

II. SERVICES TO ASSESS FAMILY STRENGTHS & NEEDS

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POLICY II A: ASSESSING FAMILIES IN RELATION TO STRENGTHS & NEEDS

10/2012

The assessment of a family's strengths and needs is the basis for developing individualized goals and identifying services to meet the family's needs. The family shall be the primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances.

Family assessment is an approach to engaging families while also collecting and organizing information at critical decision points in every case. As such, family assessments will be conducted throughout the life of a case from referral to reunification, as applicable. Conducting a thorough assessment of family functioning while evaluating risk and/or safety factors that are barriers to family functioning, as well as protective factors that may mitigate risks and/or safety factors, promotes best practice.

In assessing the family's strengths and needs, a structured decision-making process will be utilized. A series of tools will be employed as appropriate to the case type to help make assessments and inform a plan designed to respond to assessment results. These tools include:

- A. Health and Safety Assessment;
- B. Investigation Risk Assessment; and,
- C. Family Strengths, Needs, and Risk Assessment (FSNRA) or, for Differential Response, the Family Strengths and Needs Assessment (FSNA).

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The Health and Safety Assessment will be used for all cases to assess safety factors posing an immediate danger to a child's health or physical well-being.

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The Investigation Risk Assessment will only be used for investigations (i.e., not for Differential Response or voluntary supportive services cases). The use of these tools in the structured decision-making process does not replace professional judgment. The Investigation Risk Assessment is completed in conjunction with the Health and Safety Assessment during the investigation of an allegation of child maltreatment. The Investigation Risk Assessment assists in determining the likelihood of future abuse to a child and to establish a baseline level of risk for completing the Family Strengths, Needs, and Risk Assessment.

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The Family Strengths, Needs, and Risk Assessment (FSNRA) will be used for all cases with the exception of Differential Response cases. For Differential Response, the Family Strengths and Needs Assessment (FSNA) will

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be used. The Family Strengths, Needs, and Risk Assessment and the Family Strengths and Needs Assessment are tools used to evaluate the family's strengths, needs, and, in the case of the FSNRA, any risks identified within the family's social functioning. The worker will meet several times with the family to conduct a thorough and complete assessment and to ensure family involvement.

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For Differential Response cases, the FSNA and resulting Family Plan will be completed within 14 days from receipt of referral and then throughout the life of an open case.

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For Supportive Services and Protective Services cases the FSNRA and resulting case plan will be completed within 30 days of case opening, within 90 days of case opening, and every six months thereafter to correspond with required case staffing.

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The FSNRA for Out-Of-Home Placement cases will be completed within 30 days of the child entering Out-Of-Home Placement or case opening, whichever occurs first. The second FSNRA for Out-Home Placement cases will be completed 90 days after the child enters care, and every three months thereafter if appropriate.

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The FSW and his/her supervisor will determine if there is a need to update the FSNRA every three months on a case-by-case basis.

In all cases the FSW will determine if there are major changes in the case and if there is a need to conduct a reassessment of risk, safety, and protective factors, as appropriate. The FSNRA and FSNA may be revised at any time, but they must be completed within the timeframes outlined above and require an update of the case plan (i.e., the case plan must be updated each time the FSNRA or FSNA is revised). The FSNRA and FSNA must be completed as applicable before a case can be closed.

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II. REFERRALS TO ASSESS FAMILY STRENGTHS and NEEDS

POLICY II-A: SUPPORTIVE SERVICES

02/2015

The Division shall accept referrals for children and families who need assistance in a wide range of problems based on family need. Such referrals will not come through the Child Abuse Hotline. Families who need assistance may accept services on a voluntary basis. If the family accepts, a Supportive Services case will be opened. Supportive Services are generally time-limited for a period of three months.

Supportive Services are intended to protect children, to help parents in their child-rearing role, to strengthen family functioning, and to promote the healthy development and social functioning of children. Services may be provided directly by DCFS staff or in combination with purchased services, or by referral to another appropriate agency.

PROCEDURE II-A1: Community and Self Referrals for Supportive Services

02/2015

The Family Service Worker will:

- A. Accept referrals from families, community agencies, or other DHS Divisions via the DHS-3300: Information and Referral.
- B. Collect and assess information about the family's strengths and needs utilizing the Family Advocacy and Support Tool (FAST).
- C. Develop a supportive services case plan based on the needs and strengths identified via the FAST within 30 days of case opening.
- D. Refer to other Divisions/agencies as appropriate via the DHS-3300.

POLICY II-D: Investigation of Child Maltreatment Reports

02/2015

OVERVIEW

All reports of known or suspected child maltreatment are promptly investigated and immediate steps are taken to protect a maltreated child and any other child under the care of the same alleged offender who may also be in danger of maltreatment. The health and safety of the child are always of paramount concern.

While the Division of Children and Family Services (DCFS) is responsible for ensuring the health and safety of children in Arkansas, the Arkansas State Police Crimes Against Children Division (CACD) collaborates with DCFS to conduct investigations of child maltreatment allegations. DCFS and CACD will assess Priority I and Priority II referrals as outlined in the "Agreement Between the Department of Human Services and the Arkansas State Police," which is posted on CHRIS Net and is subject to renewal annually. To determine the individual responsibilities and operational protocol of the two agencies, see the specifics of the agreement. The agreement is written in accordance with Act 586 of 2007, the Governor's Executive Order, and all applicable federal and state laws.

DCFS and CACD, as appropriate, will issue notices regarding child maltreatment allegations to all persons pursuant to § A.C.A. 12-18-501 et seq. The Division will issue notices in such a way as to ensure the rights to due process of the alleged offender and to protect others who may be at risk of harm from the alleged offender. For more information on child maltreatment notices, see Policy XIV-A: Notices Regarding Child Maltreatment and related procedures.

INVESTIGATION INITIATION TIMEFRAMES

All Priority I investigations will begin no later than 24 hours after receipt of a report by the Hotline, excluding:

- A. An allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago; or,
- B. An allegation of sexual abuse if alleged victim does not currently have contact with the alleged offender.

While an allegation that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B) is defined as a Priority II investigation, all Garrett's Law investigations must also be initiated within 24 hours after receipt of a report by the Hotline per A.C.A. § 12-18-602(b)(2)(B).

All other child maltreatment investigations reports will begin within 72 hours after receipt of a report by the Hotline. Investigations are considered initiated when, as age appropriate, the investigator conducts a face-to-face interview with the alleged victim outside the presence of the alleged offender or observes the alleged victim outside the presence of the alleged offender, or the investigator has otherwise met due diligence (see Procedure II-E3 for more information). Once the investigation has begun, the primary focus will be to determine whether or not the alleged offender has access to the child and whether the child or any other children as well as any elderly persons or individuals with a disability or mental illness with whom the alleged offender works are at risk such that they need to be protected.

AT RISK DETERMINATIONS

Upon initiation the investigative agency must determine:

- A. Alleged offender's employer, including the physical address;
- B. Alleged offender's job duties at his employment; and,
- C. Alleged offender's supervisor.

In addition to gathering the information above, the investigative agency must also gather any other necessary information to determine if the alleged offender:

- A. Works with children or is otherwise engaged in paid or volunteer child-related activities;
- B. Works with the elderly;
- C. Works with an individual with a disability or mental illness; or,
- D. Is a juvenile (and therefore has access to other juveniles in a school or similar setting).

If so, the investigative agency must immediately ascertain the name and address of the person in charge of those activities. The investigative agency must then immediately determine whether or not children, the elderly, or individuals with disabilities or mental illness under the care of the alleged offender appear to be at risk of maltreatment by the alleged offender.

The investigative agency supervisor and Area Director (as applicable) may consult with OPLS as necessary, prior to making a determination as to whether children, the elderly, or individuals with disabilities or mental illness appear to be at risk. If the investigative agency determines children, the elderly, or individuals with disabilities or mental illness under the care of the alleged offender are at risk of maltreatment by the alleged offender, then the investigative agency may notify the people and/or entities listed below of the hotline report if the DCFS Director or designee approves the at risk determination and gives written approval to the investigative agency to provide notifications of the at risk determination to:

- A. The alleged offender's employer;
- B. The school superintendent, principal, or a person in an equivalent position where the alleged offender is employed;
- C. The person in charge of a paid or volunteer activity; and,
- D. The appropriate licensing or registering authority to the extent necessary to carry out its official responsibilities.

See Procedure XIV-A2 for number of notification form and other specific instructions regarding providing at risk notifications to the persons and/or entities listed above.

The "at risk" determination will be changed immediately if, upon further investigation, it is determined the children under the care of the alleged offender are not at risk. See Procedure XIV-A3 for more information.

OVERALL INVESTIGATION GOALS

During the investigation of an allegation of child maltreatment, and if the alleged offender is a family member, or lives in the home of the alleged victim, the assigned investigative agency will conduct an investigation to determine:

- A. The existence, cause, nature and extent of child maltreatment with particular attention to any of the Arkansas Health and Safety factors that may be present. The Arkansas Health and Safety Factors are:
 - 1) Caretaker's behavior toward child is violent or out of control.
 - 2) Caretaker describes or acts towards the child in predominantly negative terms or has extremely unrealistic expectations.
 - 3) Caretaker caused serious physical injury to child or made plausible threat to cause severe physical injury.
 - 4) Caretaker's explanation for injury is unconvincing.
 - 5) Family refuses access to child there is reason to believe that family is about to flee, or child's whereabouts cannot be ascertained.
 - 6) Caretaker has not, cannot, or will not provide supervision necessary to protect child from potentially dangerous harm.
 - 7) Caretaker is unwilling or unable to meet child's needs for food, clothing, shelter, and/or medical or mental health care.
 - 8) Child is fearful of caretaker, other family members, or other people living in or having access to the home.
 - 9) Child's physical living conditions are hazardous and immediately threatening, based on child's age and developmental status.
 - 10) Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.

- 11) Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.
 - 12) Caretaker fails to protect child from serious physical or threatened harm.
 - 13) Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for child.
 - 14) Caretaker has previously maltreated a child and severity of maltreatment or caretaker's response to previous incidents suggest child safety may be an immediate concern.
- B. The existence and extent of previous injuries; and,
 - C. The names and conditions of other children in the home.

If the alleged offender is not a family member or does not live in the home of the alleged victim, the assigned investigative agency will conduct an investigation to determine:

- A. The existence, cause, nature, and extent of child maltreatment with particular attention to any of the Arkansas Health and Safety Factors that may be present (see above for list of the fourteen Arkansas Health and Safety Factors);
- B. The identity of the person responsible for the maltreatment; and,
- C. The existence and extent of previous maltreatment perpetrated by the alleged offender.

In addition to the other information described in this section (i.e., Overall Investigation Goals), the assigned investigative agency will also attempt to determine:

- A. The identity of the person responsible for the maltreatment;
- B. The relationship of the children with the parents or caretakers and their circumstances;
- C. The child's environment in terms of risk and protective factors; and,
- D. All other pertinent information.

Ultimately, the information described above that is collected during the fact-finding phase of the child maltreatment investigation allows the Division to determine:

- A. If services are necessary to assist the family and allow the child to remain safely at home (per A.C.A. §12-18-604, the Department has the authority to make referrals or provide services during the course of the child maltreatment investigation);
- B. If separation of the child from the family is necessary to protect the health and safety of the child; and,
- C. Whether there is a preponderance of the evidence (see Appendix I: Glossary) to support the report.

If at any time before or during an investigation it is determined that the alleged offender is not a caretaker of a child and the alleged victim has reached 18 years of age prior to notification the child maltreatment investigation shall be closed, notwithstanding any criminal investigation.

REASONABLE EFFORTS TO PREVENT REMOVAL

Throughout the investigation the Division will ensure reasonable efforts are made to preserve the family and to prevent the need to remove the child from the home unless the health and safety of the child warrant immediate removal for the protection of the child. When the investigative agency's first contact with the family has occurred during an emergency in which the child could not safely remain at home, even with reasonable services being provided, the Division will be deemed to have made reasonable efforts to prevent or eliminate the need for removal.

INVESTIGATION COMPONENTS

The child maltreatment investigation will consist of, but is not limited to, interviews with appropriate parties (i.e., alleged victim, any siblings of the victim or other children under the of the alleged offender, the non-offending parent, the alleged offender, and collaterals as appropriate) and completion of the Health and Safety Assessment.

The Health and Safety Assessment is designed to:

- A. Identify Arkansas Health and Safety Factors in the home which affect the child's immediate health and physical well-being.
- B. Guide the FSW in determining whether or not the child can remain safely in the home.
- C. Serve as a structured decision-making tool. For example, information collected on the Health and Safety Assessment can be used to document reasonable efforts or aggravated circumstances. It can also be used to assist in completing the court report, and at important case decision points, or when there are major changes in case circumstances.
- D. Assess the child's health and safety at placement changes if the child is removed from the home.

If the alleged offender is identified as a parent or primary caregiver, the CFS-6025: Health and Safety Assessment should be completed based on the conditions present when the child and the parent or primary caregiver are together in the home. Children ages 0-6, children with developmental disabilities or children who have been repeatedly victimized shall be considered especially vulnerable.

Information to complete the Health and Safety Assessment will be gathered during the child maltreatment interviews. All interviews and the entirety of the Health and Safety Assessment must be completed by the investigator within 30 calendar days of the receipt of the child maltreatment report. The Health and Safety Assessment must be approved by the FSW Supervisor within 45 calendar days of the receipt of the child maltreatment report.

The Health and Safety Assessment is comprised of three sections:

- A. Health and Safety Checklist
- B. Safety Planning
- C. Investigation Risk Assessment

The Health and Safety Assessment cannot be closed until both the Health and Safety Checklist and Safety Planning screens are completed.

A description of each of the Health and Safety Assessment sections and their associated actions during an investigation follows:

Health and Safety Checklist

The Health and Safety Checklist contains the fourteen Arkansas Health and Safety Factors (hereinafter referred to as "safety factors"). Upon the investigation initiation, the primary investigative agency will assess whether or not any of the fourteen safety factors are present. The presence or absence of safety factors must be documented by the primary investigative agency in the Health and Safety Checklist screen in CHRIS within 48 hours of the investigation initiation, excluding weekends and holidays. Every subsequent contact with the family should also include an assessment for any safety factors; however, the Health and Safety Checklist is only completed again in the event that additional safety factors are identified and/or facts change.

If CACD is assigned primary on an investigation and identifies one or more of the safety factors, the CACD investigator will immediately contact DCFS to conduct the remaining components of the Health and Safety Assessment (Safety Planning and Investigation Risk Assessment) as appropriate. DCFS will then be assigned as the secondary investigator on that particular investigation.

If CACD is assigned primary on an investigation and does not identify any safety factors, the CACD investigator is responsible for completing the Investigation Risk Assessment if the allegation is found true and an in-home or out-of-home case will be opened.

If DCFS is assigned primary on an investigation, DCFS will complete all components of the Health and Safety Assessment as appropriate regardless of whether safety factors are identified. The identification of the presence or absence of safety factors is critical to safety planning.

Safety Planning

Safety planning requires specific actions to be taken to ensure a child's safety during the course of an investigation. If a safety factor is identified, there are only two basic alternatives to implement during the safety planning process:

- A. Develop a protection plan to mitigate the identified safety factors; or,
- B. Remove the child.

The Safety Planning screen in CHRIS documents the actions taken to ensure a child's safety during the course of an investigation.

When any safety factors are present, a protection plan must be developed to address each identified safety factor if the child will remain in the home. A protection plan is a written plan developed by DCFS staff in conjunction with the family to address identified safety factors. This documentation describing the actual use or consideration of using protecting interventions establishes reasonable efforts to prevent removal of the child from the home.

The protection plan must be developed and receive DCFS supervisory approval prior to DCFS staff leaving the home. The protection plan serves as a written agreement between the Division and the family. As such, a copy of the plan will be provided to the caregiver and to other members participating in the plan prior to the investigator leaving the home.

If an emergency order of less than custody (see below for more information regarding orders of less than custody) is not obtained from the court, a protection plan may never:

- A. Make any change to the current physical and/or legal custody arrangement of the child; or,
- B. Otherwise limit the right of a parent (whose rights have not been terminated for the specific child(ren) involved in the current investigation) or legal custodian to visit/have access to his or her child including supervised visits.

Possible Protection Plan Actions:

Depending on the dynamics of a particular investigation and the family involved, the following orders, among many other actions, may be a part of a protection plan as appropriate:

A. Order of Less Than Custody

If there are concerns about the alleged offender's access to the child and there is no reason to suspect that the non-offending custodian will allow the alleged offender access to the child, then DCFS is encouraged to obtain an "Order of Less than Custody" filed with the court so as to legally restrict the alleged offender from contact with the child while allowing the child to remain in the home as part of the protection plan.

In addition to the situation above in which the non-offending custodian is the legal custodian of the child and wants to restrict the alleged offender's access to the child, orders of less than custody may also be applicable to situations in which:

- 1) The legal custodian placed or otherwise allowed the child to reside with another person for more than six months; and,
- 2) The legal custodian is named as an alleged offender in an investigation; and,
- 3) The child's current caretaker and DCFS assess that the legal custodian who is also the alleged offender's access to the child pose an immediate danger to the child's health or physical well-being; and,
- 4) DCFS has no immediate health or physical well-being concerns with the current placement; and,
- 5) DCFS has determined that specific safeguards in the court's order will ensure the child's immediate health and physical well-being while remaining in the current home.

To obtain an order of less than custody, the FSW may contact OPLS immediately to request OPLS to file a petition for an "order of less than custody." While the child may remain in the home under the conditions described above, an order of less than custody is still a dependency-neglect petition. It is not necessary for the alleged offender to have legal right to custody or visitation with the child or to have property rights allowing access to the home where the juvenile resides or to be a juvenile in order to petition the court for an order of less than custody.

The Division shall thoroughly assess for safety factors (to be documented in the Health and Safety Checklist) to ensure that a protection plan is in place for a child before leaving that child in a home where DCFS has petitioned the court for an order of less than custody.

B. Order of Protection

Any adult family/household member may file a petition for an order of protection on behalf of another family or household member, including a married minor. An employee or volunteer of a domestic violence shelter or program may file a petition on behalf of a minor, including a married minor. The Division will thoroughly review the Health and Safety Assessment to ensure that a protection plan is in place for a child before leaving that child in a home where an order of protection has been filed.

An order of protection issued by a court of competent jurisdiction in any county of this state is enforceable in every county of this state by any court or law enforcement officer. An order of protection issued by a court of another state, federally recognized Indian tribe, or a territory shall be afforded full faith and credit by the courts of Arkansas and shall be enforced by law enforcement as if it were issued in Arkansas.

Regardless of the actions included in a protection plan, protection planning is a process that occurs with the family and may include the family's selected support network. However, protection planning is ultimately the responsibility of DCFS and cannot be delegated to the family, supports, or treatment providers. Protection planning and oversight on the part of the Division continues throughout involvement with the family as long as safety factors are present. The plan must be sufficient to manage and control safety factors based on a high degree of confidence that it can be implemented, sustained, and closely monitored by DCFS. The Division will assure that the roles and responsibilities of the protection plan are clearly described to and discussed with the person providing those services.

If a protection plan is developed, it must be documented in the Safety Planning screen in CHRIS within 48 hours of the investigation initiation, excluding weekends and holidays.

If a reasonable protection plan cannot be developed, then the child must be removed and placed in an approved placement (see below for more information regarding protective custody). Removal must also be documented in the Safety Planning screen in CHRIS within 48 hours, excluding weekends and holidays, of the act of removal of the child.

If any other actions were taken or services put in place to ensure safety of the child victim or other children in the home, then these activities must also be documented in the Safety Planning screen in CHRIS within 48 hours of the investigation initiation, excluding weekends and holidays.

If there are risk factors and/or evidence that maltreatment has occurred, but no safety factors are present, then neither a protection plan nor removal of the child is necessary at that point in time. When no safety factors are present, per A.C.A. § 12-18-1009, the parents retain the right to keep the child at home or to place the child outside the home. However, as appropriate, the FSW investigator may make referrals or provide services during the course of the child maltreatment investigation to address any risk factors. All referrals made and/or services provided during the course of the child maltreatment investigation shall be documented in the Service Log and contact screen in CHRIS.

Investigation Risk Assessment

The Investigation Risk Assessment (CFS-6026: Investigation Risk Assessment in CHRIS) is designed to:

- A. Assess the family's level of risk during the child maltreatment investigation.
- B. Establish a baseline level of risk for a family.
- C. Identify the factors and circumstances that indicate the child may be at risk of future abuse or neglect.
- D. Indicate the necessary level of involvement to assure the child's well-being.
- E. Provide a structured decision-making tool in case planning (the investigation risk assessment informs the case plan if a case is opened after the completion of the investigation).

The CFS-6026: Investigation Risk Assessment will be completed on all cases with a child maltreatment determination of "True." As such, the Investigation Risk Assessment must be completed by the investigator within 30 calendar days of receipt of the hotline report and must receive supervisory approval within 45 calendar days of receipt of the hotline report.

Levels of risk are classified as intensive, high, moderate, and low. The higher the score, the higher the risk of future harm. The level of risk determined during the Investigation Risk Assessment will be considered the baseline level of risk for any subsequent case that is opened, if applicable.

Overrides to Risk Levels have been established to assist the FSW in ensuring that the level of risk for a case accurately reflects the risk level for the children. A supervisor is allowed to make discretionary policy overrides when a unique circumstance warrants a higher risk level than assigned by the risk level chart.

The discretionary Risk Level Override options are listed below and require the supervisor to upgrade the risk level to Intensive at the initial investigation, regardless of the risk scale score.

- A. Sexual abuse cases where the perpetrator is likely to have access to the victim child.
- B. Cases with non-accidental physical injury to an infant.
- C. Serious non-accidental physical injury requiring hospital or medical treatment.
- D. Death (previous or current) of a sibling as a result of abuse or neglect.

Risk Level Overrides must be reassessed when the case plan is updated.

PROTECTIVE CUSTODY

If at any point in time during the investigation the health and physical well-being of a child are in immediate danger and the Division must take custody of the child to ensure his or her health and safety, the child shall be placed in an appropriate licensed or approved placement. This may include an identified relative or fictive kin home if it is in the best interest of the child and all criteria for opening a provisional foster home and placing the specific child for whom the provisional foster home was opened have been met (see Policy VI-B: Consideration of Relatives and Fictive Kin for Children in Foster Care and Policy VII: Development of Foster Homes for more information).

The Division may file a motion to transfer any other prior or subsequent legal proceeding concerning the juvenile (e.g., if a relative of the child taken into custody attempts to obtain guardianship or custody of the juvenile) to the court that is hearing the dependency-neglect petition if the Division:

- A. Takes a 72-hour hold; or,
- B. Files a petition for ex parte emergency order; or,
- C. Files a petition for dependency-neglect.

RIGHTS OF INVESTIGATOR

The investigator has the right to obtain a criminal background check, including a fingerprint-based check in any national crime database, on any subject of the report. The results of the criminal background check will not be disclosed outside of the Department except as permitted under A.C.A. §12-18-612.

In accordance with A.C.A. § 12-18-613, on request by the investigating agency, any school, child care center, child care facility, residential facility, residential treatment facility, or similar institution shall provide the investigator with the name, date of birth, Social Security number, and last known address and phone number of any alleged offender if the alleged maltreatment occurred at that school, center, or facility. Any school, child care facility, residential facility, or similar institution shall also provide the person conducting the investigation with the name and address of any witness to the alleged child maltreatment if the alleged child maltreatment occurred at that school, center, or facility.

The FSW or CACD investigator conducting the child maltreatment investigation also has the right to enter into the home, school, or other place for the purpose of conducting an interview or completing the investigation. The investigator also has the right to request accompaniment by a law enforcement agent while conducting the investigation. If the investigator is denied access into the home, school, or other place for investigative purposes, then the investigator must prepare an affidavit to submit to OPLS in order to request an Order of Investigation. If the investigator is denied access into the home, school, or other place and has reason to believe a child's health or safety are in immediate danger, the investigator will call local law enforcement immediately (if not already accompanied by LLE) in order to help gain access into the home.

No publicly supported school, facility, or institution may deny access to any person conducting a child maltreatment investigation. DCFS, CACD, and law enforcement shall be allowed access to the child's public and private school records during the course of the child maltreatment investigation. School district staff shall not provide notification if a request is made to interview a student during the course of an investigation of suspected child maltreatment and a parent, guardian, custodian, or person standing in place of a child's parent is named as an alleged offender and the interviewer requests that the school personnel does not make said notification.

Per A.C.A. § 12-18-604, DHS may petition a circuit court to allow an investigator to access the controlled substance database if the investigator demonstrates probable cause that the alleged offender has one or more prescription drugs, and the baby or the alleged offender tested positive for prescription drugs at the time of the birth of the baby.

The investigator will have the discretion, in the child's best interest, to limit the persons allowed to be present when a child is being interviewed concerning an allegation of child maltreatment. The investigator will determine when a child or any other children residing in the home should be referred to a physician, psychologist, or psychiatrist for a medical or psychological examination. While DCFS staff may conduct drug screens on teenagers when necessary, all children younger than 13 should be referred to a physician or medical facility for drug screening if needed.

DCFS will fully cooperate and participate in multidisciplinary child maltreatment response teams. All information except the name of the reporter may be disclosed to the teams.

INTERPRETER SERVICES

At any point during the course of a child maltreatment investigation, when the person being interviewed cannot clearly communicate in English, the investigator shall arrange for an interpreter before continuing the interview. The interpreter must be trained and appropriately certified to translate the specific language needed.

If at any point during the course of a child maltreatment investigation, the investigator cannot determine whether the person being interviewed can clearly and effectively communicate in English, the interviewer shall end the interview. The interview shall recommence when a determination is made that the person can or cannot clearly communicate in English, and when necessary, a translator certified to translate the specific language has been obtained to facilitate clear communication. Family members should never serve as interpreters for an investigator conducting an interview.

If any delay in obtaining investigation or investigative information from having to make a determination about language and clear communication results in or creates a situation in which the alleged victim child's health or physical well-being will be put in immediate danger, the child will be placed in 72-hour protective custody.

INVESTIGATION COMPLETION TIMEFRAMES AND EXTENSIONS

Regardless of whether the child maltreatment investigation is conducted by DCFS, CACD, or local law enforcement, the supervisor approved investigative determination shall be made within 45 calendar days.

The Area Director or designee may request an extension of an additional 15 calendar days (for a total investigative timeframe of 60 calendar days) to complete the investigation and make a determination if good cause for the requested extension is shown. Circumstances that meet the definition of good cause, as it pertains to requesting and granting a 15 day extension to make an investigative determination, include but are not limited to:

- A. The Prosecuting Attorney or law enforcement officials have requested that DCFS postpone the determination due to a pending criminal investigation;
- B. Medical, crime lab, or autopsy reports needed to make a determination have not been received;
- C. The report involves some out-of-state subjects and interview write-ups have not been received;
- D. Conflicting medical opinions have been received, requiring further analysis; or,
- E. Multiple alleged offenders or victims are involved, requiring additional time to conduct interviews and gather evidence.

Documentation supporting the request for the extension must be submitted with the request.

All extension requests must be submitted to and approved by the Assistant Director of Community Services or designee.

INVESTIGATIVE DETERMINATIONS AND RESULTING REFERRALS AND CASE OPENINGS

Within the appropriate timeframes outlined above, a child maltreatment investigation will be determined to be:

- A. Unsubstantiated
- B. True
- C. True but exempt for:
 - 1) Garrett's Law (as defined by A.C.A. § 12-18-103(13)(B))
 - 2) Religious beliefs
 - 3) Underaged juvenile offenders
- D. Inactive based on the criteria in PUB-357: Child Maltreatment Investigation Protocol.

The criteria for each of these determinations are as follows:

Unsubstantiated Determination

A child maltreatment investigation will be determined unsubstantiated in the event that:

- A. The allegation of child maltreatment is not supported by a preponderance of the evidence following an investigation by Division staff.
- B. The investigation concludes the injuries were the result of reasonable and moderate physical discipline inflicted by a parent or guardian for the purpose of restraining or correcting the child.

True Determination

A child maltreatment investigation will be determined true in the event of:

- A. An admission of the fact of maltreatment by persons responsible;
- B. An adjudication of dependency-neglect;
- C. A determination of the existence of maltreatment by Division staff, based on a preponderance of the evidence;
- D. A medical diagnosis of failure to thrive. The Family Service Worker should, however, complete the Child Maltreatment Investigation in accordance with the procedures included to determine the identity of

the caretaker and to conduct an investigation of the family for the purposes of determining appropriate service delivery;

- E. Any other medical or legal form of confirmation deemed valid by the Division.

If a report is determined to be true, the names and conditions of any minor children of the alleged offender, and whether these children have been maltreated, or are at risk of maltreatment, will be determined. If the report is determined to be true, and is a report of sexual intercourse, deviate sexual activity, or sexual contact, an investigation of any other children previously or currently under care of the alleged offender, to the extent practical, and whether these children have been maltreated, or are at risk of maltreatment, will be determined. The worker conducting the investigation shall also seek to ascertain all other relevant data.

If a report is determined to be true and involves any children under the age of three, those children must be referred to the Division of Developmental Disabilities Children's Services for an early intervention screening per the Child Abuse and Prevention Treatment Act (CAPTA) if the children were not already referred during the course of the investigation (see Policy II-I: Early Intervention Referrals and Services and related procedures for more information).

If a report of sexual abuse is determined to be true and the alleged offender is under the age of 18 at the time the act or omission occurred, the parents or legal guardians of the alleged juvenile or underaged juvenile offender and victim shall be provided with a list of mental health professionals or agencies available to evaluate and treat the alleged juvenile offender or underaged juvenile offender and victim, if necessary. Providing this information does not necessarily require the Division to pay for the mental health evaluation and/or any subsequent mental health treatment or services.

True but Exempt Determination

The following types of cases may be found true but exempt from placement on the Child Maltreatment Central Registry. The Division may open a protective services case for any investigative determination of true but exempt.

Garrett's Law Exemptions

A child maltreatment investigation that documents the presence of an illegal substance in either the bodily fluids or bodily substances in the mother or child at the time of birth resulting from the mother knowingly using any illegal substance (i.e., Garrett's Law case) will be found true but exempt and will not be placed on the child maltreatment registry. A protective services case shall be opened to establish a plan of safe care.

If the FSW determines on an individual basis the child's health or physical well-being is in immediate danger, he or she should take the newborn into protective custody. The FSW must also assess any siblings of the newborn or other children under the care of the alleged offender. If it is determined that there is an immediate danger to the siblings' (or any other children under the care of the alleged offender) health or physical well-being, then they must also be brought into emergency 72 hour protective custody.

"Acceptable" reporters include any one of the following mandated reporters, who have reasonable cause to suspect that a newborn has been subjected to an illegal substance before birth or the mother had an illegal substance in her bodily fluids or bodily substances at the time of the birth:

- licensed nurse;
- osteopath;
- physician;
- medical resident or intern;
- surgeon;
- hospital social worker;
- or, any medical personnel who may be engaged in the admission, examination, care or

treatment of persons in hospitals or similar medical settings.

During the course of an investigation, or when DCFS has custody, if the mother or newborn has tested positive for the presence of an illegal substance in the bodily fluids or bodily substances, and the mother indicates that she wants to place the newborn for adoption through a private agency or private entity, the Family Service Worker must contact OPLS immediately. If the infant is placed with a private adoption agency, then do not open a Protective Services case.

Religious Belief Exemptions

A child maltreatment investigation will be determined to be true but exempt due to religious beliefs exemption in the event that the Family Service Worker determines that the parent's decision to withhold medical treatment was based solely upon a religious belief, choosing instead to furnish the child with prayer and spiritual treatment in accordance with a recognized religious method of healing by an accredited practitioner.

A Family Service Worker will place a child whose health or physical well-being is in immediate danger in a safe environment in DHS custody regardless of the beliefs of the parents. The religious exemption does not preclude the FSW's right and responsibility to take appropriate action, including petitions to the court, to obtain necessary medical services.

Underaged Juvenile Offender Exemptions

A child maltreatment investigation will have an individual finding of true but exempt for underaged juvenile offenders if there is an overall true finding of sexual abuse by a child under the age of 14 to another child.

Inactive Determination

Per A.C.A. § 12-18-619, a Child Maltreatment Investigation will be determined inactive if at any time before or during the investigation the Department is unable to locate or identify the alleged offender because the alleged child maltreatment occurred:

- A. More than 5 years ago; or,
- B. In another state.

Failure to complete the investigation within the required 45 days is NOT a reason to place a case on inactive status. The report MUST document why the investigation could not be completed. A case will remain on inactive status for one year, at which time it will be expunged.

INVESTIGATIVE DETERMINATION NOTICES

The Division of Children and Family Services will issue notices regarding the child maltreatment investigative determination whether true or unsubstantiated to all persons pursuant to Ark. Code Ann. 12-18-703 et seq. The Division will issue notices in such a way as to ensure the rights to due process of the alleged offender and to protect others who may be at risk of harm from the alleged offender (See Policy XIV-A: Notices Regarding Child Maltreatment and related procedures for more information and specific instructions).

IV. ASSESSMENT OF FAMILY STRENGTHS AND NEEDS TO DEVELOP INDIVIDUALIZED CASE PLANS

POLICY IV-A: FAMILY ASSESSMENTS

02/2015

OVERVIEW

The assessment of a family's strengths and needs is the basis for developing individualized goals and identifying services and supports to meet the family's needs. The family shall be a primary source of information for the assessment with emphasis on the partnership with the family and a holistic view of their circumstances. Other agencies or individuals with knowledge of the family's circumstances will also be consulted as appropriate.

Family assessment is an approach to engaging families while also collecting and organizing information at critical decision points in every case. A thorough assessment of family functioning includes evaluating risk and/or safety factors that are barriers to family functioning as well as protective factors that may mitigate risks and/or safety factors.

ASSESSMENT TOOLS USED FOR IN-HOME AND OUT-OF-HOME SERVICES CASES

The Family Advocacy and Support Tool (FAST) is the family assessment instrument used for all in-home services cases (to include supportive services cases, see Policy II-A: Supportive Services for more information, but excluding Differential Response cases). The Child and Adolescent Strengths and Needs (CANS) tool is the family assessment instrument used for all out-of-home placement cases. The 0-4 CANS will be used for all children from birth through age four involved in an out-of-home placement while the 5+ CANS will be used for all children ages five and older involved in an out-of-home services case. The only reason for which both a FAST and CANS will be completed with the same family is if there is still a child left in the home while another child is removed from the home.

The FAST and CANS are multiple purpose information integration tools that are designed to be the output of the assessment process. This allows the Division to more consistently communicate the needs and strengths of children and their caregivers involved with in-home and out-of-home services cases, respectively. The use of the FAST or CANS does not replace professional judgment. As such, while the FAST and CANS will help inform the in-home services and out-of-home placement case plans, respectively, the completion of a FAST or CANS does not write the case plan.

During the completion of both the FAST and the CANS, the FSW will ensure family involvement and receive input from parents, caregivers, children, service providers, and extended family members. Just as each child is rated individually using the FAST or CANS, as appropriate, each of the child's primary caregivers will be rated as individuals (i.e., if a child has two or more primary caregivers in the home such as a mother, stepfather, and maternal grandmother, all three of these primary caregivers in the home will be rated individually. Likewise, if a child has two primary caregivers who live in different homes such as a mother and father who are divorced, then both of these primary caregivers will be rated as individuals). Caregivers and other parties to the case will receive a copy of the FAST and/or CANS output document. Anyone else involved in the development of the FAST and/or the CANS may receive the FAST and/or CANS output document, as applicable, upon request within the parameters of A.C.A. 9-28-407 (see Policy I-F: Confidentiality for more information).

For in-home services cases the FAST will be completed within 30 days of case opening and every three months thereafter to correspond with required case staffings and prior to case closure. The FAST may be updated more frequently as needed. With each FAST update, the case plan will also be updated accordingly.

The CANS will be completed within 30 days of the child entering out-of-home placement or 30 days of case opening, whichever occurs first. Subsequent CANS will be every three months thereafter and prior to case closure. The CANS may be updated more frequently as needed. With each CANS update, the case plan will also

be updated accordingly. If a four-year-old child will turn five years of age by the time the next CANS is due, either the 0-4 CANS or the 5+ CANS may be used for the child at that point in time.

An individual performing the family assessment will be trained and certified in the use of FAST and CANS. FAST and CANS re-certification must be completed on an annual basis.

PROCEDURE IV-A1: Family Assessments Using the FAST and CANS

02/2015

The Family Service Worker will:

- A. Explain the general purpose of the FAST or CANS to the family, as applicable.
- B. Meet several times with the parents, caregivers, children, service providers, and extended family members to conduct a thorough and complete FAST or CANS, as applicable;
 - 1) Complete the FAST at a minimum within 30 days, every three months thereafter, and prior to case closure;
 - 2) Complete, at minimum, the CANS within 30 days of the child entering out-of-home placement or within 30 days of case opening, whichever comes first, every three months thereafter; and prior to case closure;
- C. Explain the overall outputs of the FAST or the CANS to the family, as applicable.
- D. Obtain the necessary signatures on the approved FAST or CANS, as applicable;
- E. Attach the approved and signed FAST or CANS, as applicable, to the case plan.
- F. Provide the caregivers and other parties to the case with a copy of the FAST and/or CANS output document, as applicable.
- G. Provide a copy of the FAST and/or CANS output document to anyone else involved in the development of the FAST and/or CANS upon request, within the parameters of A.C.A. 9-28-407 (see Policy I-F: Confidentiality for more information).

The FSW Supervisor will:

- A. Conference with the FSW as necessary during the completion of the FAST or CANS.
 - 1) Approve the FAST at a minimum within 30 days, every three months thereafter, and then prior to case closure but only once the appropriate family assessment instrument has been sufficiently completed;
 - 2) Approve the CANS at a minimum within 30 days of the child entering out-of-home placement or within 30 days of case opening, whichever comes first, every three months thereafter; and prior to case closure, but only once the appropriate family assessment instrument has been sufficiently completed.

POLICY IV-B: SERVICES CASE PLAN

02/2015

The case plan is a written document that is a discrete part of the case record between the family and the Division of Children and Family Services that outlines a plan of services and supports and articulates needed changes in order to assure the child's safety. The case plan addresses the family's needs, builds on the family's strengths, outlines the roles and responsibilities of all involved parties, and provides appropriate timeframes in which each action listed on the case plan will be completed. The ultimate goal of the case plan is to assist the family in rectifying the issues that resulted in DCFS involvement.

Case plans will be developed after a thorough assessment of a family's strengths and needs. The strengths and needs identified via the Family Advocacy and Support Tool (FAST) will inform the development of the case plan for supportive and in-home services case plans. The strengths and needs identified via the Child and Adolescent Needs and Strengths (CANS) functional assessment will inform the development of the case plan for out-of-home cases. Using the information from the FAST or CANS, as applicable, to help identify priority needs and strengths, the case plan will then be developed with the involvement of family, the age-appropriate children, the foster parents (if applicable) and the attorney ad litem (if there is court involvement), the Family Service Worker, and any other involved parties. The case plan will be updated as necessary following updates to the FAST and/or CANS.

Consideration of the health and safety of a child must be included in case planning for children involved in all case types.

No child in an out-of-home placement will have a case plan goal of reunification for longer than 12 months, unless otherwise ordered by the court.

PROCEDURE IV-B1: Case Plan

02/2015

The Family Service Worker will:

- A. Review the:
 - 1) Most current FAST or CANS, as appropriate, for the child and family;
 - 2) Investigation allegation;
 - 3) Findings from the allegation; and,
 - 4) Reason for removal, if applicable.
- B. Assign actionable items on the FAST or CANS into subgroupings as appropriate.
- C. Complete an initial Case Plan in CHRIS within 30 days of opening a services case or a child entering an out-of-home placement, whichever comes first. A case plan must be completed on all cases—including supportive services and in-home services cases—and will include the following:
 - 1) A description of the out-of-home placement, if applicable, with regard to the health and safety of the child;
 - 2) A plan for assuring a child receives safe and proper care;
 - 3) A discussion of the appropriateness of the services that have been provided to the child;
 - 4) A plan for assuring services are provided to the child and caregiver to improve conditions in the caregiver's home and facilitate return of the child, if applicable, or the permanent placement of the child;
 - 5) A plan for assuring services are provided to the child and foster parents to address the needs of the child while in out-of-home placement, if applicable;

- 6) The visitation rights and obligations of the parents, guardian or custodian and the Division during the period the child is in an out-of-home placement, if applicable;
- 7) A description of the location of siblings. If siblings are separated, the reasons why joint placement would be contrary to the safety or well-being of any of the siblings as well as documentation of efforts for frequent visitation or other ongoing interaction, unless the Division documents that frequent visitation or other ongoing interaction would be contrary to the safety or well-being of any of the siblings;
- 8) A Transitional Plan for a child 14 or over that will help prepare the child for successful transition to adulthood (see Policy VIII-A);
- 9) A discussion of how the case plan is designed to achieve a safe placement for the child in the least restrictive (most family-like) setting available and in close proximity to the home of the caregiver(s) when the case plan goal is reunification, and a discussion of how the placement is consistent with the best interests and special needs of the child.
- 10) The reasons why it is in the best interest of the child if he or she has been placed in an out-of-home placement, if applicable, that is a substantial distance from the home of the caregiver, or has been placed out-of-state.
- 11) A discussion of the safety and appropriateness of the placement and how the Division plans to carry out the judicial determination made with respect to the child that:
 - a) Continuance in the home is contrary to the welfare of the child, or that placement would be in the best interest of the child, and
 - b) Reasonable efforts to prevent a child's removal from home or to reunify the child and family are not required.
- 12) If the child has been placed in foster care in a state outside the state in which the child's caregiver(s) are located, assure that the case worker of either state visits the foster home or institution no less frequently than every six months and submits a report on the visit to the state agency of the state where the home of the child's parent(s) is located.
- 13) Assurance that each child who has attained the minimum age for school is a full-time elementary or secondary school student or has completed secondary school. This includes public schools, private schools, and home school programs. This should also include the most recent information available regarding:
 - a) Names and addresses of the child's health and educational providers
 - b) Child's grade level performance
 - c) Child's school record
 - d) Assurances the child's placement in foster care, if applicable, takes into account the proximity to the school in which the child is enrolled at the time of placement
 - e) Any other relevant education information concerning the child determined to be appropriate
- 14) The health records of the child including the most recent information available regarding:
 - a) Record of the child's immunizations
 - b) Child's known medical problems
 - c) Regularly updated information regarding any medical conditions that cause the child to be incapable of attending school (see Policy VI-D3)
 - d) Child's medications
 - e) Any other relevant health information concerning the child determined to be appropriate
- 15) Documentation of the steps taken to:
 - a) Find an adoptive family or other permanent living arrangement for the child;
 - b) Place the child with an adoptive family, a fit and willing relative, a legal guardian, or in another planned permanent living arrangement; and,
 - c) Finalize the adoption or legal guardianship.

At a minimum, documentation shall include child specific recruitment efforts such as the use of state, regional, and national adoption exchanges including electronic exchange systems. This applies in the case of a child for whom the permanency plan is adoption or placement in another permanent home.

D. Print the case plan.

- E. Explain and discuss the case plan with the family to help ensure the family's understanding of case plan goals, actions, roles, responsibilities, and timeframes.
- F. Have all applicable family members sign the completed case plan.
- G. Provide the family and all parties to the case with copies of the signed case plan.
- H. Place the signed case plan in the client record.
- I. File the case plan with the court no later than 30 days after the date the petition was filed, if applicable, or the child was first placed out-of-home, whichever is sooner.
- J. Using information from the updated FAST or CANS, as applicable, review and update the case plan as necessary during case plan staffings held at a minimum of every three months for both in-home services cases and out-of-home placement cases.

Case Plan Packet for Court Involved Cases Includes:

- A. Case Plan CHRIS Case Report
- B. Completed FAST for in home cases or completed CANS for out-of-home cases
- C. If child(ren) are in DHS Custody:
 - 1) CFS-6008: Placement Plan CHRIS Case Report (if appropriate)
 - 2) CFS-6018: Placement History CHRIS Case Report (if appropriate)
 - 3) CFS-7010: Visits Report CHRIS Case Report (if appropriate)
 - 4) CFS-6012: Client Medical and Psychological Information CHRIS Case Report (if appropriate)
 - 5) CFS-6010 Addendum A: Visitation Plan / Visitation Schedule CHRIS Net Template (form for worker to type in info) (if appropriate)
 - 6) Completed Comprehensive Health Assessment

Case Plan Packet for Non Court Involved Case Plans:

- A. Case Plan CHRIS Case Report
- B. Completed Family Advocacy and Support Tool (FAST)
- C. Any case specific attachments (i.e. grades, provider information, etc.) as appropriate.

The FSW Supervisor will:

- A. Conference with the FSW as necessary throughout the development of and adjustments to the case plan.
- B. Approve the case plan once it is sufficiently completed by the FSW within:
 - 1) 30 days of opening the case (whether in-home services or out-of-home placement) or a child's entering an out-of-home placement;
 - 2) Every three months thereafter for in-home services and out-of-home placement cases.

POLICY IV-C: CASE STAFFINGS

02/2015

A case staffing is a meeting of all involved parties for the purpose of assessing the current status of the child and family strengths and needs and developing or updating the case plan accordingly. Case staffings will address all appropriate issues relevant to the needs and strengths of the family. A case staffing may be held for various reasons based on the needs of the child and family. Situations which require a staffing include but are not limited to:

- A. Developing the initial case plan;
- B. Reviewing progress or making changes in the case plan to include reviewing progress or making changes to the Transitional Plan for a child 14 or older in an out-of-home placement;
- C. Reviewing situations where a child has been in three or more out-of-home placements within a 12 month period;
- D. Addressing challenges that bring a child or family into a state of crisis;
- E. Determining the need for ongoing services and/or supports; and,
- F. Reviewing the need for case closure before a case is closed.

PROCEDURE IV-C1: Case Staffings

02/2015

The Family Service Worker will:

- A. Invite supervisors, parents, or guardian, and if there is court involvement, Court-Appointed Special Advocate (CASA, if applicable), all parties' attorneys, foster parents, caretaker, age-appropriate child, and any other involved party in the case plan.
- B. Inform families of their right to have their attorney present.
- C. Furnish written notice to the child, if of appropriate age (10 years or older).
- D. Furnish written notice of the staffing CFS-590: Invitation to Family-Centered Meeting (complete with date, time and location to all participants at least two weeks prior to the staffing.
- E. File copies of the CFS-590: Invitation to Family-Centered Meeting in the case record. Include documentation of the reason, if the child was not able to attend.
- F. Document on the case plan any parent's unwillingness to participate and provide this written documentation to the parent if available.
- G. Conduct the:
 - 1) Initial staffing within 30 days of opening the case (whether in-home services or out-of-home placement) or a child's entering an out-of-home placement, whichever comes first regarding out-of-home placement cases;
 - 2) Subsequent staffings at least every three months for in-home services and out-of-home placement cases.
- H. Complete the original case plan by the initial staffing and update the case plan as needed after subsequent staffings.
- I. Review the case plan for compliance by the participants and update as necessary to reflect progress made, new factual circumstances, and new goals.
- J. Conduct a permanency planning staffing at the 11th month of case opening. Invite the adoption specialist and all other parties involved in the case.
- K. Conduct a staffing before closing a case to review progress and determine that closure is appropriate.

The FSW Supervisor will:

- A. Conference with the FSW as necessary regarding case plan staffings.
- B. Attend all case plan staffings if possible.

The Area Director will:

- A. Hold a special case staffing within two weeks of the third move, whenever a child has been in three or more out-of-home placements within a 12 month period.
- B. Address the reasons for the frequent moves.
- C. Determine what steps shall be taken to prevent future placement disruptions.
- D. Include the Family Service Worker, supervisor, foster parents, age-appropriate child, and any appropriate service providers and/or life connections for the child.
- E. Conduct a staffing to review the status of a child placed in long-term, out-of-home care.

Some persons will attend the entire staffing, while others will attend only the portion of the staffing relating to the area in which they are involved. Confidentiality prevents sharing information with unauthorized individuals.

PROCEDURE III-A2: Out-of-Home Placement Services Case Opening

02/2015

The Family Service Worker will:

- A. Complete the CFS-6013: Application for Emergency Services using appropriate CHRIS screens as indicated in Procedure III-A1.
- B. Complete the "Case Connect" Screen in the Investigation to open a case.
- C. Enter the appropriate information in the open case on the "Removal" screen in the "Removal" section of CHRIS.
- D. Enter the appropriate information in the "Placement" section of CHRIS and within the "Place" section on "Recommend", "Pay Scale", and "Enter/Exit" screens. Entering information in CHRIS on the first placement of a removal episode will generate a message to "Review/Complete Initial Medicaid Application."
- E. Enter the appropriate information on the "Gen. Info" and "Status" screens and on the "Employ" and "Education" screens under the "Emp/Educ" heading in the "Client" section.
- F. Enter the appropriate information on the screens under the "Medical" heading in the "Client" section.
- G. Print the CFS-6012: Client Medical, and Psychological Information Report.
- H. Photograph the Child or Children, and:
 - 1) With the child in a comfortable, non-intimidating setting, explain the need to take his or her photograph. Facilitate this in as sensitive a manner as possible.
 - 2) Using a digital camera provided by the Division, take a digital photograph (head shot from the shoulders up) of the child or children entering foster care. The photograph should be taken within three working days of the date the child entered foster care.
 - 3) Upload the image as a JPEG to the CHRIS case record. The electronic file size should be no larger than 500 KB.
 - 4) Print the photograph using the "Photo and Child Information" functionality in CHRIS and add a hard copy of the photograph to the case record.
 - 5) Delete the photo from the camera stick after the photo has been uploaded into the CHRIS application.
 - 6) Provide the child with a copy if they request one.

If the child remains in foster care, the FSW who is his or her primary or secondary case worker should retake the photograph on an annual basis within 10 working days prior to the date the child entered foster care. Each time a new photograph is taken, update the electronic version in the CHRIS system and the hard copy in the case record.

The photograph may be:

- a) Shared with law enforcement to help facilitate the recovery of missing children, or for other official law enforcement purposes that are in the best interest of the child.
- b) Used for staffings or court procedures if children are not present;
- c) Included in placement applications; and
- d) Used in the child's Life Book. The photograph used for the Life Book should be printed using the "Photo Only" functionality in CHRIS.

As with other electronic equipment that contains sensitive client information, precautions should always be taken to protect confidentiality and the images of all children being served by DCFS.

A DHS 5008 must be completed for the camera and the camera must be enabled for read-only connection to the computer.

Effective November 1, 2008, for each child already placed in care, but lacking a photograph, the FSW who is his or her primary or secondary case worker should take his or her photograph at the

next visit between the FSW and the child and follow the procedures and specifications listed above.

- I. Issue an initial clothing order, if needed, using the DHS 1914: DHS Requisition.
- J. Initiate a request for Medicaid within **one working day** of the date the child enters DHS custody by completing the following actions:
 - 1) Send the DHS-91: DCO/DCFS/Referral/Information Transmittal to the DCO County Supervisor to determine if the child is a member of an active TEA/TANF or Medicaid case or is a member of pending applications for either.
 - 2) Receive notice of closure of TEA/TANF or Medicaid case before proceeding.

If the FSW has been notified that the CHRIS system will be down, and he or she cannot transmit the Initial Medicaid Application within the one-day time frame, only then will he or she complete and fax a paper copy of the CFS-487: Application for title IV-E Payments/Medicaid to the Eligibility Unit.

- K. Route the signed court order to Family Support Specialist (Eligibility Unit).
- L. Apply for title IV-E Payments/Medicaid:
 - 1) Complete the "Application for Social Security Card" (SS-5) if the child does not already have a Social Security Number or the number is not known:
 - a) Sign the SS-5 as the DCFS representative for the case.
 - b) Route the SS-5 to the Social Security Administration and copy to the Family Support Specialist.
- M. Enter income, debts and asset information in the Client/Finance Screens in CHRIS for each member of the removal household.
- N. Enter necessary information on the Medicaid/IV-E Application screen (4 tabs) in CHRIS in order to complete the application and click "Send" to transmit the application to the Eligibility Unit. Send the completed Medicaid/IV-E Application to the Eligibility Unit within seven working days from the date the child entered the out-of-home-placement. Other information needed to establish title IV-E Medicaid eligibility, e.g., birth certificate, Social Security Number, removal order, petition that led to removal, etc., should also be sent to the Eligibility Unit if available at that time.
- O. Obtain any additional requested information and forward it to the Family Support Specialist within 10 working days.
- P. Within 10 working days of any delay, notify the Family Support Specialist of the information which cannot be obtained and the reason.
- Q. Continue the Family Advocacy and Support Tool (FAST) or Child and Adolescent Needs and Strengths (CANS) assessment, as applicable, with family participation.

PROCEDURE VI-B1: Provisional Foster Home Placement for Children in Foster Care

02/2015

The Family Service Worker will:

- A. Ask the child's parent(s) or legal guardian(s) from whom custody was removed to provide information on appropriate relatives and fictive kin to include, as available (if not already provided at time of removal):
 - 1) The names, addresses, and phone numbers of any relatives or fictive kin who may serve as appropriate placement resources for the child;
 - 2) The names, addresses, phone numbers, and other identifying information of any putative father(s) of the child.
- B. Assist with completion of CFS-450: Prospective Provisional Foster Parent Information and Questionnaire as appropriate to the specific case and/or local county procedures.
- C. Keep the Resource Worker informed of any changes to the child's need for a provisional placement and any other relevant information.
- D. Ensure that the Resource Worker conducts a review of the prospective provisional home to include:
 - 1) An expedited Child Maltreatment Central Registry Check (via CFS-316: Request for Arkansas Child Maltreatment Central Registry Check);
 - 2) An expedited State Police Criminal Record check (via CFS-342: State Police Criminal Record Check);
 - 3) A vehicle safety check; and,
 - 4) Submission of the FBI Criminal Record Check (FBI results do not have to be received in order to open the provisional foster home, but results must be received and clear within six months in order to make a determination as to whether to approve as a regular DCFS foster home).
 - 5) A visual inspection of the home (via CFS-446: In Home Consultation Visit Report).
- E. If the provisional foster home placement appears viable, interview the child, if age appropriate, to assess how the child may feel about placement with the relative and make individualized placements on a case-by-case basis in the best interest of the child.
- F. Collaborate with the Resource Worker to evaluate:
 - 1) How the other children and adults in the home will affect the successful development of a child in foster care; and,
 - 2) How the child in foster care will impact the other members of the home.
- G. If, after the Resource Worker has completed all necessary steps to open the family as a provisional home (see below for more information), it is determined that placement with the family is in the best interest of the child:
 - 1) Arrange at least one pre-placement visit for the child before the initial placement and before any subsequent changes in placement if possible and appropriate.
 - 2) Contact the OPLS Attorney immediately if child is being moved from one Out-of-Home Placement to another (see Procedure VII-K) if that placement was not considered to be a temporary placement (see Appendix I: Glossary).
 - 3) Provide the child's parent(s) with PUB-11: What Happens When Your Child and Family Are Involved with DCFS?
 - 4) Provide the prospective provisional foster family with PUB-15: A Relative's Guide to the Arkansas Child Welfare System.
 - 5) Place the child in the provisional home and:
 - a) When a child is placed in a provisional foster home for a 72 hours hold, ensure that the provisional foster parents acknowledge they will not allow the alleged perpetrator access to the child that is not supervised by the Division until the investigation is complete and will not allow any contact with the alleged offender that is not approved or authorized by the Division or the court after the investigation is completed (if found true).
 - b) Ensure that the provisional foster parents understand that they must work with their Resource Worker to complete any corrective actions necessary to bring the home into

compliance with Minimum Licensing Standards and DCFS Policy within six months or their home will be closed and the child removed.

- c) Document placement selection on the CFS-6010: Case Plan by keying the “Plan Goals” and the “Needs/Svc” screens in the “Treatment” portion of the “Case Plan” section of CHRIS.
- d) Assist the provisional foster parents in applying for benefits if appropriate. Until the provisional foster home is opened as a regular foster home, the relative/fictive kin may apply for and receive benefits for which the provisional foster parents may be entitled due to the placement of the child in the home, such as benefits under the Temporary Employment Assistance (TEA) Program or the Supplemental Nutrition Assistance Program (SNAP).
- e) Assess the situation with the Resource Worker and Supervisor(s) if the family does not come into compliance within six months of the placement of the child in the home and recommend to OPLS on how the case should proceed (i.e., remain in foster care or have a completed approved home study and recommend custody to the relative).
- f) Collaborate with the Resource Worker to ensure that the relative(s) is completing the process for foster home approval. If the relative’s home is not fully licensed as a foster home within 6 months of the placement of the child in the home:
 - i. The Department shall remove the child from the relative’s home and close the relative’s provisional foster home and place child in an approved or licensed placement; or,
 - ii. The court shall remove custody from the Department and grant custody of the child to the relative.
- I. Complete the CFS-6024: Permanency Planning Hearing Court Report and submit to the FSW Supervisor for review and approval.
- J. If approved by the FSW Supervisor, submit CFS-6024: Permanency Planning Hearing Court Report to the OPLS attorney, CASA, and all other required parties within 14 days prior to any Permanency Planning Hearing scheduled for the case.
- K. Hold staffings, as needed, in accordance with Procedure IV-C1: Case Staffings and update the Child and Adolescent Needs and Strengths (CANS) Assessment and case plan.
- L. Invite the Adoption Specialist to the staffing when appropriate.
- M. Conduct a staffing to discuss closure when appropriate.

The Resource Worker will:

- A. Assist with completion of CFS-450: Prospective Provisional Foster Parent Information and Questionnaire as appropriate to specific case and/or local county procedures.
- B. Process all necessary background checks by (see Procedure VII-C1: Background Check Processing for more information):
 - 1) Conducting an expedited Child Maltreatment Central Registry Check (via CFS-316: Request for Arkansas Child Maltreatment Central Registry Check);
 - 2) Conducting an expedited State Police Criminal Record check (via CFS-342: State Police Criminal Record Check);
 - 3) Conducting a Vehicle Safety Program (DMV) Check (driving record points will be computed in DCFS Central Office, and the results, including qualification or disqualification, will be forwarded to the Resource Worker for inclusion in the applicant file; see Procedure VII-C1 for forms which must be completed); and
 - 4) Submitting the FBI Criminal Record Check (FBI results do not have to be received in order to open the provisional foster home, but results must be received and clear within six months in order to approve as a regular DCFS foster home).
 - 5) Completing a visual inspection of the home (via CFS-446: In Home Consultation Visit Report). See Procedure VII-C2: In Home Consultation Visit for more information.
- C. Based on the results of the background checks listed above, begin the process for requesting any necessary Alternative Compliances or DCFS Policy Waivers, if applicable.

- D. Explain to the relative/fictive kin that, if opened as a provisional foster home, they will not receive a board payment until they are opened as a fully approved DCFS Foster Home which must occur within six months of being opened as a provisional foster home.
- E. Explain to the relative/fictive kin other processes related to becoming a provisional and, ultimately, a regular DCFS foster home (see Policy VII: Development of Foster Homes and related procedures).
- F. Keep the child's FSW informed of progress and/or any challenges to opening the relative as a provisional foster home.
- G. Collaborate with the child's FSW to evaluate:
 - 1) How the other children and adults in the home will affect the successful development of a child in foster care; and,
 - 2) How the child in foster will impact the other members of the home.
- H. If the relative/fictive kin and relative/fictive kin's home are appropriate to open as a provisional foster home, complete CFS-452: Provisional Foster Home Verification and CFS-474: Provisional Foster Home Checklist with the family and file in the provider record.
- I. Enter a relative into CHRIS as a Provider opening two placement services: Provisional (Relative) Placement (No Board) Service, and Foster Family Home Service. The Provisional (Relative) Placement (No Board) Service must be quickly approved (once the necessary requirements are received), while the Foster Family Home Service has Applicant Status awaiting compliance (all required checks, certifications and training) for approval. In CHRIS, the relative will have only one Provider Number showing two services provided by the family.
- J. Enter fictive kin into CHRIS as a Provider opening two placement services: Provisional (Fictive Kin) Placement (No Board) Service, and Foster Family Home Service. The Provisional (Fictive Kin) Placement (No Board) Service must be quickly approved (once the necessary requirements are received), while the Foster Family Home Service has Applicant Status awaiting compliance (all required checks, certifications and training) for approval. In CHRIS, the fictive kin will have only one Provider Number showing two services provided by the family. Provisional (Fictive Kin) will mirror the same Board Rate as Provisional (Relative) which carries the payment scale status of "None."
- K. Request any necessary policy waivers and/or alternative compliances to waive non-safety standards for the relative/fictive kin prior to referring to training.
- L. Refer to Policy VII: Development of Foster Homes, to continue with the process of opening the provisional foster home as a regular DCFS foster home.
- M. Support the relative/fictive kin throughout the process of becoming a provisional and regular DCFS foster home.
- N. Assess the situation with the FSW and Supervisor(s) if the relative does not come into compliance within six months of the placement of the child in the home.

The FSW Supervisor will:

- A. Conference with and support the FSW on the case as necessary.
- B. Review and approve CFS-6024: Permanency Planning Hearing Court Report.

The Resource Worker Supervisor will:

- A. Upon receipt of a notification email from a worker who has removed children and identified a prospective provisional placement (see PROCEDURE VI-B1: Provisional Foster Home Placement for Children in Foster Care for more information), be responsible for ensuring completion of CFS-450: Prospective Provisional Foster Parent Information and Questionnaire within 48 hours of receipt of notification.
- B. Conference with and support the Resource Worker as necessary regarding opening the provisional foster home.

PROCEDURE VI-B2: Relative and Fictive Kin Custody for Children in Foster Care

08/2013

The Family Service Worker will:

- A. Ask the parent(s) or legal guardian(s) from whom custody was removed to provide information on appropriate relatives to include, as available (if not already provided):
 - 1) The names, addresses, and phone numbers of any relatives who may be placement resources for the child;
 - 2) The names, addresses, phone numbers and other identifying information on any putative father(s) of the child.
- B. If appropriate relatives cannot be identified or are otherwise not able to serve as a placement resource, ask the parent(s) or legal guardian(s) from whom custody was removed to provide information on appropriate fictive kin to include, as available (if not already provided):
 - 1) The names, addresses, and phone numbers of any fictive kin who may be placement resources for the child.
- C. Interview the child, if age appropriate, to assess how the child may feel about placement with a specific relative or fictive kin.
- D. Complete the home study, to include Central Registry Checks, State Police Criminal Background Checks, and Vehicle Safety (DMV) Program Checks on all applicable household members, on the relative or fictive kin and submit to the FSW Supervisor for review and approval.
- E. Based on the results of the background checks listed above, request any necessary DCFS Policy Waivers.
- F. If FSW Supervisor approval is attained, submit the home study to the court with the recommendation to place the child with the relative or fictive kin so that the relative or fictive kin may obtain legal temporary custody.
- G. Open a protective services case on the child if the court grants temporary custody to the relative or fictive kin.
- H. Schedule a staffing within 30 days of opening the protective services case.
- I. Invite the child's parents, relatives, the child (if age appropriate) and community providers as appropriate. During the staffing these individuals will determine the permanency goal for the child: reunification, adoption, guardianship, permanent custody with the relative, or APPLA.
- J. Complete or update the FAST within 30 days of opening the protective services case and submit to the FSW Supervisor for review and approval.
- K. Develop or update the CFS-6010: Case Plan within 30 days of opening the protective services case and submit to the FSW Supervisor for review and approval.
- L. Complete the CFS-6024: Permanency Planning Hearing Court Report and submit to the FSW Supervisor for review and approval.
- M. After receiving approval from the FSW Supervisor for the CFS-6024: Permanency Planning Hearing Court Report, submit to the OPLS attorney within 14 days prior to any Permanency Planning Hearing scheduled for the case.
- N. Submit the CFS-6024: Permanency Planning Hearing Court Report to OPLS, CASA and all parties no later than 14 days before the scheduled Permanency Planning Hearing.
- O. Hold staffings, as needed, in accordance with Procedure IV-C1: Case Staffings and update the FAST.
- P. Invite the Adoption Specialist to the staffing when appropriate.
- Q. Conduct a staffing to discuss closure when appropriate.

The FSW Supervisor will:

- A. Review and approve the home study.
- B. Review and approve the FAST within 30 days of the FSW opening the protective services case.
- C. Review and approve the case plan within the 30 days of the FSW opening the protective services case.
- D. Review and approve the CFS-6024: Permanency Planning Hearing Court Report prior to the FSW's submission of this report to the OPLS attorney.
- E. Conference with and support the FSW on the case as necessary.

The Adoption Specialist will:

- A. Attend staffings when invited.
- B. Keep his or her Adoption Supervisor informed of the child's permanency goal and progress toward that goal.

PROCEDURE VII-J4: Response to True Finding Upheld on Administrative Appeal, Priority I and II

02/2015

If the true finding is upheld by the administrative hearing, the foster home may remain open for any of the children currently in placement in the home if it can be shown that it is in the best interest of the child(ren) to remain in the home. This should be done on an individual basis for each child.

The FSW will:

- A. Review the existing protection plan.
- B. Make any necessary changes and adjustments to the plan.
- C. Create the necessary documents for requesting that the foster home be granted a policy waiver and/or alternative compliance (see Appendix 8: Alternative Compliance and Policy Waiver Protocol for more information) so that it may remain open.
- D. Forward all case information for the policy waiver and/or alternative compliance request, including investigative outcomes, CANS, and protection plans, to the Area Director.
- E. If at any point the policy waiver and/or alternative compliance request is denied:
 - 1) Remove all children in care from the foster home.
 - 2) Find new and appropriate placements for the removed children.
 - 3) Notify the Resource Worker that the foster home must be closed.
- F. Document the decision made on any policy waiver request in CHRIS.
- G. If the alternative compliance request is reviewed by the Child Welfare Agency Review Board, document the decision of the board in CHRIS.

The Area Director will:

- A. Review all received policy waiver and/or alternative compliance request(s) and supporting materials.
- B. Grant or deny approval for policy waiver and/or alternative compliance request(s) as appropriate.
- C. If approved, forward the request(s) to the Assistant Director of Community Services for approval.

The Assistant Director of Community Services will:

- A. Review the received policy waiver and/or alternative compliance request(s) and supporting materials.
- B. Grant or deny approval for policy waiver and/or alternative compliance request(s) as appropriate.
- C. If approved, forward the request(s) to the Division Director for approval.

The Division Director will:

- A. Review received policy waiver and/or alternative compliance request(s) and supporting materials.
- B. Grant or deny approval for policy waiver and/or alternative compliance request(s) as appropriate.
- C. If approved, forward any alternative compliance request(s) to the Placement and Residential Licensing Unit (PRLU) Manager and staff.

The PRLU Manager or designee will:

- A. Review the request for an alternative compliance; or,
- B. Place the request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board (CWARB).

The Resource Worker will:

- A. Reevaluate any foster home that is granted a policy waiver approval from the Assistant Director of Community Services and/or alternative compliance approval from the Child Welfare Agency Review Board.

- B. Close any foster home that is denied a policy waiver and/or alternative compliance approval at any point during the request review and document in CHRIS that the home is closed.
- C. Provide the reason for closure in the comment box in the Provider Services Tab.
- D. Update CFS-475-F: True Reports of Child Maltreatment Against Foster Family Members and file it in the foster home record.
- E. Print CFS-6001: Referral Information Report from CHRIS and file it in the foster home record.

PROCEDURE II-D6: Referrals on Children Born with Fetal Alcohol Spectrum Disorder

02/2015

The Child Abuse Hotline Worker will:

- A. Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), select "Refer to DCFS for FASD" from the Request for DCFS Assessment screen. This FASD specific R and A request will be directed to the Central Office FASD Project Director inbox for assessment.

The FASD FSW or designee will:

- A. Check CHRIS inbox at least one time each business day.
- B. Contact the local county office supervisor to ask that a local FSW be assigned to coordinate the FASD assessment of the infant and to implement any subsequent plan of safe care if applicable.
- C. Conduct all FASD assessments (to include but not limited to, home visit, review of birth records, facial screening, etc.) on referred infants within 14 calendar days of receipt of referral.
- D. Determine whether a plan of safe care is necessary. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.
- E. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and whether a plan of safe care is necessary.
- F. If necessary, develop a plan of safe care in collaboration with the locally assigned FSW within 30 calendar days of receipt of the referral. The plan of safe care will be used to inform the case plan of the supportive services case that will be opened.
- G. Once the plan of safe care has been developed and the supportive services case has been opened, assign the local FSW as primary and the FASD FSW as secondary.
- H. Support the FSW regarding the implementation of a plan of safe care as appropriate.

The FSW Supervisor will:

- A. Assign a local FSW at the local level to collaborate with the FASD FSW or designee on the FASD assessment and any plan of safe care if applicable.
- B. Conference with the local FSW regarding the development and implementation of a plan of safe care if applicable.

The local Family Service Worker will:

- A. Accompany the FASD FSW or designee on the assessment of the referred infant when possible (assessment should take place within 14 calendar days of receipt of the referral).
- B. Collaborate with the FASD FSW regarding the development of the plan of safe care if applicable (any plan of safe care should be developed within 30 calendar days of receipt of the referral).
- C. If a plan of safe care is developed, open a supportive services case in CHRIS.
- D. Conduct the Family Advocacy and Support Tool (FAST) and use the results from the FAST as well as the plan of safe care to inform the supportive services case.
- E. Assume role as primary worker once the supportive services case is open and oversee implementation of the plan of safe care/supportive services case plan.
- F. Assess the supportive services case for closure within 90 days of opening (if appropriate).

PROCEDURE II-H1: DDS Early Intervention Services Referrals

02/2015

When children under the age of three are involved in a substantiated case of child maltreatment, but a case is not opened, the investigator will:

- A. Provide an overview of the benefits of early intervention services to the parent/guardian.
- B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
 - 1) Complete form DHS-3300 available in CHRIS.
 - a) The DHS-3300 can be accessed in the Information and Referral Screen (Investigate/Services/Ref Services; Select child who is being referred and then select add button).
 - b) When the button "DCO-3350/DHS-3300" is selected, a dialogue box will open so that staff can select the form to be completed.
 - c) Select the "OK" button to open the DHS-3300.
 - d) Select "Developmental Disabilities" as the Receiving Agency.
 - e) Select "Other" in the "Services Requested and Codes" section and enter "Early Intervention Screening Referral" in the specification box.
 - f) Note in the comments box that a case will not be opened, so DCFS will have no further involvement.
 - g) Complete the remainder DHS-3300 with as much information as possible.
 - i. At minimum, the child's name, child's date of birth OR Social Security number, and FSW contact information must be entered.
 - 2) Print the completed DHS-3300 to either scan and email or fax to the local DDS Services Coordinator.
- C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services that may help the child learn and reach his or her individual potential.

When children under the age of three are involved in a substantiated case of child maltreatment and a protective services or foster care case is subsequently opened, the FSW caseworker (either protective services or foster care, as applicable) will:

- A. Provide an overview of the benefits of early intervention services to the parent/guardian.
- B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
 - 1) Complete form DHS-3300 available in CHRIS.
 - a) The DHS-3300 can be accessed in the Information and Referral Screen (Case/Services/Ref Services; Select child who is being referred and then select add button).
 - b) When the button "DCO-3350/DHS-3300" is selected, a dialogue box will open so that staff can select the form to be completed.
 - c) Select the "OK" button to open the DHS-3300.
 - d) Select "Developmental Disabilities" as the Receiving Agency.
 - e) Select "Other" in the "Services Requested and Codes" section and enter "Early Intervention Screening Referral" in the specification box.
 - f) Complete the remainder DHS-3300 with as much information as possible.
 - i. At minimum, the child's name, child's date of birth OR Social Security number, and FSW contact information must be entered.
- C. Print the completed DHS-3300 to either scan and email or fax to the local DDS Services Coordinator.
- D. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services.
- E. Prior to the early intervention services intake meeting, provide the local DDS Services Coordinator with:
 - 1) Court-order, if applicable
 - 2) Copy of Social Security Card or number

- 3) Copy of Medicaid Card or number, if applicable
 - 4) Any other pertinent information related to the request for the early intervention screening
 - 5) Copy of EPSDT, if available (parent must obtain)
 - 6) Copy of all evaluations, if applicable
- G. Coordinate remaining paperwork and services, as applicable, with the local DDS Service Coordinator. This includes but is not limited to:
- 1) Coordinating the completion of DMS-800: Authorization for Children's Medical Services if the early intervention intake meeting determines the child is eligible for DDS Children's Medical Services
 - 2) Providing a copy of the Family Advocacy and Support Tool (FAST) for any child involved in an in-home services case or a copy of the Child and Adolescent Needs and Strengths (CANS) functional assessment for any child involved in an out-of-home services case and the case plan once they are completed;
 - 3) Notifying, as applicable, PACE, Health Service Worker, and foster parent(s) that early intervention screening referral has already been made to DDS Children's Services per CAPTA requirements prior to PACE evaluation.
- H. Invite DDS services coordinator and early intervention service providers to staffings if child is receiving early intervention services.
- I. Keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and coordination.
- J. Document contacts related to the DDS early intervention services referral in the contacts screen in CHRIS.
- K. Update the child's case plan as appropriate.
- L. Conference with supervisor as needed regarding the referral to DDS early intervention services.

The Investigative and FSW Supervisors will:

- A. Conference with the investigator and/or FSW caseworker as needed regarding the child's DDS early intervention referral and/or any subsequent services.
- B. Notify, as necessary, his or her supervisor of any issues related to the child's DDS early intervention referral and/or services.

Upon referral, the DDS Service Coordinator should:

- A. Acknowledge receipt of the DHS-3300 via email or fax.
- B. Arrange the early intervention intake meeting.
- C. Assess and determine the need and eligibility of the child for services and notify in writing the DCFS Family Service Worker (FSW) and FSW Supervisor indicating the eligibility status and needs of the child, if applicable.
- D. If it is determined that the child needs and is eligible for early intervention services:
 - 1) Provide a more detailed explanation to the parent/guardian of early intervention services including types, benefits, requirements, etc.
 - 2) Provide copies of the child's IFSP and any early intervention evaluations to the FSW.
 - 3) Keep the child's FSW and person serving as the parent informed of the child's progress and any changes in services.

APPENDIX 1: GLOSSARY

02/2015

ABANDONED INFANT -- A juvenile less than nine months of age and whose parent, guardian or custodian left the child alone or in the possession of another person without identifying information or with an expression of intent by words, actions or omissions not to return for the infant.

ABANDONMENT-- Failure of the parent to provide reasonable support for a juvenile and to maintain regular contact with the juvenile through statement or contact when this failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future, or when the failure of a parent to support or maintain regular contact with the juvenile is without just cause, or when there is an articulated intent to forego parental responsibility. Abandonment does not include acts or omissions of a parent toward a married minor.

ABUSE -- Any of the following acts or omissions by a parent, guardian, custodian, foster parent, person 18 years of age or older living in the home with a child whether related or unrelated to the child, or any person who is entrusted with the juvenile's care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, a significant other of the child's parent, or any person legally responsible for the juvenile's welfare, but excluding the spouse of a minor:

- A. Extreme or repeated cruelty to a juvenile;
- B. Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ.
- C. Injury to a juvenile's intellectual, emotional or psychological development as evidenced by observable and substantial impairment of the juvenile's ability to function within the juvenile's normal range of performance and behavior.
- D. Any history that is at variance with the history given.
- E. Any non-accidental physical injury.
- F. Any of the following intentional or knowing acts, with physical injury and without justifiable cause:
 - 1) Throwing, kicking, burning, biting or cutting a child.
 - 2) Striking a child with a closed fist.
 - 3) Shaking a child.
 - 4) Striking a child on the face or head.
- G. Any of the following intentional or knowing acts, with or without injury:
 - 1) Striking a child age six or younger on the face or head.
 - 2) Shaking a child age three or younger.
 - 3) Interfering with a child's breathing.
 - 4) Pinching or striking a child's genital area.

NOTE: The prior list of unreasonable actions are considered illustrative and not exclusive.

- H. No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.
- I. Abuse shall not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes or restraining or correcting the child.
 - 1) The person exercising the restraint is an employee of an agency licensed or exempted from licensure under the Child Welfare Agency Licensing Act;
 - 2) The agency has policy and procedures regarding restraints;
 - 3) No other alternative exists to control the child except for a restraint;
 - 4) The child is in danger of hurting himself or others;
 - 5) The person exercising the restraint has been trained in properly restraining children, de-escalation, and conflict resolution techniques; and
 - 6) The restraint is for a reasonable period of time.

- J. Reasonable and moderate physical discipline inflicted by a parent or guardian shall not include any act that is likely to cause and which does cause injury more serious than transient pain or minor temporary marks.
- K. The age, size and condition of the child and the location of the injury and the frequency of recurrence of injuries shall be considered when determining whether the physical discipline is reasonable or moderate.

AGGRAVATED CIRCUMSTANCES—Aggravated circumstances exist when a child has been abandoned, chronically abused, subjected to extreme or repeated cruelty, sexually abused, sexually exploited, or a determination has been or is made by a judge that there is little likelihood that services to the family will result in successful reunification; or a child has been removed from the custody of the parent or guardian and placed in foster care or in the custody of another person three or more times in the last 15 months; or, a child or a sibling has been neglected or abused such that the abuse could endanger the life of the child.

ALTERNATIVE COMPLIANCE – a request for approval from the Child Welfare Agency Review Board to allow a licensee to deviate from the letter of a regulation. The licensee must demonstrate substantial compliance with the intent of the regulation. This includes, but is not limited to, regulations that govern background checks and convictions for prohibited offenses.

CARETAKER – A parent, guardian, custodian, foster parent, or any person 14 years of age or older who is entrusted with a child’s care by a parent, guardian, custodian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible for a child’s welfare.

CHILD – A person who is from birth to the age of 18.

CHILD (FOR TITLE IV-E PURPOSES) –

- A. For the purposes of the title IV-E foster care program, an individual:
 - 1) Who is in foster care under the responsibility of DHS; and,
 - 2) Who meets the following age parameters:
 - a) Has not attained 18 years of age; or,
 - b) Has attained 18 years of age but who has not attained 21 years of age and meets any of the following conditions:
 - c) Is completing secondary education or a program leading to an equivalent credential.
 - d) Is enrolled in an institution which provides post-secondary or vocational education.
 - e) Is participating in a program or activity designed to promote, or remove barriers to, employment.
 - f) Is employed for at least 80 hours per month.
 - g) Is incapable of doing any of the above described activities due to a medical condition, which incapability is supported by regularly updated information in the case plan
- B. For the purposes of the title IV-E adoption or guardianship assistance program, an individual:
 - 1) Who is under the age of 18 and is the subject of an adoption or guardianship assistance agreement entered into prior to the age of 16; or,
 - 2) Who is under the age of 21 and is the subject of an adoption or guardianship assistance agreement entered into after the individual attained the age of 16 and meets any of the following conditions:
 - a) Is completing secondary education or a program leading to an equivalent credential.
 - b) Is enrolled in an institution which provides post-secondary or vocational education.
 - c) Is participating in a program or activity designed to promote, or remove barriers to, employment.
 - d) Is employed for at least 80 hours per month.
 - e) Is incapable of doing any of the above described activities due to a medical condition.

CHILD ABUSE HOTLINE – The Child Abuse Hotline is maintained by the State Police Crimes Against Families Division, for the purpose of receiving and recording notification made pursuant to the “Child Maltreatment

Reporting Act". The Child Abuse Hotline is staffed 24 hours per day and has statewide accessibility through a toll-free telephone number.

CHILDCARE INSTITUTION – A private child care institution, or a public child care institution which accommodates no more than 25 children, and is licensed by the State in which it is situated or has been approved by the agency of such State or tribal licensing authority (with respect to child care institutions on or near Indian reservations) responsible for licensing or approval of institutions of this type as meeting the standards established for such licensing, except, in the case of a child who has attained 18 years of age, the term includes a supervised independent living setting in which the individual is living independently. This definition must not include detention facilities, forestry camps, training schools, or any other facility operated primarily for the detention of children who are determined to be delinquent.

CHILD MALTREATMENT - Physical abuse, sexual abuse, emotional abuse, neglect, sexual exploitation or abandonment of a child.

CHILD MALTREATMENT INVESTIGATION -- A fact finding assessment that occurs when an allegation of child maltreatment is received. Completion is reached when a determination is made concerning the allegations.

COURT-APPOINTED SPECIAL ADVOCATE (CASA) – Volunteer appointed by the court to advocate for the best interest of juveniles in dependency-neglect proceedings.

CUSTODIAN – A person (not a parent or legal guardian) who stands in loco parentis to the child OR an agency or institution given custody of a child through a court order.

DELINQUENT JUVENILE – Any juvenile:

- A. 10 years of age or older who has committed an act other than a traffic offense or game and fish violation, which, if the act had been committed by an adult, would subject the adult to prosecution for a felony, misdemeanor, or violation under the applicable criminal laws of this state or who has violated §5-73-119; OR
- B. Any juvenile charged with capital murder or murder in the first degree, subject to extended juvenile jurisdiction.

DEPENDENT JUVENILES – Includes a child:

- A. Whose parent is in the custody of the Department of Human Services;
- B. Whose parent or guardian is incarcerated for a reason unrelated to the health, safety, or welfare of the child and the parent or guardian has no appropriate relative or friend willing or able to provide care for the child;
- C. Whose parent or guardian is incapacitated, whether temporarily or permanently, such that the parent or guardian cannot provide care for the juvenile and the parent or guardian has no appropriate relative or friend willing or able to provide care for the child;
- D. Whose custodial parent dies and no stand-by guardian exists;
- E. Who is an infant relinquished to the custody of DHS for the sole purpose of adoption;
- F. Who is a safe haven baby. (Safe Haven Act–2001);
- G. Who has disrupted his or her adoption, and the adoptive parents have exhausted resources available to them; or,
- H. Who has been a victim of human trafficking as a result of threats, coercion, or fraud without the knowledge of the parent.

DEPENDENT-NEGLECTED JUVENILE – Any juvenile who is at substantial risk of harm as a result of the following acts or omissions to the juvenile, a sibling, or another juvenile:

- A. Abandonment
- B. Abuse
- C. Sexual abuse

- D. Sexual exploitation
- E. Neglect or parental unfitness or being present in a dwelling or structure during the manufacture of methamphetamine with the knowledge of his/her parent, guardian, or custodian, or
- F. Human trafficking if they parent knew or should have known the child was a victim of human trafficking as a result of threats, coercion, or fraud.

DEVIATE SEXUAL ACTIVITY -- Any act of sexual gratification involving:

- A. The penetration, however slight, of the anus or mouth of one person by the penis of another person; or
- B. The penetration, however slight, of the labia majora or anus of one person by any body member or foreign instrument manipulated by another person.

DOMESTIC ABUSE -- Physical harm, bodily injury, assault or the infliction of fear of imminent physical harm, bodily injury or assault between family or household members; OR any sexual conduct between family or household members, whether minors or adults, which constitutes a crime under the laws of this state. "Family or household member" means spouses, former spouses, parents and children, persons related by blood within the fourth degree of consanguinity, any child residing in the household, persons who are presently or in the past resided or cohabited together and persons who have or have had a child in common.

EXEMPTED FROM TRUE DUE TO RELIGIOUS EXEMPTION -- Determination will be entered when the parent's decision to withhold medical treatment is based solely upon a religious belief, and the child is furnished with treatment by spiritual means alone, through prayer, in accordance with a recognized religious method of healing by an accredited practitioner. Such prohibition shall not limit the administrative or judicial authority of the State to ensure that medical services are provided to the child when the child's health requires it.

FAMILY -- A spouse, parent, child, sibling, or a person related by consanguinity to another person.

FAMILY IN NEED OF SERVICES (FINS) – Any family whose juvenile evidences behavior which includes, but is not limited to, the following:

- A. Being habitually and without justification absent from school while subject to compulsory school attendance;
- B. Being habitually disobedient to the reasonable and lawful commands of his parent, guardian, or custodian; OR
- C. Having absented himself from the juvenile's home without sufficient cause, permission, or justification.

FAST TRACK -- Fast track implies that reunification services will not be provided or will be terminated before 12 months of services.

FEDERAL ADOPTION SUBSIDY IV-E -- Payments for a child who is categorized as IV-E (TEA/TANF, SSI-AB or SSI-AD) at the time of placement for adoption by the Division and who meets other defined special needs characteristics if it has been documented that a reasonable effort has been made to place the child without the benefit of subsidy.

FICTIVE KIN - Persons not related by blood or marriage but who have a strong, positive emotional tie to the child, and have a positive role in the child's life such as, godparents, neighbors, or family friends

FORCIBLE COMPULSION – Any act of physical force or intimidation, or any threat, express or implied, of death, physical injury, rape, sexual abuse or kidnapping of anyone committed against that person's will. The age, developmental stage and stature of the victim and the relationship of the victim to the assailant, as well as the threat of deprivation of affection, rights and privileges from the victim by the assailant, shall be considered in weighing the sufficiency of the evidence to prove compulsion.

GUARDIAN -- Any person, agency or institution so appointed by a court.

HOLISTIC -- View of the family and accompanying circumstances that take into consideration the entire family. This view includes the psychological, sociological, physical, and environmental factors which influence the functioning of the family.

HOME ASSESSMENT – The mutual selection process that involves several components including, but not limited to, an in-home consultation visit, background checks, pre-service training, a home study, and ongoing consultation with the prospective foster/adoptive parents to ensure that applicants meet all appropriate criteria related to both compliance and quality.

HOME STUDY – The specific interviewing and reporting tool used to determine if a family is ready, willing, and able to become a suitable and safe placement resource for a child. The home study must evaluate a family's dynamics in areas including, but not limited to, motivation for wanting to foster, health, education, lifestyle, daily schedules, parenting practices, support systems, and personal histories. It shall include a Vehicle Safety Check on all applicable household members, a Child Maltreatment Central Registry Check on all members of the household age 14 or older, excluding children in foster care, and an Arkansas State Police Criminal Record Check and a fingerprint-based FBI Criminal Background Check on all members of the household age 18 and one-half years or older, excluding children in foster care.

HOUSEHOLD MEMBER -- A resident of the home who:

- A. owns or is legally responsible for paying rent on the home (household head); or,
- B. is in a close personal relationship with a household head; or,
- C. is related to a household head or a to a person in a close personal relationship with a household head.

Any household member who resides in the home for more than 3 cumulative months in a calendar year (e.g. an adult biological child of the foster parents who is home for the summer and holiday breaks or a relative who visits for 6 weeks twice a year) must clear the following background checks: Arkansas Child Maltreatment Central Registry, Arkansas Adult Maltreatment Central Registry, Arkansas State Police Criminal Record Check, and FBI Criminal Background Check.

ICPC -- The Interstate Compact on the Placement of Children is a legislative-enacted agreement currently entered into by all 50 states. It is used to move children in need of placement, treatment or adoption across state lines.

INACTIVE -- The child maltreatment assessment cannot be completed.

INDECENT EXPOSURE -- Exposure by a person of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or of any other person under circumstances in which the person knows the conduct is likely to cause affront or alarm.

INDEPENDENCE – a permanency planning hearing disposition known as Another Planned Permanent Living Arrangement (APPLA) for the juvenile who will not be reunited with his or her family and because another permanent plan is not in the juvenile's best interest.

JUVENILE -- A person who is between birth and age 18.

LAW ENFORCEMENT AGENCY -- Any police force or organization whose primary responsibility as established by law or ordinance is the enforcement of laws of this state and is staffed 24 hours a day.

MAINTENANCE SUBSIDY -- Established monthly payment to cover the costs of maintaining and providing for the basic needs of the child in an adoptive placement on a regular basis. The payment is not to exceed the child's foster care board rate which is in effect at the time the adoption subsidy is approved. The amount may increase in subsequent approvals depending on the child's age.

MANDATED REPORTER -- Individuals identified in the "Child Maltreatment Reporting Act" who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

AR State Police Crimes Against Children Division (CACD) Employee
Attorney ad litem in the course of his or her duties as an attorney ad litem
Child abuse advocate or volunteer
Child advocacy center employee
Child Care center worker
Child Care worker
Child safety center employee
Clergyman*
Coroner
Court Appointed Special Advocate (CASA) program staff or volunteer
Dental hygienist
Dentist
Department of Human Services employee
Domestic abuse advocate
Domestic violence shelter employee
Domestic violence volunteer
Employee of a reproductive health care facility
Employee working under contract for the Division of Juvenile Services
Foster care worker
Foster parent
Judge
Juvenile intake or probation officer
Law enforcement official
Licensed nurse
Medical personnel who may be engaged in admission, examination, care, or treatment of persons
Mental health paraprofessional
Mental health professional
Osteopath
Peace officer
Physician
Prosecuting attorney
Rape crisis advocate or volunteer
Resident intern
School counselor
School official**
Sexual abuse advocate or volunteer
Social worker
Surgeon

Teacher

Victim assistance professional or volunteer

Victim/witness coordinator

Volunteer at a reproductive healthcare facility

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

**“School Official” means any person authorized by a school to exercise administrative or supervisory authority over employees, students, or agents of the school. A volunteer exercising administrative or supervisory authority in a program conducted by a school is also considered a school official.

MEDICAL PROVIDER – Any emergency Department of a hospital licensed under § 20-9-214.

NEGLECT -- Acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile’s care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile’s welfare, but excluding the spouse of a minor and the parents of a married minor, which constitute:

- A. Failure or refusal to prevent the abuse of the child when the person knows or has reasonable cause to know the child is or has been abused;
- B. Failure or refusal to provide the necessary food, clothing, or shelter, or medical treatment necessary for the child’s well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;
- C. Failure to take reasonable action to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known;
- D. Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the child, including the failure to provide a shelter that does not pose a risk to the health or safety of the child;
- E. Failure to provide for the child’s care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;
- F. Failure, although able, to assume responsibility for the care and custody of the child or participate in a plan to assume such responsibility;
- G. Failure to appropriately supervise the child that results in the child being left alone at an inappropriate age creating a dangerous situation or a situation that puts the child at risk of harm; or, in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk of harm;
- H. Failure, regardless of whether the parent, guardian, custodian, foster parent, or any person who is entrusted with the child’s care, etc. is present, to appropriately supervise the child that results in the child being placed in inappropriate circumstances creating a dangerous situation or in a situation that puts the child at risk of harm;
- I. Failure to ensure a child between 6 and 17 years of age is enrolled in school or is legally being home schooled or as a result of an act or omission by the child’s parent or guardian, the child is habitually and without justification absent from school.

NEWBORN - An infant who is 30 days of age or younger (Garrett’s Law, A.C.A. §9-9-702)

NON-ACCIDENTAL OR ABUSIVE HEAD TRAUMA - Form of inflicted head trauma that can be caused by direct blows to the head, dropping or throwing a child, or shaking a child. Shaken Baby Syndrome may be a component of non-accidental or accidental head trauma.

NON-RECURRING ADOPTION EXPENSE SUBSIDY -- Payment for non-recurring adoption expenses incurred in the adoption of a child with special needs and is limited to \$1,500 per child. Payment will be made to or on behalf of parents who have adopted or have accepted placement for the purpose of adoption.

ORDER OF LESS THAN CUSTODY – A court order that DCFS may seek when there are protection issues regarding a child whose health or physical well-being is in immediate danger, but the Division does not want to seek custody.

OUT-OF-HOME PLACEMENT - Placement in a home or facility other than placement in a youth services center, a detention facility, or the home of a parent or guardian of the juvenile; or placement in the home of an individual other than a parent or guardian, not including any placement where the court has ordered that the placement be made permanent and ordered that no further reunification services or six-month reviews are required.

OUTPATIENT MENTAL HEALTH EMERGENCY – Defined by the Community Mental Health Center’s actions and protocol, including, but not limited to, facilitation of admission to a hospital or other appropriate 24 hour treatment facility.

PARENT -- Biological mother, an adoptive parent, a man to whom the biological mother was married at the time of conception or birth, or has been found by a court of competent jurisdiction to be the biological father of the juvenile.

PERMANENT CUSTODY – Custody that is transferred to a person as a permanent disposition in a juvenile case and the case is closed.

POLICY WAIVER – a request to deviate from DCFS policy, procedures or standards. The DCFS Director approves all policy waiver requests.

PORNOGRAPHY -- Obscene or licentious material, including pictures, movies and videos. Applying contemporary community standards, the material will be considered pornographic if an average person would find that the material taken as a whole appeals to the prurient interest or if the material depicts in a patently offensive way sexual conduct. The material must lack serious literary, artistic, political or scientific value to be considered pornographic.

PREPONDERANCE OF THE EVIDENCE – Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact to be proved is more probable than not.

PROTECTION PLAN – A written plan developed by the Division in conjunction with the family and support network to protect the juvenile from harm and which allows the juvenile to remain safely in the home.

PSYCHIATRIC CRISIS – Any condition requiring greater than routine services, but requiring less than hospitalization; a condition that is not homicidal or suicidal, or if it is, one that can be handled with a no-harm contract and/or a viable plan for safety.

PUTATIVE FATHER – A man who claims or is alleged to be the biological father of a juvenile, but has not been so deemed or adjudicated by a U.S. court.

REASONABLE EFFORTS - Efforts to

1. Maintain the family unit and prevent the unnecessary removal of a child from his/her home, as long as the child’s safety is assured;

2. Effect the safe reunification of the child and family (if temporary out-of-home placement is necessary to ensure the immediate safety of the child);
3. Make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible.

If continuation of reasonable efforts as listed above is determined to be inconsistent with the permanency plan for the child, reasonable efforts are made to place the child in a timely manner in accordance with the permanency plan including, if appropriate, through an interstate placement, and to complete whatever steps are necessary to finalize the permanent placement of the child. They also include efforts made to obtain permanency for a child who has been in an out-of-home placement for more than 12 months or for 15 of the last 22 months.

RECEIVING PARTY -- Local agency, office, facility, or individual who will be supervising a child placed into a state under the provisions of the ICPC.

RECEIVING STATE -- State to which a child is sent for supervision under the provisions of the ICPC.

RELATIVE (FOR PROVISIONAL FOSTER HOMES) - A person within the *fifth* degree of kinship by virtue of blood or adoption (A.C.A. 9-28-402(18) & the Child Welfare Licensing Act). The fifth degree is calculated according to the child.

RELATIVE (FOR NOTIFICATION PURPOSES ONLY) - A person within the *third* degree of kinship by virtue of blood or adoption.

ROOMER/BOARDER -- A person to whom a household furnishes lodging, meals, or both, for a reasonable monthly payment; and is not a household member.

SAFEGUARD MEASURE – If, at any time during the foster/adoptive family application process, a Resource Worker or Adoption Specialist determines that any aspect of the home does not meet Minimum Licensing Standards or DCFS policy requirements, the prospective foster or adoptive family may be asked to implement a safeguard measure to ensure the home is safe and in compliance with policy and licensing standards. The safeguard measure must be implemented before the family can be approved as a foster or adoptive home.

SAFETY PLAN -- Court ordered plan developed for a moderate or high risk adjudicated delinquent sex offender - not to be confused with a plan put in place as part of a child maltreatment investigation to protect the child.

SCHOOL -- Any: (1) Elementary school, junior high school, or high school; (2) Technical institute or post-secondary vocational-technical school; or, (3) Two-year or four-year college or university.

SENDING PARTY -- Local agency, office, facility, court or individual who has custody/jurisdiction of a child and has requested or arranged for an out-of-state placement the provisions of ICPC.

SEXUAL ABUSE – Any of the following acts committed:

- A. By a person 14 years of age or older to a person younger than 18 years of age:
 - 1) Sexual intercourse, deviate sexual activity or sexual contact by forcible compulsion
 - 2) Attempted sexual intercourse, deviate sexual activity or sexual contact by forcible compulsion
 - 3) Indecent exposure or forcing the watching of pornography or live sexual activity
- B. By a person 18 years of age or older to a person not his or her spouse who is younger than 16 years of age:
 - 1) Sexual intercourse, deviate sexual activity or sexual contact
 - 2) Attempted sexual intercourse, deviate sexual activity or sexual contact
- C. By a caretaker to a person younger than 18 years of age:
 - 1) Sexual intercourse, deviate sexual activity or sexual contact
 - 2) Attempted sexual intercourse, deviate sexual activity or sexual contact

- 3) Forcing or encouraging the watching of pornography
 - 4) Forcing, permitting or encouraging the watching of live sexual activity
 - 5) Forcing listening to a phone sex line
 - 6) Committing an act of voyeurism
- D. By a person younger than 14 years of age to a person younger than 18 years of age:
- 1) Sexual intercourse, deviate sexual activity or sexual contact by forcible compulsion
 - 2) Attempted sexual intercourse, deviate sexual activity or sexual contact by forcible compulsion

SEXUAL CONTACT --Any act of sexual gratification involving the touching, directly or through clothing, of the sex organs, buttocks, or anus of a person or the breast of a female; the encouraging of a child to touch the offender in a sexual manner; or the offender requesting to touch a child in a sexual manner. Normal affectionate hugging is not construed as sexual contact.

SEXUAL EXPLOITATION -- Allowing, permitting, or encouraging participation or depiction of the juvenile in prostitution, obscene photographing, filming, or obscenely depicting a juvenile for any use or purpose.

SIGNIFICANT OTHER – A person with whom the parent shares a household or who has a relationship with the parent that results in the person acting in place of the parent with respect to the parent’s child or children, regardless of living arrangements.

SPECIAL NEEDS CHILD -- A child who is free for adoption and belongs to a group of children for whom the Division does not have an adequate resource of approved applicants to provide a pool of available waiting adoptive families. Other children may be eligible for adoption assistance under this category if they have severe medical or psychological needs that require ongoing rehabilitation or treatment. These children include:

- A. a Caucasian child nine years or older,
- B. a healthy child of color who is two years or older,
- C. a member of any sibling group being placed together who share at least one biological parent and who have either lived together or otherwise developed a bond prior to adoptive placement, and the child is:
- D. legally free for adoption with parental rights terminated,
- E. under 18 years old and whose adoption has not been finalized prior to approval of the subsidy,
- F. (for the purposes of a State Subsidy only), in DHS custody, or
- G. a member of a Non-Custody/Out of Home Placement Services case, or
- H. (For the purposes of private and independent adoptions only), who is SSI eligible at the time the adoption petition is filed.

SPECIAL SUBSIDY -- A payment to provide for the costs of special services related to the child’s needs which cannot be met by the adoptive parent. It may include, but not be limited to, legal/medical/psychological/therapy services and corrective appliances – not to include orthodontic corrective appliances.

STATE ADOPTION SUBSIDY -- Payments for a child who is not categorized as IV-E or SSI eligible at the time of placement for adoption by the Division. Such a child, who meets other defined special needs characteristics, may be eligible for subsidized adoption from state moneys if it has been documented that a reasonable effort has been made to place the child without the benefit of an adoption subsidy. A child must be in DHS custody to be eligible for a State funded subsidy.

STATE LEGAL SUBSIDY – OPLS legal services provided for children in DHS custody and non custody/out-of-home placement in order to finalize an adoption. A legal subsidy **does not** include the use of a private attorney. The children are eligible for a legal subsidy whether or not they meet the criteria for special needs and without regard to eligibility to IV-E, state maintenance subsidy, or non-recurring subsidy.

SUBJECT OF THE REPORT -- The alleged offender, the custodial and non-custodial parent, guardian and legal custodians of the child who are subject to suspected maltreatment, and the child who is the subject of suspected maltreatment.

SUPERVISION -- Involves periodic visitation to the home, school, or other places to monitor or observe a child's situation or condition. This service also may include arrangement and observation of visitation.

TEMPORARY CUSTODY – Custody that is transferred to a person during the pendency of the juvenile court case when services are being provided to achieve the goal of the case plan.

TEMPORARY PLACEMENT – Placement intended to be temporary (e.g., emergency shelter) until a stable placement can be located for the child in accordance with Division policy.

TRIAL PLACEMENT -- The custody of the child remains with DHS but the child is returned to the home of a parent or the person from whom custody was removed for a period not to exceed 60 days.

TRUE -- Determination when the allegation of child maltreatment is supported by a preponderance of the evidence.

UNDERAGED JUVENILE OFFENDER – Any child younger than 14 years of age for whom a report of sexual abuse has been determined to be true for sexual abuse to another child.

UNSUBSTANTIATED -- Determination when the allegation of child maltreatment is not supported by a preponderance of the evidence.

VOYEURISM -- Looking, for the purpose of sexual arousal or gratification, into a private location or place in which a child may reasonably be expected to be nude or partially nude.

APPENDIX 4: CASE RECORD ORDER (Out-Of-Home Placement Cases)

02/2015

The Family Service Worker shall maintain and organize the current case record on every child in foster care in his caseload. Policy I-E: Official Record Keeping & Access to Official Records, states that a hard copy file of case information will be maintained for data not in CHRIS. Hard copy files will be created, if necessary for case review. The following is the case record order to maintain files on information not in CHRIS. This case record order will also be used when hard copy files are created for case review.

Front Left Legal Section

6 Month Review Order
Adjudication Order
Emergency Order
Summons
Warning Orders
Order Terminating Parental Rights and Granting to DHS the Power to Consent to Adoption
Petitions
Affidavit CFS-411: Affidavit
Birth Certificate
Social Security Card SS-5
Photograph of Child

Order Terminating Parental Rights (if applicable), next to the top, then most current court order followed by all legal documents related to that order (i.e., petition, warning orders, summons, etc.). Other information behind this is filed in chronological order with the most current on top. Behind each court order, file all legal documents related to the order.

Front Right Case Plan, Staffings, and Progress Reports

CFS-6010: Case Plan
Treatment Plan – signed CFS-6010: Case Plan
Placement Plan – signed CFS-6008:
CFS-368: Child's Health History Services Plan/Medical Passport
Transitional Plan (if applicable)

Order: CFS-6010: Case Plan on top and applicable medical passport forms, and staffing reports filed in chronological order with the most current on top.

Center Left Child's Social Record and Narrative

CFS-6011: Court Report
Home Studies

Order: File in chronological order with the most current on top.

Center Right Correspondence

CFS-590: Invitation to Family Centered Meeting

CFS-331: Change in Placement Review

Letters/Memos

Incident Reports (use IRIS link on DHS Share)

Order: Most current on top.

Back Left Medical and School Record

CFS-362: Medi-Alert to Foster Care Provider (Initial Placement)

CFS-368: Child Health Services Plan

CFS-366: Health Screening

CFS-352: Medical, Dental, Vision, Hearing and Psychological Episodic Form

CFS-353: Past Medical History Records Requested

DHS-81: Consent for Release of Information

School Records (Report Cards, IEP, etc.)

Psychological Evaluations

Order: Child' medical record on top; others intermixed with most current on top.

Note: Educational records and reports of each age appropriate child, not just those children with special educational needs, shall be filed in the child in foster care's case record. Reports and records include report cards, Individual Education Plan (IEP), etc.

Back Right Financial

CFS-487: Application for title IV-E Payments/Medicaid (print from CHRIS screen)

DHS-91: Referral/Information Transmittal

Notification of Change (print from CHRIS screen)

DHS-1914: Requisition

CFS-334: Authorization for Billing (Only for payments from Child's Trust Account)

CFS-322: Homemaker Referral

DHS-3300: Information/Referral

Order: Intermixed with most current on top.