

PROCEDURE (II-E10): Protective Custody of Child in Immediate Danger

The Family Service Worker will:

- Take the child into Protective Custody for up to 72 hours if the circumstances of the child present an immediate danger of severe maltreatment. The child's health and safety will be of paramount concern.

A 72 hour hold can be exercised on any child who is dependent as defined by the Arkansas Juvenile Code of 1989, § 9-27-301 et. Seq. (See Glossary for definition of "Dependent".)

In cases where domestic abuse is involved (see glossary for definition of Domestic Abuse) 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. If a minor child's safety is a concern and the parent does not file an order of protection, the Family Service Worker should contact OCC to determine appropriate legal action. (One legal option is to petition the court for an order of less than custody.) The worker should thoroughly review the Health and Safety Assessment and Risk Assessment and ensure that a safety plan is in place for a child before leaving a child in a home when an order for protection is 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.

- Notify the OCC attorney immediately that Protective Custody was exercised and request an ex parte emergency order from the court.
- Make a determination whether to recommend to the court that reunification services should not be provided to reunite the child with his family (see Policy VI-A). If the court determines that reunification services shall not be provided, a permanency planning hearing will be held within thirty (30) days after the determination. It is not required that a permanency planning hearing be held as a prerequisite to the filing of a petition to terminate parental rights, or as a prerequisite to the court considering a petition to terminate parental rights.
- Determine whether the grandparents have the right to notice and an opportunity to be heard. In a child custody or dependency-neglect case, grandparents have this right if all the following conditions are present:
 - The grandchild resided with the grandparent for at least 6 consecutive months prior to the child's first birthday or lived with the grandparent for at least one continuous year regardless of age;
 - The grandparent was the primary financial caregiver during the time the child resided with the grandparent; and
 - The continuous custody occurred within one year of the initiation of the custody proceeding.

Note: "Grandparent" does not mean a parent of a putative father of a child for the purpose of this determination.

- Provide the OCC attorney with the name and address of any grandparent who is entitled to notice based on the above conditions.
- Prepare an affidavit immediately and give it to the OCC attorney.

- Have the child thoroughly examined by a physician within 24 hours of removal. The Family Service Worker may consent for medical and dental services during Protective Custody.
- Place the child in an appropriate licensed or approved placement. Place a child in a Provisional Relative Foster Home if a relative is identified and it is in the best interest of the child. A child may be placed in the home of a relative on a provisional basis for up to six (6) months pending the relative's home being opened as a regular foster home. If the relative opts to have his or her home opened as a Provisional Foster Home, the relative shall not be paid a board payment until the relative meets all of the foster home requirements and is opened as a regular foster home. See Policy VI-A, Procedure VI-A1 "Out-Of-Home Placement Criteria", VI-J and VI-J1 Out-Of-Home Placement Non-Custody Relative Placement.

NOTE: The child is in the custody of the department, therefore, the child shall remain in an approved foster home or licensed shelter or facility, until the relative's home is opened as a provisional home. It is permissible for a child to be placed on a 72 hour hold in an approved Provisional Relative Foster Home.

- Conduct a review of the home that will include a visual inspection of the home, an expedited Central Registry Check and expedited criminal and local background checks. All criminal background checks for Provisional Relative Foster Homes must be submitted to the DCFS Foster Care Unit by completing the CFS 342A (Foster Care Criminal Record Check). To receive expedited results the CFS-342A can be faxed to the Foster Care Unit, however, the fax must be accompanied by an email to the Foster Care Unit verifying that there is an original notarized copy of the CFS-342A in the possession of the Division. There is no fee for criminal background checks for Provisional Relative Foster Homes. The CFS-474 "Provisional Foster Home Orientation Checklist" must be completed and signed when a child is placed in a Provisional: Relative Foster Family Home. When a child is placed in a provisional relative foster home for a 72 hour hold the family must acknowledge that they will not allow the alleged perpetrator access not supervised by the Division until the investigation is completed 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).

The child(ren), if age appropriate, should also be interviewed about the placement with the relative to determine how the child feels about the placement.

- Non-relative placements, other than approved foster homes or residential care facilities, are not permissible until opened as a regular approved foster home or unless the court gives custody after a written home evaluation is completed. (See Procedure VI-A1 "Out-of-Home Placement Criteria" and Policy VII-A "Foster Parent Training, Approval and Re-evaluation.")
- Notify the Intake Officer of the Juvenile Division of Circuit Court.
- Complete and route "Protective Custody/Parental Notification" (CFS-323).
- Open an Out-of-Home Placement case.
- Return the child to the legal custodian if the emergency necessitating Protective Custody passes or if the judge does not grant custody to the Department. Protective Custody cannot be extended. Complete the "Expiration of Protective Custody/Parental Notification" (CFS-336) and provide to the parent. If the parent refuses to accept custody of the child, an emergency petition should be filed.
- Notify the OCC attorney immediately if the child returns home.
- Close the Out-of-Home Placement case.
- Determine whether to open a non-court involved Protective Services case or initiate a petition for dependency/neglect.

All hearings involving allegations and reports of child maltreatment, and all hearings involving cases of children in Out-of-Home placements shall be closed.

VI. SERVICES TO REUNIFY FAMILIES

POLICY (VI-A): OUT-OF-HOME PLACEMENT CRITERIA

The state of Arkansas is not a voluntary placement state. The removal of a child from his home must occur pursuant to a judicial order placing custody of the child with the Department. When a child is in the custody of the Department of Human Services, DCFS shall ensure that the out-of-home placement is in the best interest of the child, is the least restrictive possible and is matched to the child's physical and therapeutic needs. A child of a parent who is under the age of eighteen (18) years, and is in DHS custody, is also considered a dependent juvenile and is eligible to receive foster care maintenance payments and is deemed to be a recipient of aid to families with dependent children. Titles XIX and XX services will be available to the child in the state in which the child resides. No child shall be placed in the home of a foster parent where a records check reveals a felony conviction for child abuse or neglect, for spousal abuse, for a crime against children (including child pornography), or a crime involving violence, including rape, sexual assault or homicide. No child shall be placed in the home of a foster parent if the record check reveals a criminal conviction for physical assault, battery, or a drug related offense, if the offense was committed within the past five years. The placement decision shall be based on an individual assessment of the child's needs. All efforts to place a child within Arkansas shall be thoroughly explored and documented before consideration is given to out-of-state placement. Relatives shall be considered for placement first.

After the Department removes the child or the court grants custody of the child to the Department, the child shall be placed in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined at A.C.A. § 9-28-402. The court shall not specify a particular provider for placement of any foster child.

In an effort to preserve family connections, a child in foster care may be placed in a Provisional Relative Foster Home if a relative has been identified and is appropriate. A "Provisional Foster Home" means a foster home opened for no more than six (6) months by DCFS for a relative of a child in the custody of the division after the division conducts (a) A health and safety check, including a central registry check, a criminal and local background check on the relative and the appropriate people in the relative's home, a vehicle safety check and (b) A visual inspection of the home of the relative.

"Relative" means a person within the fifth degree of kinship by virtue of blood or adoption. See Policy VI-J and Procedure VI-J1 to discuss placement options with the relative.

The child is in the custody of the department, therefore, the child shall remain in a licensed or approved foster home, shelter or facility until the relative's home is opened as a provisional home, regular foster home or the court grants custody to the relative or person after a written approved home study is presented to the court.

If the relative opts to have his or her home opened as a Provisional Foster Home, the relative shall not be paid a board payment until the relative meets all of the licensing requirements and DCFS standards and is opened as a regular foster home. Until the relative's home is opened as a regular foster home, the relative may apply for and receive benefits for which the relative may be entitled due to the placement of the child in the home, such as benefits under the Temporary Employment Assistance (TEA) Program or food stamps.

If the relative's home is not fully licensed as a foster home after six (6) months of the placement of the child in the home (i.e. meet all requirements and is fully approved as a foster family home): (a) The department shall remove the child from the relative's home and close the relative's provisional foster home or (b) The court shall remove custody from the department and grant custody of the child to the relative.

The court shall not specify a particular provider for placement or family services, when DHS is the payer or provider. In all cases in which family services are ordered, the court shall determine the parent's, guardian's, or custodian's ability to pay, in whole or in part, for these services. This determination and the evidence supporting it shall be made in writing in the court order ordering family services. If the court determines that the parent, guardian, or custodian is able to pay, in whole or part, for the services, the court shall enter a written order setting forth the amounts the parent, guardian, or custodian can pay for the family services ordered and ordering the parent, guardian, or custodian to pay the amount periodically to the provider from whom family services are received.

When it is in the best interest of each of the children, the Department shall attempt to place siblings together while they are in a foster care and adoptive placement. When it is in the best interest of each of the children, the Department shall attempt to place together infants with minor mothers who are in foster care. Relatives of children placed in the custody of the Department shall be given preferential consideration for placement, if the relative caregiver meets all relevant child protection standards and it is in the child's best interest to be placed with the relative caregiver. In order to assist in placing the child with an appropriate relative, the court will order the parent(s) to provide the following information to the Department:

- The names, addresses, and phone numbers of any relatives who may be placement resources for the child;
- The names, addresses, and phone numbers and other identifying information on any putative father(s) of the child;
- Any information regarding possible membership or descent from an Indian tribe;
- Information necessary to determine financial eligibility for services or foster care.

Placement or custody of a child in the home of a relative shall not relieve the Department of its responsibility to actively implement the goal of the case. See Policy VI-J (Out-of-Home Non-DHS Custody/Relative Placements).

If the relative meets all relevant child protection standards and it is in the child's best interest to be placed with the relative caregiver, the worker shall discuss with the relative the following two (2) options for placement of the child in the relative's home:

- (1) The relative becoming a DHS relative foster home; or
- (2) The relative obtaining legal custody of the child.

The child shall remain in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined at A.C.A. § 9-28-402(12), until the relative's home is opened as a Provisional Relative foster home or regular foster home or the court grants custody of the child to the relative after a written approved home study is presented to the court.

If the court grants custody of the child to the relative:

- (A) The child shall not be placed back in the custody of the Department while remaining in the home of the relative;
- (B) The relative shall not receive any financial assistance, including board payments, from the Department, except for financial assistance for which the relative has applied and for which the relative qualifies pursuant to the program guidelines, such as the Transitional Employment Assistance Program, Food Stamps, Medicaid, and federal adoption subsidy; and
- (C) The Department shall not be ordered to pay the equivalent of board payments or adoption subsidies to the relative as reasonable efforts to prevent removal of custody from the relative.

Children who are in the custody of the Department shall be allowed trial placements with parents, for a period not to exceed thirty (30) days. At the end of the thirty (30) days, the court shall either place custody of the child with the parent or the Department shall return the child to a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined in A.C.A. § 9-28-402.

When a child leaves the custody of the Department and the court grants custody to the parent or another person, the Department is no longer legal custodian of the child, even if the Juvenile Division of Circuit Court retains jurisdiction.

Placement shall be chosen:

- To ensure the health and safety of a child;
- To ensure that caretakers have the skills and training sufficient to deal with the child's special needs and any disabling condition; and
- To keep the child in close proximity to the family, if possible, to maintain enrollment in the school the child attended before placement.

The Department shall make reasonable efforts to:

- Maintain the family unit and prevent the unnecessary removal of a child from his home, as long as the child's safety is assured;
- Effect the safe reunification of the child and family (if temporary out-of-home placement is necessary to ensure immediate safety of the child); and
- Make and finalize alternate permanency plans in a timely manner when reunification is not appropriate or possible. In determining reasonable efforts to be made with respect to a child and in making such reasonable efforts, the child's health and safety is of paramount concern.

Within 30 days of a child being placed in DHS custody, the Division will provide the parents with literature, verbal information, and referrals to programs for parenting, child abuse, substance abuse, sexual abuse and family planning.

After a child is placed out of the home, reasonable efforts will be made to reunify a family, to make it possible for the child to safely return home. A judicial determination pertaining to reasonable efforts to prevent removal must have been made within 60 days of the child's removal from the home, otherwise the child will not be eligible for Title IV-E foster care maintenance payments for the duration of his stay in foster care. Reasonable efforts to finalize an alternate permanency plan (i.e., place a child for adoption or with a legal guardian or permanent custodian) may be made concurrently with reasonable efforts to reunify a child with his family. Reasonable efforts shall also be made to obtain permanency for a child who has been in an out-of-home placement for more than twelve (12) months, or for fifteen (15) of the previous twenty-two (22) months.

Reasonable efforts to reunite a child with his parent(s) shall not be required in all cases. The court shall conduct and complete a hearing on a "no reunification services" request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days, and the court shall enter an order determining whether or not reunification services shall be provided. Reunification shall not be required if a court of competent jurisdiction, including the Juvenile Division of Circuit Court, has determined that the parent has:

- (1) Subjected the child to aggravated circumstances; (See Glossary for the definition of aggravated circumstances.)
- (2) Committed murder (which would have been an offense under section 1111(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
- (3) Committed voluntary manslaughter (which would have been an offense under section 1112(a) of Title 18, USC, if the offense had occurred in the special maritime or territorial jurisdiction of the United States) of any child;
- (4) Aided or abetted, attempted, conspired, or solicited to commit such a murder or such a voluntary manslaughter;
- (5) Committed a felony, battery, or assault that results in serious bodily injury to any child; or
- (6) Had the parental rights involuntarily terminated as to a sibling of the child; or
- (7) Abandoned an infant (not the same as "Voluntary Delivery of an Infant", see Procedure VIII- E2).

If reasonable efforts to reunify are determined by a court to be unnecessary, a permanency hearing must be held within 30 days after the court's determination. If the court determines no reunification services will be provided due to aggravating circumstances or upon recommendation from the Division or Attorney Ad Litem at adjudication, the Family Service Worker will have case management responsibility until the child is placed in an adoptive home.

If the court recommends that reunification services should not be provided to reunite a child with his family, DHS, the Attorney Ad Litem or the court shall provide written notice to the defendants. When DHS is the agency requesting that no reunification services be provided, it will send the written notice to the defendants in coordination with OCC. The notice shall be provided to the parties at least fourteen (14) calendar days before the no-reunification hearing, and the notice shall identify in sufficient detail to put the family on notice, the grounds for recommending "no reunification services".

The burden of presenting the case shall be on the requesting party. The court shall conduct and complete a hearing on a “no reunification services” request within fifty (50) days of the date of written notice to the defendants. However, upon good cause shown, the hearing may be continued for an additional twenty (20) days.

PROCEDURE (VI-A1): Out-of-Home Placement Criteria

The Family Service Worker will:

- Consider placement with appropriate relatives in a Kinship Foster Home. (See Policy VII-A.)
- Place a child in a provisional relative foster home if a relative is identified and it is in the best interest of the child. A child may be placed in the home of a relative on a provisional basis for up to six (6) months pending the relative’s home being opened as a regular foster home. If the relative opts to have his or her home opened as a provisional foster home, the relative shall not be paid a board payment until the relative meets all of the requirements and is opened as a regular foster home. The child(ren), if age appropriate, should also be interviewed about the placement with the relative to determine how the child feels about the placement.
- NOTE: The child is in the custody of the department, therefore, the child shall remain in an approved foster home or licensed shelter or facility, until the relative’s home is opened as a provisional home.
- Conduct a review of the home that will include a visual inspection of the home, an expedited Central Registry Check, criminal and local background check and a vehicle safety check. All criminal background checks for Provisional Relative Foster Homes must be submitted to the DCFS Foster Care Unit by completing the CFS 342A (Foster Care Criminal Record Check) to receive expedited results. The CFS-342A can be faxed to the Foster Care Unit for expedited results, however, the fax must be accompanied by an email to the Foster Care Unit verifying that there is an original notarized copy of the CFS-342A in the possession of the Division. There is no fee for criminal background checks conducted for Provisional Relative Foster Homes.

The review of the home will also include the completion of the CFS-446 (In-Home Consultation Visit Report). The worker and supervisor will expeditiously review the background check results and the In-home consultation to determine if the home is a clean and safe environment for the child. The home will be approved as a Provisional Relative Foster Home if it is appropriate and in the child’s best interest. Place the child in the Provisional Relative Foster Home once the home is approved and the family has signed the CFS-474 (Provisional Foster Home Orientation Checklist). The worker and the family must complete any corrective actions necessary to bring the home into compliance with minimum licensing standards within six (6) months.

- Request an Alternative Compliance for a Provisional Relative foster home, if appropriate. However, there must be documentation that the Alternative Compliance will in no way jeopardize the health and safety of the child(ren) placed with the family. All Alternative Compliance requests must go up the chain of command and be reviewed by the County Supervisor, Area Manager, Program Administrator and Assistant Director of Community Services before being presented to the DCFS Director. The Alternative Compliance must be approved before the home can be approved as a provisional home.
- Provide an orientation session with the family at the time of placing the child in the relative’s home. Complete the CFS- 474 “Provisional Foster Home Orientation Checklist” as part of the orientation. The relatives must sign the completed CFS-474 before the child is left in their home.
- Provide an initial clothing order to the child. When a child is first placed in foster care, an initial clothing order may be issued. The Family Service Worker will assess with the foster parent which clothing items are needed and issue the authorized amount of clothing allowance. Purchases will be made using the DHS-1914 process. The FSW will accompany the foster parent to the store to approve the purchase.
- Complete all actions identified in Policy III-A “Services Case Opening and Re-Evaluation”. Complete the IV-E and Medicaid application as prescribed in Procedure III-A2.

- Complete all of the medical exam requirements for the child including the Comprehensive Health Assessment see Procedure VI-D1 “Comprehensive Health Assessment and Health Plan for Children Receiving Out-Of-Home Placement Services”.
- Complete all case opening functions as outlined in Policy IV-A “Services Case Plan” and IV-B “Case Staffings.”
- Visit the child in the relative’s home as required in policy VII-C “ Supervision of Children in Out-Of-Home Placement.”
- Assist the relatives in applying for benefits. Until the relative’s home is opened as a regular foster home, the relative may apply for and receive benefits for which the relative may be entitled due to the placement of the child in the home, such as benefits under the Temporary Employment Assistance Program or food stamps.
- Ensure that the family is completing the process for foster home approval. If the relative’s home is not fully licensed as a foster home within six (6) months of the placement of the child in the home: (a) The department shall remove the child from the relative’s home and close the relative’s provisional foster home or (b) The court shall remove custody from the department and grant custody of the child to the relative.
- Assess the situation if the family does not come into compliance within six (6) months of the placement of the child in the home and recommend to OCC 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.

All Alternative Compliance requests must go up the chain of command and be reviewed by the County Supervisor, Area Manager, Program Administrator and Assistant Director of Community Services before being presented to the DCFS Director.

The Area Manager will:

- Review the request for alternative compliance
- Assure necessary documentation is included with the request.

If the request is appropriate, the Area Manager will:

- Prepare a cover memo to the Program Administrator
 - Place the words “Alternative Compliance Request” in the subject line along with the name of the foster or prospective adoptive parents and their county.
 - Summarize in the body of the memo (a) What action is being requested and the issues pertaining to the need for an alternative compliance request, e.g., age. (b) One or two statements why this request was supported by the Area Manager.
 - Include with the request:
 - (1) A copy of the current home study
 - (2) The date of the next court hearing
 - (3) Copies of the Central Registry Checks
 - (4) Copies of the State Police Checks
 - (5) A copy of the physical, if age is the issue
 - (6) Copy of the results of the FBI search, if residency is an issue
 - (7) If the issue is misdemeanor or felony activity, a written explanation by the prospective foster/adoptive parent explaining what the offense was, why the offense occurred and why the offense should not prevent the approval of the request.

The Program Administrator will:

- Review the request for appropriateness
- Forward the request to the Assistant Director of Community Services for review and submission to the DCFS Director.

The DCFS Director can approve an Alternative Compliance for a relative home on a case-by-case basis. Alternative compliances will only be approved in cases where there is clear documentation that the

placement is in the best interest of the child. The DCFS Director may review and approve any requests for alternative compliance of DCFS Policy. The DCFS Director will review for appropriateness, requests for alternative compliance with CWAL standards, and will then forward the request to the Manager of the CWAL Unit, who will forward the request to the CWAL Board. Any requests for alternative compliance with CWAL regulations and standards can only be approved by the CWAL Review Board.

PROVISIONAL RELATIVE HOMES [Temporary Family Placement (No Board) Service in CHRIS]

The FSW caseworker must inform the Resource Worker of a relative who is interested in becoming a Provisional Relative Home for a child in foster care.

The Resource Worker must enter this family into CHRIS as a Provider opening two placement services: Temporary Family Placement (No Board) Service, and Foster Family Home Service. The Temporary Family 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 family will have only one Provider Number showing two services provided by the family.

The Resource Worker will need to coordinate with the FSW to obtain demographic information on Family Members and enter the information into the CHRIS Provider screens.

In CHRIS:

- **Click Provider button and click New button:**
 - **General Information Screen:**
 - **General Information Tab:**
 - Click Person radio button
 - Enter First and Last Name of Head of Household 1
 - **Address/Telephone Tab:**
 - Select **Physical Location Address** and enter address
 - Enter **School District**
 - Enter **Phone Number**
 - **AKA Tab:**
 - Enter Person name, if known by another name
 - **Services Tab:**
 - Click **Placement Services** radio button
Select **Temporary Family Placement (No Board)**
Enter **Services Start Date**
Select **Parenting Structure**
Click **Add** button
 - Click **New button (to enter another Placement Service)**
Click **Placement Services** radio button
Select **Foster Family Home**
Enter **Services Start Date**
Select **Parenting Structure**
Click **Change** button
 - **Contact Person Tab:**
 - **Contact Type:** Select Person Responsible for Provider and enter name.
 - **Services Provided:** Highlight Select Temporary Family Placement (No Board) and Foster Family Home Services and click Add and OK button and click Change command button [Note: if the Person identified is not the Contact Person for both services, then, select only one service and click New button to enter another person for the other service.]
 - **Members Button:**
 - **Provider Household Members:**
 - **Household Information Tab** – complete all fields on this tab for Head of Household 1 and Head of Household 2.

- **Required Checks Tab** – complete all necessary requirements especially Central Registry check and Local and State Criminal Record checks (Requested, Received and Passed) for both Head of Household 1 and Head of Household 2

Relations Button:

- **Provider Household Relationships screen** – complete relationships of household members

Services Management Button:

- **Click OK on highlighted Temporary Family Placement (No Board) Service:**
 - **Admissions Button** – complete fields, click Add
 - **Rates Button** – Payment Scale defaults to None
 - **Details Button** – complete mandatory fields (yellow) and click on Request Approval button and click on Request Approval checkbox

Contacts Button:

- **Provider Contact Screen** – click New and enter your contacts with the Provider selecting Placement Issues in the Purpose Select Box

[Note: Within the next six months, the family will be meeting all requirements to become a DCFS foster family, such as Training Hours, and other required checks to be in compliance (refer to the CHRIS procedures for Foster Family Approval).]

When the family has an approved Foster Family service, the Temporary Family Placement (No Board) service, needs to be stopped. In CHRIS, here are the steps:

- **Click General Information Button:**
 - **Services Tab** – enter the date in the Services End Date field, selecting the appropriate Reason for End Date and entering the explanation in the Comments for End Date text field.
- Utilize court-ordered relative information obtained from the parent to locate and contact potential relative resources.
- If the relative meets all relevant child protection standards, and it is in the child’s best interest to be placed with the relative caregiver, discuss with the relative the following two (2) options for placement of the child in the relative’s home:
 - (1) The relative becoming a DHS relative foster home; or
 - (2) The relative obtaining legal custody of the child. See Policy VI-J “Out-of-Home Non-DHS Custody/Relative Placements”.
- Complete the CFS-452 (Relative Placement Kinship Care/Relative Foster Care Verification) stating that the family does/does not want to become a relative foster home.
- Select the Out-of-Home Placement that best fits the needs of the child. A child who has been identified as an Exempted From Finding Underaged Child Aggressor or Sexual Offender must not be placed in a foster home with other children, unless the child’s therapist feels that the child is no longer a danger to other children. Proper documentation of this will be contained in the child’s hard copy file. If the recommended placement is a facility, the facility must receive information regarding the allegations. This must be documented in the Recommend Placement screen.
- **Complete the CFS-462A (Foster Home Agreement Addendum) at the time of placement.**
- Document placement selection on the “Case Plan” (CFS-6010) by keying the “Plan Goals” and the “Needs/Svc” screens in the “Treatment” portion of the “Case Plan” section of CHRIS.
- Arrange at least one (1) pre-placement visit for the child before the initial placement and before any subsequent changes in placement if possible and appropriate. Contact the OCC Attorney immediately if child is being moved from one Out-of-Home Placement to another. See Procedure VII-D1.
- Contact the OCC Attorney immediately if there is any indication that the child is a member of an Indian tribe.
- Provide the child’s parent(s) with a copy of PUB-11 (Your Child and Foster Care).

Arkansas Department of Human Services
Division of Children and Family Services
REQUEST FOR CPS CENTRAL REGISTRY CHECK

Authorization for Release of Confidential Information contained within the Arkansas Child Protective Services Central Registry.

A. Type Of Application: Foster Parent Adoptive Parent Provisional Foster Parent Other

B. I, _____ authorize the Arkansas Child Protective Services Central Registry to release any information their files may contain concerning the undersigned and any birth/legal children or any other children under the age of 18 who are now or have resided in the home of the undersigned. I understand that the name of any confidential informants, or other information which does not pertain to me, may not be released.

C. This information should be addressed to: Attn: _____
Worker/Title

Office Requesting the Report

Address

D. _____
 Applicant's Signature Date SSN Age/DOB Race

E. Other names I have been known by: _____

F. Residential History for last 10 years:
 Present Address (since _____, 20__): _____

Previous Addresses:

1) _____ _____ From to _____ 2) _____ _____ From to _____	3) _____ _____ From to _____ 4) _____ _____ From to _____
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G. Children Now Residing or Who Have Resided In The Home:

Full Name DOB/Age Relationship	Full Name DOB/Age Relationship
Full Name DOB/Age Relationship	Full Name DOB/Age Relationship
Full Name DOB/Age Relationship	Full Name DOB/Age Relationship

H. This information is requested by DHS staff for internal use because _____

 Signature of Requesting Agent: _____

I. Results: No information found Information found report attached

Arkansas Department of Human Services
Division of Children and Family Services

AR920340Z

FOSTER CARE CRIMINAL RECORD CHECK

Provisional Relative Foster Home

Regular Foster Home

Home Study

THIS SECTION TO BE COMPLETED BY DCFS WORKER

County Requesting Check and Report

Name of DCFS Worker Requesting the Check

()
Telephone Number

Title

/
Street Address/County Number

Area/Area Manager

City State Zip Code

Date of Request

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN / ALIAS NAME: _____

CURRENT MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE OR IDENTIFICATION NUMBER: _____

LICENSE/IDENTIFICATION NUMBER ISSUED BY STATE OF _____ DRIVER'S LICENSE EXPIRATION DATE: _____

"I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1573 of 2005."

SIGNATURE: _____ DATE: _____

SEE ROUTING INSTRUCTIONS ON THE BACK OF THIS FORM

Statement of Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee

Date

State of Arkansas; County of _____. Subscribed and sworn to me before a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

THIS SECTION IS TO BE COMPLETED BY THE PERSON DOING THE CHECK

Signature of Person Doing the Check

Date Check Completed

Date Submitted to County

Instructions for CFS-342A Foster Care Criminal Record Check

General Instructions

Purpose: The CFS-342A will be used to authorize criminal record background checks related to foster care. Complete one form for each foster parent applicant(s). Also, complete one form for each household member age fourteen (14) years or older. If the household members have already authorized this action, then a copy of the authorization must be attached. If not, the household members are to sign the authorization on this form. To prevent delays caused by incomplete forms, the county supervisor should designate a person to check each form for accuracy and completeness.

Expedited checks: Check the appropriate box at the top of the form to identify the type of check requested. Provisional Relative Foster Home checks and court ordered checks will be expedited. Expedited reports will be completed within 24 hours and all other checks will be completed within 30 days of the request. A copy of the order or written verification of when the order was made, and by which court, must be attached to the request for expedited court ordered checks.

Repeated checks: Per Act 1041 of 1997, any person required to have an Arkansas State Police Record Check shall repeat the check every five years.

Routing

Send the Criminal Record Check information in an envelope stamped “**CONFIDENTIAL**” to:

Arkansas Department of Human Services
Division of Children and Family Services Foster Care Unit
P.O. Box 1437, Slot S565
Little Rock, Arkansas 72203-1437
Phone (501) 682-8450

For expedited checks the CFS-342A can be faxed to the Foster Care Unit (501-682-5272), however, the fax must be accompanied by an email to Olivia.Bates@arkansas.gov verifying that there is an original notarized copy in the possession of the Division.

Arkansas Department of Human Services
Division of Children and Family Services

AR920090Z

STATE ADOPTIONS CRIMINAL RECORD CHECK

Expedited Check

Regular Check

THIS SECTION TO BE COMPLETED BY DCFS WORKER

County Requesting Check and Report

Name of DCFS Worker Requesting the Check

()

Telephone Number

Title

Street Address/County Number

Area/Adoption Supervisor

City

State

Zip Code

Date of Request

THIS SECTION TO BE COMPLETED BY THE PERSON TO BE CHECKED

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN / ALIAS NAME: _____

CURRENT MAILING ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____ RACE: _____ SEX: Male Female

SOCIAL SECURITY NUMBER: _____ DRIVER'S LICENSE OR IDENTIFICATION NUMBER: _____

LICENSE/IDENTIFICATION NUMBER ISSUED BY STATE OF _____ DRIVER'S LICENSE EXPIRATION DATE: _____

"I hereby authorize the Department of Human Services to obtain a Criminal Record Check through the Arkansas State Police in accordance with Act 1573 of 2005."

SIGNATURE: _____ DATE: _____

SEE ROUTING INSTRUCTIONS ON THE BACK OF THIS FORM

Statement of Oath: I state on oath that the representations made herein are true and correct.

Signature of Applicant/Employee

Date

State of Arkansas; County of _____, Subscribed and sworn to me before a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

THIS SECTION IS TO BE COMPLETED BY THE PERSON DOING THE CHECK

Signature of Person Doing the Check

Date Check Completed

Date Submitted to County

**Instructions for CFS-342B
State Adoptions Criminal Record Check**

General Instructions

Purpose: The CFS-342B will be used to authorize criminal record background checks related to adoption. Complete one form for each adoptive parent applicant(s). Also, complete one form for each household member age fourteen (14) years or older. If the household members have already authorized this action, then a copy of the authorization must be attached. If not, the household members are to sign the authorization on this form. To prevent delays caused by incomplete forms, the county supervisor should designate a person to check each form for accuracy and completeness.

Expedited checks: Expedited reports will be completed within 24 hours and all other checks will be completed within 30 days of the request. A copy of the order or written verification of when the order was made, and by which court, must be attached to the request for expedited court ordered checks.

Repeated checks: Per Act 1041 of 1997, any person required to have an Arkansas State Police Record Check shall repeat the check every five years, except adoptive parents after the adoptive decree has been issued. Adoptive parents shall have the State Police Record Check dated within one (1) year of placement

Routing

Send the Criminal Record Check information in an envelope stamped “**CONFIDENTIAL**” to:

Arkansas Department of Human Services
Division of Children and Family Services Foster Care Unit
P.O. Box 1437, Slot S565
Little Rock, Arkansas 72203-1437
Phone (501) 682-1569

For expedited checks the CFS-342B can be faxed to the Foster Care Unit (501-682-5272), however, the fax must be accompanied by an email to Olivia.Bates@arkansas.gov verifying that there is an original notarized copy in the possession of the Division.

AR920230Z

**Division of Children and Family Services
FOSTER PARENT CRIMINAL RECORD CHECK**

COUNTY _____ DATE _____

APPLICANT'S LEGAL NAME _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME/ALIAS NAME(s) _____

CURRENT MAILING ADDRESS _____
Street Address City State Zip Code

DATE OF BIRTH _____ AGE _____ SEX _____ RACE _____

SOCIAL SECURITY NUMBER _____
 DRIVER'S LICENSE or
 IDENTIFICATION (ID) # _____

DRIVER'S LICENSE / ID # _____ DRIVER'S LICENSE
ISSUED BY STATE OF _____ EXPIRATION DATE _____

A criminal background check is required for prospective foster parents with the Division of Children and Family Services

I hereby authorize the Division of Children and Family Services to obtain a Criminal Record Check through the Arkansas State Police/Federal Bureau of Investigation (FBI), in accordance with ACT 1573 of 2005.

APPLICANT'S SIGNATURE _____ DATE _____

Send criminal background information in an envelope stamped "CONFIDENTIAL" to:

Arkansas Department of Human Services
Division of Children and Family Services
ATTN: George Weber
P. O. Box 1437, Slot S562
Little Rock, Arkansas 72203-1437
Phone (501) 682-8747

STATEMENT OF OATH:

"I state on oath that the representations made herein are true and correct."

APPLICANT'S SIGNATURE _____ DATE _____

State of Arkansas; County of _____
Subscribed and sworn before me, a Notary Public in and for the county and state aforesaid, this _____ day of _____ (month), _____ (year).



NOTARY PUBLIC

My Commission expires on _____, _____ (year).

I.D. BUREAU USE ONLY

Civil Record Check @ \$20.00

80000 FBI Record Check @ \$24.00
(Prepayment Required)



Arkansas Department of Human Services
Division of Children and Family Services
PROVISIONAL FOSTER HOME ORIENTATION CHECKLIST

Name of Foster Child: _____ County: _____

Name of Family (Husband & Wife or Single Parent): _____

Each item should be checked off as it is completed.

1. **Purpose of Orientation**
2. **Act 874**
3. **DCFS Policy**
 - a. Procedure (II-E10): Protective Custody of Child in Immediate Danger
 - b. Policy VI-A: Out-of-Home Placement Criteria/Procedure VI-A1
 - c. Policy VI-J: Out-of-Home (Non-DHS) Custody/Relative Placements/Procedure VI-J1
 - d. Policy VII-A: Foster Parent Recruitment, Training, Approval, Re-evaluation, and Retention/Procedure VII-A1
4. **Foster Home Approval Process Flow Chart**
5. **In-Home Consultation Visit Packet**
 - a. CFS-452 (Relative Placement Kinship Care/Relative Foster Care Verification)
 - b. CFS-446 (In-Home Consultation Visit Report)
 - c. ASVSP (AR State Vehicle Safety Program) application.
 - d. CFS-593 (Additional Requirements for DCFS Drivers)
 - e. Forms VSP-1 and VSP-2 (in the ASVSP publication)
 - f. PUB -022 Standards for Approval of Foster Family Homes
 - g. PUB-04 (Minimum Licensing Standards)
 - h. CFS-316 (Request for CPS Central Registry Check)
 - i. **CFS-342A (Foster Care Criminal Record Check)**
 - j. CFS-349b (Request for Local Criminal Record Check)
 - k. FBI Criminal Records Check needed? Yes No
 - l. CFS-450 (Family Foster Home Study Application)
 - m. PUB-030 (Family Foster Parent Handbook)

- 6. **Court Proceedings / Legal flow chart**
- 7. **Family Meetings (Staffings)**
- 8. **Visitation**
- 9. **Child Development**
- 10. **Overview of Loss/Separation Issues**
- 11. **Discipline – no corporal or degrading punishment**
- 12. **Financial Information**
- 13. **Resources**
- 14. **DHS and DCFS Mission Statements**

Please have the relative read and sign the following statements:

I will not allow the offender access not supervised by the Division until the investigation is completed.

I will not allow any contact with the offender that is not approved or authorized by the Division or the court after the investigation is completed (if found true).

I will not receive a board payment for the relative child placed in my home until my home is in compliance with all Child Welfare Licensing Requirements (refer to CFS-452 Relative Placement Kinship Care/ Relative Foster Care Verification).

I understand that if my home is not fully licensed as a foster home within six months of the placement of the juvenile in my home, DHS shall remove the juvenile from my home and close my provisional foster home, or the court shall remove custody from DHS and grant custody of the juvenile to me, if the court deems it is in the child's best interest to do so.

Relative's Name (type or print)

Relative's Signature (Husband & Wife or Single Parent) Date

Family Service Worker Name (type or print) Telephone Number

FSW Supervisor's Signature (Approval) Date

INSTRUCTIONS

CFS-474

PROVISIONAL FOSTER HOME ORIENTATION CHECKLIST

PURPOSE

To ensure that all the required subjects have been covered with the relative when a provisional foster home is being opened.

COMPLETION

There are fourteen topics. Check off the box next to each topic when that topic has been fully reviewed with the relative (provisional foster parent).

In topic number three (3) "DCFS Policy", check off each sub-topic (a, b, c, d) separately to ensure that all sub-topics have been covered.

In topic number five (5) "In-Home Consultation Visit Packet", check off each sub-topic (a through m) separately to ensure that all sub-topics have been covered.

After all 14 topics have been fully covered with the relative (provisional foster parent), have the relative READ each of the four statements. Be sure to ask the relative if he/she has any questions about the statements. Answer any questions.

In the signatures section, type or write in the relative's complete name. This name can be typed on the computer before printing out the form for use during the orientation.

Have the relative sign and date the form.

In the signatures section, type or write in the FSW's complete name and telephone number. This name can be typed on the computer before printing out the form for use during the orientation.

The FSW Supervisor will sign and date the form for approval.

ROUTING

Give a copy of the completed form to the relative (provisional foster parent).

Put the original form in the relative's provisional foster home folder.



“YOU ARE NOT ALONE”

(A guide to living in foster care)



Foster Care “What’s Up”

“Foster care is only what you make it.”

Charlotte U.

This handbook was created by the Youth Advisory Board (YAB) and the Division of Children and Family Services (DCFS).

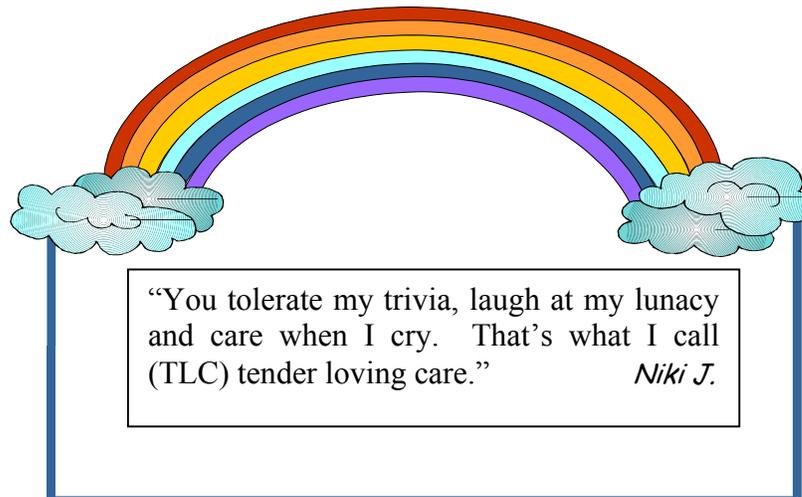
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What's Up about Foster Care

1. Foster care provides a substitute family life for a child who needs care for a short or long period of time. The child will be placed in a home approved by the Division of Children and Family Services (DCFS) or in a licensed facility.
2. The goal of foster care is to work toward a permanent placement for the child, preferably, return to the birth/legal parents.
3. Foster care is a team effort involving DCFS, the family foster parents, the foster child and the birth/legal parents.

This handbook is developed to provide the child with information he/she will need while in foster care. This book is only a reference guide. Contact the Foster parent or DCFS for any questions or further explanations.



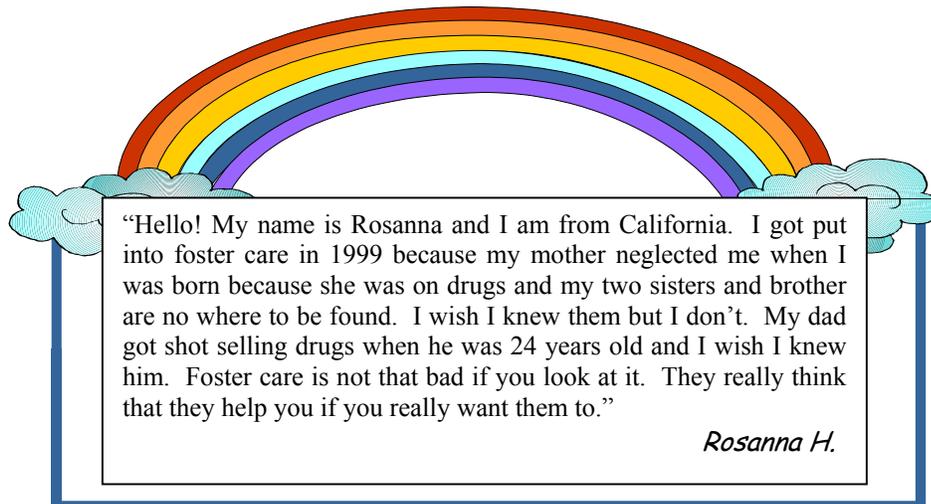
Why a Child is Placed in Care

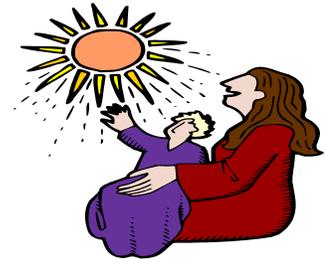
A child is in foster care because the birth/legal family does not function well due to social, emotional, economic and/or physical reason, or does not exist. Foster care provides a safe place for the child while the conditions, which caused the placement away from home are cleared up. DCFS has legal custody of all children placed in foster care.

When a youth is placed in foster care, he/she has been determined by the court as being a:

- Dependent Neglected Juvenile - any child who (as a result of being abandoned, abused, or neglected), is at substantial risk of serious harm, or
- Dependent Juvenile - a child whose parent is under the age of eighteen (18) and is in the custody of the Department of Human Services. A dependent juvenile can also be an infant given up for adoption or a child whose parent or guardian is incapacitated, died or incarcerated, or
- Family In Need of Services (FINS) - if a child is habitually disobedient to reasonable and lawful commands of his parents, the family may be adjudicated as a Family In Need of Services. If it is necessary to protect the health and safety of the child, a FINS case can result in a child being placed in foster care.

The court is the only one that can order that a child be placed in foster care, and also must issue a court order for DCFS to close any foster care case.

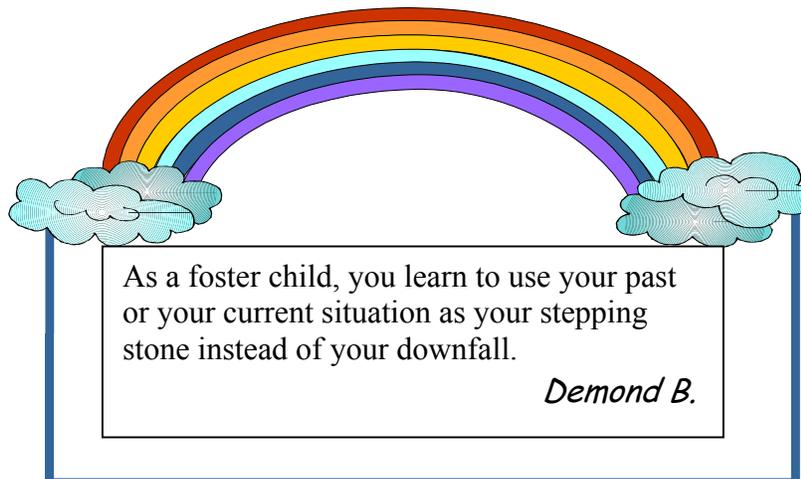




Placement Options for Youth in Care

There are four options for placing a child who is in the custody of DHS.

1. Family foster home - An approved private residence of one or more family members who cares for a child who is in DHS custody.
2. Kinship care foster home - An approved private residence of one or more family members who are related to the child who is in DHS' custody.
3. A licensed facility.
4. Adoption



Visitation Policy

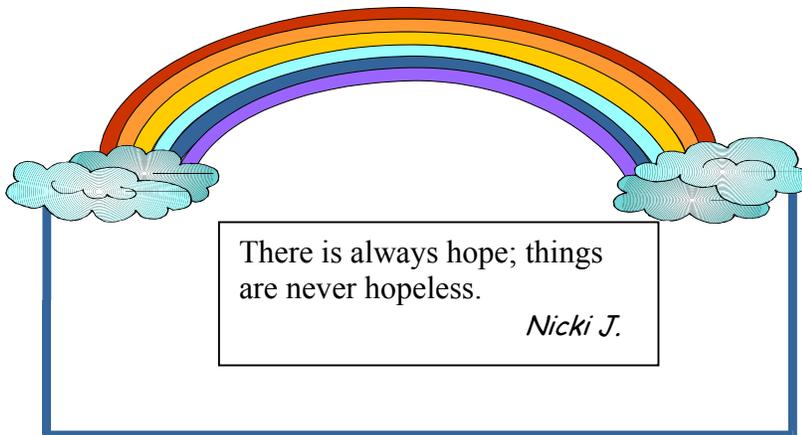
Parent/Child Visitation

Unless the courts orders otherwise, a child in foster care will have weekly visits with their parents. If the child objects to visits with the parents, then the visits may be stopped.

A child can write and/or telephone their parents, also.

Siblings (brothers and sisters of a child) Visitation

Siblings visits shall take place at least once every two weeks, unless it is not in the best interest of the child or a situation exists where it is not possible for visits to take place every two weeks, for example, a sibling lives in another state or a sibling is institutionalized. In these situations a visitation schedule will be developed as appropriate to meet the family's needs.



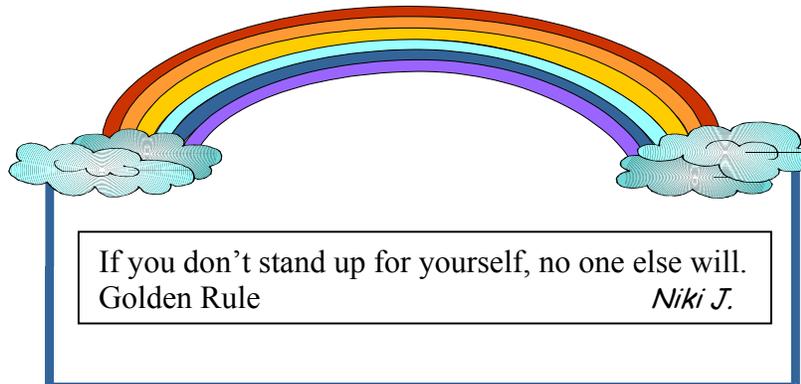
Rights of the Child

Children have the right to:

- Live with their birth/legal family, if appropriate,
- Receive love, protection and support until they are grown up,
- Be free from harm, neglect and abuse,
- Receive an education,
- Have physical care and medical attention,
- Enjoy family life,
- Receive discipline,
- Receive religious and moral training,
- Grow into independent adults,
- Appeal a change in placement and request assistance from the Attorney ad litem,
- Speak with your worker as needed,
- A private conversation, if age-appropriate, during the weekly visits with the Family Service Worker to discuss the quality of care being provided to the child.

When the right to live with the child's own birth/legal family is in jeopardy, the child has the right to:

- Be represented by legal counsel;
- Have their legal rights protected in any judicial procedure for custody or guardianship.



Responsibilities Of

1. DCFS to the child are:

- To place the child in a family foster home, kinship (relative) foster home, or other substitute care facility that can best serve the child's needs;
- To place the child close to birth/legal parents to allow frequent contact;
- To have regular visits for the child with birth/legal parents, siblings, and others with whom there is a significant relationship, unless restricted by court order;
- To have a weekly visit with the child in the foster home and include a private conversation with the age-appropriate child to assess the quality of care being provided;
- To give the child honest information regarding all decisions;
- To allow the child to participate in case planning, conferences, staffing, and court hearings, whenever possible and age appropriate, to assure services are provided to meet the child's needs.
- To keep a record for each child that includes legal documents (for example, birth certificate, Social Security card, court orders);
- To help the child return to the birth/legal parents' home at the earliest possible time or to be legally freed to form new family ties with relatives or adoptive parents; and
- To prepare the child for independence.

2. DCFS to the birth/legal parents are:

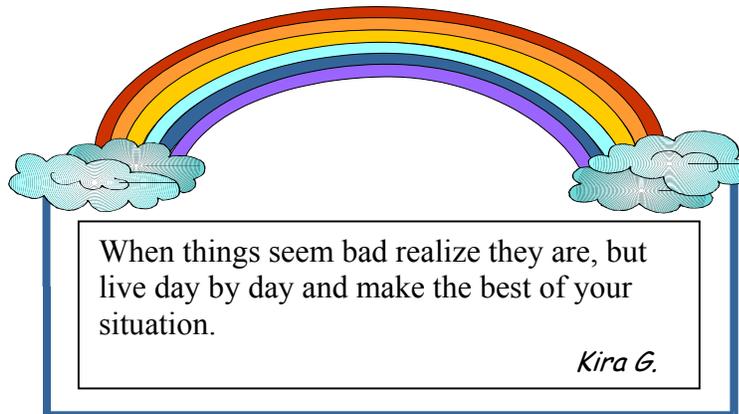
- To offer and provide services to avoid foster care if at all possible;
- To inform the birth/legal parents of the reason for removing the child if foster care is necessary;
- To advise birth/legal parents what conditions must be met in order to have the child returned to the home;
- To return the child to the parent's home when the necessary changes or conditions required by the court or DCFS have been made and the circumstances that caused the child to be removed from the home have been eliminated.

3. Birth/legal parents are:

- To participate in staffings and court hearings;
- To keep appointments for visits and returning calls;
- To help develop the case plan;
- To make necessary changes or correct conditions which prevents the child from returning home;
- To provide financial support for the child. The court will determine the amount of child support the parents should pay.

Complaint Process for the Youth

To resolve a complaint, the child should ask for a discussion of the problem with your Family Service Worker. If the problem is not solved, the child may ask to speak with the County Office Supervisor for guidance.



Money to Foster Parents

Foster care maintenance payments for a child in foster care may cover the costs of (and the cost of providing) food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation with family or other caretakers. The amount of the child's allowance is decided by the foster parent, based on the child's age.

Foster parents shall receive a monthly board rate according to the following chart:

Birth through 5 years	\$400.00 Monthly
Board and Care	345.00
Clothing	40.00
Personal Needs	15.00
6 through 11 years	\$425.00 Monthly
Board and Care	355.00
Clothing	45.00
School and Personal Needs	25.00
12 through 14 years	\$450.00 Monthly
Board and Care	365.00
Clothing	55.00
School and Personal Needs	30.00
15 through 17 years	\$475.00 Monthly
Board and Care	375.00
Clothing	65.00
School and Personal Needs	35.00

How DCFS is Set UP

Children and Family Services (CFS) is the Division within the Department of Human Services (DHS) that is responsible for child welfare programs. These programs include child protection, family preservation, foster care, adoptions, Interstate Compact on Placement of Children, Interstate Compact on Adoption and Medical Assistance and Child Welfare Agency Licensing.

The Director of the Department of Human Services appoints the DCFS Director. The DCFS Director has an Executive Staff, which consists of four (4) Assistant Directors over program and administrative offices.

Direct and contract services are provided through the Office of Community Services. The state is divided into ten (10) multi-county or multi-office areas, each of which is managed by an Area Manager. The Area Manager oversees the County Supervisors, who each manage one county with one or more county offices. The Area Manager also supervises some area-wide staff that delivers services or support across the entire Area.

Three other DCFS Offices support the Office of Community Services:

- The Office of Finance and Administrative Support is organized into the following units - Personnel, Financial Support, Contracts Management, and Medicaid & IV-E Eligibility.
- The Office of Community Support consisting of the following units - Foster Care, Adoptions, Behavioral Treatment, Independent Living, Interstate Compact (ICPC), CAPTA and Central Registry.
- The Office of Legislative Analysis, Research and Planning consisting of the Policy Unit, Planning Unit, Quality Assurance Unit, Training / Professional Development Unit, Child Welfare Agency Licensing and COA Accreditation.

Foster Care Services are provided by Family Service Worker (FSW) Trainees, FSW Workers, and FSW Specialists along with FSW Supervisors who monitor the everyday activities of the foster children.

County and area staff are responsible for weekly visits to the foster homes, monthly visits to the residential facilities and therapeutic foster homes, medical appointments, providing transportation to foster children and parents, and ensuring all educational, mental, health and emotional needs are being met. County and area staff are responsible for case planning, staffings, attending court hearing, helping families with housing, transportation, cash assistance, visitation between parents and sibling visits, and Family Preservation Services. County and area staff are also responsible for making referrals for day care services, Intensive Family Services, respite care, health assessments, and Therapeutic Foster Home and group home referrals.

Don't Quit

When things go wrong
as they sometimes will,
When the road you're
trudging seems all uphill.

When the funds are low,
and the debts are high,
And you want to smile,
but you have to sigh.

When care is pressing
you down a bit-
Rest if you must
but don't you quit.

Success is failure
turned inside out,
The silver tint of
the clouds of doubt.

And you never can tell
how close you are
it may be near when
it seems afar.

So, stick to the fight
when you're hardest hit-
It is when things go wrong
That you mustn't quit.

Submitted by Cindy W.

**DIVISION OF CHILDREN AND FAMILY SERVICES
STAFF DIRECTORY**

DIRECTOR, DIVISION OF CHILDREN AND FAMILY SERVICES(501) 682-8772

Assistant Director, Office of Community Services ..(501) 682-8771

Assistant Director, Office of Community Support 501) 682-8541

Administrator, Program Support In-Home Services (501) 682-8992

Field Representative	(501) 682-8439
Program Coordinator	(501) 682-2447
Manager, Central Registry	(501) 682-0404
Manager, Interstate Compact	(501) 682-0402

Administrator, Program Support Out of Home Services (501) 682-8440

Manager, Adoption Services Unit	(501) 682-8473
Manager, Behavioral Treatment Unit	(501) 682-8441
Manager, Independent Living Program	(501) 682-8453
Manager, Foster Care Unit	(501) 682-1569

Assistant Director, Office of Legislative Analysis,
Research and Planning..... (501) 682-8544

Manager, Policy Unit	(501) 682-8750
Manager, Mental Health Services	(501) 683-2045
Manager, Child Welfare Agency Licensing Unit	(501) 321-2583
Manager, Professional Development Unit	(501) 683-2041
Manager, Planning and Research	(501) 682-1554
Manager, Quality Assurance Unit	(501) 682-9975
COA Coordinator	(501) 683-2648

Assistant Director, Office of Financial and
Administrative Support..... (501) 682-8432

Manager, Accounts Payable	(501) 682-8846
Manager, Contracts Management	(501) 682-8435
Manager, Personnel	(501) 682-8754

Arkansas Department of Human Services
P.O. Box 1437, Slot S 560
700 Main Street
Little Rock, Arkansas 72203-1437
Phone (501) 682-8770
Fax (501) 682-6968
TDD (501) 682-1442

DHS "Hotline" Phone Numbers

ARKids FIRST 1-888-474-8275
Child Abuse Hotline 1-800-482-5964 TDD 1-800-843-6349
Medicaid Questions 1-800-482-5431
Medicaid Transportation Questions 1-888-987-1200

OTHER HELPFUL NUMBERS

NOTE: If you are SUICIDAL - Please dial 1-800-SUICIDE (1-800-784-2433)
Hours: 24 hours

1. Alcoholics Anonymous 1-800-923-8722
2. Drug Abuse Information and Referral Line (800) 662-HELP
(1-800-662-4357)
3. Girl's and Boy's Town National Hotline 1-800-448-3000
(English/Spanish) Hours: 24 hrs
4. National Domestic Violence Hotline (800) 799-7233
5. State Health Dept. prenatal care and teen pregnancy hot line:
(800) 235-0002
6. Planned Parenthood for birth control, emergency contraception,
anonymous HIV testing, and prenatal care: 1-501-666-7526
7. Rape Crisis Inc. 1-877-432-5368
8. Runaway Hotline (800) 231-6946
9. Shoplifters Anonymous (800) 848-9595
10. Youth Crisis Hotline (800) 448-4663



How Children Can Speak Up for Themselves

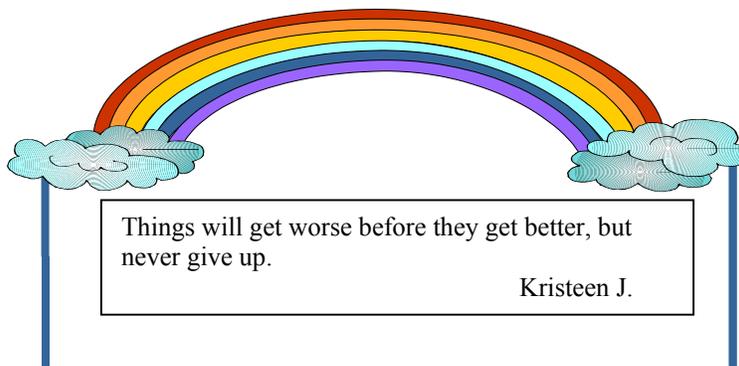
1. Youth Advisory Board (YAB)

Mission Statement:

The Arkansas Youth Advisory Board (YAB) are responsible youth in foster care, volunteering to help link youth to government and public agencies to better care for and provide services to youth in foster care. YAB provides inspiration to children and young adults in Arkansas Foster Care.

YAB members are in contact with other youth in their area each month to discuss issues, concerns and suggestions for sharing with Area DCFS staff and DCFS Central Office Staff. The items for discussion may be collected during life-skills training sessions held in the areas each month or YAB members meet quarterly to bring information, ideas and concerns to DCFS staff and other interested groups and individuals. Contact the ILP State Coordinator at (501) 682-8453 to find out who your area YAB member is so you can let them know about things you would like to share with other youth and agency staff.

2. The Department of Human Services (DHS) county office will inform you of other resources in your community.



Dealing with Grief and Loss

There are five (5) stages of the grief or loss process.

- 1) **Denial** - In the denial stage a child will refuse to believe what has happened. In his mind the child will tell himself that life is as it was before the loss.
- 2) **Anger** - Anger is the next stage of grief. A child may blame others or himself for the loss.
- 3) **Bargaining** - Bargaining can be with yourself or if you are religious, with your god. Often something will be offered to try to take away the truth of what has happened. It is only human to want things as they were before.
- 4) **Depression** - Depression is likely for all people that grieve for a loss. Some of the feelings are like there is no purpose to life anymore or feeling guilty, like everything is your fault. If there is a feeling of doing yourself any harm, professional counseling should be found immediately.
- 5) **Acceptance** - The final stage of grief is acceptance. It is when the child realizes that life has to go on. The child can accept his loss. The child should now be able to regain his energy and goals for the future.

An Example of How to Deal with Counseling (A true story)

I am a sufferer of Obsessive Compulsive Disorder. I have had this disorder from the first days of my childhood. When I was the ages of about five and nine I washed my hands (for fear of germs) until they cracked and bled. I also had a difficult time performing daily tasks such as getting dressed, doing chores, and walking to school. That is when my parents first suspected I had a problem. I went to a psychiatrist and they told my parents that it was probably nothing and that little kids do weird things. They were wrong. During that period of time I possessed so much shame around the fact that there was something wrong with me that I could not admit this secret to anyone. This denial only added more difficulty to my daily routines because I had to focus on believing the lie that I was just like everyone else. This lie plagued my life until I was 16 when (with the help of my nighttime prayers to God to take this defect away from me) I finally mustered up the courage to tell my parents that I was well aware and had been of this continuing problem. It felt good to finally admit it.

From that point I began to tell my psychiatrist about this secret I had. It was very helpful to me when he assured me that many people have this disorder and that I didn't have to live this way. It was especially helpful when he let me know in no uncertain terms that I was not crazy.

I enjoyed the meetings with my psychiatrist because he made me feel genuinely cared for, not like an interesting case study. He validated my feelings about my disorder with hard textbook facts, but still encouraged me to be an individual. In other words, I felt less alone because a lot of my symptoms had been documented, but I still felt unique. Medication also provided me a little rest from my constant daily battle with my brain. It did not cure me, but it allowed me a choice between whether or not my compulsions were worth my time and energy.

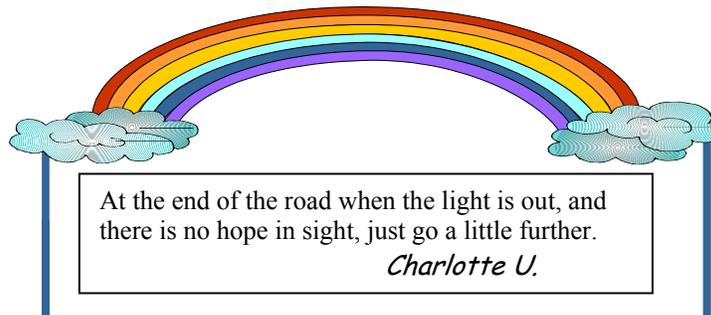
Now that I am 24, I have a little more perspective on what worked for me as an adolescent. The most helpful things to me were a supportive family, a doctor who truly cared for me, medication, as well as a willingness to work with these resources. With supports like these, I don't believe one can go wrong.

What did not work for me was the attitudes of certain service providers. I felt that I was very lucky in finding people that really cared about helping people. As an adult, I can now see that there are a lot of service providers (psychiatrists, M.S.W.'s, etc.) who are selfish and look to children with mental health disorders as an opportunity to better their resumes. I have had experiences with mental health professionals who write you a prescription and send you on your way because they are so burned out that they have lost the ability to care. I have dealt with mental health professionals who believe all a mentally ill person can achieve is to become a member of society that does not draw attention to herself. That does not work for me.

I was very fortunate for the most part growing up with OCD. But I have also seen the stigma that is attached to people like me. I have seen us chastised and silenced by "professionals." That is why I am not signing my name. In my personal opinion, I am a professional. I am a professional sufferer of O.C.D. I am not an animal. I am a person with family, friends, wants, needs, dreams, and the ability to carry them out. I am more than another case study. I deserve to be treated with respect and dignity.
-- Anonymous

Reprinted with permission: Anonymous (2001). I am a sufferer of obsessive-compulsive disorder. Focal Point, 15(1), 12.

Note: If more information is needed concerning grief, loss or how to deal with counseling, please contact the local CFCIP Coordinator for assistance.



What's Up About a Child's Personal Information

DCFS will protect the child's personal information. DCFS will not release information that can identify a child in foster care. If any information is to be released to the media about the child in foster care, the information must be reviewed and approved by DCFS attorneys. A judge can order that specific information to a specified office, agency or people be released.

DCFS will give consideration to protecting the child's identity and release information that will not be distasteful or negative to the child.

As long as a child is not identified as a foster child, he/she can get their name in the newspaper and at conferences, etc. If the child is identified as a foster child, (like for adoption recruitment) then the first names only is used, otherwise, permission from everyone (the judge, Attorney Ad Litem, child, and parents, if their rights have not been terminated) is needed to use the whole name.

Resolutions for avoiding misery:

Choose to love- rather than hate
Choose to smile- rather than frown
Choose to build- rather than destroy
Choose to preserve- rather than quit
Choose to praise- rather than gossip
Choose to heal- rather than wound
Choose to give- rather than grasp
Choose to act- rather than delay
Choose to forgive- rather than curse
Choose to pray- rather than despair

Nicki J.



Definitions

1. **Attorney Ad Litem** – This is the child’s attorney who is appointed by the court. This attorney must tell the judge what the child wants.
2. **CASA** – This person is a volunteer advocate that is appointed by the court. This person will tell the judge what he/she feels is in the best interest of the child based on information he/she has gathered from the child and other people who know the child.
3. **Case Plan** – A plan that DCFS makes along with the child and family that includes services provided to the child and family to help them reach the goal of a permanent placement of the child.
4. **Chafee Foster Care Independence Program (CFCIP)** – Works with youth age 14-20 who are interested in furthering their educational goals and who volunteer to be in the program. The program provides life skills training to help prepare the youth to live on their own.
5. **Child Maltreatment** – Physical abuse, sexual abuse, emotional abuse, neglect, sexual exploitation or abandonment of a child.
6. **Foster Care** - A safe place for the child to stay while the conditions which caused the child to be removed from the home is eliminated.
7. **Independence** – A plan for a child who will not be reunited with his/her family and no other permanent plan is available and termination of parental rights is not in the best interest of the child.

You can be as happy as you decide.

Nicki J.

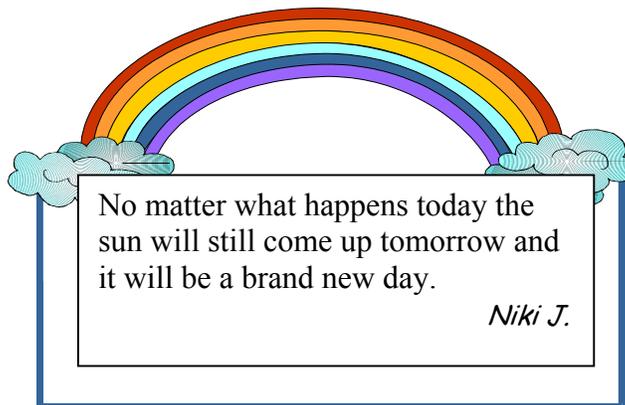
Court Procedures and Legal Terminology

When a child is placed in the custody of the State of Arkansas, there is a hearing (a meeting at court). Biological parents have the right to be represented by attorneys. The child is represented by an Attorney Ad Litem who is appointed by the court to act on a minor's behalf in a legal proceeding and to protect the youth's interest in court.

Protective Custody – If circumstances of the child or home present an immediate danger of severe maltreatment, the child will be taken out of the home.

Permanency Planning Hearing – A meeting in court to review the options for placing a child in a permanent safe placement. The judge may decide that DHS should have custody. Later, the judge can make decisions about whether you return home or stay in care.

Termination of Parental Rights – To free a child for adoption, when it has been determined that it is not a good option to reunite the child with the family.





New Independent Living Legislation

The Chafee Foster Care Independence Program (CFCIP), formerly the Title IV-E Independent Living Initiative) was established and formally funded in 1993 to assist teens who choose to participate in the program complete high school, obtain a GED and continue their post-secondary educational process. The program is intended to assist those teens referred to the program for the acquisition of basic life skills as they transition from adolescence to adulthood. The basic premises and intent of the program have been expanded by federal legislation.

The 1994 Angela R. Settlement Agreement charged the Division of Children and Family Services (DCFS) with the responsibility to provide instruction for developing independent living skills for all foster teens age 14 or older for whom the case goal was not reunification. The program was prohibited by federal law from providing Independent Living services to teens under age 16 using federal funds. In early 1995, the program began including teens age 14-15 in life skills training sessions. That was done without expending federal dollars.

Since December 1999, the Chafee program can now provide age-appropriate life skills training to all foster teens age 14 or older. The program provides or arranges for training for teens on an individual or group basis, if needed and as recommended by the case manager. Teens may volunteer and be referred to the program to take advantage of additional services offered. Services are educational or employment oriented and require the teen to fulfill specific obligations and meet specific standards to maintain eligibility for continued Independent Living services. Assistance with educational and employment expenses and the initial establishment of living quarters are services that are provided beyond the normal scope of expenditures of the Division of Children and Family Services. The program may also provide limited assistance with room and board expenses to youth age 18-21 that have left foster care and have chosen not to pursue post-secondary educational goals.

CFCIP

The Chafee Foster Care Independence Program (CFCIP) provides funds directed toward assisting youth that are or were in foster care to become independent adults. The program is geared toward youth, who are participating in an educational program, providing assistance to youth in completing high school or obtaining a GED, and/or continuing in post-secondary educational programs. The program also provides temporary, limited assistance to youth that have aged out of care by providing room and board and start-up assistance.

Assistance is also available to former foster youth who are pursuing post-secondary educational goals. The Educational Training Voucher Program can provide financial assistance for this goal.

CFCIP provides support for:

1. Children in foster care ages 14-17.

Services for this age group include:

- the Ansell-Casey Life Skills Assessment,
- basic life skills training, and
- other service, such as tutoring that can be approved on a case-by-case basis.

2. Children who remain in DHS custody, between the ages of 18 and 21 and are engaged in post-secondary education, including vocational training, are eligible for CFCIP. (See page 25 for information on the Arkansas Education and Training Voucher Program.)
3. If a youth was in foster care on his 18th birthday, and his foster care case is closed, he will be eligible for CFCIP “After Care” and can receive assistance until age 21.

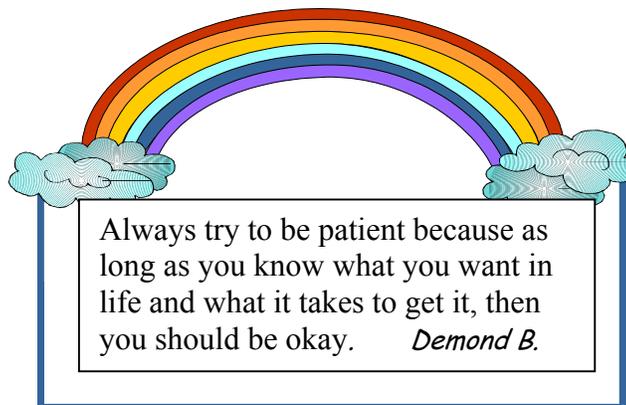
After Care services include:

- limited room and board,
- limited start-up assistance, and
- staff services and life-skills training sessions to acquire needed skills.

PUB-404 (Chafee Foster Care Independence Program Handbook) provides additional information concerning CFCIP and service availability.

Education, Employment, Housing, Health Care

Within the Chafee Foster Care Independence Program (CFCIP), Life-skills Training Curriculum, there are fifteen (15) categories and sub-categories of curriculum topics that should be available in each DCFS Area for teens to attend for life-skills training. The areas of training include: Money Management, Food Management Personal Appearance, Health, Housekeeping, Transportation, Educational Planning, Job Seeking Skills, Job Maintenance Skills, Emergency and Safety Skills, Knowledge of Community Resources, Interpersonal Skills, Legal Skills, Housing and other skills, such as parenting.



The Arkansas Education and Training Voucher Program (AR-ETV)

What is AR-ETV?

- A federally funded program that offers students up to \$5000 a year for college and vocational/technical training.

Who is eligible?

- Young people who are or were in foster care and are ages 18 to 20
- Young people adopted from foster care after the age of 16
- Participants must be accepted into or enrolled in an accredited college or vocational/technical training program
- Participation is renewable until age 23

Funds can be used for:

- Tuition
- Books/Computers
- School supplies
- Living Expenses (rent, child care, health insurance, groceries, and transportation)

How to apply:

- Go to www.statevoucher.org click on Arkansas on the map
- Fill in an application
- Submit the paperwork

Note: Please direct questions to Orphan Foundation of America, ETV Program Director, ar@statevoucher.org or call 1.800.950.4673. You may also contact Jim Dennis, Arkansas Statewide Chafee Foster Care Independence Coordinator at 1-501-682-8453.

Remove this card and keep it in a safe place.

<p>You may be eligible for CFCIP “After Care” services until age 21.</p> <p>Contact for more information:</p> <hr/> <p>Caseworker Name</p> <hr/> <p>Phone Number</p> <hr/> <p>ILP State Coordinator James Dennis (501) 682-8453</p>	<p>If a youth was in foster care on his 18th birthday, and his foster care is closed, he will be eligible for CFCIP “After Care” and can receive assistance until age 21.</p> <p>After Care services include:</p> <ul style="list-style-type: none">• Limited room and board,• Limited start-up assistance, and• Staff services and life-skills training sessions to acquire needed skills. <p>Assistance is also available to former foster youth who are pursuing post-secondary educational goals. The Educational Training Voucher Program can provide financial assistance for this goal.</p>
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Remove this card and keep it in a safe place.

WERE YOU IN FOSTER CARE?

YOU MAY BE ELIGIBLE FOR STATE FUNDING
FOR COLLEGE OR TRAINING
IF:

You aged out of foster care or were adopted from foster care
after the age of 16 – you are under the age of 21 –
you are accepted into or enrolled in an accredited college
or vocational training program – you can show progress
towards a degree or certificate

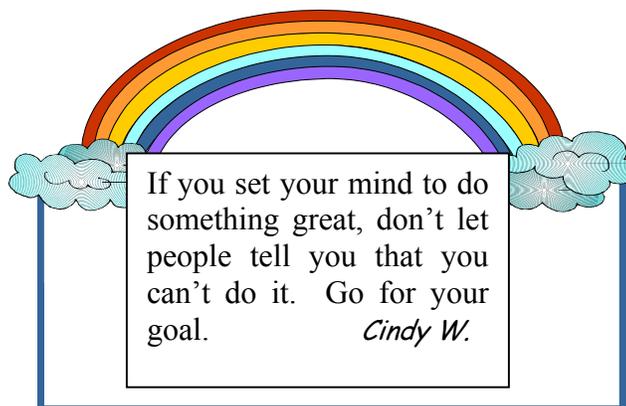
**EDUCATION AND TRAINING VOUCHER
(ETV) PROGRAM**

www.statevoucher.org

• **F**



Personal Information and Note Space



If you set your mind to do something great, don't let people tell you that you can't do it. Go for your goal. *Cindy W.*



**ARKANSAS DEPARTMENT OF
HUMAN SERVICES**

**DIVISION OF CHILDREN AND
FAMILY SERVICES**

Child Maltreatment Assessment Protocol



INTRODUCTION:

The following is a protocol to be used when a DCFS Family Service Worker (FSW) or the Arkansas State Police Crimes Against Children Division (CACD) Investigator conducts a Child Maltreatment Assessment. The protocol was developed under the authority of ACA 12-12-502(a), which authorizes the director to promulgate regulations to carry out the Child Maltreatment Act. It identifies and defines the various types of child maltreatment a FSW/CACD Investigator may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. Finally, it identifies those conditions, which must be met before an allegation of abuse or neglect can be founded (determined to be true). Now, the FSW/CACD Investigator must show that a “preponderance of the evidence” supports the allegation of child maltreatment. This is a higher standard of evidence and should be understood to mean it is “more likely than not” that abuse or neglect occurred.

The Arkansas Child Maltreatment Hotline must accept reports of alleged maltreatment if the child or the child’s family is present in Arkansas OR the incident occurred in Arkansas. If the child or its family live in another state, the Hotline shall: (1) screen out the report, (2) transfer the report to the other state’s hotline and (3) send a copy to the appropriate investigating agency to initiate courtesy interviews. If the incident occurred in Arkansas, but the victim, parents or offender no longer reside in Arkansas the Hotline will accept the report and the Arkansas investigating agency will contact the other state to request a courtesy interview with the out-of-state subject of the report.

If the nature of a child maltreatment report (Priority I or II) suggests that a child is in immediate risk begin the investigation immediately or as soon as possible.

For additional information regarding all types of child maltreatment and investigative powers and responsibilities, see the Arkansas Child Maltreatment Act.

CHILD MALTREATMENT ASSESSMENT PROTOCOL

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CHILD MALTREATMENT ASSESSMENT PROTOCOL

DEFINITIONS

I. GENERAL:

- A. **ABUSE** - Any of the following acts or omissions by a parent, guardian, custodian, foster parent, person eighteen (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, or any person legally responsible for the juvenile's welfare but excluding the spouse of a minor:
- Extreme or repeated cruelty to a juvenile;
 - Engaging in conduct creating a realistic and serious threat of death, permanent or temporary disfigurement, or impairment of any bodily organ.
 - 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.
 - Any history that is at variance with the history given.
 - Any non-accidental physical injury.
 - 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; or
 4. Striking a child age seven or older on the face or head.
 - 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, biting, or striking a child in the genital area;
 5. Tying a child to a fixed or heavy object or binding or tying a child's limbs together;
 6. Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions;

DEFINITIONS

7. Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child, including, but not limited to, the following:
 - Marijuana;
 - Alcohol (excluding alcohol given to a child during a recognized and established religious ceremony or service);
 - Narcotics; or
 - Over-the-counter drugs (if a person purposely administers an overdose to a child or purposely administers an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug;
8. Exposing the child to chemicals that have the capacity to interfere with normal physiological functions, including, but not limited to , chemicals used or generated during the manufacture of methamphetamine; or
9. Subjecting a child to Munchausen’s Syndrome by Proxy or a Factitious Illness by Proxy if the incident is reported and confirmed by medical personnel or a medical facility.

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

- No unreasonable action shall be construed to permit a finding of abuse without having established the elements of abuse.
- “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.
- Abuse shall not include when a child suffers transient pain or minor temporary marks as the result of a reasonable restraint if:
 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

DEFINITIONS

6. The restraint is for a reasonable period of time.
 - 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.
 - 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.

- B. **DEATH** – The permanent cessation of all vital, bodily functions. Death is not a type of child maltreatment. However, it may be the result of child maltreatment. Death can result from any type of child maltreatment. When a child dies as the result of maltreatment, document in CHRIS the type of child maltreatment that resulted in the death and specify “death” as the injury characteristic.

- C. **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:
 - Failure or refusal to prevent the abuse of the juvenile when the person knows or has reasonable cause to know the juvenile is or has been abused;
 - Failure or refusal to provide the necessary food, clothing, or shelter, and education required by law, or medical treatment necessary for the juvenile’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;
 - Failure to take reasonable action to protect the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, neglect, or parental unfitness where the existence of such condition was known or should have been known;
 - Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the juvenile including the failure to provide a shelter that does not pose a risk to the health or safety of the juvenile;
 - Failure to provide for the juvenile’s care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;

DEFINITIONS

- Failure, although able, to assume responsibility for the care and custody of the juvenile or participate in a plan to assume such responsibility; or
- Failure to appropriately supervise the juvenile that result's in the juvenile's being left alone at an inappropriate age or in inappropriate circumstances creating a dangerous situation or a situation that puts the child at risk of harm..

D. SEXUAL ABUSE –

- By a person ten (10) years of age or older to a person younger than eighteen (18) years of age:
 1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
 2. Indecent exposure, or forcing, the watching of pornography or live sexual activity
- By a person eighteen (18) years of age or older to a person not his or her spouse who is younger than sixteen (16) years of age:
 1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact or [solicitation](#);
- By a sibling or caretaker to a person younger than eighteen (18) years of age:
 1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact or [solicitation](#);
- By a caretaker to a person younger than eighteen (18) years of age:
 1. Forcing or encouraging the watching of pornography;
 2. Forcing, permitting, or encouraging the watching of live sexual activity;
- By a person younger than ten (10) years of age to a person younger than eighteen (18) years of age:
 1. Actual or attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion.

II. MALTREATMENT TYPES:

- A. Most of the types of child maltreatment defined in the Child Maltreatment Assessment Protocol (PUB 357) were taken directly from the Arkansas Child Maltreatment Act (e.g., Kicking a Child and Educational Neglect).
- B. Those types of child maltreatment not defined directly by the Arkansas Child Maltreatment Act are clearly implied by content in the Act. For example, “Brain Damage/Skull Fracture” in PUB 357 is implied by “bone fracture, internal injuries” in the Act. Additionally, “Substantial Risk of Death” in the Act implies “Threat of Harm” in PUB 357.

III. ACCEPTING CHILD ABUSE HOTLINE REPORTS OF CHILD MALTREATMENT

NAMING AN ADULT AS THE VICTIM:

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

- A. The alleged offender is a caretaker of any child; and
- B. The person making the report is one of the following:
 - 1. The adult victim (who was a child at the time of the maltreatment);
 - 2. A law enforcement officer;
 - 3. The victim's counselor or therapist; or
 - 4. The offender's counselor or therapist.

CHILD MALTREATMENT ASSESSMENT PROTOCOL

ABANDONMENT (Priority I)

I. Definition

Ark. Code Annotated 12-12-503(1): "Abandonment" means the failure of the parent to provide reasonable support and to maintain regular contact with the juvenile through statement or contact, when the 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, and failure to support or maintain regular contact with the juvenile without just cause or an articulated intent to forego parental responsibility.

NOTE: Abandonment is parental conduct, which demonstrates intent to relinquish all parental or custodial rights and claims to the child. Abandonment is also defined as any parental or caretaker conduct which evinces a settled purpose to forego parental duties and relinquish parental claims to the child. Abandonment does not apply to the parents of a married minor, ACA 12-12-503(1)(B).

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was abandoned.

B. Usage

The reporter has reason to believe that a child has been abandoned due to the parent or caretaker's disregard of his or her responsibilities to the child.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been abandoned; and
- Secured a preponderance of evidence that the parent's or guardian identity and/or whereabouts are unknown or that the parent or guardian is no longer demonstrating an interest in retaining custody or caring for the child.

ABUSE WITH A DEADLY WEAPON (Priority I)

- I. Definition - The assault or attempt to assault an individual by inflicting a wound, or conduct that reasonably could be expected to result in a wound, or the infliction of a wound, as the direct, non-accidental action of a parent or caretaker by any object which under the circumstances in which it is used creates a realistic and serious threat of causing death or serious injury. This may also include using a weapon to threaten a child:

A gunshot, stabbing injury, other injuries, or the attempt to inflict such injury using any deadly weapon.

A deadly weapon is any weapon or object that, under the circumstances in which it is used, is readily capable of causing death or serious physical injury.

Assault is conduct, which creates a substantial risk of death or physical injury.

- II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has received an injury as a result of abuse with a deadly weapon.

- B. Usage

The reporter has reason to believe that abuse with a deadly weapon resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in abuse with a deadly weapon (failure to protect).

- III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the parent or caretaker attempted to injure the child; or
- Verified that the child currently has a wound caused by a deadly weapon or that the child has received such a wound in the past (verification of past wounds must come from a physician, a law enforcement officer, an equally credible witness or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the wound was sustained as the result of abuse or neglect as defined in Section I.
- Verified that a weapon was used to threaten bodily harm.

BONE FRACTURES (Priority I)

I. Definition

A fracture is a broken bone. There are ten types of fractures, the most common being:

- Chip fracture: A small piece of bone is flaked from the major part of the bone
- Simple fracture: The bone is broken, but there is no external wound.
- Compound fracture: The bone is broken, and there is an external wound leading down to the site of fracture or fragments of bone protrude through the skin.
- Comminuted fracture: The bone is broken or splintered into pieces.
- Spiral fracture: Twisting causes the line of the fracture to encircle the bone in the form of a spiral.
- Coroner fracture (metaphysical): Caused by a pulling or jerking of an extremity.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a bone fracture as a result of maltreatment.

B. Usage

The reporter has reason to believe that the bone fracture resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in a bone fracture (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a bone fracture or has sustained a bone fracture in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the bone fracture was sustained as the result of the abuse or neglect as defined in Section I.

BRAIN DAMAGE/SKULL FRACTURE (Priority I)

I. Definition

Brain damage is an injury to the large, soft mass of nerve tissue contained within the cranium/skull.

Skull fracture is a broken bone in the skull.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained brain damage or a skull fracture as the result of maltreatment.

B. Usage

The reporter has reason to believe that the brain damage or skull fracture resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child sustaining brain damage or a skull fracture (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is currently brain damaged or has a fractured skull or has been brain damaged or sustained a skull fracture in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the brain damage or skull fracture was sustained as the result of maltreatment as defined in Section I.

BURNS / SCALDING (Priority I)

I. Definition

Burns are any tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. Burns are usually classified as:

- First degree: Superficial burns, with damage being limited to the outer layer of skin, which displays scorching or painful redness.
- Second degree or partial thickness burn: The damage extends through the outer layer of the skin into the inner layers. Blistering will be present within 24 hours.
- Third degree or full thickness burn: Burns in which the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated. Skin grafting may be required.
- Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, such as steam.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a burn or was scalded as the result of maltreatment.

B. Usage

The reporter has reason to believe that the burn or scalding resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the burn or scalding (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been burned or scalded. Severe burns, burns of an unknown origin, or burns where the injury is not consistent with the explanation provided for a physician or registered nurse should examine it. This includes cigarette burns, or a burn in which it appears a hot instrument was applied to the skin. All immersion burns (scalds) must be confirmed by a physician unless the alleged offender has admitted to scalding the child; and
- Secured a preponderance of evidence that the burn or scalding was sustained as a result of maltreatment as defined in Section I.

CUTS, BRUISES, & WELTS (Priority I, referred to Crimes Against Children Division if the child is age 3 or under and the injury is reported by medical personnel, a medical facility, or law enforcement and involves injury to the head, face, neck, or torso excluding buttocks. All other reports to be referred to DCFS.)

I. Definition

- **Cut** (laceration): An opening, incision, or break in the skin made by some external agent.
- **Bruise** (ecchymosis): An injury which results in bleeding within the skin, where the skin is discolored but not broken.
- **Welt**: An elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.

NOTE: Regardless of the child's age, depending on the location, severity and multiplicity of the injuries (cuts, bruises and/or welts), the case may be a Priority I.

The investigation of bruises cuts or welts in or on any portion of the head, face, neck or abdomen that are a direct act against the child by a parent or caretaker. This does not include an injury that is the result of a failure on the part of the parent or caretaker to safeguard the child from environmental situations that resulted in those injuries.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a cut, bruise, or welt as a result of maltreatment. For the allegation to be directed to the CACD, the report must come from medical personnel, a medical facility or law enforcement and involve injuries to the head, neck, face or torso excluding buttocks of a child age 3 or under.

B. Usage

The reporter has reason to believe that the cut, bruise, or welt resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in a cut, bruise, welt (failure to protect).

NOTE: The hotline shall accept a report of physical abuse involving a bruise to a child even if at the time of the report the bruise is not visible, but the bruising occurred – (a) within the past 14 days and (b) as a result of physical abuse as defined in the law.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a cut, bruise, or welt or has sustained one in the past (such verification may come from a physician, registered nurse, law enforcement officer, observation by the Family Service Worker or by a direct admission from the alleged offender); and any injury must involve more than transient pain or minor temporary marks;
- If the bruise was not visible at the time of the report, the existence of the bruise must be corroborated for the finding to be true.
- Secured a preponderance of evidence that the cut, bruise, or welt was sustained as a result of maltreatment as defined in Section I.

Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

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 and moderate.

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EDUCATIONAL NEGLECT (Priority II)

I. Definition

Any child who is not meeting compulsory school attendance requirements because his or her parent or custodian is failing or refusing to enforce these attendance requirements is educationally neglected. A parent or custodian is failing or refusing to enforce the state's compulsory attendance requirements if:

- The parent or guardian having custody or charge of any child between the ages of five through seventeen years (by September 15 of the school year), both inclusive, fails to enroll and send the child to a public, private, or parochial school, or provide a home school for the child, or
- The parent or guardian having custody or charge of a child of the above-referenced age disregards his or her responsibility to ensure that a child attends school, or actively prevents such child from attending school.

Examples of educational neglect include:

- The parent or custodian who does not enroll the child in school; or,
- The parent or custodian who prevents a child from attending school; or,
- The parent or custodian who does not take reasonable action to ensure that the child regularly attends school; or,
- The parent or custodian who has not made arrangements to home school the child.

NOTE: Failure to follow an Individualized Educational Program (IEP) does not constitute educational neglect.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is educationally neglected.

B. Usage

The reporter has reason to believe that a child is not home schooled and is not attending school because:

- The parent or custodian did not enroll the child in the school program; or
- The parent or custodian disregards the responsibility to ensure that the child is attending school or the parent or custodian actively prevents the child from attending school; or,
- The parent or custodian has not taken the necessary steps to provide home schooling.

C. Factors to be considered in taking and/or founding a report

- The child's physical condition, particularly as it relates to the child's ability to get ready for school, and
- The child's mental abilities, particularly concerning the child's ability to get ready for school, and
- The number of days missed, and
- The parent's or custodian's attempts to ensure that the child attends school, and
- The parent or custodian has hand-delivered to the superintendent written notice of the parent or custodian's intent to home school the child.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is not or was not meeting mandated educational requirements; and
- Secured a preponderance of evidence that the child is/has been educationally neglected as defined in Section I; and
- Verified the parent or custodian has failed to provide written notice to the superintendent of the intent to home school the child.
- Applied the factors in Section II, C, above and determined that the child is/was educationally neglected.

ENVIRONMENTAL NEGLECT (Priority II)

I. Definition

The child's person, clothing, or living conditions are unsanitary to the point that the child's health is in danger. . This may include infestations of rodents, spiders, insects, snakes, lice, etc., human or animal feces, and rotten or spoiled food and/or garbage that the child can reach.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is living in the conditions noted above and that the conditions are a significant threat to the child's health.

B. Usage

The reporter has reason to believe that the child is living in conditions defined above as the result of disregard of duty or negligence on the part of the child's parent or caretaker responsible for the child's welfare.

C. Factors to be considered

Special attention should be paid to the age of the child, the child's physical condition, and the living conditions in the home in order to determine whether the report constitutes an allegation of harm.

In addition, the following incident factors should be considered:

- Severity of the conditions,
- Frequency of the conditions,
- Duration of the conditions, and
- Chronicity or pattern of similar conditions.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the conditions described exist or had existed; and
- Secured a preponderance of evidence that the unhealthful/unsanitary conditions are/were the result of neglect as defined in Section I; and
- Applied the factors in Section II, C, above, and determined that the conditions represent a threat to the child's health.
- Secured a preponderance of evidence that a child was maltreated as in Section I.

EXTREME OR REPEATED CRUELTY TO A JUVENILE (Priority II)

I. Definition

The offender engages in activity that results in pain, suffering or grief. Examples of extreme cruelty include such things as forcing a child to observe the killing of his pet, forcing a child to eat vomit, locking a child in a closet or tying a child into a child seat for an extended period with its head covered. Milder forms of cruelty may still be identified as child maltreatment if there have been repeated acts by the offender.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a juvenile has been deliberately subjected to extreme or repeated cruelty.

B. Usage

The reporter has reason to believe that a juvenile has been deliberately subjected to extreme or repeated cruelty.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Verified that a juvenile has been subjected to extreme (excessive or severe) cruelty and/or there is evidence that the cruelty was repeated.
- Secured a preponderance of evidence that a juvenile was subjected to extreme or repeated cruelty.
- Documented that all other types of child maltreatment have been ruled out to ensure that extreme or repeated cruelty is the correct child maltreatment type. However, extreme or repeated cruelty can be used in conjunction with other child maltreatment types.

FAILURE TO PROTECT (Priority I or II)

I. Definition

Failure of an individual responsible for the care of a child to take reasonable action to protect that child from maltreatment when that individual had reasonable cause to believe that the child was in significant danger of being maltreated.

This allegation may include situations in which a person with a documented history as an offender of child sexual abuse is allowed to be an unsupervised caretaker of a child.

NOTE: The type of maltreatment from which the caregiver failed to protect the child, determines the Priority Level (I or II). This is a sub-issue when considering sexual abuse, physical abuse, neglect, etc.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was endangered and that an individual responsible for the care of the child failed to take reasonable action to protect the child.

B. Usage

The reporter has reason to believe that failure to protect resulted from one of the following:

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in maltreatment to the child.
- A blatant disregard by the parent or caretaker of his or her responsibilities for the child's welfare.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has concluded that:

- An individual responsible for the care of a child had or should have had reasonable cause to believe that the child was in significant danger of maltreatment and failed to take action to protect the child from that danger.

NOTE: A finding of failure to protect should not be made against a caretaker who was in significant fear of his or her own safety.

- Secured a preponderance of evidence that failure to protect occurred as a result of maltreatment as defined in Section I.

FAILURE TO THRIVE (Priority I)

I. Definition

A clinical term used by pediatric clinicians to describe infants and young children, generally 3 years of age and younger, who fail to grow as expected based on established growth standards for age and gender. A central cause of failure-to-thrive is under-nutrition, whether or not an associated organic disease is present. Pediatric under-nutrition, or Failure-To-Thrive triggers an array of health problems in children and may be associated with long-term impairments in growth, physical and cognitive development, academic performance, and behavior. The majority of children who demonstrate Failure-To-Thrive do not have a physical disease. Most such situations are associated with problems in the child's environment.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child suffers from failure to thrive.

B. Usage

The reporter has reason to believe that the child has failure to thrive syndrome as a result of the parent's or caretaker's neglect.

C. Factors to be considered

- Central to the definition of Failure-To-Thrive is abnormal growth compared to children of similar age and sex, using typical national growth standards.
- The child's symptoms, i.e. weight and/or velocity of growth and/or clinical signs of deprivation improve when the child is properly nurtured.
- There appears to be significant environmental or psychosocial disruption in the child's family.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has or had failure to thrive (such verification must come from a physician); and
- Secured a preponderance of evidence that the failure to thrive was at least partially a result of the parent or caretaker's failure to provide for or meet the needs of the child.

HUMAN BITES (Priority II)

I. Definition

A bruise or cut in the skin caused by human teeth.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a human bite as a result of maltreatment.

B. Usage

The reporter has reason to believe that the human bite resulted from one of the following:

- A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another, which resulted in a human bite (failure to protect).
- The failure of the parent or caretaker to appropriately supervise the child resulted in human bites (inadequate supervision).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a human bite or has sustained a human bite in the past (such verification may come from a physician, dentist, registered nurse, law enforcement officer, observation by the Family Service Worker, or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the human bite was sustained as a result of maltreatment as defined in Section I.

IMMERSION (Priority I)

I. Definition

Interference with a child's ability to breathe by holding the child's nose and mouth under water or other liquid.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been immersed as a result of maltreatment.

B. Usage

The reporter has reason to believe immersion resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another that resulted in immersion (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been immersed and restricted breathing.
- Secured a preponderance of evidence that the immersion occurred as a result of maltreatment as defined in Section I.

INADEQUATE CLOTHING (Priority II)

I. Definition

Lack of adequate clothing to protect the child from the elements.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is inadequately clothed.

B. Usage

The reporter has reason to believe that a child is or recently has been inadequately clothed due to the parent or caretaker's disregard of his or her responsibilities.

C. Incident factors to be considered

- Frequency of the incident,
- Duration of the incident,
- Chronicity or pattern of similar incidents,
- Weather conditions such as extreme heat or extreme cold.

NOTE: Evidence of physical harm to the child such as frostbite, hypothermia, severe sunburn, or heat exhaustion is not required in order to indicate this allegation. Lack of clothing in the home is not sufficient to indicate a report of inadequate clothing unless other factors substantiate that the child is not being clothed. Other factors must be considered.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child is/has been inadequately clothed in accordance with Section II,B, above; and
- Applied the factors in Section II, C, above and determined that the clothing was not appropriate to protect the child from the elements.
- The mere availability of clothing is not sufficient to unfound a report of inadequate clothing.

INADEQUATE FOOD (Priority II)

I. Definition

Inadequate food is a lack of food adequate to sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis for a finding of “True”.

Examples include:

- The child who frequently and repeatedly misses meals or who is frequently and repeatedly fed insufficient amounts of food.
- The child who frequently and repeatedly asks a neighbor for food and other information substantiates that the child is not being fed.
- The child who is frequently and repeatedly fed unwholesome foods when his age, developmental stage, and physical condition are considered.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has received/is receiving inadequate food.

B. Usage

The reporter has reason to believe that the child has not received/is not receiving adequate food due to the parent or caretaker's disregard of his responsibilities.

C. Incident factors to be considered:

- Frequency of the occurrence,
- Duration of the occurrence,
- Pattern or chronicity of occurrence,
- Previous history of occurrences,
- Availability of adequate food.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child received/is receiving inadequate food as the result of maltreatment as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the amount of food received is not adequate to sustain normal functioning.

NOTE: Lack of food in the home is not sufficient to indicate a report of inadequate food unless other factors substantiate that the child is not being fed. On the other hand, the mere availability of food in the home is not sufficient to unfound a report of inadequate food. Other factors must also be considered. Do not found a report if the parents are making alternative arrangements to provide adequate food.

INADEQUATE SHELTER (Priority II)

I. Definition

Lack of shelter which is safe and which protects from the elements.

Examples of inadequate shelter include, but are not limited to:

- No housing or shelter.
- Exposed, frayed electrical wiring.
- Housing with structural defects that endanger the health or safety of the child.
- Housing with indoor temperatures consistently below 50 degrees Fahrenheit.
- Housing which is a significant fire hazard obvious to the reasonable person.
- Housing with an unsafe heat source, which poses a significant fire hazard or threat of asphyxiation.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is being inadequately sheltered.

B. Usage

The reporter has reason to believe that the child is being inadequately sheltered due to the parent or caretaker's disregard of his or her responsibilities.

C. Shelter factors to be considered include:

- Seriousness of the problem.
- Frequency of the problem
- Duration of the problem.
- Pattern or chronicity of the problem.
- Previous history of shelter-related problems.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident or circumstances occurred; and
- Secured a preponderance of evidence that the child is being or has been inadequately sheltered as the results of maltreatment as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the shelter is inadequate.

INADEQUATE SUPERVISION (Priority II)

I. Definition

The parent or caretaker has failed to appropriately supervise the juvenile resulting in the juvenile being left alone at an inappropriate age or in inappropriate circumstances that creates a dangerous situation or a situation that puts the child at risk of harm.

Examples include, but are not limited to:

- Leaving the juvenile alone when the juvenile is too young to care for him or for other children.
- Leaving a juvenile alone when the juvenile has a condition that requires close supervision. Such conditions may include medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical handicaps.
- Leaving a juvenile in the care of an inadequate or inappropriate caretaker, as indicated by the caretaker factors in Section II, C, below.
- Being present but unable to supervise because of the caretaker's condition. This includes the parent or caretaker who uses drugs or alcohol to the extent that it has the effect of producing a substantial state of stupor, unconsciousness, intoxication, or irrationality. This also includes the parent or caretaker who cannot adequately supervise the juvenile because of the parent's or caretaker's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap.
- Leaving a juvenile unattended in a place that is unsafe considering their maturity, physical condition, and mental abilities.

NOTE: The mere occurrence of a parent or caretaker being arrested does NOT of self constitute “inadequate supervision” unless the arrest was due to child maltreatment (e.g. DWI).

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a juvenile has been/is being inadequately supervised as a result of maltreatment.

B. Usage

The reporter has reason to believe that the juvenile has been/is being inadequately supervised due to the disregard of responsibilities by the parent or caretaker.

C. Factors to be considered

Caretaker factors include:

- How long does it take the caretaker to reach the juvenile?
- Can the caretaker see and hear the juvenile?
- Is the caretaker accessible by telephone or pager?
- Is the caretaker mature enough to assume responsibility for the situation?
- Is the caretaker physically, mentally, and emotionally able to care for the juvenile?
- Is the caretaker able to make appropriate judgments on the juvenile's behalf?

Incident factors include:

- Frequency of the occurrence.
- Duration of the occurrence.
- Time of day or night when the incident occurs.
- Juvenile's location.
- Other supporting persons who have agreed to assist in supervising the juvenile.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified/secured a preponderance of evidence that inadequate supervision occurred; and
- Secured a preponderance of evidence that the inadequate supervision is/was due to the parent or caretaker's neglect as defined in Section I; and
- Applied the factors in Section II, C, above and determined that the supervision was inadequate.

INDECENT EXPOSURE (Priority I)

I. Definition

The exposure by a person aged 10 years or older of the person's sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a person age 10 years or older exposed his/her sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

B. Usage

The reporter has reason to believe that a person exposed his sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

III. Founding a Report

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a person aged 10 years or older, exposed his/her sexual organs for the purpose of arousing or gratifying the sexual desire of the person, or any other person, under circumstances in which the person knows the conduct is likely to cause affront or alarm.

INTERFERING WITH A CHILD'S BREATHING (Priority I)

This category of child maltreatment is contained within another category. See the category, "Suffocation".

INTERNAL INJURIES (Priority I)

I. Definition

Internal injury is an injury, which is not visible from the outside, e.g. an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semi-comatose. Pain is usually intense at first, and may continue or gradually diminish, as patient grows worse.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained internal injuries as the result of maltreatment.

B. Usage

The reporter has reason to believe that the internal injuries resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to stop an action by another person that resulted in internal injuries (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has internal injuries or has sustained internal injuries in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the internal injury was sustained as a result of maltreatment as defined in Section I.

KICKING A CHILD (Priority II)

I. Definition

The parent or caretaker has used a foot to deliver a non-accidental sudden and forceful blow to any portion of the child's body.

II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has sustained a sudden, forceful and non-accidental blow from the parent or caretaker's foot.

B. Usage

The reporter has reason to believe that the child has sustained a sudden and forceful non-accidental blow from the parent's or caretaker's foot.

III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- Secured a preponderance of evidence that the child sustained a sudden and forceful non-accidental blow from the parent's or caretaker's foot.
- Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

NOTE: 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 and moderate.

LOCKOUT (Priority II)

I. Definition

The parent or caretaker has denied the child access to the home necessary to the safety and health of the child.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been locked out of the home.

B. Usage

The reporter has reason to believe that the child has been denied access to his home.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child was denied access to the home by the parent or caretaker; and
- Secured a preponderance of evidence that the lockout occurred as a result of maltreatment as defined in Section I.

MALNUTRITION (Priority I)

I. Definition

Lack of necessary or proper food substances in the body caused by inadequate food, lack of food, or insufficient amounts of vitamins or minerals results in malnutrition.

The child with malnutrition is not simply a diminutive version of a well-nourished child. There are various physical signs of malnutrition, including the following:

- A decrease in lean body mass or fat; very prominent ribs; the child may often be referred to as "skin and bones."
- The hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously.
- The child is often pale and suffers from anemia.

- Excessive perspiration, especially about the head.
- The face appears lined and aged, often with a pinched and sharp appearance.
- The skin has an old, wrinkled look with poor turgor. Classically, skin folds hang loose on the inner thigh and buttock.
- The abdomen is often protuberant.
- There are abnormal pulses, blood pressure, stool patterns, inter-current infections, abnormal sleep patterns, and a decreased level of physical and mental activity.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was malnourished as a result of maltreatment.

B. Usage

The reporter has reason to believe that the child was malnourished due to the parent or caretaker's disregard of his or her responsibilities. The malnourish must be non-organic in nature.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was malnourished (such verification must come from a physician); and
- Secured a preponderance of evidence that the child was malnourished as a result of the parent or caretaker's disregard of his or her responsibilities.

MEDICAL NEGLECT (Priority II)

I. Definition

Lack of medical or mental treatment for a health problem or condition which, if untreated, could become severe enough to constitute a serious or long-term harm to the child; lack of follow-through on a prescribed treatment plan for a condition which could become serious enough to constitute serious or long-term harm to the child if the plan is unimplemented.

II. Taking a report

A. Acceptable reporter is any person with reasonable cause to suspect that a child has been/is being medically neglected.

B. Usage

The reporter has reason to believe that the child has not or is not receiving proper and necessary medical care due to the parent's or caretaker's disregard of his or her responsibilities.

C Factors to be considered

- Seriousness of the current health problem,
- Probable outcome if the current health problem is not treated and the seriousness of that outcome,
- Generally accepted medical benefits of the prescribed treatment, and
- Generally recognized side effects/harm associated with the prescribed treatment.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has/had an untreated health problem, or that a prescribed treatment plan was unimplemented. Such verification must come from a physician, registered nurse, psychologist, dentist, or by a direct admission from the alleged offender, and
- Secured a preponderance of evidence that the child is/was medically neglected as defined above.
- Applied the factors in Section II, C, above and determined that the problem or condition, if untreated, could result in serious or long-term harm to the child. Such verification must come from a physician, registered nurse, or dentist.

NOTE: If 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, the investigative determination will be Exempted From Founded Due to Religious Exemption.

IV. Determining who is the offender

When a person, usually a relative, has assumed full-time responsibility for care of the child but has not been appointed the child’s legal guardian or the guardianship status is unknown when the report is taken, both that caretaker and the child’s legal parents shall be named as alleged offenders. If the legal parents did not make necessary arrangements for securing medical care for the child, the parents shall be indicated as offenders of medical neglect. If the caretaker had attempted to secure medical care, but was unable to do so because the parents did not make the necessary arrangements, the caretaker shall not be indicated as an offender of medical neglect.

MEDICAL NEGLECT OF DISABLED INFANTS (Priority I)

I. Definition

The act of withholding of appropriate nutrition, hydration, medication, or other medically indicated treatment from a disabled infant with a life-threatening condition. Medically indicated treatment includes medical care which is most likely to relieve or correct all life threatening conditions and evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions. Nutrition, hydration, and medication, as appropriate for the infant’s needs, is medically indicated for all disabled infants.

Other types of treatment are not medically indicated when:

- The infant is chronically and irreversibly comatose,
- The provision of the treatment would be futile and would merely prolong dying, or
- The provision of the treatment would be ineffective in ameliorating or correcting all the life-threatening conditions.

In determining whether treatment will be medically indicated, reasonable medical judgments, such as those made by a prudent physician knowledgeable about the case and its treatment possibilities, will be respected. However, opinions about the infant’s future “quality of life” won’t bear on whether a treatment is judged to be medically indicated.

NOTE: Review FSPP Policy and Procedure Section II-F, Medical Neglect Of a Disabled Infant.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a disabled infant with a life-threatening condition has been/is being medically neglected.

B. Usage

The reporter has reason to believe that the disabled infant has not received / is not receiving medically indicated treatment (including needed nutrition, hydration, medication, and independent evaluations and consultations) due to the parent's or caretaker's disregard of his or her responsibilities.

C. Factors to be considered include:

- Infant's physical condition,
- Seriousness of the current health problem,
- Probable medical outcome if the current health problem is not treated and the seriousness of that outcome.
- Generally accepted medical benefits of the prescribed treatment,
- Generally recognized side effects/harms associated with the prescribed treatment,
- The opinions of the Infant Care Review Committee (ICRC), if the hospital has an ICRC,
- The judgment of the individual designated by contract for the purposes of coordination, consultation, and notification of cases of suspected medical neglect of disabled infants (Refer to FSPP II-F), and
- The parent's knowledge and understanding of the treatment and the probable medical outcome.

D. On acceptance of this type allegation the Hot Line supervisor will be notified immediately. The Hot Line supervisor will immediately notify the designated DCFS Child Protective Services Field Assistance Unit (501) 682-8992.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that medical treatment (including appropriate nutrition, hydration, or medication) is/was withheld from an infant; and
- Secured a preponderance of evidence that the infant is/has been medically neglected due to the parent's or caretaker's disregard of his or her responsibilities; and
- Applied the factors in Section II, C, above and determined that the treatment was medically indicated. Such verification must come from a physician, and may come from experts in the field of neonatal pediatrics. Appropriate nutrition, hydration, and medication is medically indicated for all disabled infants.

MENTAL INJURY (Priority II)

I. Definition

Injury to the intellectual, emotional, or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function in a normal range of performance and behavior is mental injury.

II. Taking a report

A. Any person with a reasonable cause to suspect that a child has suffered a substantial impairment in his or her ability to function as a result of a specific, non-accidental action or inaction committed by a parent or caretaker.

B. Usage

The reporter has reason to believe that the mental injury resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the mental injury (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has been mentally injured. A psychiatrist, registered psychologist, licensed clinical social worker, professional employee of a community mental health center, or licensed psychological examiner must confirm that the child has suffered a mental injury; and
- Secured a preponderance of evidence that the mental injury resulted from maltreatment as defined in Section I.

NOTE: Under some circumstances, such as divorce, a mental injury to a child may be an unavoidable consequence of purposeful parental action. When determining whether to found a report, the Family Service Worker should consider whether the parents or caretakers took reasonable action to minimize the degree of mental injury resulting from a necessary action or uncontrollable event.

MUNCHAUSEN SYNDROME BY PROXY OR FACTITIOUS ILLNESS BY PROXY (Priority II)

I. Definition

A form of child maltreatment in which the parent or guardian falsifies a child's medical history or alters a child's laboratory tests or actually causes an illness or injury in a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures.

II. Taking a report

A. Acceptable reporters include medical personnel or medical facilities with reasonable cause to suspect that a parent or caregiver has fabricated a medical condition in a child.

B. Usage

The reporter has reason to believe that the parent or caregiver is presenting a child to a health care provider for a fabricated medical condition.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has been presented to a health care provider with a fabricated medical condition. Such verification must come from a physician, registered nurse, dentist, or by a direct admission from the alleged offender; and
- Secured a preponderance of the evidence that the parent or caregiver has presented the child to a health care provider with a fabricated medical condition.

NEWBORN CHILD BORN WITH AN ILLEGAL SUBSTANCE IN ITS SYSTEM OR BORN WITH A HEALTH PROBLEM AS A RESULT OF THE PREGNANT MOTHER’S USE BEFORE BIRTH OF AN ILLEGAL SUBSTANCE (Priority II)

I. Definition

Causing a newborn child to be born with:

- An illegal substance present in the newborn’s bodily fluids or bodily substances as a result of the pregnant mother knowingly using an illegal substance before the birth of the newborn; or
- A health problem as a result of the mother’s use before birth of an illegal substance.

“Illegal substance” means a drug that is prohibited to be used or possessed without a prescription under the Arkansas Criminal Code, § 5-1-101 et seq.

II. Taking a Report

- A. An acceptable reporter is limited to 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: a licensed nurse; an osteopath; a physician; a resident or intern; a surgeon; a licensed social worker acting pursuant to a doctor’s orders or any medical personnel who may be engaged in the admission, examination, care or treatment of persons.

B. Usage

The reporter has reason to believe that the newborn’s condition (having an illegal substance in its body and/or a health problem) is the direct result of prenatal exposure of the newborn to an illegal substance abused by the mother.

If a child is stillborn and the reporter believes it died as a result of the mother’s prenatal illegal drug use, the hotline will accept a report of neglect. If the mother tests positive for illegal drug use, but the baby tests negative for illegal drug exposure, the hotline may still accept the report of neglect if the reporter is not able to stipulate the child has no health problem.

III. Founding a report

This allegation may be founded only after the Worker has:

- Verified that the newborn has an illegal substance in its body and/or a health problem caused by prenatal exposure to the illegal substance, and
- Secured a preponderance of evidence that the mother abused the illegal substance before the newborn was born.

NOTE: The finding is “Not true” if the newborn has no illegal substance in its body and no health problem related to prenatal exposure to illegal substances

NOTE: A test of the newborn’s and/or mother’s bodily fluids and bodily substances may be used as evidence to establish this type of neglect.

NOTE: If the nature of a child maltreatment report (Priority II) suggests that a child is in **immediate risk** begin the investigation immediately or as soon as possible.

NOTE: CAPTA still requires a Plan of Safe Care for all infants born affected by prenatal drug abuse (See

Executive Directive SPP 2004-05 issued June 18, 2004, located in CHRISNet under “DCFS Exe Directives”).

ORAL SEX (Priority I)

I. Definition

Any contact, however slight or the attempted contact between the sex organs of one person and the mouth of another person when one of those persons is a child. This includes acts commonly known as cunnilingus and fellatio.

This form of maltreatment does not require that the offender be a caretaker of the child.

II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been involved in oral sex.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
 - The adult victim;
 - A law enforcement officer;
 - The victim's counselor or therapist; or
 - The offender's counselor or therapist.

B. Usage

The reporter has reason to believe that oral sex resulted from one of the following:

- A direct action by a parent or caretaker ten years of age or older (abuse); or
- A direct action by any person under any of the following circumstances:
 - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
 - (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender ; or
 - (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
 - (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

NOTE: Forcible Compulsion is defined as physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in oral sex (failure to protect).

III. Founding a report

This allegation may be founded only after the Worker has:

- Verified that the child has been involved in oral sex, or the attempt to engage in oral sex; and
- Secured a preponderance of evidence that the oral sex, or the attempt occurred.

PINCHING, BITING OR STRIKING A CHILD IN THE GENITAL AREA: (Priority II)

I. Definition

Any act of pinching, biting or striking, directly or through clothing, a child's genital area or sex organs. The contact can be with by any part of the alleged offender or any object.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was pinched, bitten or struck in the genital area as the result of maltreatment.

B. Usage

The reporter has reason to believe that the child was pinched, bitten or struck in the genital area as a result of one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person, which resulted in the child being pinched, bitten or struck in the genital area (failure to protect.)

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was pinched, bitten or struck in the genital area; and
- Secured a preponderance of evidence that the pinching, biting or striking of the child's genital area was sustained as a result of maltreatment as defined in Section I.

POISON/NOXIOUS SUBSTANCES (Priority I)

I. Definition

Poison is any substance, including mood-altering chemicals taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. This includes, but is not limited to any chemical used in, or generated during, the manufacture of methamphetamine. (Almost any substance, including water, can be poisonous if consumed in sufficient quantity; therefore, the term poison can include an excessive amount of an item rather than a specific group of substances);

Giving a child or permitting a child to consume or inhale a poisonous or noxious substance not prescribed by a physician that has the capacity to interfere with normal physiological functions; or

Exposing a child to chemicals that have the capacity to interfere with normal physiological functions, including, but not limited to, chemicals used or generated during the manufacture of methamphetamine.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child consumed, inhaled or was exposed to poison and/or a noxious substance as the result of maltreatment.

B. Usage

The reporter has reason to believe the child was poisoned or ingested, inhaled or was exposed to a noxious substance as a result of one of the following:

- The parent or caretaker does a direct, non-accidental action (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child consuming, inhaling or being exposed to poison or a noxious substance (failure to protect).
- The offender blatantly disregards his responsibilities for the child's welfare (neglect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child has consumed, inhaled or been exposed to, poison or a noxious substance (as verified by chemical analysis or by a direct admission from the alleged offender); or
- Verified that a child has been physically present, or has been in the location, during any phase of the manufacturing of methamphetamine or other illegal drugs, and
- Secured a preponderance of evidence that the consumption, inhaling, or exposure to

the poison or noxious substance was the result of maltreatment as defined in Section I.

NOTE: See Appendix VIII (Protocol for Family Service Workers) in the DCFS Policy Manual. It explains how to respond to children exposed to methamphetamine or methamphetamine lab related chemicals.

PORNOGRAPHY/LIVE SEX ACT EXPOSURE (Priority I)

I. Definition

The parent, caretaker or person forces, permits or encourages a juvenile to view or observe:

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- Pictures, movies or videos that lack serious literary, artistic, political, or scientific value and that, when taken as a whole and applying contemporary community standards, would appear to the average person to appeal to the prurient interest; or
- Material which depicts sexual conduct in a patently offensive manner lacking serious literary, artistic, political or scientific value; or
- Any live human sexual activity.

II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
 - The adult victim;
 - A law enforcement officer;
 - The victim's counselor or therapist; or
 - The offender's counselor or therapist.

B. Usage

The reporter has reason to believe that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.

III. Founding a Report

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a child has been forced, permitted or encouraged to view or observe obscene, licentious or offensive material or any live human sexual activity.

SEXUAL CONTACT (Priority I)

I. Definition

Any act of sexual gratification involving the touching, directly or through clothing, of the sex organs, or buttocks, or anus of a person or the breast of a female. This includes encouraging of the child to touch the offender in a sexual manner. This further includes the offender requesting to touch the child in a sexual manner. Normal affectionate hugging will not be construed as sexual contact.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been the victim of sexual contact. Evidence of sexual gratification is not necessary when taking or accepting a report.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
 - The adult victim;
 - A law enforcement officer;
 - The victim's counselor or therapist; or
 - The offender's counselor or therapist.

B. Usage

The reporter has reason to believe that sexual contact resulted from one of the following circumstances:

- (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
- (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender ; or
- (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
- (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

Forcible Compulsion is physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in sexual contact (failure to protect).

II. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child has been the victim of sexual contact.
- There must be evidence of sexual gratification. Evidence of sexual gratification may be inferred from the attendant circumstances surrounding the specific complaint of child maltreatment.
- Normal affectionate hugging will not be construed as sexual contact.

SEXUAL EXPLOITATION (Priority I)

I. Definition

Allowing, permitting, or encouraging participation or depiction of the child in prostitution, obscene photography, obscene filming, or obscenely depicting, obscenely posing, or obscenely posturing a child for any use or purpose.

This form of maltreatment does not require that the offender be a caretaker of the child.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been sexually exploited.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
 - The adult victim;
 - A law enforcement officer;
 - The victim's counselor or therapist; or
 - The offender's counselor or therapist.

B. Usage

The reporter has reason to believe that a child has been sexually exploited.

The failure of the parent or caretaker to make reasonable efforts to stop an action

by another person, which resulted in sexual exploitation. (Failure to protect).

III. Founding a report

This allegation may be founded only after the Worker has:

- Verified that the child has been sexually exploited; and
- Secured a preponderance of evidence that the sexual exploitation occurred.

SEXUAL PENETRATION (Priority I)

I. Definition:

Any penetration, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person when at least one of the persons involved is a child. This includes acts commonly known as anal penetration, digital penetration, coition, coitus and copulation.

This form of maltreatment does not require that the offender be a caretaker of the child.

II Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was sexually penetrated as a result of maltreatment.

The Child Abuse Hotline shall only accept reports of child maltreatment naming an adult as the victim if:

1. The alleged offender is a caretaker of any child; and
2. The person making the report is one of the following:
 - The adult victim;
 - A law enforcement officer;
 - The victim's counselor or therapist; or
 - The offender's counselor or therapist.

B. Usage

The reporter has reason to believe that sexual penetration of a child resulted from one of the following:

- A direct action by any person under any of the following circumstances:
 - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt; or
 - (b) By one person who is eighteen (18) or older to another who is under sixteen (16) and not the spouse of the alleged offender; or
 - (c) By one person who is a caretaker or sibling of the other who is less than eighteen (18) years old.
 - (d) By a person younger than ten (10) years of age (underaged juvenile aggressor) to a person younger than eighteen (18) years of age.

Forcible Compulsion – physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.

- The failure of the parent or caretaker to make reasonable and prudent efforts

to prevent an action by another person, which resulted in sexual penetration (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child was sexually penetrated; and
- Secured a preponderance of evidence that the sexual penetration or attempted sexual penetration occurred.

SHAKING A CHILD AGE FOUR OR OLDER (Priority II)

I. Definition

The parent or caretaker uses one or both hands to violently and rapidly intentionally or knowingly move the body of a child age four or older in a back and forth, side to side or up and down motion.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child ages four or older has been intentionally or knowingly shaken by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child ages four or older has been shaken by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child age four years or older has been intentionally or knowingly shaken by a parent or caretaker causing an injury.

SHAKING A CHILD AGE THREE OR YOUNGER (Priority II)

I. Definition

The parent or caretaker uses one or both hands to violently and rapidly intentionally or knowingly move the body of a child age three or younger in a back and forth or up and down motion.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that children age three or younger has been intentionally or knowingly shaken by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child ages three or younger has been shaken by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child age three years or under has been intentionally or knowingly shaken by a parent or caretaker with or without causing an injury.

SPRAINS/DISLOCATIONS (Priority II)

I. Definition

Sprain: trauma to a joint, which causes pain and disability depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are rapid swelling, heat, and disability, often discoloration and limitation of function.

Discoloration: the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. The types include:

- Complicated dislocation: a discoloration associated with other major injuries.
- Compound dislocation: a dislocation in which the joint is exposed to the external air.
- Closed dislocation: a simple dislocation.
- Complete dislocation: a dislocation that completely separates the surfaces of a joint.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a sprain or dislocation as a result of maltreatment.

B. Usage

The reporter has reason to believe that a sprain or dislocation resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child sustaining a sprain or dislocation (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a sprain or dislocation or had a sprain or dislocation in the past (such verification must come from a physician, registered nurse, or by a direct admission from the alleged offender); and
- Secured a preponderance of evidence that the sprain or dislocation was sustained as a result of maltreatment as defined in Section I.

STRIKING A CHILD AGE SEVEN OR OLDER ON THE FACE OR HEAD (Priority II)

I. Definition

The victim child, age seven or older, has sustained a blow to the face or head inflicted intentionally or knowingly by a parent or caretaker with either an open hand or an object.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been intentionally or knowingly struck on the face or head by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child has been intentionally or knowingly struck on the face or head by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that a child ages seven or older has been intentionally or knowingly struck on the face or head by a parent or caretaker causing a physical injury.

NOTE: Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

NOTE: 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 and moderate.

STRIKING A CHILD AGE SIX OR YOUNGER ON THE FACE OR HEAD (Priority II)

I. Definition

The victim child aged six years or younger has sustained an intentional or knowing blow to the face or head inflicted by a parent or caretaker with either an open hand or an object.

II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

Secured a preponderance of evidence that a child aged six years or younger has been intentionally or knowingly struck on the face or head by a parent or caretaker with or without causing an injury.

STRIKING A CHILD WITH A CLOSED FIST (Priority II)

I. Definition

The parent or caretaker has used a clenched hand to intentionally or knowingly hit the child on any part of his body.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been intentionally or knowingly struck with a fist by a parent or caretaker.

B. Usage

The reporter has reason to believe that the child has been intentionally or knowingly struck with a fist by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- Secured a preponderance of evidence that the child has been intentionally or knowingly struck and physically injured by a parent or caretaker with a closed fist.

NOTE: Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

NOTE: 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 and moderate.

SUBDURAL HEMATOMA (Priority I)

I. Definition

Hematoma is a swelling or mass of blood (usually clotted) confined to an organ, tissue, or space and caused by a break in a blood vessel.

Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain).

A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in loss of consciousness, seizures, mental or physical damage, or death.

II. Taking a report

A. Acceptable reporters are medical personnel, medical facilities or pediatric facilities with reasonable cause to suspect that a child sustained a subdural hematoma as the result of maltreatment.

B. Usage

The reporter has reason to believe that the subdural hematoma resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in a subdural hematoma (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child currently has a subdural hematoma or has sustained a subdural Hematoma in the past (such verification must come from a physician); and
- Secured a preponderance of evidence that the subdural hematoma was sustained as a result of maltreatment as defined in Section I.

SUBSTANCE MISUSE (Priority II)

I. Definition

Giving a child or permitting a child to consume or inhale a substance not prescribed by a physician that has the capacity to alter the mood of the child. The consumption of a substance capable of intoxication to the extent that it observably affects the child's health, behavior, motor coordination, judgment, or intellectual capability. This may include such mood altering chemicals as cannabis (marijuana), hallucinogens, stimulants (including cocaine), sedatives (Valium), narcotics, or inhalants, alcohol (except alcohol given a child during a recognized religious ceremony or service); over-the-counter drugs (if a person purposely administers an overdose to a child or purposely gives an inappropriate over-the-counter drug to a child and the child is detrimentally impacted by the overdose or the over-the-counter drug.

Examples of substance misuse may include, but are not limited to:

- Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, or methaqualude or encouraging, insisting, or permitting a minor's consumption of the above substances.
- Giving any mood altering substance, including alcohol or sedatives (unless prescribed by a physician) to an infant or toddler.
- Encouraging, assisting, or permitting a child to consume alcohol, drugs, or another mood altering substance.
- Encouraging, assisting, or permitting an adolescent to consume alcohol, drugs, or another mood altering substance.
- Encouraging, assisting, or permitting any minor to consume alcohol, drugs, or another mood altering substance, even if on an infrequent basis.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has consumed a mood altering substance as a result of maltreatment.

B. Usage

The reporter has reason to believe that the substance misuse resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- One or more of the foregoing persons encouraged or assisted the child's consumption of the mood altering substances.
- The failure of the parent or caretaker to make reasonable efforts to stop another person from giving mood-altering substances to the child (failure to protect).
- A blatant disregard to responsibilities for the child's welfare. This includes the failure of the parent or caretaker to take reasonable actions to prevent the child from misusing mood altering substances (neglect).

C. Factors to be considered

The following factors should be considered when determining whether a child is involved in substance misuse:

- Age of child.
- Frequency of substance misuse.
- Amount of substance consumed.
- Degree of behavior dysfunction, or physical impairment linked to substance misuse.
- The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions.
- Whether the parent's or caretaker's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child is currently involved in or has been involved in substance misuse; and
- Secured a preponderance of evidence that the substance misuse was the result of maltreatment as defined in Section I.
- Applied the factors in Section II, C, above and determined that the substance misuse is significant enough to constitute child abuse and neglect.

SUFFOCATION (Priority I)

I. Definition

The parent or caretaker intentionally or knowingly uses any means to interfere with a child's ability to breathe. This includes, but is not limited to choking the child, compressing the child's chest, placing a binding material around the child's neck or covering the child's nose and mouth with a hand or other object that restricts breathing.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been suffocated as a result of maltreatment.

B. Usage

The reporter has reason to believe suffocation resulted from one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another that resulted in suffocation (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that a child has been suffocated.
- Secured a preponderance of evidence that the suffocation occurred as a result of maltreatment as defined in Section I.

THREAT OF HARM (Priority I)

I. Definition

Conduct of the parent or caretaker creating a realistic and serious threat of death, permanent or temporary disfigurement, impairment of any bodily organ, or an 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.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a parent or caretaker's conduct has created a realistic and serious threat of harm.

B. Usage

The reporter has reason to believe that the parent or caretaker's conduct created a realistic and serious threat of harm that resulted from one of the following:

- A non-accidental action of the parent or caretaker.
- An intentional or knowing act of the parent or caretaker.

III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the incident occurred; and
- Determined that the child is/was facing a realistic and serious threat of harm; and
- Secured a preponderance of evidence that the parent or caretaker created a significant and realistic threat of harm as defined above in

THROWING A CHILD (Priority II)

I. Definition

The parent or caretaker of the child has thrown, hurled or flung the child into an object or across a space.

II. Taking a Report

A. An acceptable reporter is any person who has reasonable cause to suspect that a child has been thrown, hurled, or flung by a parent or caretaker.

B. Usage

The reporter has reason to believe that the child has been thrown, hurled, or flung into an object or across space by his parent or caretaker.

III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- Secured a preponderance of evidence that the child was thrown, hurled, or flung by a parent or caretaker into an object or across space and a physical injury occurred.

NOTE: Abuse does not include physical discipline of a child when it is reasonable and moderate and is inflicted by a parent or guardian for purposes of restraining or correcting the child. Reasonable and moderate physical discipline should cause no more than transient pain or minor temporary marks.

NOTE: 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 and moderate.

TYING/CLOSE CONFINEMENT: (Priority II)

I. Definition

Tying a child to a fixed (or heavy) object, or binding or tying a child's limbs together.

Examples include, but are not limited to:

-
- Tying one or more limbs to a bed, chair, or other object except as authorized by a licensed physician.
- Tying a child's hands or legs together.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was tied or closely confined as the result of maltreatment.

B. Usage

The reporter has reason to believe that the child was tied or closely confined as a result of one of the following:

- A direct, non-accidental action of the parent or caretaker (abuse).
- The failure of the parent or caretaker to make reasonable efforts to stop an action by another person that resulted in the child being tied or closely confined (failure to protect.)

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- Verified that the child is/was tied or closely confined; and
- Secured a preponderance of evidence that the tying or close confinement was sustained as a result of maltreatment as defined in Section I. If the alleged offender contends that reasonable tying/close confinement was recommended by a physician or psychiatrist as a suggested means to ensure the child's safety or control the child's behavior, this must be verified by the physician or psychiatrist.

UNDERAGED JUVENILE AGGRESSOR (UNDER 10 YEARS OF AGE) (Priority I)

I. Definition:

Sexual abuse by a child younger than ten (10) years of age of another child younger than eighteen (18) years of age. The sexual abuse may be any of the following acts:

- Any contact or attempted contact between the sex organ of one child and the mouth of another child.
- Any act of sexual gratification involving the touching, directly or through clothing, of the sex organs, buttocks or anus of another child or the breast of a female child.
- Any penetration, however slight, of the anus or mouth of another child by his penis
- The penetration of the labia majora or anus of another child by any body member or foreign instrument manipulated by the child being assessed.

II. Taking a Report

A. An acceptable reporter is any person, who has reasonable cause to suspect that a child (under age 10 years) has sexually abused another child

B. Usage

The reported age of the child being investigated is under the age of 10.

III. Founding a Report

A determination may be made only after the Worker has:

- Established the exact age of the child being assessed and whether or not he/she has sexually abused (such as the behaviors listed above) another child; and
- Secured a preponderance of evidence that the sexual abuse or attempted sexual abuse either occurred or did not occur.

The overall finding or determination will be one of the following:

- **Unfounded** (unsubstantiated) - If there is no preponderance of evidence that the sexual abuse occurred.
- **Exempt From Finding** (under ten years of age) – There is a preponderance of evidence that the sexual abuse occurred AND the child being assessed is less than ten (10) years old.

NOTE: If there is a preponderance of evidence that the sexual abuse occurred AND the child being assessed is ten (10) years of age or older, then an overall finding or determination of “True” will fall under one of the following types of sexual child maltreatment, whichever is most appropriate –

1. Oral Sex
2. Pornography/Live Sex Act Exposure
3. Sexual Contact
4. Sexual Exploitation
5. Sexual Penetration