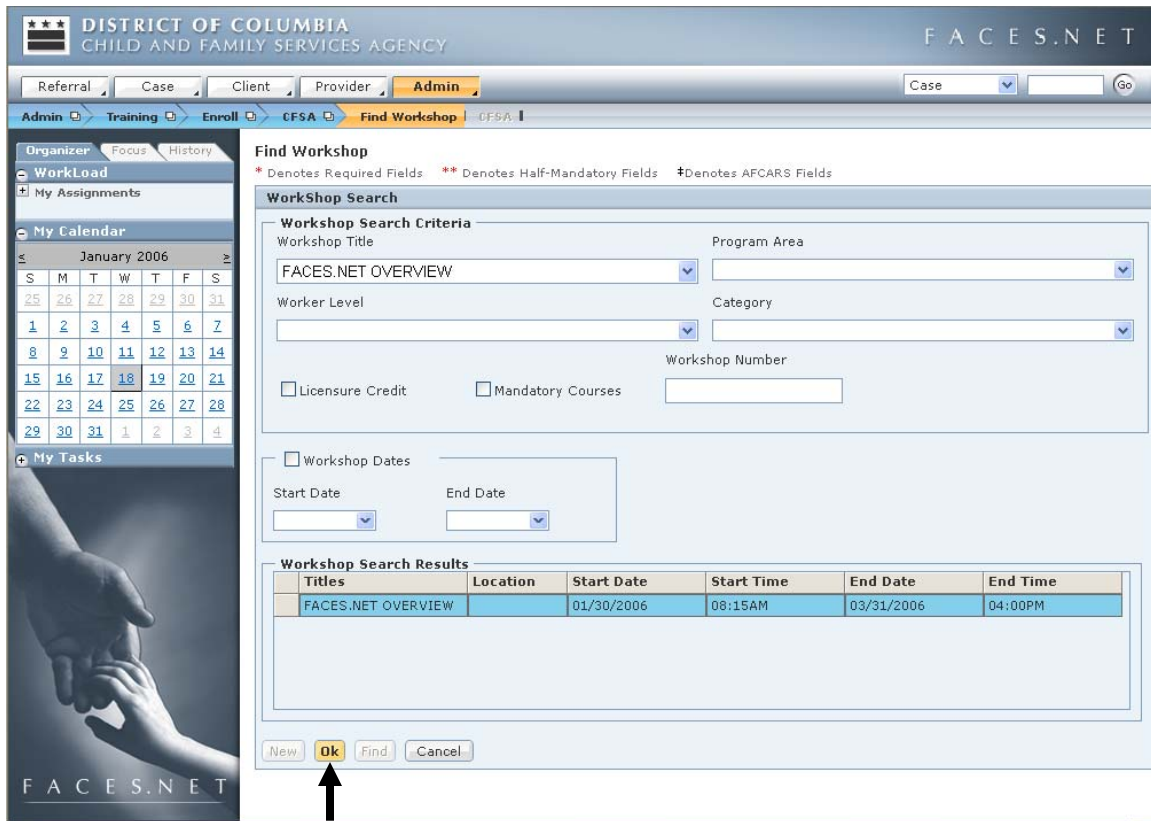


Figure 12.4

Step 6: Click the **CFS.A** button.
The Training Enrollment CFS.A screen displays.

Step 7: Click the **Find Persons** button to add yourself to the class.
The Search Person screen displays.

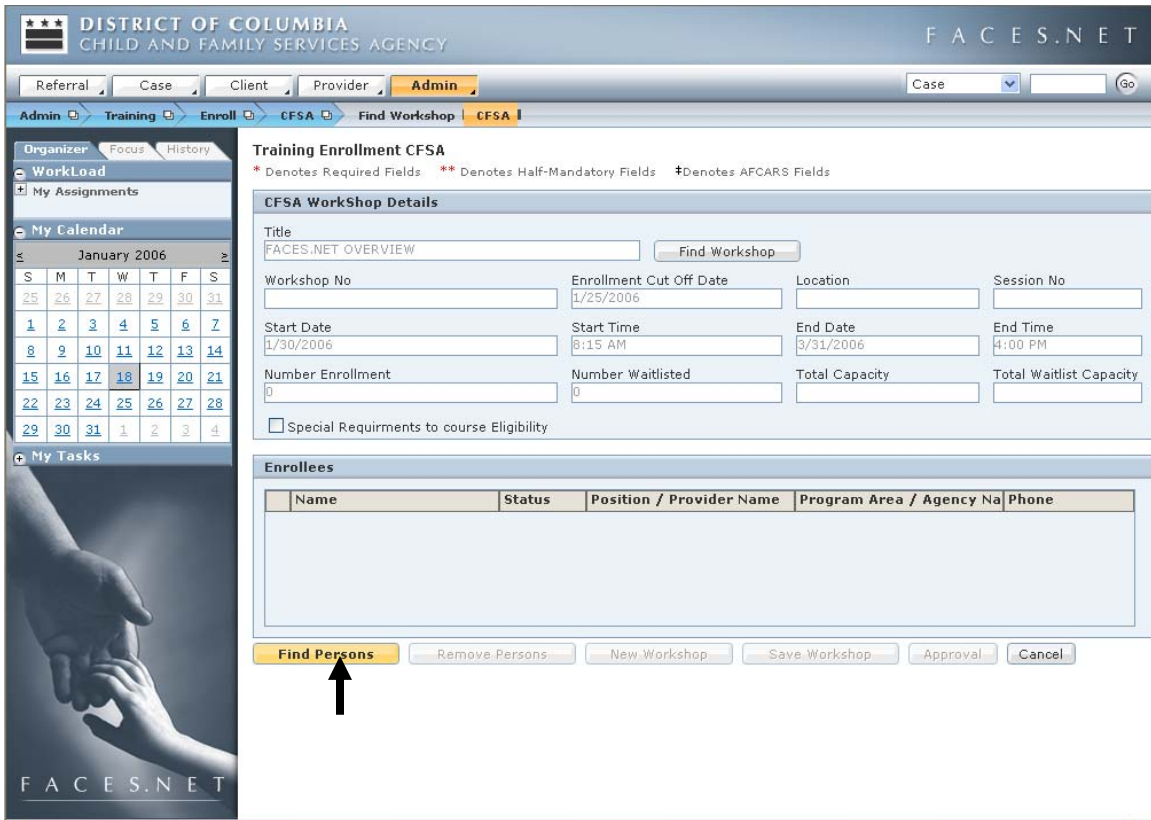


Figure 12.5

Step 8: Click the **Find** button.

Step 9: Select yourself from the search results and click the **Ok** button.
The Training Enrollment CFSA screen displays and previously selected person displays in inset grid.

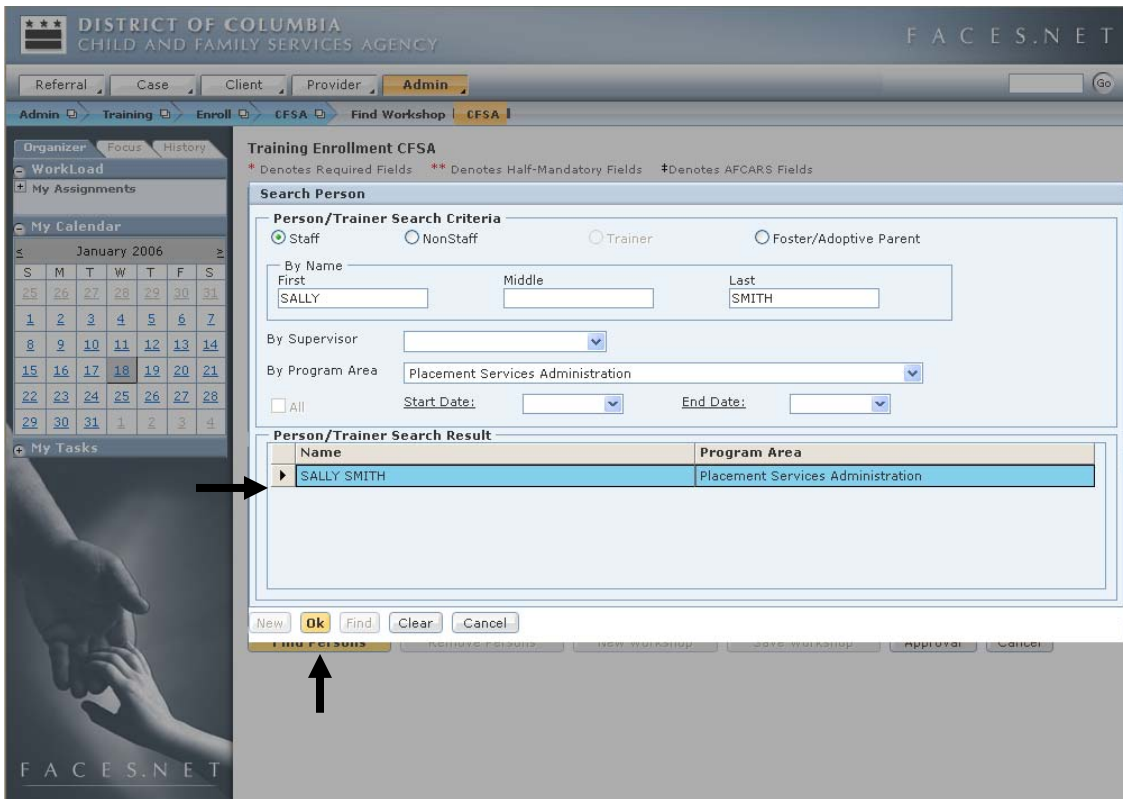


Figure 12.6

Step 10: Click the **Approval** button to create a request for approval to the supervisor.

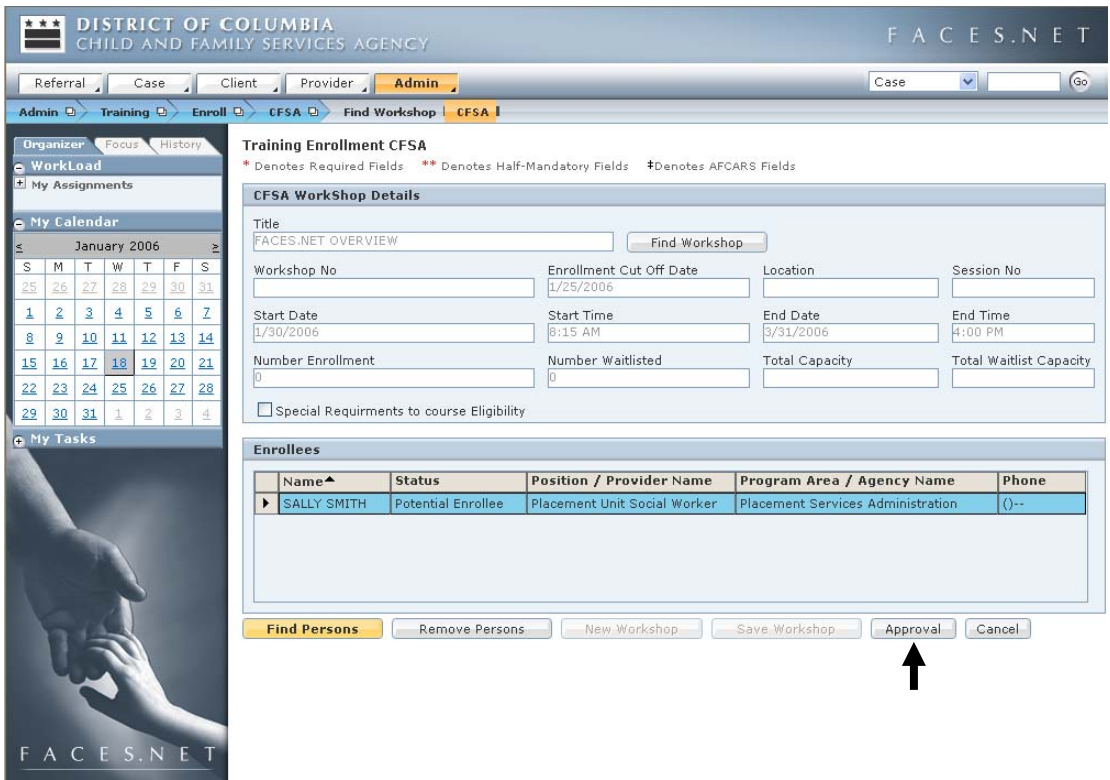


Figure 12.7

Step 11: Click the **Request** checkbox.

Step 12: Click the **Ok** button to send the approval request to the supervisor.

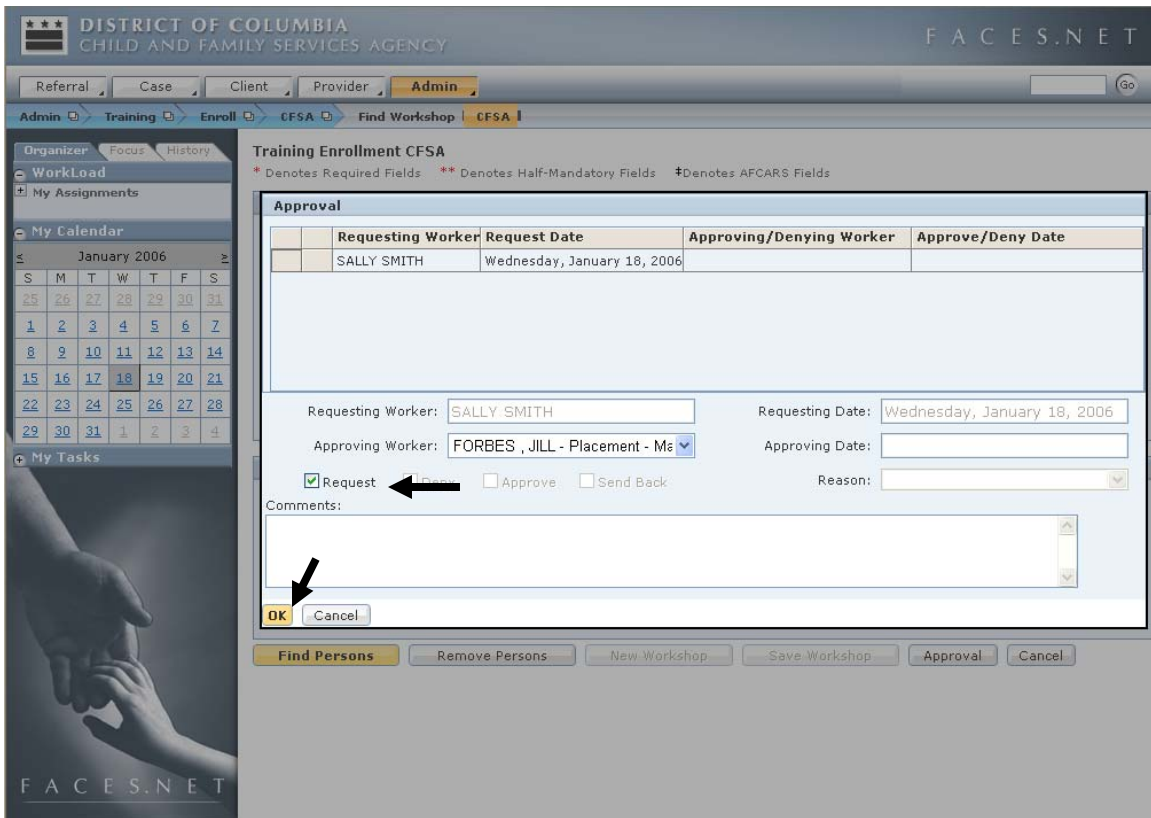


Figure 12.8



Note:

- Individuals requesting enrollment in training are **not** officially registered for a workshop until it is approved by the supervisor.

Alerts

Alerts are built-in FACES.NET reminders of scheduled events. This helps you to remember case related tasks and appointments. Alerts are automatically or manually generated reminders to workers to complete a task by a certain date. This segment will allow you to view Alerts and determine their priority and create alerts for new upcoming tasks.

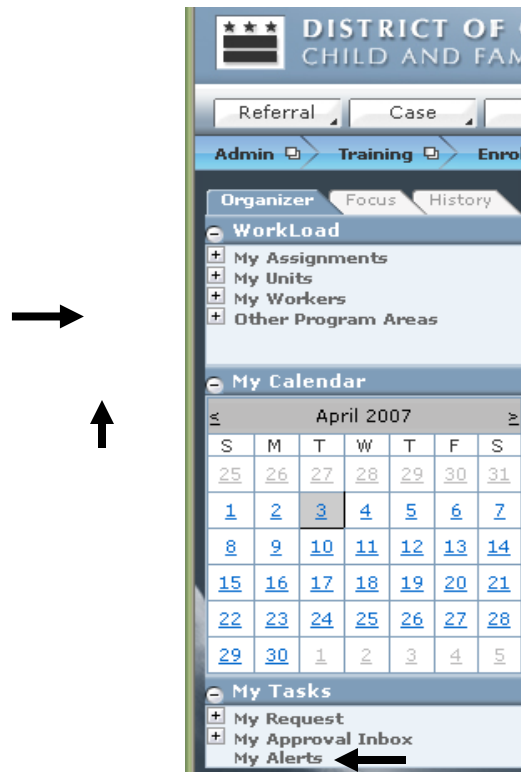


Figure 12.9

FACES.NET Scenario

Role: As a social worker, you want to generate an Alert to remind you of an upcoming event.

View Alerts

In the following exercises, you will check existing alert status, create a new alert, and display the court calendar.

Steps Include:

Step 1: To check the status of alerts in a case, first click the **My Alerts** link in the left navigation window. Alerts are located under **My Tasks**.

Step 2: Search for the alert by selecting the case/referral ID for the alerts for a specific case.



Figure 12.10

Step 3: Or, Click the **All** radio button to display all alerts, or click the radio button corresponding to the desired filter criteria and fill out the required fields to filter the displayed alerts.

Step 4: Click **Search** to start searching.



Figure 12.11

Step 5: The **Alert Search** screen displays all filtered alerts.

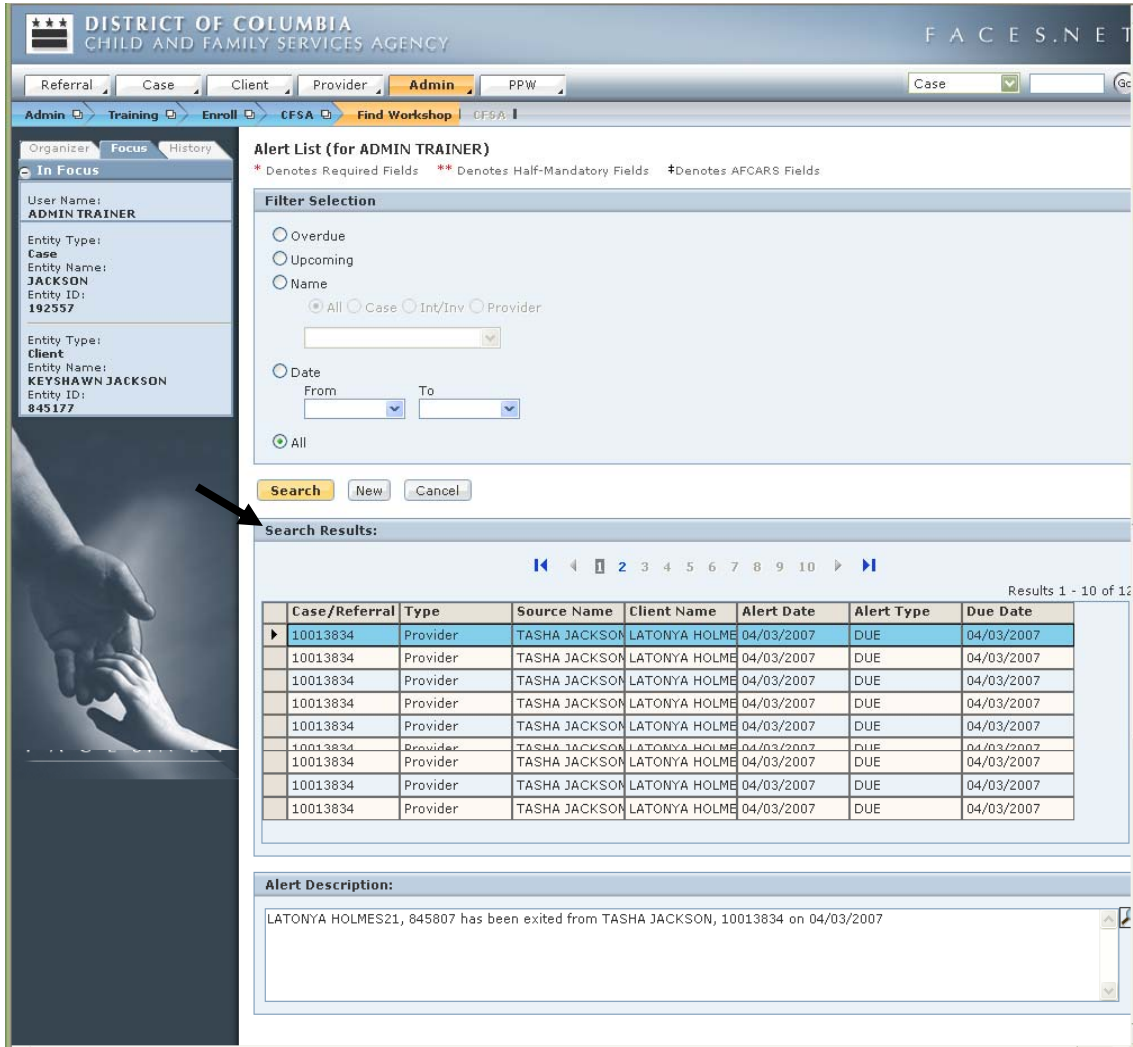


Figure 12.12

Create New Alert

Alerts can also be created to remind you of any upcoming event in a case or other record in FACES.NET.

Steps Include:

Step 1: Click on **My Alerts** from the left navigational window.

Step 2: To create a new Alert, first click the **New** button on the Alert Search window.

Step 3: Choose the radio button corresponding to the type of record the new Alert will be associated with. Then, choose the desired information in the **Name**, **Client**, and **Due Date** fields.

Step 4: Enter a description and click **Save**.

The screenshot shows the 'Alert Details' form in the FACES.NET system. The sidebar on the left displays user information for 'ADMIN TRAINER' and 'KEYSHAWN JACKSON'. The main form area contains the following fields:

- Type:** Radio buttons for Case (selected), Referral, Provider, Worker, and Training.
- Name:** A dropdown menu with 'JACKSON56' selected. A red arrow points to this dropdown.
- Client:** A dropdown menu.
- Due Date:** A calendar dropdown menu with '4/3/2007' selected.
- Description:** A text area with the placeholder text 'Enter alert description.'.

At the bottom of the form, there are 'Save' and 'Cancel' buttons. The 'Save' button is highlighted in yellow.

Figure 12.13



Note:

- **Due Date** and **Description** are required fields.
- The **Name** automatically comes up. If that is not the name, then you use the drop down box and select the name you want.
- Alerts appear in your calendar as a light blue background.

Reports and File Cabinet

This segment clarifies how to retrieve, view and print reports from FACES.NET. FACES.NET generates several types of reports: On-line, Dynamic Data Exchange (DDE) and Template. In addition, Management reports are generated from FACES.NET data.

In order for the information in the reports to be meaningful, information in the system must be accurate and up-to-date. It is the worker's responsibility to enter detailed, up-to-date, and complete information into the FACES.NET system. Most functions in FACES.NET, Intake/Investigation, Case, Provider/Directory, Training, and Personnel, involve entering data that can be summarized in reports.

The File Cabinet is a storage bin for documents that relate to FACES.NET case, referral, assessment, and resource or staff person. The File Cabinet can contain FACES.NET-generated documents as well as Microsoft Word documents. By linking documents electronically, all users who have access to the File Cabinet have access to documents that relate to cases, referrals, assessments, etc. without sending electronic copies or checking out the physical case file.

In this segment, you will learn how to navigate in the File Cabinet, to place files appropriately in the File Cabinet and to move files among File Cabinet folders. The File Cabinet is accessed through the File Cabinet button on the main level toolbar. However, it is necessary to begin by bringing cases into focus in order to access File Cabinets for a specific case.

In the Jackson case, we will view a contact report, listing all of the contacts made in the case, or how to use the file cabinet to store additional case notes, letters, or other documents relating to the case. In the following example FACES.NET Scenario, we will examine a copy of the Court Report.

On-line Reports

On-line reports are generated in FACES.NET and cannot be edited by workers. Staff should always “preview” an on-line report to review the report for accuracy before printing.

Steps Include:

Step 1: Bring a case into focus.



Figure 12.14

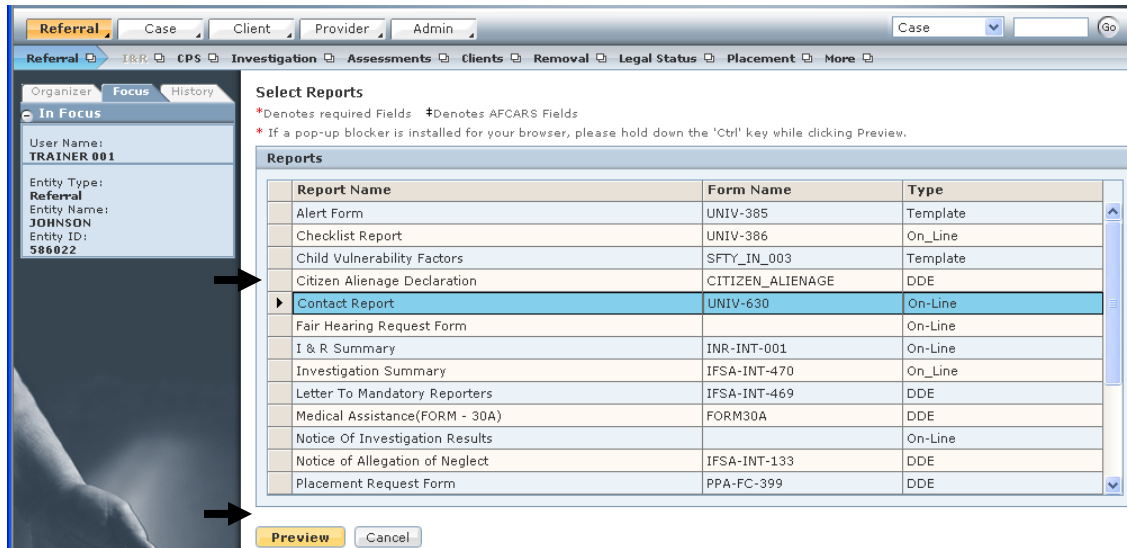


Figure 12.15

- Step 2: Click the **Reports** button.
- Step 3: Select the **Contact Report**. This report displays all contacts made between social workers and clients in the case that have been recorded in FACES.NET.
- Step 4: Click the **Preview** button to display of the report.
- Step 5: Enter the date range, clients involved in the contact, staff members who performed the contact, or choose **All**.

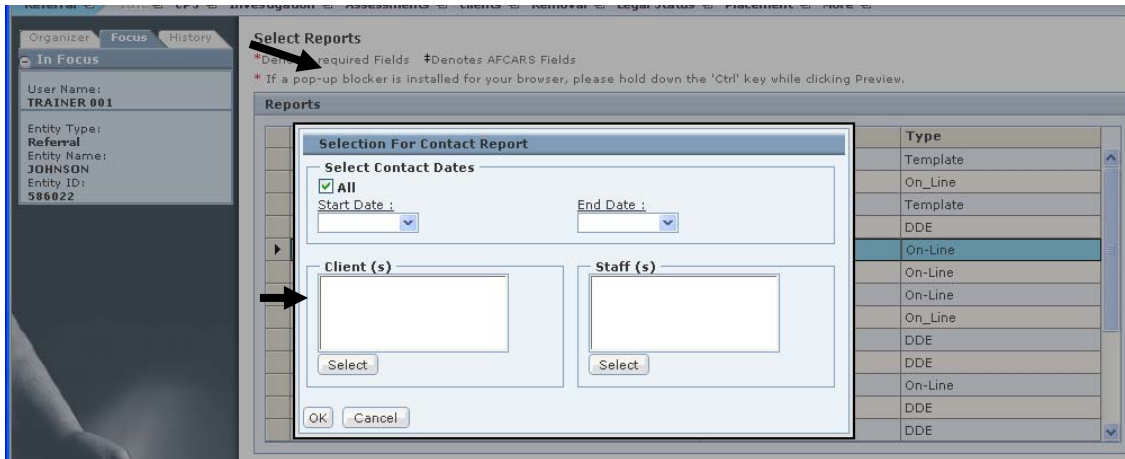


Figure 12.16

Step 6: Click **OK**.

Step 7: Review the report.



Note:

- As you page through the report, you see information that you entered in FACES.NET. Please do not print the report at this time.

DDE Reports

Dynamic Date Exchange (DDE) Reports are generated in FACES.NET, but are reviewed, saved, and printed from Microsoft Word. The report can be edited in Word. However, only when the worker returns to FACES.NET and corrects the information on FACES.NET screens and re-generates the report is the report truly accurate. Examples of DDE reports include transfer summaries and ICPC requests. In the example below, we will view the Medical Assistance form 30-A.

Steps Include:

Step 1: Place the cursor over **Referral** and click **Reports**.

Step 2: Highlight the Medical Assistance (FORM – 30A) report and click **Preview**.

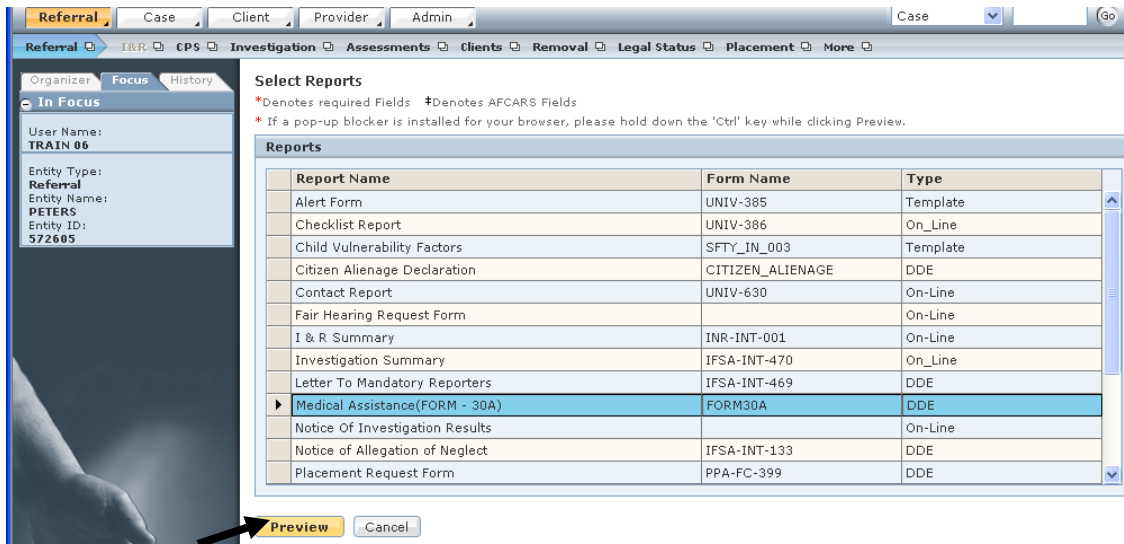


Figure 12.17

Step 3: Select one client from the list, and click **OK**.

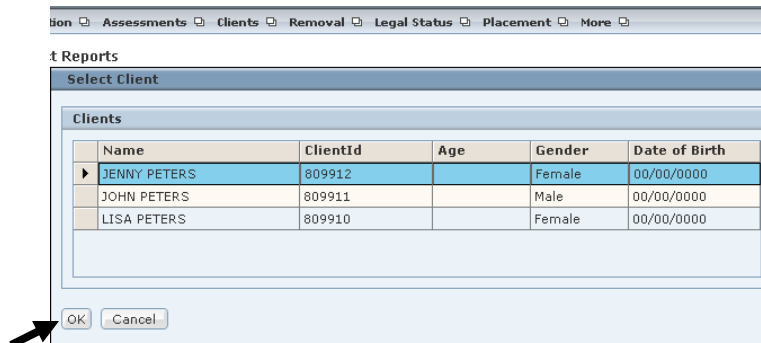


Figure 12.18

Step 4: The report will be exported to Microsoft Word. If the Microsoft Word window does not appear, click the Word icon on the taskbar to display the window.

Step 5: A copy of the report can be saved or printed. To save the report in Microsoft Word:

- Click the **File** button;
- Click **Save As**;
- In the appropriate field on the Save As pop-up window, enter a meaningful file name;
- Click **Save**.



Note:

- Review the report for accuracy. **CAUTION:** Do not correct information just on the report. Correct inaccuracies in FACES.NET screens and re-run the report. Only then is the information on the report and in FACES.NET the same.

Template Reports

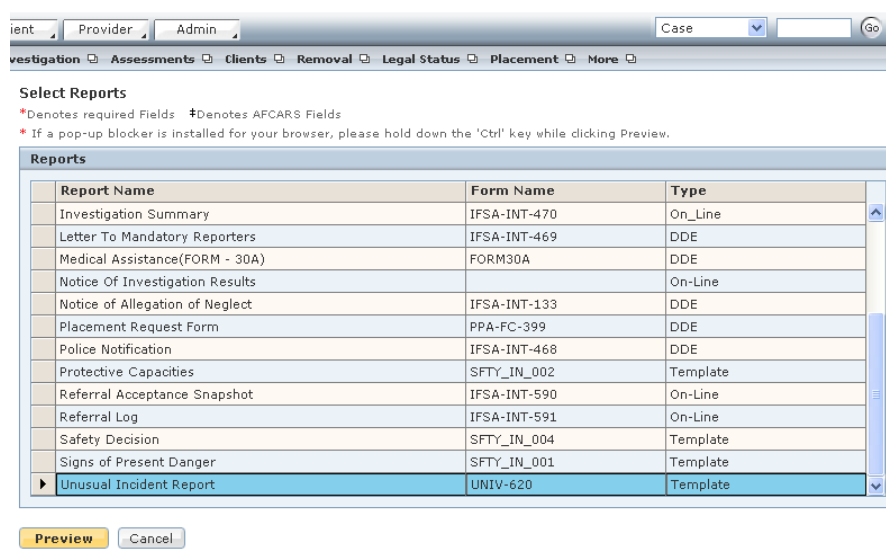
A Template Report is very different from the other two reports just viewed. These are not reports generated with FACES.NET information. Rather, they are forms available to print and complete as necessary.

Steps Include:

Step 1: Place the cursor over the **Referral** menu and click **Reports**.

Step 2: Select a Template report (choose **Unusual Incident** report).

Step 3: Click the **Preview** button to display a preview of the report.



The screenshot shows a web application interface for selecting reports. At the top, there are navigation tabs: 'Investigation', 'Assessments', 'Clients', 'Removal', 'Legal Status', 'Placement', and 'More'. Below the tabs, there is a 'Select Reports' section with a table of reports. The table has three columns: 'Report Name', 'Form Name', and 'Type'. The 'Unusual Incident Report' is highlighted in blue. Below the table, there are 'Preview' and 'Cancel' buttons.

Report Name	Form Name	Type
Investigation Summary	IFSA-INT-470	On-Line
Letter To Mandatory Reporters	IFSA-INT-469	DDE
Medical Assistance(FORM - 30A)	FORM30A	DDE
Notice Of Investigation Results		On-Line
Notice of Allegation of Neglect	IFSA-INT-133	DDE
Placement Request Form	PPA-FC-399	DDE
Police Notification	IFSA-INT-468	DDE
Protective Capacities	SFTY_IN_002	Template
Referral Acceptance Snapshot	IFSA-INT-590	On-Line
Referral Log	IFSA-INT-591	On-Line
Safety Decision	SFTY_IN_004	Template
Signs of Present Danger	SFTY_IN_001	Template
Unusual Incident Report	UNIV-620	Template

Figure 12.19

Step 4: Wait until the report is completely generated.

Step 5: The report will be exported to Microsoft Word. If the Microsoft Word window does not appear, click the Word icon on the taskbar to display the window.

Step 6: Save the report in Microsoft Word.

- Click the **File** button.
- Click **Save As**.
- In the appropriate field on the Save As popup window, enter a meaningful file name.
- Click **Save**.



Note:

- After saving the report in Word, you are able to retrieve it again to review or print the report. You can also enter information directly into the Template report. You

can save the completed Template (form) so that you can place it into the Case's File Cabinet. Please do not print the report at this time.

Management Reports

Management reports allow supervisors, program managers and now social workers to track various statistics and measures of case management performance. For example, a management report can be generated that tracks which cases have current case plans. Management Reports are accessed through an icon on the Bread Crumbs tool bar that will only appear if you have the appropriate security level. Management reports are now available for social workers via the Internet. They are non-modifiable but may be printed.

The following is a sample of reports used by Social Workers:

Child Protective Services

- CMT232MM – Caseload Count by Type
- CMT068MM – Caseload Count by Program Administrator and Manager As of...Best Practices # XI.3,4,5,7,8
- PLC156MS – Demographics for Children in Foster Care
- INT001MS – CFSA Investigations by Type and Time Before Initiation
- INT003MS – CFSA Hotline Calls – Best Practice # II.1

Steps Include:

Step 1: Click on the **Admin** drop down menu.

Step 2: Select the **Management Report** button.

Step 3: Pick the **Report Category**.

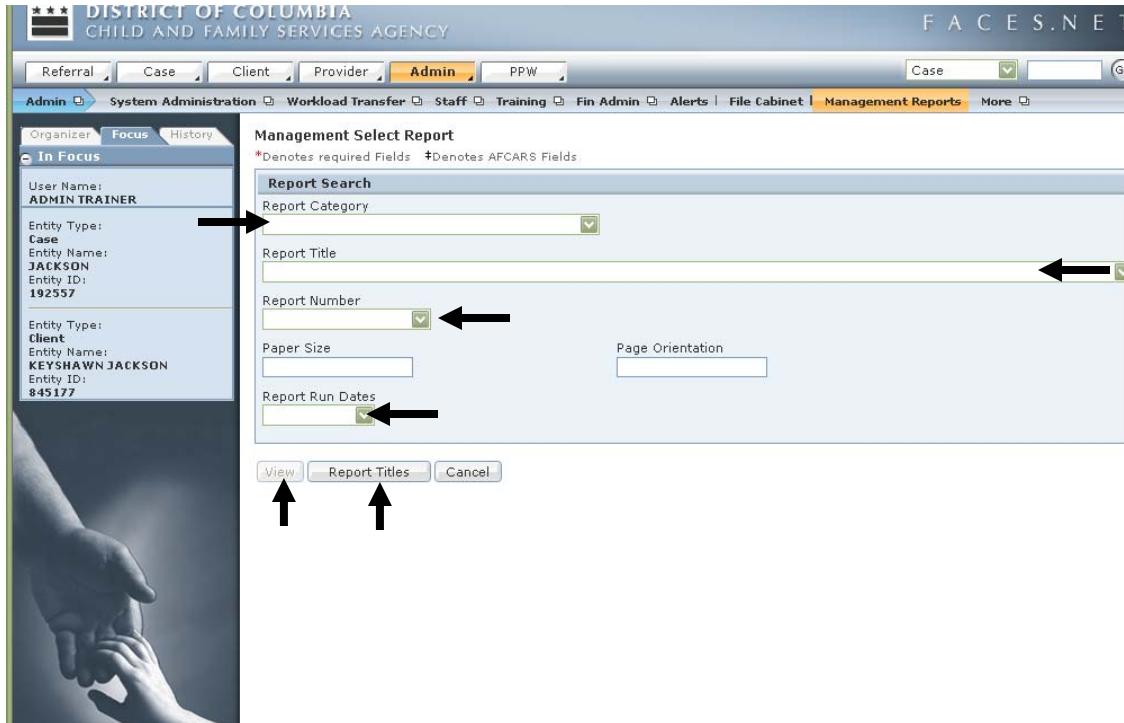


Figure 12.20

Step 4: Pick the **Report Title**.

Step 5: Pick the **Report Run Date**.

Step 6: Click **View**.



Note:

- You may choose the report by the report number;
- Click **Report Titles** to see a list of all available reports.

File Cabinet

There is also a file cabinet that stores reports that are not to be amended. For example, transfer summaries are automatically stored in this file cabinet upon approval.

Legend

The **Open** command button opens the document that is highlighted.

The **Import** command button imports documents from your hard drive.

The **Details** command button shows who imported the document and when.

The **Plus Signs** on the left expand the topic. The minus signs on the left condense the topic.

Steps Include:

Step 1: Place the cursor over the **Admin** menu, then **File Cabinet**, and click **File Cabinet**.

Step 2: File Cabinet is setup in a tree formatted layout. Click on the **plus signs** to the left of the folders to navigate to a particular document.

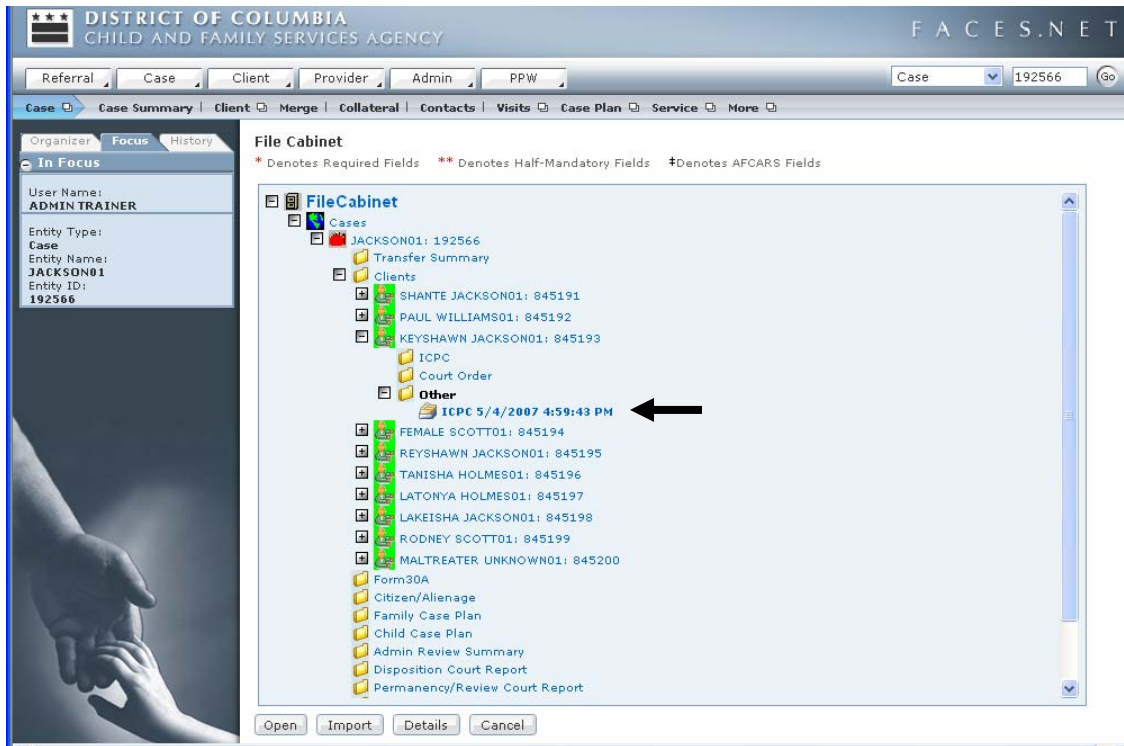


Figure 12.21

Step 3: Highlight the document and click **Open**.



Note:

- To learn how to import documents to the file cabinet, please view the online tip sheet “How to Import Documents to the File Cabinet” via the CFSA intranet and internet.

Notes

SECTION 13: APPENDIX



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Glossary of Terms

This Glossary of Terms contains basic information pertaining to the laws, regulations and practice principles which guide the operation of the Child and Family Services Agency (CFSA) of the District of Columbia.

The primary sources for materials in the Glossary are:

1. D.C. and federal law and regulation including definitions in use in the Adoption and Foster Care Analysis and Reporting System (AFCARS);
2. Program Instruction ACYF-PI-CB-96-01 entitled Amendments; Public Law 103-432;
3. Definitions established under the federal National Child Abuse and Neglect Data System (NCANDS);
4. CFSA staff experienced in child welfare practice; and
5. The LaShawn Revised Implementation Plan, August 1, 1994.

Abandoned Child: A child who is neglected in that:

1. the child is a foundling whose parents have made no effort to maintain a parental relationship with the child and reasonable efforts have been made to identify the child and to locate the parents for a period of at least 4 weeks since the child was found;
2. the child's parent gave a false identity at the time of the child's birth, since then has made no effort to maintain a parental relationship with the child and reasonable efforts have been made to locate the parent for a period of at least 4 weeks since his or her disappearance;
3. the child's parent, guardian or custodian is known but has abandoned the child in that he or she has made no reasonable effort to maintain a parental relationship with the child for a period of at least 4 months; or
4. the child has resided in a D.C. hospital for at least 10 calendar days following birth of the child, despite a medical determination that the child was ready for discharge from the hospital, and the parent, guardian or custodian of the child did not undertake any action or make any effort to maintain a parental, guardianship, or custodial relationship or contact with the child. (D.C. Code § 16-2316(d)).

Abandonment: when a child is left alone or with others and the child's caretaker did not return or make his or her whereabouts known. (AFCARS, 45 CFR § 1355 App. A).

Abuse: When a parent, guardian or custodian inflicts or fails to make reasonable efforts to prevent the infliction of physical or mental injury upon a child, including excessive corporal punishment, an act of sexual abuse, molestation or exploitation, or an injury that results

from exposure to drug-related activity in the child's home environment. (D.C. Code § 16-2301 (23)).

Active: Status of a case in which an investigation is being conducted or services are being provided by Child and Family Services Agency (CFSA) and/or a contractual agency. See also, open

Adjudication: See fact-finding hearing.

Administrative Review: One of two types of periodic review that meet federal requirements pertaining to cases of children in foster care. The system of case reviews established by P.L. 96- 272 is intended to: 1) assure that the child has a case plan which meets federal requirements; 2) review the status of the child; and 3) assure that certain procedural safeguards are applied in the case with respect to the legal rights of the child and the parents. Federal law requires that an administrative review be open to the participation of the parents of the child and conducted by a panel of appropriate persons at least one of whom is not responsible for the case management of, or the delivery of services to, either the child or the parents who are the subject of the review. *See* also, periodic review and P.L. 96-272. (P.L. 96-272, the "Adoption Assistance and Child Welfare Act of 1980" section 475(5)(B)).

Adoption: The method provided by State law which establishes the legal relationship of parent and child between persons who are not so related by birth, with the same mutual rights and obligations that exist between children and their birth parents. This relationship can only be termed "adoption" after the legal process is complete. (AFCARS, 45 CFR § 1355 App. A).

Adoption Assistance: a program established by Title IV-E of the Social Security Act ("Title IV-E") and which provides resources for the placement of children, with special needs, in adoptive homes.

Adoption Assistance Agreement: a written document which states the understanding between a child's adoptive parents and CFSA regarding the funding that will be paid to the adopters to meet the child's special needs.

Adoption Decree: Under D.C. law, a final or interlocutory (interim) decree granted when the Court finds that the prospective adoptee is suitable for adoption, the adoptive parent(s) can provide for the adoptee and that the adoption will be in the best interests of the prospective adoptee. A final decree may not be granted until the prospective adoptee has lived with the prospective adoptive parent for at least 6 months. (D.C. Code § 16-309).

Adoption Finalization: The finalizing of the adoption process with the final adoption court decree.

Adoption Plan: The plan for recruiting and matching an adoptive family with the child to be adopted.

Adoption Services: Services or activities provided to assist in bringing about the adoption of a child. (AFCARS, 45 CFR § 1355 App. A).

Adoption Social Worker: Social worker who provides for the services needs of the adoptee and the adoptive family to assist in bringing about the adoption of a child. The adoption social worker is the case manager following placement.

Adoption Subsidy: Payments made *on* a short- or long- term basis pursuant to an agreement between D.C. and an adoptive family concluded prior to an adoption. The payments are made on behalf of a child with special needs when it appears that adoption could not take place without financial aid. Eligibility for a subsidy pertains to the child and continues until the child reaches 18 years of age, with reviews of continuing need annually. Subsidized adoptions may be funded under Title IV-E of the Social Security Act, by D.C. or through other public or private resources. (D.C. Code § 3-115) .*See* also, special needs.

Adoptive Home (Pre-finalization): The District of Columbia, in its regulations, includes families waiting to adopt when it defines an adoptive family as "a household, which has been approved by a child-placing agency to accept a child for adoption, which may be awaiting placement of a child or may have a child in the home" (29 DCMR § 1645.1). Federal law, on the other hand, distinguishes families waiting to adopt from those who have adopted a child by defining the former as "pre-adoptive" homes and the latter as "adoptive" homes (AFCARS, 45 CFR 1355, Apps. A and B) .*See* Pre-Adoptive Home.

Adoptive Home: A home in which a child is living following finalization of Court adoption proceedings which make the child legally a member of the family residing in the household. The family may or may not be receiving an adoption subsidy on behalf of the child.

Adoptive Parent: A person with the legal relation of parent to a child not related by birth, with the same mutual rights and obligations that exist between children and their birth parents. (AFCARS, 45 CFR § 1355 App. A) .In Defining "adoptive parent", D.C. regulations include not only an individual "who has adopted a child", but also "a single or married person with whom a child has been placed for adoption" (29 DCMR 1645.1). Under D.C. law, "the term 'adoptive family' includes single persons". (D.C. Code § 3-115).

AFCARS: The Adoption and Foster Care -Analysis and Reporting System established under a federal mandate to provide for effective tracking, managing and reporting of information pertaining to children and families served by public foster care and adoption agencies in the United States. (In general, 45 CFR §§ 1355.40, 1355.53 and 1355 App. A-E).

AFCARS ID: This is the Record Number field value used in the AFCARS data submission or the value which would be assigned.

AFDC Relatedness: With the passage of TANF, the Title IV-E financial eligibility criteria was established as the former Aid to Families with Dependent Children (AFDC) financial eligibility criteria in place as of 7/14/96.

Affidavit of paternity: a document where a birth mother identifies who the birth father of the named child is, their last contact with the birth father and his last known whereabouts. This form need to be notarized.

Aftercare: A brief (typically, 90 days) period of time immediately following a child's return to his or her own home from out-of-home care during which services are provided to the child and family to promote reintegration.

Agency: District of Columbia, Child and Family Services Agency.

Aid to Families with Dependent Children (AFDC): A program, also known as welfare, established under Title IV-A of the Social Security Act to provide financial support for poor children and their families. An individual who cares for a closely related child who is conditionally released from shelter care, committed to the Agency, or in the home as the result of a third-party placement may apply to the Income Maintenance Administration (IMA) to receive AFDC benefits and Medical Assistance (MA) for the child. AFDC and MA benefits may continue after the relative has assumed guardianship of the child.

Alcohol: Alcohol is the most commonly used and widely abused drug in the country. It is found in beers, wines and hard liquors.

Allegation: See report.

Alleged Victim: A child about whom a report regarding maltreatment has been made to a CPS agency.

American Indian or Alaska Native: Having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Annual Goal: Statement describing the anticipated growth of a student's skill and knowledge written into a student's yearly Individualized Education Program.

Anonymous Report Source: An individual who reports a suspected incident of child maltreatment without identifying himself or herself.

Annual Review: A meeting held at least once a year to look at, talk about, and study a student's Individualized Education Program (IEP). The purpose of the review is to make decisions about changes in the IEP, review the placement, and develop a new IEP for the year ahead.

Applicant: The person applying for a criminal records check or a person seeking application as a foster parent with the Child and Family Services Agency.

ARP: Adoption Resource Program.

Asian: Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Assessment: Review of the facts by workers and social workers to determine the appropriateness of a foster parent or foster home.

Assessment/Investigation: A process by which CFSA is to gather sufficient information to determine the following:

1. if child maltreatment occurred;
2. if there is a risk of future maltreatment and the level of that risk;
3. if the child is safe in the home, and if not, what interventions will ensure the child's protection and maintain the family unit if at all possible; and
4. if continuing agency or community services are needed to reduce the risk of maltreatment occurring in the future.

Assistive Technology: Any item, piece of equipment, or product system that is used to increase, maintain, or improve the functional capabilities of children with disabilities; e.g., augmentative communication boards, computer input devices, special switches.

At-Risk: Condition whereby a child is, by virtue of his or her vulnerability, in danger or jeopardy of abuse or neglect.

Background Conference: a meeting where all parties involved with the child(ren) are invited to share information collectively. This conference is for the benefit of all parties to ensure that everyone is working from the same framework. This information is shared to assist the foster parent(s)/pre-adoptive parents in making an informed decision to adopt the child(ren).

Backlog: See [Intake Backlog](#).

Basic Services: the level of out-of-home care provided to children who need routine attention, require the professional intervention no more than once a week, and have a good prognosis for adaptive functioning. A child in this care level does not need intensive supervision or technical skills from his/her caregiver. Further, these children have no major mental health/emotional problems or medical needs.

Behavior Problem-Child: Behavior in the school or community that adversely affects socialization, learning, growth, and moral development. May include adjudicated or non-adjudicated behavior problems. Includes running away from home or a placement.

Biological Parent: The birth mother or father of the child rather than the adoptive or foster parent or the stepparent.

Black or African-American: Having origins in any of the black racial groups of Africa.

Birth Parents: The natural parent of the child(ren).

Board and Child Care Rate: is a rate paid for the care required by a child who is placed in foster care from a neglecting and/or abusing family. The board rate is based on the service needs of the child; therefore, the general policy is that a foster parent will be expected to provide transportation for medical or therapeutic appointments up to one per week within a normal board rate. There are four categories of board rates as follows:

1. Normal Rate
2. Special Board Rate
3. Handicapped Board Rate
4. Multiple-Handicapped Rate

Boarder Baby: Under D.C. law, a child who has resided in a hospital in D.C. for at least 10 calendar days following the birth of the child, despite a medical determination that the child is ready for discharge from the hospital, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a parental, guardianship or custodial relationship or contact with the child. (D.C. Code § 16-2301 (9) (G)).

Business Day: Monday through Friday, excluding legal holidays.

Caretaker: Under D.C. law, an adult person in whose care a minor has been entrusted by written authorization of the child's parent, guardian or legal custodian. (D.C. Code § 16-2301 (27)).

Case: A documented instance of Agency activity or series of activities undertaken on behalf of a parent, family or individual child occurring in response to a report of abuse or neglect, a relinquishment or a request for voluntary care. Agency activities undertaken on behalf of a parent or family may include an investigation (generally at intake), family preservation services, child protective services, foster care services or adoption services. Agency activities undertaken on behalf of an individual child may include foster care services or adoption services. See also, child's case and family case.

Caseload: The total number of family and/or child cases serviced by a social worker.

Case Management: Case Management is the coordination of the multiplicity of services required by a child abuse and neglect client. Some of these services may be purchased from an agency other than the mandated agency. In general, the role of the case manager is not primarily the provision of direct services but the monitoring of those services to assure that they are relevant to the client, delivered in a useful way, and appropriately used by the client. To do this, a case manager assumes the following responsibilities:

1. ascertains that all mandated reports have been properly filed;
2. informs all professionals involved with the family that reports of suspected child abuse or neglect have been made;
3. keeps all involved social workers apprised of new information;
4. calls and chairs the initial and ongoing case conferences for assessment, disposition and treatment plans;

5. coordinates interagency follow-up; and
6. calls further case conferences as needed.

Case Management Services: Services or activities for the arrangement, coordination and monitoring of services to meet the needs of children and their families. (AFCARS, 45 CFR § 1355 App. A).

Case Plan: A written document that serves to guide the provision of services to a family and/or to a specific child. The case plan, developed with members of the family and/or the child, clearly identifies goals and objectives to be achieved and spells out tasks to be performed by the worker, adult family members and/or child. Time frames for completion of tasks must be included in a case plan, which is signed by those directly involved as well as by a CFSA or Consortium agency supervisor or responsible for approving the plan. For the case plan of a child in foster care, P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" requires at least:

1. a description of the type of home or institution in which the child is, or will be, placed;
2. a discussion of the appropriateness of the child's placement;
3. a discussion of how the Agency plans to carry out the court's determination that continuation in the home would be contrary to the child's welfare and that, where not precluded, reasonable efforts have been made to prevent removal of the child from the home and/or to facilitate the return of the child to the home;
4. a plan for assuring that the child receives proper care and that services are provided to the parents, child and foster parents in order to improve the conditions in the parents' home, facilitate the return of the child to his own home or to a permanent placement and for addressing the needs of the child while in foster care, including a discussion of the appropriateness of the services that have been provided to the child under the plan.

P.L. 96-272 also requires that each foster child's case plan be "designed to achieve placement in the least restrictive (most family like) and most appropriate setting available and in close proximity to the parents' home consistent with the best interest: and special needs of the child." Furthermore, the case plan of any child placed in a foster family home or child-care institution a substantial distance from the home of the parents, or in a different State, must "set forth the reasons why the placement is in the best interests of the child".

In addition to addressing the issue of distance from the home of the parents in the child's case plan, when a child is placed outside of the State in which the child's parents are located, an Agency social worker or a social worker from the State where the child is placed must visit at least *every* 12 months. A report on the visit must be submitted to the State agency where the parents reside. (P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" Section 475(1) and (5) (A)).

Case Record: The physical folder in which case information is maintained and electronic data pertaining to individuals in reference to the case, including information in the Child Protection Register (CPR). D.C. regulations pertaining to child- placing agencies define "record" as "the individual file(s) kept by an agency concerning a child who has been

accepted for care or adoptive placement, the child's family, adoptive applicant or family, foster family and agency employees" (29 DCMR 1645.1).

CFSA: District of Columbia, Child and Family Services Agency.

CFSA Temporary Hold: a means of placing a child in the temporary custody of CFSA when a child has been left alone or with inadequate supervision, this is the means by which a social worker may place the child in the temporary care of CFSA. A neglect petition must be filed within five (5) days, if the parent has not claimed the child. The social worker is to notify the Office of the Attorney General immediately upon placing this child in this temporary hold status, so that the process of drafting the petition can begin.

Change in Placement: Any change in the placement of a child who is in the legal/physical custody of the Child and Family Services Agency is considered to be a formal change in placement. This term refers specifically to situations in which the child's removal from the home is not immediately necessary. Such placements should occur, whenever possible, with the involvement of the parent, as a part of the overall service agreement and case planning process for the family. A change of placement should be made only after a home evaluation and assessment of the potential kinship caregiver has been completed.

Child: The D.C. statute pertaining to children who come before the court defines "child" as a person under 18 years of age except for the purposes of criminal justice cases in which those 16 or over are charged with certain crimes and/or offenses). (D.C. Code § 16-2301(3)). The federal AFCARS definition of the term "child" includes both a person under 18 years of age and also a person under 21 years of age considered under State law to be a minor (AFCARS, 45 CFR § 1355 App. A) .A minor under applicable D.C. law is a person 21 years of age or younger. See also, minor.

Child Abuse and Neglect Prevention Children's Trust Fund: A prevention program in the District of Columbia, including a community-based program, that focuses on child abuse and neglect, public awareness and issues including prenatal care, parental bonding, child development, basic child care, care of children with special needs or coping with family stress.

Under this program, child abuse is defined as "harm or threatened harm to a child's health or welfare by a person responsible for the child's health or welfare, which occurs through the intentional infliction of physical or emotional injury or an act of sexual abuse which includes a violation of any provision of the Prevention of Child Abuse and Neglect Act of 1977 (D.C. Law 2-22) ". Child neglect is defined as "harm to a child's health or welfare, which occurs through the failure to provide adequate food, clothing, shelter, education, or medical care".

The Child Abuse and Neglect Prevention Children's Trust Fund program provides counseling, support groups and early identification services for at-risk parents and children and supports prevention programs in the D.C. public schools. (D.C. Code § 6-2131).

Child Age At Report: Age, calculated in years, as of the date of the report of alleged maltreatment.

Child Custodian: means a person or agency, other than a parent or legal guardian, to whom the legal custody of a child has been granted by the order of a court or who is acting loco parentis.

Child Date of Birth: The month, day and year of the child's birth.

Child Daycare Provider: A person with a temporary caregiver responsibility for the child who is not related to the child, such as a daycare center staff member, a family daycare provider, or a baby-sitter. Does not include persons with legal custody or guardianship of the child.

Child Demographics: Statistical characteristics of the child, such as age and race.

Child Ethnicity: See **Hispanic or Latino**.

Child Fatality Review: A formal review by an interdisciplinary, interagency committee of any child fatality known to CFSA with the past ten years.

Child File: The data file submitted to NCANDS on a periodic basis that contains detailed case data about children who are the subject of an investigation or assessment.

Child ID: See **Child Identifier**.

Child Identifier: A unique identification assigned to each child. This identification is not the State child identification but is an encrypted identification assigned by the State for the purposes of the NCANDS data collection.

Child Maltreatment: Harm or risk of harm to a child's physical or mental health or welfare. As defined, provides a basis for State intervention on behalf of the child.

Child-Placing Agency: Under D.C. law, any person, firm, corporation, association, or public agency that receives or places children under 16 years of age and places or offers to place them for temporary or permanent care in a family home other than that of a relative within the third degree of kinship. (29 DCMR 1645.1)

Child Protection Register (CPR): A confidential index of case information concerning reports of abused and neglected children maintained by the Agency. (D.C. Code § 6-2111).

Child Protection Register Clearance: Means obtaining a clearance from the Agency's Child Protection Register, which is a confidential index of case information concerning reports/referrals of, abused and neglected children. The Child Protection Register is maintained by the Intake Administration, and clearances can only be obtained by submitting a request from an agency employee who is authorized to obtain such information.

Child Protective Services (CPS): An official agency of a State having the responsibility for child protective services and activities.

Child Protective Services (CPS) Supervisor: The supervisor of the social worker assigned to a report of child maltreatment at the time of the report disposition.

Child Protective Services (CPS) Worker: The worker assigned to a report of child maltreatment at the time of the report disposition.

Child Protective Services (CPS) Workforce: The CPS supervisors and workers assigned to handle a child maltreatment report. May include other administrative staff as defined by the State Agency table of organization.

Child Record: A case-level record in the Child File containing the data associated with one child in one given report.

Child Risk Factor: A child's characteristic, disability, problem, or environment, which would tend to increase the risk of his becoming a maltreatment victim.

Child Sex: The gender of the child.

Child-Specific Recruitment: is the practice of finding a foster or adoptive family for a particular child, as opposed to recruiting families in general and later matching the family and child. This approach focuses on individual waiting children, both to attract specific families as placement resources, and to provide more detailed and specific insights about the types of children needing placement.

Child Victim: A child for whom an incident of abuse or neglect has been substantiated or indicated by an investigation or assessment. A State may include children with alternative dispositions as victims.

Client: A person requesting or receiving services.

Closed: Status of a case when:

1. an investigation or delivery of services has been completed;
2. CFSA and/or a contractual agency have terminated contact with a client or family; and
3. appropriate closing paperwork has been prepared and processed.

Cocaine: Cocaine is a white powder that is derived from the south American coca plant Crack is a chemically altered smokeable form of cocaine in the form of pellets or crystalline rocks.

Collaboratives: The Collaboratives in the District of Columbia are comprised of non-profit service providers, schools, faith communities, civic and resident associations, community leaders and neighborhood residents. These individuals and organizations have come

together in each neighborhood to form a coordinated network of services and supports for children and families. CFSA staff work in partnership with the Collaboratives and other community partners to provide a wide range of community-based services designed to insure the safety of children and their families to include short-term and long-term case management. The CFSA Ferebee Hope Community Service Center and the Collaboratives offer an array of supportive services to children and their families within their own communities. Such services can include mentoring, tutoring, educational/job training, housing assistance, advocacy and legal assistance and emergency funds.

Commitment: is a legal status based on a court order following an adjudication of neglect, which places a child into the ongoing custody of CFSA. The commitment orders are for a term not to exceed two (2) years.

Committed Child: A child adjudicated neglected and placed by, the Court in the legal custody or under the guardianship of the Agency. Under D.C. law, a child who is adjudicated neglected may be either an abused and/or a neglected child.

Community-Based Group Homes: are facilities that house up to (8) children or youth in a community setting. They offer the full range of community resource, including employment, health care, educational, and recreational opportunities. They are staffed on a rotating shift basis by live-in house persons, a teaching family, or some combination of the two. No child under age twelve (12) shall be placed in a group care setting, unless the child has special treatment needs that cannot be met in a home-like setting and the selected group home has a program to treat the child's specific needs. Adolescent mothers are an example of this category.

Community-Based Services: An approach to service delivery which seeks to create partnerships among public and private child and family serving agencies, clients, neighborhood groups and local institutions for the provision of culturally appropriate services within communities.

Complaint: See [report](#).

Concurrent Case: A process that promotes the child's health and safety by developing family reunification plans and assessing the availability of extended family resources while simultaneously assessing and facilitating the identification of the family who will commit to the child's legal permanency.

Conditional Release: Court-ordered diversion or release of a child from shelter care pending a fact finding or dispositional hearing when a judge determines that the child may be adequately safeguarded by placement with a parent, relative or other person or agency able to provide supervision or care for the child. The judge may impose upon the placement whatever conditions he or she considers necessary to protect the child from harm and to ensure the child's appearance at the fact-finding hearing. (D.C. Code § 16-2312 (d)).

Confidential Information: Information acquired by a CFSA or contract agency staff member pertaining to a child reported or found to be abused or neglected, the child's family or other individuals associated with the case. Confidential information may be disclosed only for

purposes relating to investigating abuse or neglect or obtaining services for the child or family (D.C. Code § 6-2126). Unauthorized disclosure of confidential information is a misdemeanor with a fine not to exceed \$1000. (D.C. Code § 6-2127).

Consent to Adoption: A written statement agreeing to a proposed adoption of a child. A consent to the specific adoption of the child must be filed along with an adoption petition unless a judge has determined that consent has been withheld contrary to the best interest of the child. To be valid, such a consent must be signed and acknowledged in the presence of:

1. a person authorized by law to accept acknowledgements, for example, a notary public;
2. a representative of a child-placing agency, for example, a CFSA social worker; or
3. The Mayor.

A consent to adoption must be voluntarily given and can only be rescinded or revoked if it can be shown that the consent was improperly obtained, or involuntary.

Consent to an adoption of a child must be obtained from:

The child, if the child is 14 years of age or older; and

1. *both parents, if they are both alive, or the living parent if one is dead; or*
2. *the court-appointed guardian of the child; or*
3. *a licensed child-placing agency or the Mayor when there has been termination of parental rights (TPR) or a relinquishment to the agency or the Mayor; or*
4. *the Mayor in all other situations.*

A minor parent may consent to the adoption of his or her child. Consent is not required from a parent who, after notice, cannot be located or one who has abandoned the child and voluntarily failed to contribute to the child's support for a period of at least six months prior to the filing of the adoption petition. (D.C. Code § 16-304).

Contact: Any type of communication that comes through the Hotline. The types of communication is as follows:

1. Report or Compliant-document call and refer for Intake assessment/investigation.
2. Information and Referral-document call and refer to a community resource for services.
3. Receive Services-Caller is inquiring about a service and not a complaint or report-document call and refer to appropriate service.
4. Provider of Services Request-Caller wants to provide a service to agency-document name, telephone number, and type of services to be provided for persons wanting to provide services and refer to the appropriate resource component in CFSA for further assessment.
5. Out of Town Inquiries(OTI)-Caller wants assessment or monitoring of out of state children who are not in CFSA care-document receipt of request and send to appropriate CFSA service unit for assignment.

6. Interstate Compact- Caller wants Interstate Compact service provided by CFSA- document the call and forwarded to CFSA Interstate Coordinator.
7. Court Social Services-Caller is referring a Court Social Service case for placement services in CFSA-document call, create or re-open case, receive packet of information, request placement and forward to the appropriate CFSA service unit for assignment when related to reporting or investigating alleged child abuse or neglect, a child means a person under 18 years of age.

Conviction: Means a plea or verdict of guilty or plea of noto contendere.

Counseling Services: Services or activities that apply therapeutic processes to personal, family, situational or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. (NCANDS) .

Court: Family Division of the District of Columbia Superior Court.

Court-Appointed Representative: A person appointed by the court to represent or advocate for a child in a neglect or abuse proceeding. May be an attorney or a Court-appointed Special Advocate (or both) and is often referred to as a Guardian ad Litem. Makes recommendations to the court concerning the best interests of the child.

Court Review: One of two types of periodic review that meet federal requirements pertaining to cases of children in foster care. The system of case reviews established by P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" is intended to: 1) assure that the child has a case plan which meets federal requirements; 2) review the status of the child; and 3) assure that certain procedural safeguards are applied in the case with respect to the legal rights of the child and the parents. P.L. 96-272 requires that a dispositional hearing be held to determine the future status of each foster child within 18 months of placement. Amendments to the Social Security Act passed in 1994 specify that a review or "subsequent dispositional hearing" be held "not less frequently than every 12 months". (P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" section 475(5) (C)) .In D.C., the case of any committed child under the age of 6 or not committed longer than 2 years must, by law, be reviewed every 6 months. The cases of all other children under the Court's jurisdiction must be reviewed at least every year. (D.C. Code §§ 16-2323) .See also, **dispositional hearing, periodic review** and **P.L. 96-272**. (P.L. 96-272, the "Adoption Assistance and Child Welfare Act of 1980" section 475(5) (C)) .

Criminal Records Check: A search of criminal records (local MPD and federal FBI) to determine whether an individual has a criminal conviction. The Federal Bureau of Investigation, the Metropolitan Police Department, or the state's law enforcement agency if the individual resides outside of the District of Columbia performs the search.

Criminal Records Check Offense: Means a conviction of one of the following offenses by the kinship caregiver applicant and any adult age 18 or older residing in the caregiver's home.

1. Child Abuse;

2. Child Neglect;
3. Spousal Abuse;
4. A crime against children, including child pornography; or
5. A crime involving violence, including, but not limited to,
6. Rape, sexual assault, homicide, assault or battery.

This definition also pertains to an individual who has a felony conviction for any of the following offenses or their equivalents committed within the past 5 years:

1. Fraud; or
2. A drug-related offense.

Custodian: Under D.C. law, a person or agency, other than a parent or legal guardian, to whom the legal custody of a child has been granted by the order of a court, who is acting in loco parentis (in place of a parent) , or who is a day care provider or an employee of a residential facility, in the case of the placement of an abused or neglected child. (D.C. Code § 16-2301 (12) .

Custody: A legal status pertaining to the day-to-day, ordinary care of a child. See also, legal custody.

D.C. Kids: The integrated health care system operated by CFSA to provide medical services to foster children.

Daycare Services: Activities provided to a child or children in a setting that meets applicable standards of State and local law, in a center or in a home, for a portion of a 24-hour day.

Denial of paternity: a document where the alleged (putative) birth father, denies that he is the birth father of the named child. This form needs to be notarized.

Diligent Search: a search done by investigators to locate a person. This is done at the Agency primarily to locate a birth mother and/or father to progress with the goal of adoption and to ascertain there intentions with regards to there child(ren).

Disability: Physical or mental impairment that may decrease a person's ability to do certain actions.

Disposition: A finding based upon credible evidence gathered in an investigation that a child reported to be abused or neglected is or has been an abused or neglected child.

Dispositional Hearing: In D.C. law, a hearing, after a finding of fact, in which the Court determines what disposition should be made in the case of an abused or neglected child

(D.C. Code § 16-2301 (17)) .A predisposition study and report is furnished to the Court by the Agency or Court Social Services addressing the following issues:

1. harm that has occurred to the child and how it will be alleviated;
2. plans and timeframes for intervention, parental activities and specific services recommended, as well as criteria for determining when intervention may no longer be needed; and
3. when it is recommended that the child be removed from his or her home, the reasons that the child cannot be protected in the home, the type of placement that is recommended, the steps that will be taken to address any identified harm that is likely to occur to the child as a result of removal and plans for visitation, consistent with the child's well- being. (D.C. Code § 16-2319)

A dispositional order vesting legal custody of an abused or neglected child in a department, agency or institution or in an individual other than a parent is limited in duration to 2 years; however, such an order may be extended for additional periods of one year when a judge determines that it is necessary to do so in order to safeguard the well-being of the child or to protect the child's interest. (D.C. Code § 16-2322) .

Federal law currently requires that when a child is placed out- of-state, the initial and all subsequent dispositional (review) hearings specifically address the issue of whether an out-of- state placement is, at the time of the hearing, appropriate and in the best interests of the child. (P.L. 96-272, section 475(5)) .

Under federal law, when a child is in foster care, a dispositional hearing to address the future status of the child must be held within 18 months of the original foster care placement and not less frequently than every 12 months thereafter except when the child is residing with a specific caregiver in a permanent foster care placement. (P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" Section 475(5) (C)) .

Domestic Violence: Incidents of inter-spousal physical or emotional abuse perpetrated by one of the spouses or parent figures upon the other spouse or parent figure in the child's home environment.

Due Process Hearing: A formal session conducted by an impartial hearing officer to resolve special education disagreements between parents and school systems.

Early Intervention: Providing services and programs to infants and toddlers (under age three) with disabilities in order to minimize or eliminate the disability as they mature.

Ecstasy: Ecstasy is derived from speed and Methamphetamine. It can be found in capsule, tablet, powder or liquid forms.

Educational Advocate: An individual who speaks or acts knowledgeably for the educational needs of another.

Educational Diagnostician: A professional who is certified to conduct educational assessments and to design instructional programs for students.

Education and Training Services: Activities provided to improve knowledge of daily living skills and to enhance cultural opportunities.

Emergency Care: a short-term, urgent need for an initial placement in, or a replacement from, one family home, group home, or other facility to another. Emergency care is designed to be for thirty (30) days or less and to allow the social worker an opportunity to assess a child's newly identified needs as well as the propriety of continued placement.

Emergency Care Foster Homes: a short term, urgent need for an initial placement in, or a replacement from, one family home, group home or other facility to another. Emergency care is designed to be for thirty (30) days or less and to allow the social worker an opportunity to assess a child's newly-identified needs as well as the propriety of continued placement.

Emergency Placement: A placement precipitated by an imminent danger to the child (ren) or by abandonment. The placement may only be made after appropriate Child Protection Register and criminal background checks have been obtained for the potential relative/kinship caregiver; and, the worker has completed an on site interview and home assessment all of which must meet agency requirements for approval. The placement may be made prior to the completion of the full caregiver assessment and home evaluation, provided the conclusion of a preliminary assessment meets required safety standards. Emergency placements are designed to be for a period of thirty (30) days or less, this is to allow the social worker time to assess the child as well as to determine the needs of the triad (child, birth parent(s), and kinship caregiver) while determining the appropriateness of continued out-of-home placement. The decision to make any emergency placement must be made by the worker in conjunction with consultation and approval from his or her supervisor.

Emotionally Disturbed: A clinically diagnosed condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: an inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems. The diagnosis is based on the Diagnostic and Statistical Manual of Mental Disorders (the most recent edition of DSM). The term includes schizophrenia and autism.

Employment Services: Activities provided to assist individuals in securing employment or the acquiring of skills that promote opportunities for employment.

Ethnicity: See **Hispanic or Latino**.

Expungement: The process by which the Agency erases all identifying information in a report from the Child Protection Register (CPR) .Information is expunged either upon the 18th birthday of a child found to have been abused or neglected (unless there is a younger sibling in the home who is known or suspected to be abused or neglected) ; 5 years after services provided to the family as a result of the abuse or neglect have been terminated, whichever occurs first; or when CPR material is successfully challenged. (D.C. Code § 6-2117) .

Extended School Year: Special education provided during summer months to students found to require year-round services to receive an appropriate education.

FACES.NET: FACES.NET is a child welfare information system use to collect information about clients and providers. It is also used as a tool to organize that information to enhance CFSA operations and service to families in the community.

Facility: a foster home where children reside 24 hours a day. Facilities specifically include those on contract, those in which the court has ordered children placed, those operated by the city or another government entity and those where CFSA has family or child care responsibility.

Fact-finding Hearing: A hearing to determine whether the allegations in a neglect petition are true, also known as adjudication, adjudicatory hearing or trial. (D.C. Code 16-2301(16)).

Families Together: is a family preservation program that provides intensive three-month home-based services to families, for whom the removal of a child is imminent due to risk of abuse or neglect. This program is operated by CFSA.

Family: Means one or more parents and children related by blood, marriage, or adoption residing in the same household; or a parent substitute, such as a related caregiver or legal guardian who has responsibility for the 24-hour care and supervision of a child.

Family Case: A documented instance of Agency activity or series of activities undertaken on behalf of a parent or family occurring in response to a report of abuse or neglect or a request for voluntary care. A family case is opened during an investigation and during the delivery of family preservation services, child protective services, foster care services or adoption services.

Family-Centered Services: An approach to working with families and children that focuses upon the families rather than upon individuals. Services are based upon an assessment of the entire family and a negotiated family plan designed to strengthen and maintain the family while protecting children and promoting their healthy, positive development.

Family Counseling: Under D.C. law, any psychological or psychiatric or other social service offered by a provider to the parent and one or more members of the extended family of a child who has been adjudicated neglected or to the child's guardian or other caretaker. (D.C. Code § 16-2301 (27)).

Family Planning Services: Educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. (NCANDS)

Family Preservation Services: Typically, strengths-based interventions designed to help families alleviate crises that might lead to out of home placement of children, maintain the safety of children in their own homes, support families reunifying or adopting, and assist families in obtaining skills, services, including respite care, and other supports necessary to address their multiple needs in a culturally sensitive manner. Family preservation services are not appropriate when a child cannot be protected from harm without placement or when a family has insufficient strengths upon which to build. (Title IV-B, Social Security Act, Subpart 2 and NCANDS) .

Family Responsibility: The duty of the CFSA worker assigned to the family case to provide coordination when two or more CFSA and/or Consortium agency social workers are providing services to members of a family.

Family Services: The general term use to refer to those CFSA intervention services that are offered to stabilize intact birth, foster, or adoptive families.

Family Support Services: Primarily community-based preventative activities designed to increase the strength and stability of families, alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children. Family support services are available to all families to facilitate use of resources and opportunities available in the community, promote healthy child development and create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families" (Title IV-B, Social Security Act, Subpart 2 and NCANDS) .Family support services should be offered in a manner which is sensitive to the culture of the individuals served.

Fatality: See **Maltreatment Death**

Fatality Review: Formal review by an interdisciplinary, interagency committee of cases in which child abuse or neglect may have caused or be related to the death of a child.

Final Decree: establishes the legal parent-child relationship between the adopters and the child. This legal relationship assures that there are mutual rights of inheritance and succession, as if the child had been born to the adopters.

Final Report: This report includes a follow up of all recommendations from the internal and citywide Child Fatality Review Team meeting, and in these instances the required follow up shall be reported as an addendum to the initial report by the social worker. This information should be completed in accordance with the time frame set up by the CFSA Internal CFRT Coordinator, between one (1) to three (3) months. The supervisor will insure that two (2) copies of the final Child Fatality Review report are forwarded to the CFSA Internal Child Fatality Coordinator.

Financial Problem: A risk factor related to the family's inability to provide sufficient financial resources to meet minimum needs.

Formal Kinship Care: Refers to situations where the Child and Family Services Agency and/or the Superior Court of the District of Columbia make or are directly involved in the decision to remove a child from his or her parent(s) or other legal guardian and place him or her with a family member.

Foster Care: 24 hour substitute care for all children placed away from their parents or guardians and for whom the Agency has placement and care responsibility. (45 CFR § 1355.20) .

The term "foster care" specifically refers to the status of a child who:

1. is in shelter care (pre-trial); or
2. has been committed to the Agency by the court and placed outside his or her own home (Post-trial) ;
3. is under the permanent care and guardianship of the Agency which may consent to the child's adoption following relinquishment of parental rights;
4. is removed from his or her home pursuant to a voluntary placement agreement; or
5. is on conditional release from shelter care or has run away or absconded from care or is at home on a trial basis while in care.

A child is not in foster care:

1. when the child residing at home is not under the jurisdiction of the court and his or her family is receiving family preservation or continuing child protective services;
2. when a judge has ordered protective supervision of the child;
3. when the child is in a third-party placement, whether or not the placement has been ordered by the court; or
4. when a child has been relinquished by his or her parent(s) and is under the jurisdiction of the D.C. Superior Court but is not committed to the Agency.

Foster Care Drift: The languishing of children in foster care due to the lack of permanency planning.

Foster Care Family: is a planned, goal-oriented care of a child in the home of a family, which is licensed to provide 24 our temporary, substitute care by the District’s Department of Public Health, or the comparable authority in another jurisdiction. Foster families are committed, prepared, and trained to provide a welcoming, nurturing, and supportive home for a child who is undergoing the trauma of separation from her/his biological family. Foster families also help maintain bonds between the children and their birth parents. If the family foster home is located in a jurisdiction outside of the District, the child’s placement must be approved by the Interstate Compact Office of that jurisdiction.

Foster Family Home (Relative): See relative foster care.

Foster Parent: An individual who is licensed or approved to provide a home for one or more related or non-related children who are orphaned, abused, neglected, delinquent, or disabled.

Foster Care Social Worker: Social worker who provides for the services needs of the child in the foster home and participates in the transitioning of the child to the adoptive home if different from the foster home. The foster care social worker is the case manager prior to placement.

Foster Care Treatment: is the service also known as “specialized” or “therapeutic foster care”. It is temporary out-of-home care offered to a child with “special needs”, by foster parents who are trained to provide specific treatment and who are both supervised and supported by agency staff as they do so.

Foster Parent Services Unit: The unit within CFSA that has responsibility for reassessing the foster parents on-going ability to continue in the role of a foster parent.

Foster Parent Services Worker: Workers who have responsibility for assessing and reassessing foster parent’s ability to continue as a foster parent; and ensure the foster home is in compliance with regulations and guidelines established by the Department of Health.

Free Appropriate Public Education (FAPE): The words used in the federal law, the Individuals with Disabilities Education Act (IDEA), to describe a student’s right to a special education program that will meet his or her individual special learning needs, at no cost to the family.

General Assistance for Children (GC): A program under the Income Maintenance Administration (IMA) in the District of Columbia which provides benefits that are the same as those a child would receive under Aid to Families with Dependent Children (AFDC) . Benefits may be provided when a child is residing with a caretaker who is not a close relative

of the child as defined in federal AFDC regulations or who cannot prove close relationship. (D.C. Code § 3-205.5a.)

Generic recruitment: involves presenting to the public general information about the needs of waiting children.

Goals: See permanency goals.

Group Homes (Community Based): are facilities that house up to eight (8) children in a community setting. They offer the full range of community resources, including employment, health care, educational, and recreational opportunities. They are staffed on a rotating shift basis by live-in house persons, a teaching family, or some combination of the two. No child under age twelve (12) shall be placed in a group care setting, unless the child has special treatment needs that cannot be met in a home-like setting and the selected group home has a program to treat the child's specific needs.

Guardian Ad Litem (GAL) : An attorney appointed by the Superior Court of the District of Columbia Family Division to represent an abused or neglected child in Court proceedings, including termination of parental rights. It is the responsibility of the guardian ad litem to represent the child's best interests. (D.C. Code §§ 6--2101 (4) and 16-2304 (a).

Guardianship: "Guardianship of the person of a minor" involves concern with the general welfare of the minor and the right to make important decisions in matters having a permanent effect on the minor's life and development. It includes, but is not limited to:

the authority to consent to marriage, enlistment in the armed forces and major medical, surgical or psychiatric treatment;

1. the authority to represent the minor in legal actions and to make decisions of substantive legal significance concerning the minor;
2. the authority and duty of reasonable visitation (except as limited by court order);
3. the rights and responsibilities of legal custody when guardianship of the person is exercised by the child's birth or adoptive parent (except when legal custody has been vested in another person, agency or institution) ; and
4. the authority to exercise residual parental rights and responsibilities when the rights of the child's parents or only living parent have been judicially terminated or when both parents are dead. (D.C. Code § 16-2301 (20)) .

Handicapped Board Rate: is a rate paid for a child who needs foster parent intervention because he/she can not accomplish normal age appropriate life processes i.e.: eating, bathing, toileting, dressing, ambulating, emotional and or social control without adult intervention. Children who require foster parents who have special training to participate in the treatment plan and daily care of the child are classified as handicapped.

A request for the handicapped board rate must be accompanied by a professional diagnosis and a service plan, which will elaborate, on the need and type of required intervention.

Health-Related and Home Health Services: Activities provided to attain and maintain a favorable condition of health.

Hispanic Or Latino: A person from Cuba, Mexico, Puerto Rico, South or Central America, or other Spanish language culture, regardless of race.

Home-Based Services: In general, services provided to families in their homes, rather than in the Agency or other institutional settings. A narrower standard is found in the federal AFCARS definitions which state that home-based services include "services or activities provided to individuals or families to assist with household or personal care in order to improve or maintain adequate family well-being including homemaker services, chore services, home maintenance services and household management services". (AFCARS,45 CFR § 1355 App. A) .

Homestudy: a counseling and assessment process with the primary goal of providing secure nurturing and permanent families for children. The home study involves completion of MAPP training and extensive background checks on the applicants and their household members.

Household: A home and all individuals residing within the home.

Housing Services: Activities designed to assist individuals or families in locating, obtaining or retaining suitable housing.

Heroin: Heroin, a white-to-brownish tar-like substance or powder is a highly addictive drug derived from morphine.

Impartial Hearing Officer: Individual presiding over a due process hearing, appointed by the state education agency, and not connected in any way with either party in a dispute.

Inactive: Status of an open case in which no services are being provided. An inactive case is most likely to be a family case in which services are not being provided although a related child's case is being actively served. For example, when a foster child has a permanency plan of Independent Living and the child's parent is not receiving any services, the family case is considered to be inactive.

Inadequate Housing: A risk factor related to substandard, overcrowded, or unsafe housing conditions, including homelessness.

Incident Date: The month, day, and year of the most recent known incident of alleged child maltreatment.

Independent And Transitional Living Services: Activities designed to help older youth in foster care or homeless youth make the transition to independent living.

Indicated Or Reason To Suspect: An investigation disposition that concludes that maltreatment cannot be substantiated under State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to States that distinguish between substantiated and indicated dispositions

Income Maintenance Administration: (IMA)- a DHS office, charged with the determination of eligibility under the Medicaid, TANF, and General Public Assistance for Children (GC).

Individual and Institutional Reports: If the mandated reporter is a staff member of a hospital, school, agency or similar institution, they must immediately notify the person in charge of the institution or that person's designated agent who shall then be required to make the report. The fact this notification does not relieve the person who was originally required to report of the responsibility to report.

Individualized Education Program (IEP): A written plan for each student in special education describing the student's present levels of performance, annual goals including short-term objectives, specific special education and related services, dates for beginning and duration of services, and how the IEP will be evaluated.

Individualized Family Service Plan (IFSP): A written statement for each infant or toddler receiving early intervention services that includes goals and outcomes for the child and family. It also includes a plan for making the transition to services for children over age 2.

Individuals with Disabilities Education Act (IDEA): The authorizing federal legislation, which mandates a free, appropriate public education for all children with disabilities. Formerly known as the Education for All Handicapped Children Act. Part B one. Part H refers to the early intervention program for infants and toddlers with disabilities from birth through age two and their families.

Information and Referral Services: Services or activities designed to provide information about services provided by public and private service providers and a brief assessment of client needs (but not a diagnosis and evaluation) to facilitate an appropriate referral to these community resources. (NCANDS) .

Inhalants: Inhalants include, typewriter correction fluid, felt tip markers, spray paint, air freshener, butane and cooking spray (there over 1,000 products).

Initial Child Fatality Review Summary Report: This summary includes a discussion of all information available regarding the circumstances of the child's death, a thorough report of the history of and reasons for CFSA involvement with the deceased child and his/her family and a description of service delivery and safety plans for the children remaining in the deceased child's home or foster care placement. The supervisor will ensure that two copies of the Initial Child Fatality Review Summary Report are forwarded to the CFSA Internal Child Fatality Review Team Coordinator.

Initial Investigation: A mandated process in which CFSA and/or the police gather, evaluate and act upon information received in a report of alleged child abuse or neglect. The purpose of an investigation is to determine, to the extent possible:

1. The nature, extent, and cause of any reported abuse or neglect;
2. The identify of the person responsible for the abuse or neglect;

3. The name, age, sex and condition of the abused or neglected child and of all other children in the home;
4. The conditions in the home at the time of the investigation;
5. Whether there is any child in the home whose health, safety or welfare is in jeopardy because of his or her treatment in the home or his or her home environment; and
6. Whether any child who is in jeopardy because of treatment in the home or his or her home environment should be removed from the home or can be protected by the provision of resources or services available in the community.

Institution: A child care facility operated by a public or private agency which provides 24-hour-care and/or treatment for children who require separation from their own homes and group living experience. These facilities may include: child care institutions, residential treatment facilities, maternity homes, etc. (AFCARS, 45 CFR § 1355 App. A) D.C. law specifies that private institutions are those which provide care and maintenance for neglected and/or dependent children on a contractual basis with the City (D.C. Code § 3-203.1(3)) .D.C. children may be placed in child care institutions outside of the City so long as they are licensed or approved by the state in which they are located. (D.C. Code § 3-217.2)

Intake: A 24-hour, 7-day-a-week system to receive and screen information from the public about suspected child abuse and neglect. The function, located in CFSA's Child protective Services Administration, is the agency's single point of entry to receive all inquiries and request for services from the public.

By calling 202-671-SAFE, anyone can reach trained social workers to report suspected child abuse or neglect.

Intake Backlog: An Agency term describing a group of cases in which an intake investigation has not been completed more than 30 days after the receipt of a report. Any case that has not been investigated within the 30-day timeframe is described as "backlogged" or "in the backlog". This backlog is to be eliminated under the LaShawn Implementation Plan. (LaShawn Revised Implementation Plan, Section A., August 1, 1994) .The 30 day timeframe begins at the time the report is received and ends when the supervisor of the worker conducting the investigation signs off on the completed investigative report and any accompanying casework materials.

Intensive Family Services: also known as Families Together, provides intensive counseling, education, and supportive services to families (including extended, foster, and adoptive families) in serious crisis, with the goal of protecting the child, strengthening and preserving the family, and preventing what would be an unnecessary out-of-home placement of children; or promoting the return home of children.

Intensive Services: is the level of out-of-home care provided to children who have mental health/emotional problems or medical conditions. This level of care requires professional intervention, behavior management skills, and close supervision from the caregiver.

Interlocutory Decree: an interim decree of adoption. It has the same legal effect as a final decree while it is in effect. An interlocutory decree is generally entered when the Court or a party has some reservations about the adoption and wishes to give the pre-adoptive placement more time before a final decree is entered. An interlocutory decree will state that the adoption is to become a final decree on a specific date, usually between six months and one year from that date unless the decree is set aside for cause in the interim.

Interstate Compact on the Placement of Children (ICPC): A uniform law, which permits states to cooperate in the placement of children across jurisdictional lines. D.C. is a party to the Interstate Compact and all children placed in foster care and/or for adoption in another jurisdiction must be processed through the Agency Office of the Compact Administrator. (D.C. Code, Chapter 10A.) . As a party to the ICPC, the District and its employees are responsible for full compliance with its terms. The purpose of the ICPC is to ensure that:

1. each child who requires placement will receive the maximum opportunity to be placed in a suitable environment with qualified individual or institutional caregiver;
2. the appropriate authority, in a state where a child is to be placed, will have full opportunity to ascertain the circumstances of the proposed placement in order to promote full compliance with applicable child protection requirements;
3. the appropriate authority in the original state has access to the most complete information to evaluate a projected placement before it is made; and
4. appropriate jurisdictional arrangements for the care of the child are promoted.

Investigation: A mandated process in which CFSA and/or the police gather, evaluate and act upon information received in a report of alleged' child abuse or neglect. The purpose of an investigation is to determine, to the extent possible:

1. the nature, extent and cause of any reported abuse or neglect;
2. the identity of the person responsible for the abuse or neglect;
3. the name, age, sex and condition of the abused or neglected child and of all other children in the home;
4. the conditions in the home at the time of the investigation;
5. whether there is any child in the home whose health, safety or welfare is in jeopardy because of his or her treatment in the home or his or her home environment; and
6. whether any child-who is in jeopardy because of treatment in the home or his or her home environment should be removed from the home or can be protected by the provision of resources or services available in the community (*D.C. Code* § 6-2104 (b) (1)-(6)) .Such services include, but are not limited to:
 - a. emergency financial aid;
 - b. temporary third-party placement with responsible neighbors or relatives;

- c. emergency in-home caretaker(s); .homemaker services;
- d. daycare for any abused or neglected child and his or her siblings;
- e. counseling services, and
- f. medical evaluation and or treatment of any abused or neglected child by a physician.

(D .C .Code § 6 -2124 (a) (1) -(8)) .

Investigation Date: See **Investigation Start Date**.

Investigation Disposition: See **Maltreatment Disposition Level**

Investigation Disposition Date: See **Maltreatment Disposition Date**

Investigation Start Date: The date when CPS first had face-to-face contact with the alleged victim of child maltreatment or attempted to have face-to-face contact.

Juvenile Court Petition: A legal document requesting that the court take action regarding the child's status as a result of the CPS response; usually a petition requesting the child be declared a dependent and placed in an out-of-home setting.

Kin: Means an individual who is related by blood, marriage or adoption.

Kinship Adoption: an adoption where the petitioner is a relative and /or long-time family friend of a child.

Kinship Care: is full time parenting and protection by a person related by blood, marriage or adoption. For a person to be considered a kinship caregiver, he/she must be related within the 5th degree to the dependent child (i.e. the equivalent of a great-great-great grandmother or a first cousin once removed). Kinship is to be the first placement option considered when a child must be separated from his/her parents due to abuse, neglect, or special needs. Kinship care may be an option when the child's legal custody remains with the family or when it has been transferred to CFSA. See also, Third Party Placement and Relative Foster Care.

Kinship Caregiver: is an individual who meets the following criteria:

1. is approved by CFSA to provide kinship care services;
2. is at least 21 years of age;
3. is providing or willing to provide for the day-to-day care of a child; and
4. is a relative of the child by blood, marriage, or adoption.

Kinship Care Foster Home: is a relative family home licensed by the District of Columbia or a state to provide 24 hour substitute care for a child in foster care status. Relative foster care setting includes:

1. Licensed Relative Foster Family Home
2. Emergency Care Foster Homes

Kinship Foster Care: Means a situation in which a kin provides full time care to any child(ren) who is committed to CFSA custody as a result of an abuse or neglect procedure, voluntary placement, police hold, or the relinquishment of parental rights. Kinship foster homes shall be licensed in accordance with the requirements outlined in the Section of the Policy entitled Assessment Process of Kinship Foster Homes.

Kinship Foster Home Study: A kinship foster home study is a process that takes place following the placement of the child (ren) in the care of a potential kinship caregiver who has elected to become a kinship foster care provider for their kin and agrees to undergo the licensing requirements of a non-relative foster care provider.

Kinship Home Approval Process: The assessment process which takes place once a child(ren) has been placed with the kinship caregiver in order to determine the potential caregiver's ongoing appropriateness to care for their kin placed in their home by CFSA. This approval process applies to all kinship caregivers regardless of the source of financial support received for the child (ren) placed with the caregiver.

Kinship Triad: The kinship triad refers to those parties involved in the kinship care process/planning including the child, the child's birth parent, and the kinship caregiver(s).

Learning Disability: A disorder in one or more of the individual's basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or use mathematical calculations. The term includes conditions such as perceptual disability, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia. (NCANDS).

Least Restrictive Environment (LRE): Placement of a student with disabilities in a setting that allows maximum contact with students who do not have disabilities, while appropriately meeting the student's special education needs.

Left-Alone: A colloquial Agency term describing a child found unaccompanied or in the care of someone unable or unwilling to supervise- the child properly. An Agency social worker encountering a left alone child is authorized to make a third- party placement. If a third-party placement cannot be made, the worker may temporarily take the child into custody and place the child. (D.C. code § 6-2124(b)). See also, temporary custodial placement.

Legal Custody: A court-ordered legal status pertaining to the day-to-day, ordinary care, discipline and protection of a child. An order of legal custody entitles the custodian to determine: " where and with whom the child lives .The legal custodian is responsible for providing the child with food, clothing, shelter, education and routine medical care. When legal custody has been granted to the Agency or to an individual who is not the child's parent, the child's parents retain guardianship rights and the right to make major decisions affecting their child. Such rights include determination of the child's religious affiliation, the

right to consent to adoption and the right to visit the child. The parents remain obligated to provide financial support for the child even when the child is in the legal custody of another person or institution. (D.C. Code § 16-2301 (21) and (22)).

Legal Father: a man who is married to the birth mother at the time of conception, regardless of whether he actually fathered the child.

Legal Guardianship: A court-ordered legal status in which a relative or relative custodian is responsible for the general welfare a minor child placed in his/here care. The Guardian has the right to make important decisions in matters having a permanent effect on the minor's life and development. It includes, but is not limited to:

1. The authority to consent to marriage, enlistment in the armed forces and major medical, surgical or psychiatric treatment;
2. The authority to represent the minor in legal actions and to make decisions of substantive legal significance concerning the minor;
3. The authority and duty of reasonable visitation (except as limited by court order);
4. The rights and responsibilities of legal custody when Guardianship of the person is exercised by the child's birth or adoptive parent (except when legal custody has been vested in another person, agency or institution); and
5. The authority to exercise residual parental rights and responsibilities when the rights of the child's parents or only living parent have been judicially terminated or when both parents are dead.

Legal, Law Enforcement, Or Criminal Justice Personnel: People employed by a local, State, tribal, or Federal justice agency including law enforcement, courts, district attorney's office, probation or other community corrections agency, and correctional facilities.

Legal Services: Activities provided by a lawyer, or other person(s) under the supervision of a lawyer, to assist individuals in seeking or obtaining legal help in civil matters such as housing, divorce, child support, guardianship, paternity and legal separation.

License: Issued by the Department of Health to foster home located in the District of Columbia who have met the licensing standards for foster homes.

License Approval: Issued by CFSA to foster homes in Maryland who have met the licensing requirements governing the District of Columbia and the residing jurisdiction to operate foster homes.

Licensed Relative Foster Family Home: A home licensed or approved by D.C. or a state in which a relative of a child in foster care status is authorized to provide 24 hour substitute care for the child. In general, foster care maintenance payments are available for the support of foster children residing in currently licensed or approved relative foster family homes.

Living Arrangement: The type of home or placement situation in which a child resides.

LSD: LSD also called acid. It is a hallucinogen-a potent mood-changing drug, which is found in tablets, capsules or liquid form.

Mainstreaming: The concept that students with disabilities should be educated with nondisabled students to the maximum extent possible.

Maintenance: is a per diem payment that is what the child would have received but not greater than CFSA board and care payments.

Maltreatment: In general usage, this term often refers to any type of child abuse or neglect. Under District of Columbia law, the word "maltreatment" is specifically defined as "failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect, and the deprivation is not due to the lack of financial means of the child's parent, guardian or other custodian". (D.C. Code § 16-2301) (24) .See also, negligent treatment.

Maltreatment Death: The child died as a result of abuse or neglect. The conclusion may be that the abuse or neglect was the cause of the death or that abuse or neglect was a contributing factor to the death.

Maltreatment Disposition Date: The point in time at the end of the CPS response when a worker determines a disposition to a report of child maltreatment.

Maltreatment Disposition Level: The determination resulting from the CPS response to a report of alleged child maltreatment.

Mandated Reporter: A person working in certain occupational categories who learns or suspects that a child known to him or her in his or her professional or official capacity has been, or is in danger of being, abused or neglected must report to CFSA or the police. Those who must report are:

1. physicians
2. psychologists
3. medical examiners
4. dentists
5. chiropractors
6. registered and licensed practical nurses
7. healthcare workers
8. law-enforcement officers
9. teachers and school officials
10. social service workers

11. day care workers
12. mental health professionals

When an individual is required as an employee of an agency or institution to make a report, he or she must immediately notify the person in charge of the agency or institution (or his or her designee). The person in charge is then required to make the report; however, the fact that the mandated reporter has notified the person in charge of the agency or institution does not relieve the mandated reporter of his or her responsibility to report. (D.C. Code §§ 2-1352, 2-1353).

Mandated Reports: In the District of Columbia, mandated reporters of suspected child abuse and neglect include any person who knows or has reasonable cause to suspect that a child known to them in their professional or official capacity has been or is in immediate danger of being a physically or mentally abused or neglected child. According to the law, they must immediately report or have a report made of their knowledge or suspicions either to the Metropolitan Police Department (MPD) for abuse reports or the Child and Family Services Agency of the District of Columbia for neglect reports.

Marijuana: Marijuana is the most frequently used illegal drug in the United States. Marijuana is a green, brown or grayish mixture of dried, shredded leaves, stems, seeds and flowers of the hemp plant.

Mediation: A formal intervention between parents and personnel of early intervention or school systems to achieve reconciliation, settlement, or compromise.

Medicaid: a program established by Title XIX of the Social Security Act (“Title XIX”) and which provides medical services to needy persons, including families with children, the elderly, or the disabled; applicants must meet certain eligibility requirements.

Medical: is a continuation of Medicaid eligibility

Medical Neglect: A type of maltreatment caused by failure by the caregiver to provide for the appropriate health care of the child although financially able to do so, or offered financial or other means to do so.

Medical Personnel: People employed by a medical facility or practice, including physicians, physician assistants, nurses, emergency medical technicians, dentists, dental assistants and technicians, chiropractors and coroners.

Mental Health Personnel: People employed by a mental health facility or practice, including psychologists, psychiatrists, therapists, etc.

Mental Health Services: Activities which aim to overcome issues involving emotional disturbance or maladaptive behavior adversely affecting socialization, learning, or development. Usually provided by public or private mental health agencies and includes both residential and non-residential activities.

Mental Injury: A conduct, cognitive, affective or other mental disorder caused by the acts or omissions of a parent, guardian or custodian. (NCANDS)

Mental Retardation: As clinically diagnosed, significantly sub-average general cognitive and motor functioning existing concurrently with deficits in adaptive behavior manifested during the developmental period that adversely affect socialization and learning. (AFCARS, CFR 45 § 1355 Apps.)

Methamphetamine: Methamphetamine, also known as “meth,” “speed” or “crank” is a stimulant drug that affects the central nervous system.

Military Family Member: A legal dependent of a person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

Military Member: A person on active duty in the Armed Services of the United States such as the Army, Navy, Air Force, Marine Corps, or Coast Guard.

Minor: An individual under the age of 21 (D.C. Code § 16- 2301(4)).

Multidisciplinary Evaluation: The testing of a child by a group of professionals, including psychologists, teachers, social workers, speech therapists, nurses, etc.

Multiple-Handicapped Rate: is the rate paid for children who require adult intervention in more than one age appropriate daily living process i.e. Eating, bathing, toileting, dressing, ambulating, emotional and/or social control. The multiple-handicapped rate is reserved for the most severely handicapped children. Extensive training may be needed for a foster parent to provide an adequate level of care for the multiple-handicapped child.

A request for a multiple-handicapped rate must be accompanied by a professional diagnosis and treatment plan. There will be a complete discussion of the intervention to be provided by the foster parent.

Native Hawaiian or Other Pacific Islander: Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

NCANDS: National Child Abuse and Neglect Data System. NCANDS is a national, voluntary system for collecting and analyzing data about child abuse and neglect established by the National Center for Child Abuse and Neglect (NCCAN) under the Child Abuse Prevention, Adoption and Family Services Act of 1988.

NCANDS Mapping Forms: The functional specification of transferring State data to NCANDS fields and values. This process is used for both Child and Agency data.

Neglect: Under D.C. law, a neglected child is one who:

1. has been abandoned or abused by his or her parent, guardian, or other custodian;

2. is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his or her physical, mental or emotional health, and the deprivation is not due to the lack of financial means of his or her parent, guardian or other custodian;
3. has a parent, guardian or other custodian who is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization or other physical or mental incapacity;
4. has a parent, guardian or custodian who refuses or is unable 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 ;
5. is in imminent danger of being abused and whose sibling has been abused;
6. has received negligent treatment or maltreatment from his or her parent, guardian or other custodian; or
7. has resided in a hospital located in the District of Columbia for at least 10 calendar days following birth, despite a medical determination that he or she is ready for discharge, and the parent, guardian or custodian of the child has not taken any action or made any effort to maintain a relationship with the child or to contact him or I her. (D. C. Code § 16-2301 (9) (A) -(G) .

In federal regulation, neglect is defined as "alleged or substantiated negligent treatment or maltreatment, including failure to provide adequate food, clothing, shelter or care". (AFCARS 45 CFR § 1355 App. A)

Neglect Petition: A legal document based upon a neglect complaint filed with the Superior Court of the District of Columbia Family Division by the Office of the Corporation Counsel (OCC) .The petition alleges that a child is an (abused or) neglected child. (D.C. Code § 16-2305).

Negligent Treatment: Failure to provide adequate food, clothing, shelter, or medical care, which includes medical neglect, and the deprivation, is not due to the lack of financial means of the child's parent, guardian or other custodian. (D.C. Code §16- 2301(24). See also, maltreatment and neglect.

Neighbor: A person living in close geographical proximity to the child or family.

Non-Caregiver: A person who is not responsible for the care and supervision of the child, including school personnel, friends, neighbors, etc.

Non-Recurring Cost: legal fees as dictated by policy and other one time costs related to a child's special need which is not funded by other eligibility programs, e.g. van conversion.

Normal Rate: is paid for the basic and routine care required by a child who comes from a neglecting or abusing family. It is expected that basic care will include bringing the child into the regular, daily life of the foster family, providing 24 hour/day adult supervision, and facilitating weekly visits with the natural parents by providing transportation to the agency or by permitting parental visitation in the foster parents are expected to participate in parent-teacher conferences and other school related activities; they are to provide routine recreational opportunities.

Not Substantiated: See Unsubstantiated.

Notifications: Mandated or courtesy contacting of other agencies with overlapping or potentially overlapping jurisdiction concerning a report of child maltreatment.

Objective: An objective is a short-term step taken to reach an annual goal. IEP objectives are the steps between a student's present level of performance and an annual goal.

Office of the Corporation Counsel (OCC): The Office which represents the interests of the City in legal matters pertaining to cases of abused and neglected children before the Superior Court of the District of Columbia. A staff attorney in the OCC is known as an Assistant Corporation Counsel (ACC).

One-Time Rental Assistance: financial assistance provided in order to assist families with payment of back rent due or current rent due but which families are not financially able to provide.

Open: Status of a case when an investigation is being conducted or services are being provided by CFSA and/or a contractual agency to a family or to any individual in a family. When an investigation or delivery of services has been concluded, a case remains in an open status) until appropriate closing paperwork has been prepared and processed.

Order of Reference: an order from the Court directing the Agency to make a report and recommendation regarding the petition to adopt a child.

Other Medical Condition: A medical condition other than mental retardation, visual or hearing impairment, physical disability, or being emotionally disturbed that significantly affects functioning or development or requires special medical care such as chronic illnesses. Included are children or caregivers diagnosed as HIV positive or with AIDS.

Other Services: Activities that have been provided to the child and/or family, but which are not included in the services listed in the Child File record layout.

Out-Of-Court Contact: Contact, which is not part of the actual judicial hearing, between the court-appointed representative and the child victim. Such contacts enable the court-

appointed representative to obtain a first-hand understanding of the situation and needs of the child victim, and to make recommendations to the court concerning the best interests of the child.

Papering a Case: a colloquial term denoting the collaborative process which occurs between CFSA staff and staff of the Office of the Corporation Council (OCC) and between Metropolitan Police Department Staff and The OCC in determining whether to file a neglect petition in a case and drafting the petition.

Parent: The birth mother/father, adoptive mother/father or step mother/father of a child. (NCANDS).

Periodic Review: The administrative or court review of a foster care case required by P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980". P.L. 96-272 set up a case review system for assuring that the status of each child is reviewed periodically but no less frequently than once every six months by either a court or by administrative review in order to:

1. determine the continuing necessity for and appropriateness of the placement;
2. determine the extent of compliance with the case-plan;
3. determine the extent of progress made toward alleviating or mitigating the causes necessitating placement in foster care; and
4. project a likely date by which the child may be returned home or placed for adoption or legal guardianship.

(P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" Section 475(5)(B)) .

Permanent Freeze: A foster home where a determination has been made not to place additional children in the home. The foster children currently residing in the home are not in any kind of danger and it would be in their best interest to remain in the home, once the last child is removed the foster home is officially closed.

Permanency Goals: Permanency goals for children in foster care in D.C. are based upon federal requirements found in P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980". They are:

1. Reunification with a parent (or legal guardian) ;
2. Reunification with a relative;
3. Adoption;
4. Long-Term Foster Care; and
5. Independent Living.

(P.L. 96-272 the "Adoption Assistance and Child Welfare Act of 1980" § 475(5) (C). See also, **permanency planning**.)

Permanency Planning: The process established under P.L. 96-272, the "Child Welfare and Adoption Assistance Act of 1980", through which a child in foster care benefits from case planning, periodic reviews and other procedural safeguards to ensure that the child enters care only when necessary and is appropriately placed and is returned home or to a permanent living situation in a timely fashion.

Perpetrator: An individual who is determined to have abused or neglected a child. Under the child abuse and neglect definitions in D.C. law, a parent, guardian or custodian are those who may be found to have abused or neglected a child. (D.C. Code § 2301 (9) and (23)) .

Petition/Petitioner: a petitioner is one who had decided to request through the legal system permanent care of a child(ren) through adoption. This request is known as the petition.

Petition Date: The month, day, and year that a juvenile court petition was filed.

Physical Abuse: Type of maltreatment that refers to physical acts that caused or could have caused physical injury to the child.

Physically Disabled: A clinically diagnosed physical condition that adversely affects day-to-day motor functioning, such as cerebral palsy, spina bifida, multiple sclerosis, orthopedic impairments, and other physical disabilities.

P.L. 96-272: The "Adoption Assistance and Child Welfare Act of 1980" which established current standards for federal financial participation in the maintenance of children in foster care and adoptive placements in the United States.

Placement Conference: a meeting to discuss the transition plan of a child(ren) into a home of a foster/adoptive parent.

Police or Prosecutor: Police refers to the department of government charged with prevention, detection, and prosecution of public nuisances and crimes such as child maltreatment. Prosecutor refers to a legally trained person with responsibility to represent the State in court proceedings.

Post-Adoptive Services: Services provided to meet the ongoing needs of the family once an adoption has been finalized. (29 DCMR 1645.1) .

Pre-Adoptive Home: A home in which the family intends to adopt a child residing in the household. The family may or may not be receiving a foster care payment or an adoption subsidy on behalf of the child. (AFCARS, 45 CFR § 1355 App. A).

Pregnancy and Parenting Services for Young Parents: Activities for married or unmarried adolescent parents and their families to assist them in coping with social, emotional, and economic problems related to pregnancy and to plan for the future.

Prevention Services/Services to Families with Children: are services designed to support and improve the functioning of the family. Such services can include mentoring, tutoring, educational/job training, housing assistance, advocacy and legal assistance. The law requires the agency to either provide for, or contract for, any of several child abuse and neglect prevention services. Prevention services shall be provided and funded through the use of local and federal funds. Preventive services are provided directly to children and their families through a network of public and private partnerships including community-based services.

Primary Prevention: Provision of information and/or services designed to reduce the likelihood that abuse or neglect of children will occur.

Prior Abuser: A person with a previous determination of substantiated, indicated, or alternative response – victim in the State information system.

Prior Victim: A child with a previous determination of substantiated, indicated, or alternative response – victim in the State information system.

Promoting Safe And Stable Families Program: Program that provides grants to the States under Section 430, Title IV-B, subpart 2 of the Social Security Act, as amended, to develop and expand four types of services: 1) community-based family support services; 2) Innovative child welfare services, including family preservation services; 3) time-limited reunification services; and 4) adoption promotion and support services.

Private Kinship Care Provider: A relative providing full time care for a child (ren) when custody remains within the family. For purposes of this policy, this includes only those formal kinship care arrangements that require protective services involvement.

Private Placement: See Third-Party Placement and **Private Kinship Care Provider**.

Protective Supervision: A legal status in which a judge orders that a child who has been adjudicated neglected by the Superior Court of the District of Columbia Family Division remain in his or her home. (D.C. Code § 16-2320) .Such an order may remain in effect for up to one year; however, the Agency may terminate supervision earlier if it appears that the purpose of the order has been achieved. An order of protective supervision can be extended by the court for additional periods of one year. (D.C. Code §§ 16-2301(19) and 16-2322) .

During a period of protective supervision, parents retain all legal rights and responsibilities including guardianship, legal-custody and physical custody. When protective supervision is ordered, the Agency must continue to assess the safety of the child and provide services as appropriate to reduce or eliminate risk of future harm. A judge may require that the child return to court at any time during the period of protective supervision, which may only be terminated by a rescindment order.

Public Assistance: Participation in any of the following social service programs such as TANF, General Assistance, Medicaid, SSI, Food Stamps, etc.

Public Law: Public Law 96-272 (The Adoption Assistance and Child Welfare Act of 1980) which established current standards for federal financial participation in the maintenance of children in foster care and adoptive placements in the United States.

Putative Father: a man who is assumed to be a child's biological father. A man that was not married to the birth mother at the time of conception is considered to be the **putative father** until a paternity test confirms or disputes his paternity or until he signs an affidavit of paternity or a denial of paternity.

Quality Assurance: The process for identifying gaps in services, evaluating and tracking the completeness and accuracy of service delivery based on compliance with statutory and regulatory requirements, and examining and monitoring the performance of staff.

Race: The primary racial group with which an individual identifies or is identified by others. In the case of a young child, parents determine the child's race. (AFCARS 45 CF'R § 1355 Apps.

RACE - Unable To Determine: See **Unable To Determine (Race)**.

Reasonable Accommodation: The modification of programs in ways that permit students with disabilities to participate in educational programs that receive federal funding. The concept also applies to the modification of job requirements and equipment for workers with disabilities.

Reasonable Efforts: P.L. 96-272 "The Adoption Assistance and Child Welfare Act of 1980" requires that "reasonable efforts" be made to prevent the placement of children in foster care and/or to reunify them with their families. To meet this requirement, services must be available to children and families, which may include:

1. 24-hour emergency caretaker;
2. homemaker services;
3. day care;
4. crisis counseling;
5. counseling, including mental health and substance abuse counseling, vocational counseling or vocational rehabilitation;
6. emergency shelters;
7. emergency financial assistance;
8. respite care;
9. home-based family services;
10. self-help groups;
11. services to unmarried parents; and
12. post-adoption services.

When a child is in foster care, the child's case plan must describe reasonable efforts made to prevent placement and/or to reunify the child with his or her family. (45 CFR §§ 1356 .21 (d) (4) and 1357 .15 (e) (2)).

Receipt Of Report: The log-in of a call to the agency from a reporter alleging child maltreatment.

Referral: The direction of a person by a CFSA staff member or other professional to aid, information or services.

Related Services: Those services a student must receive to benefit from special education; for example, transportation, counseling, speech therapy, crisis intervention, etc.

Relative: A person connected to the child by blood, such as parents, siblings, grandparents, etc.

Relative Foster Care: 24 hour substitute care by a relative for a child in foster care status. Third-party placement of a child with a relative does not constitute relative foster care. Relative shelter care settings includes :

1. **Licensed or Approved Relative Foster Family Home:** A home licensed or approved by D.C. or a state in which a relative of a child in foster care status is authorized to provide 24 hour substitute care for the child. (AFCARS, 45 CFR § 1355 App. A) .In general, foster care maintenance payments are available for the support of foster children residing in currently licensed or approved relative foster family homes. *See also, Foster Care.*
2. **Unlicensed Relative Foster Family Home:** A home in which a closely related caregiver not licensed or approved as a foster parent by D.C. or a state is providing 24 hour substitute care for a child in foster care status. See also, foster care. (AFCARS, 45 CFR § 1355 App. A) .In general, AFDC payments are available for the support of foster children residing in unlicensed relative foster family homes.

Relative Placement: Any placement of a child within the child's extended; family system rather than with a parent. See also, **Third-Party Placement** and **Relative Foster Care**.

Religious Exemption: According to current D.C. law, "no child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall for that reason alone be considered a neglected child". (D.C. Code § 16-2301) .

Relinquishment: When a child's parent, executes a written document assigning physical and legal custody of the child to the Agency for the purpose of having the child adopted. (AFCARS, 45 CFR § 1355 App. A).

Under D.C. law, parental rights may be not be relinquished for 72 hours following the birth of a child. Prior to accepting a relinquishment, the Agency must provide counseling by a professional social worker to the parent regarding alternative services available and, to both the parent and, if appropriate, the child, regarding psychological and emotional issues. A relinquishment is executed voluntarily in writing by the parent in the presence of an Agency representative and a witness. A parent may automatically revoke a relinquishment in writing within 10 days of executing it. If the 10th day falls on a week- end or holiday, the time allowed for revocation is extended to the next working day. After exercising an automatic revocation, a parent may not execute a second relinquishment until 30 days have elapsed. A second relinquishment is irrevocable unless a court finds that it was not voluntary. (D.C. Code § 32-1007).

Removal Date: The month, day, and year that the child was removed from the care and supervision of his or her parents or parental substitutes, during or as a result of the CPS response. If a child has been removed more than once, the removal date is the first removal resulting from the CPS response.

Removal from the Home: An action taken when an investigation indicates that a child is abused or neglected and cannot be adequately protected by services offered in the home, or pursuant to a voluntary placement agreement, or when a child is relinquished. CFSA may remove a child only in the case of a boarder baby or with consent of the child's parent, guardian or custodian. Under D.C. law, in all other situations, a court order must be obtained or the removal must be effected by a law enforcement officer when the officer believes that removal is necessary because:

1. the officer has reasonable grounds to believe that the child is in immediate danger from his or her surroundings; or
2. after consultation with an authorized individual at CFSA, he or she has reasonable grounds to believe that the child is suffering from illness or injury; or
3. is otherwise endangered and cannot be protected by the provision of services or resources.

When a child removed from the home is placed in shelter care, a shelter care hearing must be held in the Superior Court of the District of Columbia no later than the next day, excluding Sundays, after the child has been taken into custody. (D.C. Code §§ 6-2105, 6-2124, 16-2310 and 16-2312).

Report: An allegation that a child is known or suspected to have been abused or neglected and/or is in immediate danger of abuse or neglect. A report is investigated in order to determine whether it is supported or unsupported by credible evidence. Any individual may report child abuse or neglect to the police or to CFSA (generally via the Intake Hotline at (202) 223-2255) .Those employed in certain occupations are mandated to make an immediate report, which should include the following information:

1. the name, age, sex and address of the child who is the subject of the report and each of the child's siblings, parents or other persons responsible for the care of the child;

2. the nature and extent of any current and/or, if known, past abuse or neglect;
3. all other information, which the reporter believes, may be helpful in establishing the cause of any abuse or neglect and the identity of the perpetrator(s) .
4. name, occupation and means of contacting the report as well as information regarding any actions the reporter has taken with respect to the child.

Anyone making a report in good faith is immune from civil or criminal liability pertaining to the report (D.C. Code §§ 2- 1352,2-1353,2-1354,6-2101(6)-(9)). See also, mandated reporter.

Report Date: The month, day, and year that the responsible agency was notified of the suspected child maltreatment.

Report Disposition: The determination that results from the CPS response pertaining to a report of child maltreatment.

Report Disposition Date: The month, day, and year that a decision was made by CPS or by a court regarding the disposition of a CPS response.

Report ID: See **Report Identifier**.

Report Identifier: A unique identification assigned to each report of child maltreatment.

Report Source: The category or role of the person who makes a report of alleged maltreatment.

Residential Facility Staff: Employees of a public or private group residential facility, including emergency shelters, group homes, and institutions.

Respite Care: Temporary care of a child to provide relief to the caretaker. May involve care of the child outside o-f his or her own home for a brief period of time, such as overnight or for a weekend. Respite care is not considered to be foster care or other type of placement. (AFCARS, 45 CFR § 1355 App. A).

Response Time With Respect To The Initial CPS Response: The time between the log-in of a call to the State Agency from a reporter alleging child maltreatment and the face-to-face contact with the alleged victim, where this is appropriate, or to contact with another person who can provide information.

Response Time With Respect To The Provision Of Services: The time from the log-in of a call to the agency from a reporter alleging child maltreatment to the provision of post-investigative services, often requiring the opening of a case for ongoing services.

RFP: Request for Proposal

SACWIS: See **Statewide Automated Child Welfare Information Systems**.

Scope of Services: This policy is intended for all CFSA and contract agency staff with responsibility for children who have been removed from their home due to abuse or neglect.

Screened-In Referrals: Reports of child maltreatment that met the State's standards for acceptance and were referred for CPS investigation or assessment.

Screened-Out Referrals: Reports of child maltreatment that did not meet the State's standards for acceptance and were screened out prior to CPS investigation or assessment.

Screening: is the preliminary evaluation process for prospective caregivers.

Self-Sufficiency: the family is no longer in need of financial assistance from CFSA.

Service Date: The date activities began as a result of needs discovered during the CPS response.

Services: Non-investigative public or private non-profit activities provided or continued as a result of a CPS response. In general, only activities that occur within 90 days of the report are included in NCANDS.

Services, Opened: Services for which an individual or family has been formally enrolled.

Services, Planned: Services for which an individual or family is intended to be enrolled.

Sexual Abuse: A type of maltreatment that refers to the involvement of the child in sexual activity to provide sexual gratification or financial benefit to the perpetrator, including contacts for sexual purposes, molestation, statutory rape, prostitution, pornography, exposure, incest, or other sexually exploitative activities.

Sexual Exploitation: When a parent, guardian or other custodian allows a child to engage in prostitution as defined by law, or allows a child to engage in obscene or pornographic photography, filming or other forms of illustrating or promoting sexual conduct as defined by law. (D.C. Code § 16-2301 (25)) .

Shelter Care: Temporary care of a child in physically unrestricting facilities, designated by the Court, pending a final disposition of a neglect petition. (D.C. Code § 16- 2301(14)).

Short-Term Rental Subsidy: short-term, up to one year, financial assistance from CFSA.

Social Services Block Grant: Funds provided by title XX of the Social Security Act that are used for services to the States that may include child care, child protection, child and foster care services, and daycare.

Social Services Personnel: Employees of a public or private social service or social welfare agency, or other social worker or counselor who provides similar services.

Social Worker: Worker assigned to the child(ren) and who has responsibility for the safety and well being of a child.

Special Board Rate: is paid for a child who has a regularly reoccurring special need that requires extra ordinary time or expense on the part of a foster parent. A special need would be a reoccurring or ongoing professionally diagnosed medical, psychiatric, educational or social need, which can not be met by normal levels of parent involvement.

A request for a special board rate must be accompanied by a diagnosis and treatment plan. The foster parent must be able to provide a verifiable account of that need for expenditure of time and money.

Special Needs: A categorization which pertains to the eligibility of a child for an adoption subsidy under Title IV-E of the Social Security Act as specifically defined under State law. D.C. law defines a child with special needs as "any child who is difficult to place in adoption because of age, race, or ethnic background, physical or mental condition, or membership in a sibling group which should be placed together. A child for whom an adoptive placement has not been made within 6 months after he [or she] is legally available for adoptive placement shall be considered a child with special needs within the meaning of [the statute] ". (AFCARS, 45 CFR § 1355 App. A and D.C. Code § 3-115 (2) (A)).

Special services: are specific, time-limited services based on a child's specific special needs.

Special Services-Disabled: Activities for persons with developmental, physical, emotional, visual or auditory impairments that are intended to help maximize their potential, alleviate the effects of their disabilities, and to enable these persons to live in the least restrictive environment possible.

Special Services-Juvenile Delinquent: Activities for youth (and their families) who are, or who may become, involved with the juvenile justice system.

Standardized Tests: In a vocational assessment, standardized tests are used to predict how a student is likely to perform in jobs calling for certain interests and skills.

State Agency: The agency in a State that is responsible for child protection and child welfare.

State Child Welfare Programmatic Staff: Personnel whose focus is the definition and operation of the State's child welfare program.

State Data System: Any number of State computer systems which are focused on supporting the child welfare efforts of the State.

State/Territory: The primary geopolitical unit from which child maltreatment data are collected. Washington, DC and U.S. territories have the same status as States.

Statewide Automated Child Welfare Information Systems (SACWIS): Any of a variety of automated systems designed to process child welfare information on a state-wide basis.

Stepparent: The husband or wife, by a subsequent marriage, of the child's mother or father.

Steroids: Steroids are synthetic compounds related to the male sex hormone testosterone. They come in tablets or liquid forms.

Subsidy: See Adoption Subsidy.

Substance Abuse Services: Activities designed to deter, reduce, or eliminate substance abuse or chemical dependency.

Substantiated: Disposition of reported child abuse or neglect which concludes by a preponderance of credible evidence gathered that the report is supported, founded or validated according to the law of the District of Columbia. See also, **Supported Report**.

Supervisor: Staff person assigned to supervise a social worker at the time of the report disposition.

Supervisor ID: See **Supervisor Identifier**.

Supervisor Identifier: A unique identification of a supervisor who is assigned to the child at the time of the report disposition.

Supplemental Security Income (SSI): A program established by Title XVI of the Social Security Act (Title XVI) that provides federal assistance to the elderly, the disabled, children, and the poor who meet certain eligibility requirements; these payments are supplemental to any funding received from the District and are calculated on that basis.

Supported: Defined in statute as a report made by a mandated reporter which is supported by credible evidence (D. C. Code § 6-2101(8)) .See **substantiated**.

Temporary Assistance to Needy Families (TANF): The Block Grant program that replaced Aid to Families with Dependent Children (AFDC) in providing financial assistance to families to meet the needs of the child, living with a parent or relative, and meeting certain eligibility standards.

Temporary Custodial Placement: Under D.C. law, placement by CFSA in an Agency facility for a period up to 5 days when a child has been left alone or with inadequate supervision and a third-party placement cannot be made, provided that :

1. notice is left for the child's parent or custodian explaining the procedure for reclaiming the child;
2. efforts continue to locate the child's parent;
3. the child is returned forthwith upon the request of the parent or custodian, unless there is additional evidence of immediate danger to the child.

If CFS&A finds that a child would be in immediate danger if returned to the home, the Agency contacts the police who may legally "remove" the child. A complaint is filed with the Superior Court of the District of Columbia if the police remove the child or if, at the end of 5 days, the parent or custodian fails to claim the child. (D.C. Code § 6-2124).

Termination of Parental Rights (TPR): Under D.C. law, a judicial proceeding in which a motion is filed by the Office of the Corporation Counsel (OCC) or by the guardian ad litem (GAL) for the child. This motion seeks to have the parent's parental rights terminated, so that the child is free for adoption. If the child has been adjudicated neglected due to abandonment (D.C. Code 16-2301(9) (A)) or as a boarder baby (16-2301(9) (G)), the TPR motion may be filed immediately after the adjudication. If the child was adjudicated neglected under any of the other provisions of 16-2301(9), such as abuse, lack of care, etc., the TPR may not be filed until 6 months after the adjudication of neglect. A TPR motion must contain at least the following information, if it is known, or a statement declaring that it is not known, if that is the case:

1. identifying information about the child and his or her current placement;
2. name and title of the petitioner;
3. name and address of the child's parent;

4. a plain and concise statement of the facts and opinions on which the termination is sought;

5. a specification as to the health of the child;

6. a statement as to the general prospects for, or barriers, if any, to the adoption of the child; and

7. a statement pertaining to efforts to locate any absent parent of the child.

An order terminating parental rights divests the parent and the child of all legal rights, powers, privileges, immunities, duties and obligations with respect to each other, except the right of the child to inherit from his or her parent. The child's right of inheritance is only terminated by a final order of adoption. (D.C. Code §§ 16-2354 and 16-2361).

Title IV-E: a reference to Title IV- E of the Social Security Act and the program established thereunder that provides a mechanism for the jurisdiction to receive federal funding for foster care maintenance costs, traditional independent living programs, and adoption assistance for children within the foster care system who meet certain eligibility requirements.

Tobacco: Tobacco can be found in cigarettes, cigars, pipes tobacco and smokeless tobacco.

Third-Party Placement: A term which describes temporary or long term placement of a child with responsible neighbors, relatives or another individual who is found to be qualified to receive and care for the child. This type of placement may occur with or without involvement of the Court. For example, CFSA may effect a third-party placement as a service when an investigation indicates that an abused or neglected child is in need of services, or the Court may place a child with a third-party when it finds that the child cannot be protected in his or her own home and the placement selected is likely to be less damaging to the child than the child's own home. (D.C. Code §§ 6-2124(a) (2) and 16-2320(a) (3) (c)). When in a third-party placement, a child is not in foster care.

Three-Seventy-Nine (379): The complaint form used by the Metropolitan Police Department to initiate court proceedings in cases of abused or neglected children.

Time-limited Family Reunification Services: Services and activities for a child and the child's parent(s), guardian or custodian in order to facilitate the safe, appropriate, reunification within 12 months of a child out-of-home placement.

Transition Plan: Plan of action detailing individualized procedures to facilitate and expedite placing a child in an adoptive home placement. Steps include pre-placement visits and consultation and incorporation of the foster family in the transitioning planning. The foster care and adoption social workers jointly develop this plan.

Transition Services: A coordinated set of activities for a student that promotes movement from school to post-school activities, including post-secondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation.

Transportation Services: Activities that provide or arrange for travel, including travel costs of individuals, in order to access services, or obtain medical care or employment.

Three-Seventy-Nine (379): The complaint form used by the Metropolitan Police Department to initiate court proceedings in cases of abused or neglected children.

Title IV-A: The federal program under which Aid to Families with Dependent Children (AFDC), also known as welfare, is provided to certain needy families. AFDC is available for the support of children living with closely related family members as well as with parents.

Title IV-D: The federal program under which a parent receiving child support assigns those benefits to the Agency when a child is residing in foster care. Title IV-D also regulates the establishment and enforcement of child support orders in cases where the custodial parent is receiving AFDC and where there is no foster care involvement.

Title IV-E: The federal program under which maintenance payments may be made on behalf of low income, eligible and reimbursable children placed in foster care or with adoption subsidies.

Title XIX: The federal program under which medical assistance is provided for eligible low income children in foster care or adoptive placements.

Trial: see, fact-finding hearing.

Triennial Review: Every three years, a student in special education must be given a completely new evaluation/assessment to determine the student's progress and to make a new determination of eligibility for continued special education services.

Unable to Determine (Race): The inability to determine race because a child is very young or severely disabled and no one is available to identify the child's race.

Unborn: The child abuse victim was not yet born.

Under One Year: The child abuse victim was under one year old.

Uniform Crime Report: A descriptive summary of crimes committed in the United States compiled by the Federal Bureau of Investigation.

Unknown: The State collects data on this variable, but the data for this particular report or child were not captured or are missing.

Unknown Father: either the birth mother has indicated that she does not know the identity of the birth father or she refuses to name the father. The father is also unknown if the birth mother's whereabouts are unknown or if the birth mother is deceased and she never named a father.

Unsubstantiated: Disposition of reported child abuse or neglect which concludes by a preponderance of evidence gathered that the report is not supported, founded or validated according to the law of the District of Columbia. See also, **unsupported report**.

Unsupported Report: Defined in statute as a report made by a mandated reporter which is not supported by credible evidence. (D.C. Code § 6-2101). See **unsubstantiated**.

Unusual Incident Report: These reports refer to incidents that occur that require special attention, such as accidents or physical or mental health problems that result in the child needing medical attention, reports of abuse and/or neglect, abscondance, etc.

Victim: A child having a maltreatment disposition of "substantiated," "indicated," or "alternative response victim."

Visitation: In general, visits between a child in placement and a family member or other individual close to the child. Under D.C. law, when a child is in shelter care, weekly visitation with the child's parent, guardian or custodian occur unless a Judge prescribes a schedule of visitation or orders that visitation not be allowed. (D.C. Code § 16-2310(d)).

Visually Or Hearing Impaired: A clinically diagnosed condition related to a visual impairment or permanent or fluctuating hearing or speech impairment that may significantly affect functioning or development.

Voluntary Placement Agreement: A written agreement between a child's caretaker and the agency under which the child is removed from his or her home and placed in foster care for

a limited time. Under *LaShawn*, a voluntary placement may not exceed 21 days unless it is extended to 42 days with appropriate, official permission. (LaShawn Revised Implementation Plan Section A. August 1, 1994) .

In order to receive federal funds for a voluntary placement, P.L. 96-272 protections must be provided to the child. If the placement lasts more than 180 days, a court must make a determination that continued voluntary placement is in the best interests of the child. The placement is still considered voluntary even if a subsequent court order is issued to keep the child in care. (AFCARS, 45 CFR § 1356.30) .

Ward: See committed child.

Waiver of Parental Rights: The power that the Court can exercise to waive the rights of the birth parents when all efforts to locate the birth parents have been exhausted.

White: Having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Worker: The worker assigned to the foster parent and has responsibility for assessing the on-going ability of the foster parent to provide a safe, loving and nurturing home environment for foster children.

Worker ID: See **Worker Identifier**.

Worker Identifier: A unique identification of the worker who is assigned to the child at the time of the report disposition.