

## POLICY I-F: CONFIDENTIALITY

019/20134

~~The purpose of this policy is to assist employees in determining what information is confidential, to whom confidential information can be released, and the consequences of wrongful release of the information.~~

The Division of Children and Family Services is committed to best practice in relation to respecting client confidentiality. Information is confidential if it is not intended to be disclosed to persons other than those to whom disclosure is allowed under the statute. All employees of the Division shall maintain the confidentiality of children and families served by DCFS. Confidentiality applies to verbal, written and/or electronic transmittal of information including information in CHRIS.

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No DCFS employee may accept employment or engage in any activity while serving as a DCFS employee, which might reasonably be expected to require or induce the employee to disclose confidential information. In addition, no DCFS employee may disclose confidential information or use confidential information for the gain or benefit of the employee or person in a close, personal relationship to the employee.

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~~Reports, correspondence, memoranda, case histories, or other materials related to including protected health information compiled or received by a licensee or a state agency engaged in placing a child, including both protective services and foster care and protective services records, shall be confidential and shall not be released or otherwise made available, except to the extent permitted by federal and state law and only as listed below. This includes protected health information compiled or received by a licensee or a state agency engaged in placing a child.~~

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- A. To the director as required by regulation;
- B. For adoptive placements, as provided by the Revised Uniform Adoption Act, § 9-9-201 et seq.;
- C. To multidisciplinary teams;
- D. To the child's custodial/non-custodial parent(s), guardian, or custodian. However, the licensee or state agency may redact information from the record such as the name or address of foster parents or providers when it is in the best interest of the child. The licensee or state agency shall redact counseling records, psychological or psychiatric evaluations, examinations or records, drug screens or drug evaluations, or similar information concerning a parent if the other parent is requesting a copy of a record;
- E. To the child;
- F. To health care providers to assist in the care and treatment of the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child. Health care providers include doctors, nurses, emergency medical technicians, counselors, therapists, mental health professionals, and dentists;
- G. To school personnel and child care centers caring for the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child;
- H. To foster parents, the foster care record for children in foster care currently placed in their home. However, information about the parents or guardians and any siblings not in the foster home shall not be released (See Policy VII-H: Providing Information to Foster Parents.);
- I. To the Child Welfare Agency Review Board. However, at any board meeting no information which identifies by name or address any protective services recipient or foster care child shall be orally disclosed or released in written form to the general public;
- J. To the Division of Children and Family Services, including child welfare agency licensing specialists;
- K. For any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency which is authorized by law to conduct such audit or activity;
- L. Upon presentation of an order of appointment, to a court-appointed special advocate;
- M. To the attorney ad litem for the child;
- N. For law enforcement or the prosecuting attorney upon request;
- O. To circuit courts, as provided for in the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.;

- P. In a criminal or civil proceeding conducted in connection with the administration of any such plan or program;
- Q. For purposes directly connected with the administration of any of the state plans as outlined;
- R. For the administration of any other federal or federally assisted program which provides assistance, in cash or in kind, or services, directly to individuals on the basis of need; or
- S. To individual federal and state representatives and senators in their official capacity, and their staff members, with no re-disclosure of information. No disclosure shall be made to any committee or legislative body of any information which identifies by name or address any recipient of services; or
- T. To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury.
- U. To a person, provider, or government entity identified by the licensee or the state agency as having services needed by the child or his/her family; or
- V. To volunteers authorized by the licensee or the state agency to provide support or services to the child or his/her family at the discretion of the licensee or the state agency and only to the extent information is needed to provide the support or services.
- W. To a person, agency, or organization engaged in a bona fide research or evaluation project that is determined by the Division to have value for the evaluation or development of policies and programs within DCFS. Any confidential information provided for a research or evaluation project shall not be re-disclosed or published.

#### FOSTER CARE RECORDS

Foster home and adoptive home records are confidential and shall not be released except:

- A. To the foster parents or adoptive parents
- B. For purposes of review or audit, by the appropriate federal or state agency
- C. Upon allegations of child maltreatment in the foster home or adoptive home, to the investigating agency
- D. To the Child Welfare Agency Review Board
- E. To the Division of Children and Family Services, including child welfare agency licensing specialists
- F. To law enforcement or the prosecuting attorney, upon request
- G. To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury
- H. To individual federal and state representatives and senators in their official capacity, and their staff members with no re-disclosure of information
- I. No disclosure shall be made to any committee or legislative body of any information that identifies by name or address any recipient of services
- J. To the attorney ad litem and court appointed special advocate, the home study on adoptive family selected by the Department to adopt the juvenile

Any person or agency to whom disclosure is made shall not disclose to any other person reports or other information obtained. Any person disclosing information in violation of A.C.A. §12-18-104 shall be guilty of a Class A misdemeanor. Nothing in this section shall be construed to prevent subsequent disclosure by the child or his/her parent or guardian.

~~Information is confidential if it is not intended to be disclosed to persons other than those to whom disclosure is allowed under the statute.~~

The Family Service Worker may by law sign for releases of information for children in DHS custody.

The Family Service Worker must present a copy of the custody order to receive medical and school records.

The DHS-81; ~~{Consent for Release of Information}~~ must be signed by the parent to receive copies of parent's records; however, the parent's signature is not necessary for obtaining records for the child.

An attorney ad litem shall be provided access to all records relevant to the child's case, including, but not limited to, school records, medical records, juvenile court records and Department of Human Services records to the extent permitted by federal law.

#### CHILD IN FOSTER CARE

When a release of information regarding a child is requested, the FSW shall take the necessary steps to guard the confidentiality of personal information. -The steps include:

- A. ~~(1)~~ Assuring that no identifying or potentially harmful information on a child is released; and,
- B. ~~(2)~~ The consent shall be reviewed and approved by OCC.

~~Court orders that direct the release of specific information to specified offices, agencies or people shall be construed as proper consent for release of information. - No other consent is necessary. - However, OCC should be informed whenever such a release of information is being made.~~

Requests for media releases includes requesting permission to release photographs, voice reproductions, slides, video tapes, movie films, promotional pamphlets, news releases, etc.- The FSW shall review the contents of such release along with OCC and make any necessary modifications.- Consideration should be given to the protection of the child's identity and assurances that the contents of the material released will present the child in a light that would not be distasteful or negative to the child. -The Director of the Division of Children and Family Services or designee shall be consulted in matters that may reflect on the Division. In cases of consents for coverage by news media, consultation should also be sought from the DHS Director of Communications.- This consent must be signed by the Assistant Director of Program Excellence Community Services. The foster parents shall be informed of these policies.

The Adoption Specialist must obtain documented consent from a child 12 years of age or older, to show photographs for recruitment of an adoptive family.

#### ADOPTION RECORDS

Non-identifying information from finalized records can only be released by the Arkansas Mutual Consent Voluntary Adoption Registry. Identifying information from a finalized record can only be released by court order.

#### INVESTIGATIVE REPORTS

Child maltreatment investigative data, records, reports, and documents are confidential and may only be disclosed as provided for in the Child Maltreatment Act codified at A.C.A. § 12-18-101 et seq.

If a DCFS employee wrongfully discloses confidential information, he or she is guilty of a Class A misdemeanor and can lose his or her job. For a Class A misdemeanor, the sentence shall not exceed one year in the county jail and a \$1,000 fine. See A.C.A. §12-18-205.

#### FREEDOM OF INFORMATION ACT

Personnel records can be disclosed to the public, unless to do so would clearly be an unwarranted invasion of privacy. Therefore, the Department can not release the Social Security Number, school transcripts, or PPES information of any staff unless that person has been suspended or terminated as a result of his/her PPES score. Grievance information becomes public record after the grievance process is completed if a grievance is appealed to the State Grievance Review Committee. If the grievance is not appealed to the state level, the discipline does not become public record. See A.C.A §25-19-105.

Any data, records, reports, or documents that are created, collected, or compiled by or on behalf of DHS, the Department of Arkansas State Police, or other entity authorized under A.C.A §12-18-101 et seq. to perform investigations or provide services to children, individuals, or families shall not be subject to disclosure under the Freedom of Information Act of 1967, A.C.A §25-19-101 et seq.

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See these policy sections and their subsequent procedures for more information on confidentiality: Policy II-K: Information Disclosure on Pending Investigations & True Findings Pending Due Process; Policy VII-H: Providing Information to Foster Parents; Policy XIII-A: Child Maltreatment Central Registry; Policy XIV-A: Child Maltreatment Notices.

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## **POLICY I-F: CONFIDENTIALITY**

01/2013

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No DCFS employee may accept employment or engage in any activity while serving as a DCFS employee, which might reasonably be expected to require or induce the employee to disclose confidential information. In addition, no DCFS employee may disclose confidential information or use confidential information for the gain or benefit of the employee or person in a close, personal relationship to the employee.

Reports, correspondence, memoranda, case histories, or other materials related to protective services and foster care records, shall be confidential and shall not be released or otherwise made available, except to the extent permitted by federal and state law and only as listed below. This includes protected health information compiled or received by a licensee or a state agency engaged in placing a child.

- A. To the director as required by regulation;
- B. For adoptive placements, as provided by the Revised Uniform Adoption Act, § 9-9-201 et seq.;
- C. To multidisciplinary teams;
- D. To the child's custodial/non-custodial parent(s), guardian, or custodian. However, the licensee or state agency may redact information from the record such as the name or address of foster parents or providers when it is in the best interest of the child. The licensee or state agency shall redact counseling records, psychological or psychiatric evaluations, examinations or records, drug screens or drug evaluations, or similar information concerning a parent if the other parent is requesting a copy of a record;
- E. To the child;
- F. To health care providers to assist in the care and treatment of the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child. Health care providers include doctors, nurses, emergency medical technicians, counselors, therapists, mental health professionals, and dentists;
- G. To school personnel and child care centers caring for the child at the discretion of the licensee or state agency and if deemed to be in the best interest of the child;
- H. To foster parents, the foster care record for children in foster care currently placed in their home. However, information about the parents or guardians and any siblings not in the foster home shall not be released (See Policy VII-H: Providing Information to Foster Parents);
- I. To the Child Welfare Agency Review Board. However, at any board meeting no information which identifies by name or address any protective services recipient or foster care child shall be orally disclosed or released in written form to the general public;
- J. To the Division of Children and Family Services, including child welfare agency licensing specialists;
- K. For any audit or similar activity conducted in connection with the administration of any such plan or program by any governmental agency which is authorized by law to conduct such audit or activity;
- L. Upon presentation of an order of appointment, to a court-appointed special advocate;
- M. To the attorney ad litem for the child;
- N. For law enforcement or the prosecuting attorney upon request;
- O. To circuit courts, as provided for in the Arkansas Juvenile Code of 1989, § 9-27-301 et seq.;
- P. In a criminal or civil proceeding conducted in connection with the administration of any such plan or program;
- Q. For purposes directly connected with the administration of any of the state plans as outlined;
- R. For the administration of any other federal or federally assisted program which provides assistance, in cash or in kind, or services, directly to individuals on the basis of need; or

- S. To individual federal and state representatives and senators in their official capacity, and their staff members, with no re-disclosure of information. No disclosure shall be made to any committee or legislative body of any information which identifies by name or address any recipient of services; or
- T. To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury.
- U. To a person, provider, or government entity identified by the licensee or the state agency as having services needed by the child or his/her family; or
- V. To volunteers authorized by the licensee or the state agency to provide support or services to the child or his/her family at the discretion of the licensee or the state agency and only to the extent information is needed to provide the support or services.
- W. To a person, agency, or organization engaged in a bona fide research or evaluation project that is determined by the Division to have value for the evaluation or development of policies and programs within DCFS. Any confidential information provided for a research or evaluation project shall not be re-disclosed or published.

#### **FOSTER CARE RECORDS**

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- A. To the foster parents or adoptive parents
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- D. To the Child Welfare Agency Review Board
- E. To the Division of Children and Family Services, including child welfare agency licensing specialists
- F. To law enforcement or the prosecuting attorney, upon request
- G. To a grand jury or court, upon a finding that information in the record is necessary for the determination of an issue before the court or grand jury
- H. To individual federal and state representatives and senators in their official capacity, and their staff members with no re-disclosure of information
- I. No disclosure shall be made to any committee or legislative body of any information that identifies by name or address any recipient of services
- J. To the attorney ad litem and court appointed special advocate, the home study on adoptive family selected by the Department to adopt the juvenile

Any person or agency to whom disclosure is made shall not disclose to any other person reports or other information obtained. Any person disclosing information in violation of A.C.A. §12-18-104 shall be guilty of a Class A misdemeanor. Nothing in this section shall be construed to prevent subsequent disclosure by the child or his/her parent or guardian.

The Family Service Worker may by law sign for releases of information for children in DHS custody.

The Family Service Worker must present a copy of the custody order to receive medical and school records.

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#### **CHILD IN FOSTER CARE**

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- A. Assuring that no identifying or potentially harmful information on a child is released; and,

**B. The consent shall be reviewed and approved by OCC.**

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**INVESTIGATIVE REPORTS**

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**FREEDOM OF INFORMATION ACT**

Personnel records can be disclosed to the public, unless to do so would clearly be an unwarranted invasion of privacy. Therefore, the Department can not release the Social Security Number, school transcripts, or PPES information of any staff unless that person has been suspended or terminated as a result of his/her PPES score. Grievance information becomes public record after the grievance process is completed if a grievance is appealed to the State Grievance Review Committee. If the grievance is not appealed to the state level, the discipline does not become public record. See A.C.A §25-19-105.

Any data, records, reports, or documents that are created, collected, or compiled by or on behalf of DHS, the Department of Arkansas State Police, or other entity authorized under A.C.A §12-18-101 et seq. to perform investigations or provide services to children, individuals, or families shall not be subject to disclosure under the Freedom of Information Act of 1967, A.C.A §25-19-101 et seq.

See these policy sections and their subsequent procedures for more information on confidentiality: Policy II-K: Information Disclosure on Pending Investigations & True Findings Pending Due Process; Policy VII-H: Providing Information to Foster Parents; Policy XIII-A: Child Maltreatment Central Registry; Policy XIV-A: Child Maltreatment Notices.

## **POLICY I-HX-C: VEHICLE AND PASSENGER SAFETY**

019/20113

DCFS staff (paid and volunteer) will operate motor vehicles (state-owned or privately owned used on state business) in a safe manner, observing all traffic laws and making allowances for road and weather conditions. They will also promptly report to their supervisor any accident or traffic violation in which they are involved.

Seat belts will be used in accordance with Arkansas law at all times by drivers and passengers of state vehicles and private vehicles used for state business.

Children who are less than six years old AND who weigh less than 60 pounds will be properly restrained in an approved child passenger safety seat. If a child is at least six years old OR at least 60 pounds in weight, a standard lap/shoulder seat belt will provide sufficient restraint and safety.

Smoking is prohibited in all vehicles and enclosed areas owned, leased or operated by the State of Arkansas, its agencies and authorities. ~~Therefore, DCFS staff may not smoke in a state vehicle OR in their private vehicle when a child in foster care is present.~~ In accordance with A.C.A. 20-27-1903 smoking is prohibited in any motor vehicle in which a child who is under the age of 14 is a passenger. However, as second-hand smoke is detrimental to the health of all children, DCFS staff and volunteers may not smoke in a state vehicle OR in a private vehicle when a child who is in foster care or receiving other services from the Division is present.

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### **PROCEDURE IX-C1: Vehicle and Passenger Safety**

DCFS staff (paid and volunteer) in a state vehicle or privately owned vehicle on state business will ensure that:

- A. ~~All adult passengers and children at least six years old OR 60 pounds in weight are restrained with a lap/shoulder seatbelt in accordance with Arkansas Law.~~
- B. ~~All children less than six years old AND less than 60 pounds in weight are restrained in an approved child passenger safety seat.~~



## **POLICY I-H: VEHICLE AND PASSENGER SAFETY**

01/2013

DCFS staff (paid and volunteer) will operate motor vehicles (state-owned or privately owned used on state business) in a safe manner, observing all traffic laws and making allowances for road and weather conditions. They will also promptly report to their supervisor any accident or traffic violation in which they are involved.

Seat belts will be used in accordance with Arkansas law at all times by drivers and passengers of state vehicles and private vehicles used for state business.

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Smoking is prohibited in all vehicles and enclosed areas owned, leased or operated by the State of Arkansas, its agencies and authorities. In accordance with A.C.A. 20-27-1903 smoking is prohibited in any motor vehicle in which a child who is under the age of 14 is a passenger. However, as second-hand smoke is detrimental to the health of all children, DCFS staff and volunteers may not smoke in a state vehicle OR in a private vehicle when a child who is in foster care or receiving other services from the Division is present.

## **APPENDIX 3: RECORD RETENTION SCHEDULE**

06/2004

- A. Retain all child protective services, Out-of-Home Placement Services, and supportive services for five years after the youngest child turns 21 years old. Retain all other client files for five years after the file is closed or the last case activity.
- B. Retain all adoption records for 99 years.
- C. Retain all rules until superseded. Superseded rules must be retained on as-needed basis.
- D. Retain all records relating to a person or entity contracting with DHS for five years after the contract ends or is terminated.
- E. Retain all administrative records including programmatic financial records for five years after the end of the biennium in which the records were produced.
- F. Retain all information in the automated data system indefinitely to assist the Department in assessing future risk and safety.
- G. Hard copy records of unsubstantiated reports are not part of the Child Maltreatment Central Registry. They will be destroyed by the investigating agency at the end of the month in which the determination is made.
- H. Records of all cases where allegations are determined to be true shall be retained by the Child Maltreatment Central Registry and all hard copy records with true determinations shall be retained forever.
- I. Records of all cases where allegations are determined to be unsubstantiated shall not be included in the Child Maltreatment Central Registry.
- J. Hard copy records of unsubstantiated reports will be destroyed at the end of the month in which the determination is made.

## **POLICY I-E: COMPLIANCE WITH THE MULTIETHNIC PLACEMENT ACT**

06/2004

The Division must comply with the Multiethnic Placement Act (MEPA) in making foster care and adoptive placements. The act provides for assessment of individual liability to staff for knowingly violating MEPA requirements.

The Multiethnic Placement Act prohibits delaying or denying the placement of a child for adoption or foster care on the basis of race, color or national origin of the adoptive or foster parent or the child involved; and prohibits denying any individual the opportunity to become a foster or adoptive parent on the basis of the prospective parent's or the child's race, color, or national origin.

In addition, it requires that, to remain eligible for federal assistance for their child welfare programs, states must diligently recruit foster and adoptive parents who reflect the racial and ethnic diversity of the children in the state who need foster and adoptive homes.

Consideration of race, color, or national origin is permissible only when an individual determination is made that the facts and circumstances of a particular case require the consideration of race, color, or national origin in order to advance the best interests of the child in need of placement. The Division's compliance with the Indian Child Welfare Act of 1978 (P.L. 95-608) does not violate MEPA.

## **POLICY IX-C: VEHICLE AND PASSENGER SAFETY**

09/2011

DCFS staff (paid and volunteer) will operate motor vehicles (state-owned or privately owned used on state business) in a safe manner, observing all traffic laws and making allowances for road and weather conditions. They will also promptly report to their supervisor any accident or traffic violation in which they are involved.

Seat belts will be used in accordance with Arkansas law at all times by drivers and passengers of state vehicles and private vehicles used for state business.

Children who are less than six years old AND who weigh less than 60 pounds will be properly restrained in an approved child passenger safety seat. If a child is at least six years old OR at least 60 pounds in weight, a standard lap/shoulder seat belt will provide sufficient restraint and safety.

Smoking is prohibited in all vehicles and enclosed areas owned, leased or operated by the State of Arkansas, its agencies and authorities. Therefore, DCFS staff may not smoke in a state vehicle OR in their private vehicle when a child in foster care is present. In accordance with A.C.A. 20-27-1903 smoking is prohibited in any motor vehicle in which a child who is under the age of 14 is a passenger.

### **PROCEDURE IX-C1: Vehicle and Passenger Safety**

DCFS staff (paid and volunteer) in a state vehicle or privately owned vehicle on state business will ensure that:

- A. All adult passengers and children at least six years old OR 60 pounds in weight are restrained with a lap/shoulder seatbelt in accordance with Arkansas Law.
- B. All children less than six years old AND less than 60 pounds in weight are restrained in an approved child passenger safety seat.

## **POLICY VII-M: VOLUNTEERS**

09/2011

All volunteers are responsible for ensuring the proper care, treatment, safety, and supervision of the children they serve.

All prospective volunteers who have direct and unsupervised contact with children must be cleared through the Arkansas Child Maltreatment Central Registry and through a State Police Criminal Record Check. The Division will request any other state where the prospective volunteer has resided in the preceding 6 years to check its child abuse and neglect registry, if available, and in the person's state of employment, if different, for reports of child maltreatment, if available.

Volunteers will be supervised by an appropriate staff person. A volunteer who works unsupervised and substitutes as staff must meet the qualifications required for a paid employee in that position.

Volunteers approved by DHS to transport children in foster care or DHS clients or to supervise visits at the request of DHS shall not be liable to the children in foster care, DHS clients, or the parents or guardians of children in foster care for injuries to the children or clients caused by the acts or omissions of a volunteer unless the acts or omissions constitute malicious, willful, wanton, or grossly negligent conduct.

An approved volunteer who performs home studies without compensation shall have immunity from liability as provided for state officers and employees. An approved volunteer refers to any volunteer who is approved by DHS or who is approved by any organization operating under a memorandum of understanding with DHS for the completion of home studies.

If a complaint of child maltreatment is filed against any volunteer, DCFS shall evaluate the risk to children and determine the suitability of the volunteer to supervise, be left alone with children, have disciplinary control over children, or remain with DCFS until the allegations are determined to be true or unsubstantiated.

## **PROCEDURE IX-A1: Internal Review of Adverse Action**

01/2013

The internal review process is as follows:

- A. The individual who is the subject of an adverse action may request verbally or in writing an Internal Review from the appropriate ~~manager, or administrator, Administrator or Manager.~~
- B. The ~~manager or administrator, Administrator or Manager~~ will review the request and forward it with a recommendation to the appropriate Assistant Director for review within 10 business days of receipt of request and any supporting materials a final disposition.
- C. The Assistant Director will notify the applicant in writing of the decision of the review within 10 ~~business~~ working days of receiving the request.
- D. If the decision is unfavorable to the individual, the Assistant Director will inform the individual that he or she has 15 ~~business~~ working days in which to submit a written appeal to the DCFS Director.

The DCFS Director will notify the individual within 10 ~~business~~ working days of the appeal decision. This is a final action and is not appealable.

Actions subject to Internal Review are:

- A. Closure of a foster home due to any circumstance;
- B. Removal of a child from the foster home without appropriate cause and/or without appropriate notice;
- C. Failure by DCFS to share appropriate information with foster parents;
- D. Failure by DCFS to provide necessary support to foster parents;
- E. Failure by DCFS to keep the terms of the initial written agreement with the foster home (CFS-462: Initial Foster Home Agreement and CFS-462A: Foster Home Agreement Addendum);
- A. ~~Closure of a foster home due to any circumstance~~
- B. ~~Denial of a home study, including ICPC, which results in a decision not to open the home~~
- C. ~~F. Denial of placement of a particular child in a particular foster home~~ Denial of a home study, including ICPC, which results in a decision not to open the home of any relative within the third degree of kinship;
- D. ~~G. Denial of an adoption application;~~
- E. ~~H. Denial of name removal from Child Maltreatment Central Registry after one year; or,~~
- F. ~~I. Additionally, an age-appropriate child or his attorney ad litem on his behalf, may appeal a change in his out-of-home placement, according to Policy VII-K.~~

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## **PROCEDURE IX-A22: Appeals and Hearings of Unfavorable Decisions**

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Certain unfavorable decisions may be appealed through the Appeals and Hearings process. Actions which may be appealed are:

- A. True child maltreatment determinations
- B. ~~Denials of adoption subsidies~~
- B. ~~C. Denials or modifications of guardianship subsidies~~
- C. ~~ICPC home study denial of approval~~

An individual must request an Administrative Hearing within 30 calendar days of receiving a notice of an unfavorable decision from DCFS. The appeal must be made in writing to Department of Human Services, Office of Chief Counsel, Appeals and Hearings Administration Section, P.O. Box 1437, Slot N401, Little Rock, AR 72203-1437.

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The Appeals and Hearing Section will notify DCFS when an appeal has been filed. Upon receiving notice of an appeal, the following entities will immediately prepare a file and make it available to the petitioner, any representative, the OCC Attorney, and the Appeals and Hearings Section:

- A. In Child Maltreatment-related appeals: Central Registry
- B. In adoption subsidy denials: Adoptions Unit
- C. In guardianship subsidy denials or modifications: Foster Care Unit (Permanency Specialist)

At least 10 days prior to the administrative hearing, the alleged offender and the department will share any information with the other party the party intends to introduce into evidence at the hearing that is not contained in the record.

The Appeals and Hearings section will send a notice of hearing which contains the time, date, and place of the hearing and the name of the hearing officer who will conduct the hearing. -The hearing will be held by telephone if neither party requests that the hearing be conducted in person.- If the hearing is held in person, the location will be in an office of the department nearest to the petitioner's residence unless the Administrative Law Judge determines that the hearing will be conducted via video teleconference.

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## **PROCEDURE IX-A1: Internal Review of Adverse Action**

01/2013

The internal review process is as follows:

- A. The individual who is the subject of an adverse action may request verbally or in writing an Internal Review from the appropriate manager or administrator.
- B. The manager or administrator will review the request and forward it with a recommendation to the appropriate Assistant Director for review within 10 business days of receipt of request and any supporting materials.
- C. The Assistant Director will notify the applicant in writing of the decision of the review within 10 business days of receiving the request.
- D. If the decision is unfavorable to the individual, the Assistant Director will inform the individual that he or she has 15 business days in which to submit a written appeal to the DCFS Director.

The DCFS Director will notify the individual within 10 business days of the appeal decision. This is a final action and is not appealable.

Actions subject to Internal Review are:

- A. Closure of a foster home due to any circumstance;
- B. Removal of a child from the foster home without appropriate cause and/or or without appropriate notice;
- C. Failure by DCFS to share appropriate information with foster parents;
- D. Failure by DCFS to provide necessary support to foster parents;
- E. Failure by DCFS to keep the terms of the initial written agreement with the foster home (CFS-462: Initial Foster Home Agreement and CFS-462A: Foster Home Agreement Addendum);
- F. Denial of a home study, including ICPC, which results in a decision not to open the home of any relative within the third degree of kinship;
- G. Denial of an adoption application;
- H. Denial of name removal from Child Maltreatment Central Registry after one year; or,
- I. Additionally, an age-appropriate child or his attorney ad litem on his or her behalf, may appeal a change in his out-of home placement, according to Policy VII-K.

## **PROCEDURE IX-A2: Appeals and Hearings of Unfavorable Decisions**

01/2013

Certain unfavorable decisions may be appealed through the Appeals and Hearings process. Actions which may be appealed are:

- A. True child maltreatment determinations;
- B. Denials of adoption subsidies; or,
- C. Denials or modifications of guardianship subsidies

An individual must request an Administrative Hearing within 30 calendar days of receiving a notice of an unfavorable decision from DCFS. The appeal must be made in writing to Department of Human Services, Office of Chief Counsel, Appeals and Hearings Administration Section, P.O. Box 1437, Slot N401, Little Rock, AR 72203-1437.

The Appeals and Hearing Section will notify DCFS when an appeal has been filed. Upon receiving notice of an appeal, the following entities will immediately prepare a file and make it available to the petitioner, any representative, the OCC Attorney, and the Appeals and Hearings Section:

- A. In Child Maltreatment-related appeals: Central Registry



- B. In adoption subsidy denials: Adoptions Unit
- C. In guardianship subsidy denials or modifications: Foster Care Unit (Permanency Specialist)

At least 10 days prior to the administrative hearing, the alleged offender and the department will share any information with the other party the party intends to introduce into evidence at the hearing that is not contained in the record.

The Appeals and Hearings section will send a notice of hearing which contains the time, date, and place of the hearing and the name of the hearing officer who will conduct the hearing. The hearing will be held by telephone if neither party requests that the hearing be conducted in person. If the hearing is held in person, the location will be in an office of the department nearest to the petitioner's residence unless the Administrative Law Judge determines that the hearing will be conducted via video teleconference.

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Foster Parent Grievance Procedures/ Internal Review of Adverse Action Involving Foster Parents

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Foster parents have the right to appeal decisions affecting them and the operation of their home. Most problems can be solved at the local level if the foster parents and FSW keep each other informed about matters of interest and importance pertaining to the child. It is most important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur.

All complaints may not be grievable and appropriate for an internal review, while the County Office will make every effort to reconcile every disagreement or other issues, some situations may not be reconcilable such as those decisions made. Such situations result in decisions being made by the county office based on current policy and procedure (e.g., for example closing the foster home due to the advancing age of the foster parents).

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Examples of issues that to take through the Grievance Procedure are:

- Closure of a foster home due to any circumstance;
- Removal of a child from the foster home without appropriate cause and/or without appropriate notice;
- Visits without preparation and/or notice;
- Failure by DCFS to share appropriate information;
- Failure by DCFS to provide necessary support (failure to return phone calls or habitually being unavailable when needed, failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers); or,
- Failure by DCFS to keep the terms of the initial written agreement with the foster home (CFS-462: Initial Foster Home Agreement and CFS-462A: Foster Home Agreement Addendum).

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Prior to filing a grievance requesting an internal review at the Central Office level, foster parents should request an informal discussion of the problem with the FSW and the FSW's immediate supervisor. If the problem is not resolved at this point and the issue is grievable, then the foster parents may file a grievance according to the procedures listed below. Any time frame specified within the grievance procedures may be modified by mutual consent and notification to all involved parties.

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If, after the foster parents have discussed their issue(s) related to the grievance adverse action with the FSW and FSW supervisor, and if the foster parents believe that DCFS failed to uphold its policies and/or philosophies, then, the foster parents must state the grievance submit in writing their request for the Area Director of the area where the foster parents live to review their case as it relates to the adverse action. This request must be submitted in writing and submit it to this Area Director within of the area where the foster parents live 30 calendar days from the date the adverse grievable action occurred. The Area Director will schedule a meeting with the foster parents within 10 business working days of the receipt of the written grievance request and attempt to resolve the problem.

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If the foster parents are not satisfied with the results of this meeting with the Area Director and if the foster parents have additional information that pertains to their case that was not previously presented to the FSW, supervisors, and Area Director, and if the foster parents have additional information that pertains to their case that was not previously presented to the FSW, supervisors, and Area Director, the foster parents may appeal request an internal review from to the Foster Care Unit Manager or designee in Central Office to present their case supported by the new information. A copy of the grievance request and written reports of the previous two meetings will be forwarded to the Foster Care Unit Manager or designee. The Foster Care Manager or designee will review the request and forward

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Excerpts, PUB-30: Foster Parent Handbook

it with a recommendation to the Assistant Director of Community Services or designee within 10 business working days of receipt of the request and written reports for a final disposition.

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The Assistant Director of Community Services or designee will notify the foster parents in writing of the decision of the review within 10 business working days of receiving the recommendation and other materials from the Foster Care Manager or designee.

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If the decision is unfavorable to the foster parents, the Assistant Director of Community Services or designee will inform the foster parents that they have 15 business working days in which to submit a written appeal to the DCFS Director. The DCFS Director will review the request as well as the previous reports and dispositions. The DCFS Director will then notify the individual within 10 business working days of the appeal decision. This is a final action and is not appealable to any other person or entity. A Grievance Committee hearing will be scheduled within 10 working days. The hearing will be held in the county where the foster parents live.

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The Grievance Committee will be composed of three people: a representative selected by the county office FSW supervisor, a representative selected by the foster parent, and a representative selected by Central Office the Foster Care Manager or designee. The foster parents may also select an individual (such as an attorney, friend, or relative) to present the case (however, this person will not serve on the Grievance Committee itself). The Grievance Committee member selected by the county office FSW supervisor will not be from the county where the foster parents live or any individual who is within the direct chain of authority for the resident county. During the hearing, all parties will be given an opportunity to present their case.

The Grievance Committee will submit their findings and recommendations within 20 working days from the date of the Grievance Hearing to the Assistant Director of Community Services or designee.

The foster parents and the county office will be notified, in writing, by the appropriate decision-making personnel of the decision Assistant Director of Community Services within 10 working days from the date the Grievance Committee's findings and recommendations are submitted.

If corrective action is required by the county office, the corrective action will begin no later than 10 working days after the county office and foster parents are notified of the decision. A written report of completed action will be submitted by the FSW supervisor to Central Office the Assistant Director of Community Services or designee no later than 30 days after corrective action has commenced. If corrective action has not been finalized within the 30 day time frame, an interim report will be submitted by the DCFS county office FSW supervisor every 30 days until completed.

If corrective action is required by the foster parents, the Assistant Director of Community Services or designee must indicate the steps necessary to correct the deficiency in the findings and recommendations document within 10 days after notification from the appropriate decision-making personnel. This corrective action plan must receive the approval of the county office supervisor. The foster parents will notify the FSW supervisor in local county office and Central Office Foster Care Manager or designee within 60 days of the original findings being received, that all corrective steps have been completed. In the absence of said notification from the foster parents, it will be presumed that the foster parents have elected not to comply with the findings of the appropriate decision-making personnel.

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The decision of the appropriate decision-making personnel will be considered final, and no other appeal procedure within DHS is appropriate.

## CLOSING A FOSTER HOME

### Division's Decision

If it is deemed necessary by the County Office to close a foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the County Office to eliminate rectify the problem. The final assessment and determination of closure will be made by the Resource Worker in collaboration and with assistance from designated county staff, the Area Director and Central Office staff, as if appropriate. The closure process will include a mandatory face-to-face conference with the foster parents at which time reasons for the closure will be explained. The County Office will provide written notification of the closure including the reasons for the closure and the foster parents' right to request an internal review of the adverse action appeal the decision by filing a grievance. (For additional information, see section on Internal Review of Adverse Actions Involving Foster Parents Grievance Procedure.)

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## Excerpts, PUB-30: Foster Parent Handbook

### **Internal Review of Adverse Action Involving Foster Parents**

Foster parents have the right to appeal decisions affecting them and the operation of their home. Most problems can be solved at the local level if the foster parents and FSW keep each other informed about matters of interest and importance pertaining to the child. It is important for foster parents and Family Service Workers to discuss and work out issues and problems as they occur.

All complaints may not be appropriate for an internal review, while the county office will make every effort to reconcile disagreements or other issues, some situations may not be reconcilable such as those decisions made by the county office based on current policy and procedure .

Examples of issues that to take through the Grievance Procedure are:

- Closure of a foster home due to any circumstance;
- Removal of a child from the foster home without appropriate cause and/or without appropriate notice;
- Failure by DCFS to share appropriate information;
- Failure by DCFS to provide necessary support (failure to return phone calls or habitually being unavailable when needed, failure to help with initial clothing or problems with the child, medical/Medicaid coverage and/or providers); or,
- Failure by DCFS to keep the terms of the initial written agreement with the foster home (CFS-462: Initial Foster Home Agreement and CFS-462A: Foster Home Agreement Addendum).

Prior to requesting an internal review at the Central Office level, foster parents should request an informal discussion of the problem with the FSW and the FSW's immediate supervisor. If, after the foster parents have discussed their issue(s) related to the adverse action with the FSW and FSW supervisor, and believe that DCFS failed to uphold its policies and/or philosophies, then, the foster parents must submit in writing their request for the Area Director of the area where the foster parents live to review their case as it relates to the adverse action. This request must be submitted to this Area Director within 30 calendar days from the date the adverse action occurred. The Area Director will schedule a meeting with the foster parents within 10 business days of the receipt of the written request and attempt to resolve the problem.

If the foster parents are not satisfied with the results of the meeting with the Area Director, the foster parents may request an internal review from the Foster Care Manager or designee in Central Office to present their case. A copy of the request and written reports of the previous two meetings will be forwarded to the Foster Care Manager or designee. The Foster Care Manager or designee will review the request and forward it with a recommendation to the Assistant Director of Community Services or designee within 10 business days of receipt of the request and written reports.

The Assistant Director of Community Services or designee will notify the foster parents in writing of the decision of the review within 10 business days of receiving the recommendation and other materials from the Foster Care Manager or designee.

If the decision is unfavorable to the foster parents, the Assistant Director of Community Services or designee will inform the foster parents that they have 15 business days in which to submit a written appeal to the DCFS Director. The DCFS Director will review the request as well as the previous reports and dispositions. The DCFS Director will then notify the individual within 10 business days of the appeal decision. This is a final action and is not appealable to any other person or entity.

## **CLOSING A FOSTER HOME**

### **Division's Decision**

If it is deemed necessary by the county office to close a foster home, a written summary will be prepared documenting past and present reasons for closure as well as all efforts by the county office to rectify the problem. The final assessment and determination of closure will be made by the Resource Worker in collaboration with designated county staff, the Area Director and Central Office staff, as appropriate. The closure process will include a mandatory face-to-face conference with the foster parents at which time reasons for the closure will be explained. The county office will provide written notification of the closure including the reasons for the closure and the foster parents' right to request an internal review of the adverse action. (For additional information, see section on Internal Review of Adverse Actions Involving Foster Parents.)

**PROCEDURE II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division**

01/2013

The County Supervisor or designee will:

- A. Assign the report to a Family Service Worker(s) or a Unit Group who will conduct the assessment when a report is received in the CHRIS county in-box.
- B. Make entries on the "Inv. Notes" as the assessment is conducted.
- C. Consult with and advise the Family Service Worker as the assessment is conducted.

The FSW will:

- A. Conduct a CHRIS history search prior to initiation of investigation.
- B. Begin the child maltreatment assessment immediately and no later than 24 hours after receipt of a report by the Hotline, if the allegation is severe maltreatment (Priority I), excluding an allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago or the alleged victim does not currently have contact with the alleged offender; or the allegation is that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B).
- C. Begin all other child maltreatment assessments within 72 hours of receipt of a report by the Hotline.
- D. Make immediate telephone notification to the Prosecuting Attorney and law enforcement on Priority I reports.
- E. Notify the Prosecuting Attorney of an allegation of severe maltreatment (Priority I) within 5 business days via CFS-201-A: Notice of Child Maltreatment Allegation to Law Enforcement and Prosecuting Attorney, unless the Prosecuting Attorney has provided written notice that the Division need not send notification of the initial maltreatment report.
- F. Consider the assessment initiated:
  - 1) By interviewing or observing, when appropriate, the alleged victim child outside the presence of the alleged offender; or,
  - 2) If after exercising and documenting due diligence, an interview or examination of the child could not be made. Due diligence includes, but is not limited to:
    - a. Making an unannounced visit to the child's home at least 3 times at different times of the day or on different days in an attempt to interview the child;
    - b. Contacting the reporter again if the reporter is known;
    - c. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
    - d. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
    - e. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
- G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.

## **PROCEDURE II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division**

01/20132

The County Supervisor or designee will:

- A. Assign the report to a Family Service Worker(s) or a Unit Group who will conduct the assessment when a report is received in the CHRIS county in-box.
- B. Make entries on the "Inv. Notes" as the assessment is conducted.
- C. Consult with and advise the Family Service Worker as the assessment is conducted.

The FSW will:

- A. Conduct a CHRIS history search prior to initiation of investigation.
- A-B. Begin the child maltreatment assessment immediately and no later than 24 hours after receipt of a report by the Hotline, if the allegation is severe maltreatment (Priority I), excluding an allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago or the alleged victim does not currently have contact with the alleged offender; or the allegation is that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B).
- B-C. Begin all other child maltreatment assessments within 72 hours of receipt of a report by the Hotline.
- C-D. Make immediate telephone notification to the Prosecuting Attorney and law enforcement on Priority I reports.
- D-E. Notify the Prosecuting Attorney of an allegation of severe maltreatment (Priority I) within 5 business days via CFS-201-A: Notice of Child Maltreatment Allegation to Law Enforcement and Prosecuting Attorney, unless the Prosecuting Attorney has provided written notice that the Division need not send notification of the initial maltreatment report.
- E-F. Consider the assessment initiated:
  - 1) By interviewing or observing, when appropriate, the alleged victim child outside the presence of the alleged offender; or,
  - 2) If after exercising and documenting due diligence, an interview or examination of the child could not be made. Due diligence includes, but is not limited to:
    - a. Making an unannounced visit to the child's home at least 3 times at different times of the day or on different days in an attempt to interview the child;
    - b. Contacting the reporter again if the reporter is known;
    - c. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
    - d. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
    - e. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
- F-G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- G-H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.



## **PROCEDURE II-E4: Other Child Maltreatment Assessment Actions**

01/2013

The Family Service Worker will:

- A. Use CFS-317: Off-Site Worker's Safety Log during the child maltreatment investigation for all off-site visits away from his/her primary work-site. If the worker is going to return to the primary work-site more than one hour later than the "Planned Return Date/Time", he/she will contact his/her immediate supervisor, County Supervisor or designee with a revised anticipated return date/time.
- B. Give the family and alleged offender (if alleged offender resides outside of the home) PUB-52: Child Protective Services—A Caretaker's Guide during the first contact and explain, as appropriate, to help the family/alleged offender understand its contents.
- C. Conduct a home visit to assess the safety, risk, and protective factors of the environment where the child resides and determine the names and conditions of other children in the home. The home visit may or may not be conducting during the course of interviews with the alleged victim; however, anytime there is an open investigation involving a child in the hospital (e.g., Garrett's Law report, child admitted to hospital for injuries or other health issues associated with child abuse or neglect), a home visit will be conducted prior to the child being discharged from the hospital.
- D. Contact the DHS attorney to petition the court for an ex parte order of investigation to allow access if the parents, caretakers, or others deny access to any place where the child may be.
- E. Exercise due diligence in locating the non-custodial parent of the victim child. Examples of due diligence include, but are not limited to, seeking information from relatives or using information from the alleged victim child's birth certificate to identify and locate the non-custodial parent.
- F. Document all efforts at reasonable diligence, if unable to locate the non-custodial parent to ensure completion of the investigation within 30 days.
- G. Obtain X-rays, photographs, radiology procedures, drug test results, medical records, other pertinent records (e.g., school records, or videos from mandated reporters).
- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
- I. Key all screens in the "Investigation" section of CHRIS including screens listed under the "Interview" and "Client" sections. Skip screens only when the information for that screen is unavailable.
- J. Complete and print CFS-6003: Report to Prosecuting Attorney within 30 days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.

As DCFS is the Secondary Assigned Investigator on all CACD Primary Assigned Investigations, the FSW will:

- A. Complete the Safety Plan and Risk Assessment sections. CACD investigators may not complete this section.
- B. Provide to the CACD Primary Assigned Investigator any new allegations of child maltreatment that come to the attention of DCFS during the investigation.
- C. Call the Child Abuse Hotline to report the new allegation only under the following conditions:
  - 1) The existing allegation is a priority II and the new allegation is a Priority I.
  - 2) The new allegation involves an alleged offender outside of the home.

The FSW will not:

- A. Enter any data in the CHRIS Investigation file with the exception of the Safety Plan and Risk Assessment tabs that CACD Investigators are not allowed to complete.
- B. Complete the "Investigation Closure" screen and "Request/Approve Closure."

With the exception of investigations where CACD is the Primary Investigator, the FSW Supervisor will:

- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.

When CACD is assigned as the primary investigator, the DCFS Supervisor of the secondary assigned investigator will:

- A. Complete/approve the "Investigation Case Connect" screen and "Transfer/Assign to Case Assignment," if appropriate.
- B. Complete the "Closure" screen and "Request/Approve Closure."

## PROCEDURE II-E2: Child Maltreatment Report Assessment Interviews

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The FSW will:

- A. Prepare for interviews by reviewing intake report, any prior child maltreatment reports, etc. See "Gathering Information" practice guide series for more information.
- B. Conduct a separate interview with the victim outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor.
  - ~~B-1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.~~
- C. Interview any siblings of the alleged victim outside the presence of the alleged offender or the offender's attorney. This includes ~~ing during~~ investigations where the offender is outside the home as the siblings may have collateral information or have been within the access of the offender. Exceptions must be approved by a supervisor.
  - ~~C-1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.~~
- D. Interview all children outside the presence of the alleged offender or the offender's attorney. If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor. Children residing in the home of the offender must be interviewed. In conducting investigations where the offender is out of the home, investigators should still interview siblings of victims in these cases, since they may have collateral information or have been within the access of the offender.
- ~~E-D.~~ Physically inspect children as appropriate during the interview.
- F-E. Complete CFS-327a: Physical Documentation--Body Diagram when applicable and if a medical provider has not already completed CFS-327a OR similar diagram specific to the current allegation).
- G-F. Photograph visible injuries; label and date photos.
- H-G. Interview the custodial and non-custodial parent of the alleged victim child and inform them of DCFS responsibility to assess.
- I-H. Interview alleged offender.
- J. Interview collateral sources, as appropriate, including teachers, neighbors, witnesses, and the person making the report.
- K-I. When interviewing a child at school, provide the principal or designee with a copy of CFS-213-A: School District Prohibition from Notifying Parent, Guardian, or Custodian of a Child Maltreatment Investigation.
- L-K. Coordinate the conducting of interviews when primary (where the child resides) and secondary counties are involved.
- M-L. Reinitiate the investigation in the second county within 24-72 hours, according to PUB-357: Child Maltreatment Assessment Protocol when an investigation is transferred from one county to another and the victim or any other children believed to reside in the home where the report originated have not been seen.

If any parties required to be interviewed (parents, children, alleged victim child, or alleged perpetrator) cannot be located or are unable to communicate, the FSW will, after exercising due diligence, document efforts to locate or communicate with required parties and proceed with the child maltreatment assessment.

The Primary County Supervisor will:

- A. Take the lead in coordinating the interview process when multiple counties are involved; and,
- B. Ensure that counties communicate and complete the investigation within 30 days.

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## **PROCEDURE II-E4: Other Child Maltreatment Assessment Actions**

019/2013~~4~~

The Family Service Worker will:

- A. Use CFS-317: Off-Site Worker's Safety Log during the child maltreatment investigation for all off-site visits away from his/her primary work-site. If the worker is going to return to the primary work-site more than one hour later than the "Planned Return Date/Time", he/she will contact his/her immediate supervisor, County Supervisor or designee with a revised anticipated return date/time.
- B. Give the family and alleged offender (if alleged offender resides outside of the home) PUB-52: Child Protective Services—A Caretaker's Guide during the first contact and explain, as appropriate, to help the family/alleged offender understand its contents.
- C. Conduct a home visit to assess the safety, risk, and protective factors of the environment where the child resides and determine the names and conditions of other children in the home. The home visit may or may not be conducting during the course of interviews with the alleged victim; however, anytime there is an open investigation involving a child in the hospital (e.g., Garrett's Law report, child admitted to hospital for injuries or other health issues associated with child abuse or neglect), a home visit will be conducted prior to the child being discharged from the hospital.
- D. Contact the DHS attorney to petition the court for an ex parte order of investigation to allow access if the parents, caretakers, or others deny access to any place where the child may be.
- E. Exercise due diligence in locating the non-custodial parent of the victim child. Examples of due diligence include, but are not limited to, seeking information from relatives or using information from the alleged victim child's birth certificate to identify and locate the non-custodial parent.
- F. Document all efforts at reasonable diligence, if unable to locate the non-custodial parent to ensure completion of the investigation within 30 days.
- G. Obtain X-rays, photographs, radiology procedures, drug test results, medical records, other pertinent records (e.g., school records, or videos from mandated reporters).
- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
- I. Key all screens in the "Investigation" section of CHRIS including screens listed under the "Interview" and "Client" sections. Skip screens only when the information for that screen is unavailable.
- J. Complete and print CFS-6003: Report to Prosecuting Attorney within 30 days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.

As DCFS is the Secondary Assigned Investigator on all CACD Primary Assigned Investigations, the FSW will:

- A. Complete the Safety Plan and Risk Assessment sections. CACD investigators may not complete this section.
- B. Provide to the CACD Primary Assigned Investigator any new allegations of child maltreatment that come to the attention of DCFS during the investigation.
- C. Call the Child Abuse Hotline to report the new allegation only under the following conditions:
  - 1) The existing allegation is a priority II and the new allegation is a Priority I.
  - 2) The new allegation involves an alleged offender outside of the home.

The FSW will not:

- A. Enter any data in the CHRIS Investigation file with the exception of the Safety Plan and Risk Assessment tabs that CACD Investigators are not allowed to complete.
- B. Complete the "Investigation Closure" screen and "Request/Approve Closure."

With the exception of investigations where CACD is the Primary Investigator, the FSW Supervisor will:

- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.

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When CACD is assigned as the primary investigator, the DCFS Supervisor of the secondary assigned investigator will:

- A. Complete/approve the "Investigation Case Connect" screen and "Transfer/Assign to Case Assignment," if appropriate.
- B. Complete the "Closure" screen and "Request/Approve Closure."

## **PROCEDURE II-E4: Other Child Maltreatment Assessment Actions**

01/2013

The Family Service Worker will:

- A. Use CFS-317: Off-Site Worker's Safety Log during the child maltreatment investigation for all off-site visits away from his/her primary work-site. If the worker is going to return to the primary work-site more than one hour later than the "Planned Return Date/Time", he/she will contact his/her immediate supervisor, County Supervisor or designee with a revised anticipated return date/time.
- B. Give the family and alleged offender (if alleged offender resides outside of the home) PUB-52: Child Protective Services—A Caretaker's Guide during the first contact and explain, as appropriate, to help the family/alleged offender understand its contents.
- C. Conduct a home visit to assess the safety, risk, and protective factors of the environment where the child resides and determine the names and conditions of other children in the home. The home visit may or may not be conducting during the course of interviews with the alleged victim; however, anytime there is an open investigation involving a child in the hospital (e.g., Garrett's Law report, child admitted to hospital for injuries or other health issues associated with child abuse or neglect), a home visit will be conducted prior to the child being discharged from the hospital.
- D. Contact the DHS attorney to petition the court for an ex parte order of investigation to allow access if the parents, caretakers, or others deny access to any place where the child may be.
- E. Exercise due diligence in locating the non-custodial parent of the victim child. Examples of due diligence include, but are not limited to, seeking information from relatives or using information from the alleged victim child's birth certificate to identify and locate the non-custodial parent.
- F. Document all efforts at reasonable diligence, if unable to locate the non-custodial parent to ensure completion of the investigation within 30 days.
- G. Obtain X-rays, photographs, radiology procedures, drug test results, medical records, other pertinent records (e.g., school records, or videos from mandated reporters).
- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
- I. Key all screens in the "Investigation" section of CHRIS including screens listed under the "Interview" and "Client" sections. Skip screens only when the information for that screen is unavailable.
- J. Complete and print CFS-6003: Report to Prosecuting Attorney within 30 days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.

As DCFS is the Secondary Assigned Investigator on all CACD Primary Assigned Investigations, the FSW will:

- A. Complete the Safety Plan and Risk Assessment sections. CACD investigators may not complete this section.
- B. Provide to the CACD Primary Assigned Investigator any new allegations of child maltreatment that come to the attention of DCFS during the investigation.
- C. Call the Child Abuse Hotline to report the new allegation only under the following conditions:
  - 1) The existing allegation is a priority II and the new allegation is a Priority I.
  - 2) The new allegation involves an alleged offender outside of the home.

The FSW will not:

- A. Enter any data in the CHRIS Investigation file with the exception of the Safety Plan and Risk Assessment tabs that CACD Investigators are not allowed to complete.
- B. Complete the "Investigation Closure" screen and "Request/Approve Closure."

With the exception of investigations where CACD is the Primary Investigator, the FSW Supervisor will:

- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.

When CACD is assigned as the primary investigator, the DCFS Supervisor of the secondary assigned investigator will:

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019/2013~~1~~

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- D. Contact the DHS attorney to petition the court for an ex parte order of investigation to allow access if the parents, caretakers, or others deny access to any place where the child may be.
- E. Exercise due diligence in locating the non-custodial parent of the victim child. Examples of due diligence include, but are not limited to, seeking information from relatives or using information from the alleged victim child's birth certificate to identify and locate the non-custodial parent.
- F. Document all efforts at reasonable diligence, if unable to locate the non-custodial parent to ensure completion of the investigation within 30 days.
- G. Obtain X-rays, photographs, radiology procedures, drug test results, medical records, other pertinent records (e.g., school records, or videos from mandated reporters).
- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
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- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.



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- A. Complete/approve the "Investigation Case Connect" screen and "Transfer/Assign to Case Assignment," if appropriate.
- B. Complete the "Closure" screen and "Request/Approve Closure."



Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender:

Certified Mail # \_\_\_\_\_

Name of Alleged Victim(s):

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) . The type of maltreatment was

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be:

[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because the report was true for Garrett's Law.

[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because you were practicing your religious beliefs as permitted by the law.

If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice. To request an administrative hearing, you must mail a copy of this form along with your request to the: Office of Appeals & Hearing ; SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

If you want to obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

## **PROCEDURE II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division**

01/2013

The County Supervisor or designee will:

- A. Assign the report to a Family Service Worker(s) or a Unit Group who will conduct the assessment when a report is received in the CHRIS county in-box.
- B. Make entries on the "Inv. Notes" as the assessment is conducted.
- C. Consult with and advise the Family Service Worker as the assessment is conducted.

The FSW will:

- A. Conduct a CHRIS history search prior to initiation of investigation.
- B. Begin the child maltreatment assessment immediately and no later than 24 hours after receipt of a report by the Hotline, if the allegation is severe maltreatment (Priority I), excluding an allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago or the alleged victim does not currently have contact with the alleged offender; or the allegation is that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B).
- C. Begin all other child maltreatment assessments within 72 hours of receipt of a report by the Hotline.
- D. Make immediate telephone notification to the Prosecuting Attorney and law enforcement on Priority I reports.
- E. Notify the Prosecuting Attorney of an allegation of severe maltreatment (Priority I) within 5 business days via CFS-201-A: Notice of Child Maltreatment Allegation to Law Enforcement and Prosecuting Attorney, unless the Prosecuting Attorney has provided written notice that the Division need not send notification of the initial maltreatment report.
- F. Consider the assessment initiated:
  - 1) By interviewing or observing, when appropriate, the alleged victim child outside the presence of the alleged offender; or,
  - 2) If after exercising and documenting due diligence, an interview or examination of the child could not be made. Due diligence includes, but is not limited to:
    - a. Making an unannounced visit to the child's home at least 3 times at different times of the day or on different days in an attempt to interview the child;
    - b. Contacting the reporter again if the reporter is known;
    - c. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
    - d. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
    - e. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
- G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.

## **PROCEDURE II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division**

01/2013

The County Supervisor or designee will:

- A. Assign the report to a Family Service Worker(s) or a Unit Group who will conduct the assessment when a report is received in the CHRIS county in-box.
- B. Make entries on the "Inv. Notes" as the assessment is conducted.
- C. Consult with and advise the Family Service Worker as the assessment is conducted.

The FSW will:

- A. Conduct a CHRIS history search prior to initiation of investigation.
- A-B. Begin the child maltreatment assessment immediately and no later than 24 hours after receipt of a report by the Hotline, if the allegation is severe maltreatment (Priority I), excluding an allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago or the alleged victim does not currently have contact with the alleged offender; or the allegation is that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B).
- B-C. Begin all other child maltreatment assessments within 72 hours of receipt of a report by the Hotline.
- C-D. Make immediate telephone notification to the Prosecuting Attorney and law enforcement on Priority I reports.
- D-E. Notify the Prosecuting Attorney of an allegation of severe maltreatment (Priority I) within 5 business days via CFS-201-A: Notice of Child Maltreatment Allegation to Law Enforcement and Prosecuting Attorney, unless the Prosecuting Attorney has provided written notice that the Division need not send notification of the initial maltreatment report.
- E-F. Consider the assessment initiated:
  - 1) By interviewing or observing, when appropriate, the alleged victim child outside the presence of the alleged offender; or,
  - 2) If after exercising and documenting due diligence, an interview or examination of the child could not be made. Due diligence includes, but is not limited to:
    - a. Making an unannounced visit to the child's home at least 3 times at different times of the day or on different days in an attempt to interview the child;
    - b. Contacting the reporter again if the reporter is known;
    - c. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
    - d. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
    - e. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
- F-G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- G-H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.

## PROCEDURE II-E2: Child Maltreatment Report Assessment Interviews

019/20134

The FSW will:

- A. Prepare for interviews by reviewing intake report, any prior child maltreatment reports, etc. See "Gathering Information" practice guide series for more information.
- B. Conduct a separate interview with the victim outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor.
  - B.1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.
- C. Interview any siblings of the alleged victim outside the presence of the alleged offender or the offender's attorney. This includes during investigations where the offender is outside the home as the siblings may have collateral information or have been within the access of the offender. Exceptions must be approved by a supervisor.
  - C.1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.
- D. Interview all children outside the presence of the alleged offender or the offender's attorney. If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor. Children residing in the home of the offender must be interviewed. In conducting investigations where the offender is out of the home, investigators should still interview siblings of victims in these cases, since they may have collateral information or have been within the access of the offender.
- E. D. Physically inspect children as appropriate during the interview.
- F. E. Complete CFS-327a: Physical Documentation--Body Diagram when applicable and if a medical provider has not already completed CFS-327a OR similar diagram specific to the current allegation).
- G. F. Photograph visible injuries; label and date photos.
- H. G. Interview the custodial and non-custodial parent of the alleged victim child and inform them of DCFS responsibility to assess.
- I. H. Interview alleged offender.
- J. Interview collateral sources, as appropriate, including teachers, neighbors, witnesses, and the person making the report.
- K. J. When interviewing a child at school, provide the principal or designee with a copy of CFS-213-A: School District Prohibition from Notifying Parent, Guardian, or Custodian of a Child Maltreatment Investigation.
- L. K. Coordinate the conducting of interviews when primary (where the child resides) and secondary counties are involved.
- M. L. Reinitiate the investigation in the second county within 24-72 hours, according to PUB-357: Child Maltreatment Assessment Protocol when an investigation is transferred from one county to another and the victim or any other children believed to reside in the home where the report originated have not been seen.

If any parties required to be interviewed (parents, children, alleged victim child, or alleged perpetrator) cannot be located or are unable to communicate, the FSW will, after exercising due diligence, document efforts to locate or communicate with required parties and proceed with the child maltreatment assessment.

The Primary County Supervisor will:

- A. Take the lead in coordinating the interview process when multiple counties are involved; and,
- B. Ensure that counties communicate and complete the investigation within 30 days.

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Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_ Certified Mail # \_\_\_\_\_

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Name of Alleged Victim(s): \_\_\_\_\_

The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_.

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be:

[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because the report was true for Garrett's Law.

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[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because you were practicing your religious beliefs as permitted by the law.

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The type of maltreatment was \_\_\_\_\_.

If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice. To request an administrative hearing, you must mail a copy of this form along with your request to the Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

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If you want to obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT 5566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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## **PROCEDURE II-E1: County Office Response to the Child Abuse Hotline for Assessments That Are the Responsibility of the Division**

01/2013

The County Supervisor or designee will:

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- C. Consult with and advise the Family Service Worker as the assessment is conducted.

The FSW will:

- A. Conduct a CHRIS history search prior to initiation of investigation.
- B-C. Begin the child maltreatment assessment immediately and no later than 24 hours after receipt of a report by the Hotline, if the allegation is severe maltreatment (Priority I), excluding an allegation of sexual abuse if the most recent allegation of sexual abuse was more than one year ago or the alleged victim does not currently have contact with the alleged offender; or the allegation is that a child has been subjected to neglect as defined by Garrett's Law § 12-18-103(13)(B).
- B-C. Begin all other child maltreatment assessments within 72 hours of receipt of a report by the Hotline.
- C-D. Make immediate telephone notification to the Prosecuting Attorney and law enforcement on Priority I reports.
- D-E. Notify the Prosecuting Attorney of an allegation of severe maltreatment (Priority I) within 5 business days via CFS-201-A: Notice of Child Maltreatment Allegation to Law Enforcement and Prosecuting Attorney, unless the Prosecuting Attorney has provided written notice that the Division need not send notification of the initial maltreatment report.
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- F-G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- G-H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.



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01/2013

The Family Service Worker will:

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- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
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- J. Complete and print CFS-6003: Report to Prosecuting Attorney within 30 days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.

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The FSW will not:

- A. Enter any data in the CHRIS Investigation file with the exception of the Safety Plan and Risk Assessment tabs that CACD Investigators are not allowed to complete.
- B. Complete the "Investigation Closure" screen and "Request/Approve Closure."

With the exception of investigations where CACD is the Primary Investigator, the FSW Supervisor will:

- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.

When CACD is assigned as the primary investigator, the DCFS Supervisor of the secondary assigned investigator will:

- A. Complete/approve the "Investigation Case Connect" screen and "Transfer/Assign to Case Assignment," if appropriate.
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01/2013

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    - e. Contacting appropriate local Division of County Operations staff and requesting research of the AASIS and ANSWER systems and other files to obtain another address.
- G. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
- H. Make notifications to the appropriate parties according to Procedure XIV-A1. Begin entering the "Child Maltreatment Assessment" into the "Investigation" section of CHRIS.



Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Certified Mail # \_\_\_\_\_

Name of Alleged Victim(s): \_\_\_\_\_

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If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice. To request an administrative hearing, you must mail a copy of this form along with your request to the: Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

If you want to obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

## **PROCEDURE II-E2: Child Maltreatment Report Assessment Interviews**

019/20131

The FSW will:

- A. Prepare for interviews by reviewing intake report, any prior child maltreatment reports, etc. See "Gathering Information" practice guide series for more information.
- B. Conduct a separate interview with the victim outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor.
  - ~~B.1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.~~
- C. Interview any siblings of the alleged victim outside the presence of the alleged offender or the offender's attorney. This includes during investigations where the offender is outside the home as the siblings may have collateral information or have been within the access of the offender. Exceptions must be approved by a supervisor.
  - ~~C.1) If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney.~~
- D. ~~Interview all children outside the presence of the alleged offender or the offender's attorney. If not age appropriate for an interview, observe all children outside the presence of the alleged offender or the offender's attorney. Exceptions must be approved by a supervisor. Children residing in the home of the offender must be interviewed. In conducting investigations where the offender is out of the home, investigators should still interview siblings of victims in these cases, since they may have collateral information or have been within the access of the offender.~~
- E-D. Physically inspect children as appropriate during the interview.
- F-E. Complete CFS-327a: Physical Documentation--Body Diagram when applicable and if a medical provider has not already completed CFS-327a OR similar diagram specific to the current allegation).
- G-F. Photograph visible injuries; label and date photos.
- H-G. Interview the custodial and non-custodial parent of the alleged victim child and inform them of DCFS responsibility to assess.
- I-H. Interview alleged offender.
- J-I. Interview collateral sources, as appropriate, including teachers, neighbors, witnesses, and the person making the report.
- K-J. When interviewing a child at school, provide the principal or designee with a copy of CFS-213-A: School District Prohibition from Notifying Parent, Guardian, or Custodian of a Child Maltreatment Investigation.
- L-K. Coordinate the conducting of interviews when primary (where the child resides) and secondary counties are involved.
- M-L. Reinitiate the investigation in the second county within 24-72 hours, according to PUB-357: Child Maltreatment Assessment Protocol when an investigation is transferred from one county to another and the victim or any other children believed to reside in the home where the report originated have not been seen.

If any parties required to be interviewed (parents, children, alleged victim child, or alleged perpetrator) cannot be located or are unable to communicate, the FSW will, after exercising due diligence, document efforts to locate or communicate with required parties and proceed with the child maltreatment assessment.

The Primary County Supervisor will:

- A. Take the lead in coordinating the interview process when multiple counties are involved; and,
- B. Ensure that counties communicate and complete the investigation within 30 days.

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## **PROCEDURE II-E4: Other Child Maltreatment Assessment Actions**

019/2013~~4~~

The Family Service Worker will:

- A. Use CFS-317: Off-Site Worker's Safety Log during the child maltreatment investigation for all off-site visits away from his/her primary work-site. If the worker is going to return to the primary work-site more than one hour later than the "Planned Return Date/Time", he/she will contact his/her immediate supervisor, County Supervisor or designee with a revised anticipated return date/time.
- B. Give the family and alleged offender (if alleged offender resides outside of the home) PUB-52: Child Protective Services—A Caretaker's Guide during the first contact and explain, as appropriate, to help the family/alleged offender understand its contents.
- C. Conduct a home visit to assess the safety, risk, and protective factors of the environment where the child resides and determine the names and conditions of other children in the home. The home visit may or may not be conducting during the course of interviews with the alleged victim; however, anytime there is an open investigation involving a child in the hospital (e.g., Garrett's Law report, child admitted to hospital for injuries or other health issues associated with child abuse or neglect), a home visit will be conducted prior to the child being discharged from the hospital.
- D. Contact the DHS attorney to petition the court for an ex parte order of investigation to allow access if the parents, caretakers, or others deny access to any place where the child may be.
- E. Exercise due diligence in locating the non-custodial parent of the victim child. Examples of due diligence include, but are not limited to, seeking information from relatives or using information from the alleged victim child's birth certificate to identify and locate the non-custodial parent.
- F. Document all efforts at reasonable diligence, if unable to locate the non-custodial parent to ensure completion of the investigation within 30 days.
- G. Obtain X-rays, photographs, radiology procedures, drug test results, medical records, other pertinent records (e.g., school records, or videos from mandated reporters).
- H. Ensure that all the information gathered during the assessment is contained within the DCFS file whether or not the information supports the investigative determination.
- I. Key all screens in the "Investigation" section of CHRIS including screens listed under the "Interview" and "Client" sections. Skip screens only when the information for that screen is unavailable.
- J. Complete and print CFS-6003: Report to Prosecuting Attorney within 30 days of the initial report of severe maltreatment (Priority I reports) and send to Prosecuting Attorney and law enforcement.

As DCFS is the Secondary Assigned Investigator on all CACD Primary Assigned Investigations, the FSW will:

- A. Complete the Safety Plan and Risk Assessment sections. CACD investigators may not complete this section.
- B. Provide to the CACD Primary Assigned Investigator any new allegations of child maltreatment that come to the attention of DCFS during the investigation.
- C. Call the Child Abuse Hotline to report the new allegation only under the following conditions:
  - 1) The existing allegation is a priority II and the new allegation is a Priority I.
  - 2) The new allegation involves an alleged offender outside of the home.

The FSW will not:

- A. Enter any data in the CHRIS Investigation file with the exception of the Safety Plan and Risk Assessment tabs that CACD Investigators are not allowed to complete.
- B. Complete the "Investigation Closure" screen and "Request/Approve Closure."

With the exception of investigations where CACD is the Primary Investigator, the FSW Supervisor will:

- A. Review the investigative determination and other pertinent screens in CHRIS.
- B. Approve the investigation closure on the "Investigation Closure" screen.

|

When CACD is assigned as the primary investigator, the DCFS Supervisor of the secondary assigned investigator will:

- A. Complete/approve the "Investigation Case Connect" screen and "Transfer/Assign to Case Assignment," if appropriate.
- B. Complete the "Closure" screen and "Request/Approve Closure."



Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_ CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_ Certified Mail # \_\_\_\_\_

Name of Alleged Victim(s): \_\_\_\_\_

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The Division of Children and Family Services (DCFS) or Arkansas State Police's Crimes Against Children Division (CACD) received an allegation of suspected child maltreatment involving the above named people. The incident was reported on (date) \_\_\_\_\_. The type of maltreatment was \_\_\_\_\_.

Pursuant to Arkansas Code Ann. §12-18-708, this is your notice that based on the preponderance of the evidence, the investigative agency determined the allegation to be:

[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because the report was true for Garrett's Law.

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[ ] True but exempt, and your name should not be placed in the Child Maltreatment Central Registry because you were practicing your religious beliefs as permitted by the law.

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The type of maltreatment was \_\_\_\_\_.

If you disagree with the investigative determination, you may request an administrative hearing within 30 days of receipt of this notice. To request an administrative hearing, you must mail a copy of this form along with your request to the Office of Appeals & Hearing, SLOT N401, P.O. Box 1437, Little Rock, AR 72203. Administrative hearings are conducted telephonically, unless you ask that the hearing be held in person. The request for an in-person hearing must be noted on your request for an administrative hearing. You have the right to an attorney; if you cannot afford one you should contact Legal Services.

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If you want to obtain a copy of the investigative report, send a \$10.00 check or money order along with a written, notarized request to the Arkansas Department of Human Services, Division of Children & Family Services, Central Registry Unit, P.O. Box 1437, SLOT S566, Little Rock, AR 72203. The request must contain your name, address and the names of the child(ren) involved.

DCFS INVESTIGATOR PRINTED NAME



INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_ Certified Mail # \_\_\_\_\_

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Name of Alleged Victim(s): \_\_\_\_\_

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE

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Arkansas Department of Human Services
Division of Children and Family Services

True But Exempt Child Maltreatment Investigative Determination Notice to Offender

To: \_\_\_\_\_

Address: \_\_\_\_\_

From: \_\_\_\_\_

Phone: \_\_\_\_\_

County Office: \_\_\_\_\_

Date: \_\_\_\_\_

CHRIS Referral # \_\_\_\_\_

Re: Name of Alleged Offender: \_\_\_\_\_

Certified Mail # \_\_\_\_\_

Name of Alleged Victim(s): \_\_\_\_\_

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DCFS INVESTIGATOR PRINTED NAME

INVESTIGATOR SIGNATURE



**Arkansas Department of Human Services  
Division of Children and Family Services  
FASD Plan of Safe Care**

*Upon receipt of a referral from the Child Abuse Hotline concerning an infant born with and affected by Fetal Alcohol Spectrum Disorder (FASD), the Division of Children and Family Services (DCFS) FASD case manager or designee met with the family named in the referral to conduct an FASD assessment. Based on the assessment, DCFS and the family will move forward with the selected actions below to comprise an appropriate plan of safe care for the family.*

**Supportive Services Case accepted**

Family is in need of supportive services to strengthen family functioning and ensure the health and safety of the child(ren). By signing this form the family agrees to participate in the selected services offered below:

- Work with an assigned primary family service worker
- Work with an assigned a secondary FASD family service worker
- Accept referral to Genetics if applicable
- Consider a referral to Developmental Disability Service (DDS) if applicable
- Accept a referral to specialized day care if applicable
- Participate in a recommended FASD support group
- Participate in a recommended FASD parenting class
- Accept a referral to drug and/or alcohol assessment if applicable
- Accept a referral to drug and/or alcohol recovery center if applicable
- Accept a referral to *Access to Recovery* (ATR) if applicable

**Supportive Services Case not recommended**

Family has support systems in place and child and the home environment appear safe at this time. By signing this form the family accepts responsibility for contacting DHS to request services if the need arises.

**Supportive Services case refused**

Family does not want services rendered and/or offered by the Department of Human Services, Division of Children and Family Services. By signing this form, the family acknowledges that FASD and the services designed to support families affected by FASD have been explained and information has been given to the family about local and statewide services that may be available.

**Hotline report needed**

DHS FASD case manager feels the home environment presents safety concerns for the child/children in the home. The family has been notified that a hotline report will be made.

---

**Printed Name of Client:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed name of FASD representative:** \_\_\_\_\_

**FASD Representative Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **POLICY II-D: CHILD ABUSE HOTLINE FOR CHILD MALTREATMENT REPORTS**

09/2011

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Pursuant to Act 1240 of 1997, the Department of Human Services and the Arkansas State Police entered into an agreement for the Arkansas State Police Crimes Against Children Division to assume responsibility for the administration of the Child Abuse Hotline and the assumption of investigative responsibility as identified in Procedure II-D11. The Crimes Against Children Division (CACD) is composed of two sections: (1) the Child Abuse Hotline, and, (2) civilian employees who investigate child maltreatment reports.

All child maltreatment allegations are to be reported to the Child Abuse Hotline. No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter. (See Appendix I: Glossary).

No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist practitioner, and any person confessing to or being counseled by the minister, from testifying concerning child maltreatment.

The Arkansas Child Abuse Hotline must accept reports of alleged maltreatment when either the child or his family is present in Arkansas or the incident occurred in Arkansas. Another state may also conduct an investigation in Arkansas that results in the offender being named in a true report in that state and placed that state's Child Maltreatment Central Registry.

Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), the Arkansas Child Abuse Hotline shall accept such calls. However, such referrals are not considered official hotline reports and will not be investigated, but rather referred to DCFS for a Referral and Assessment (R and A) and development of an appropriate plan of safe care. The Request for a DCFS Assessment Screen accommodates instances where an individual is not reporting abuse/neglect but is requesting other services for the family.

### **PROCEDURE II-D1: Child Abuse Hotline**

09/2011

The Child Abuse Hotline Worker will:

- A. Receive and document all child maltreatment allegation reports with sufficiently identifying information as defined by Arkansas law.
- B. Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone, number and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.
- C. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of wait time.
- D. Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:
  - 1) Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information,
  - 2) Current risk of harm to the child,
  - 3) Mental and physical condition of alleged offender,
  - 4) Potential danger to staff assessing the report,
  - 5) Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment,
  - 6) Relevant addresses and directions,
  - 7) Licensing authority and facility involved (if applicable).

- E. Take a snapshot of the report using the Referral "Snapshot" icon on the CHRIS toolbar. Prioritize the report by keying the "Ref. Accept" screen. Central Registry Search results is a mandatory field on this screen. Use the Child Maltreatment Assessment Protocol (DUB-357) as a guide.
- F. Prioritize and determine the appropriate investigating agency (either CACD or DCFS) as outlined in the Arkansas Department of Human Services and Arkansas State Police Agreement.
- G. Forward report to appropriate investigating agency (either CACD or DCFS) for investigation with any pertinent Central Registry information, and DCFS may refer for assessment.
- H. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
- I. Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within 48-hours excluding weekends and holidays.
- J. Notify on-call DCFS or CACD staff by telephone for any Priority I report received after business hours or on holidays.
- K. Provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS if local law enforcement contacts the hotline due to a 72 hour hold initiated on a child or if a hold needs to be taken on a child to protect the child.
- L. If at any time the system should be inoperable or the respective entities do not have access to the computerized entry, maltreatment reports shall be forwarded by telephone.

The Child Abuse Hotline Supervisor will:

- A. Ensure that each Child Abuse Hotline worker has access to a comprehensive and current listing of on-call Family Service Workers.

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

09/201311

The Child Abuse Hotline Worker will:

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

The FASD Program Manager, Project Director or designee will:

- A. Check CHRIS Inbox at least one time each business day.
- B. Contact the local county office supervisor to ask that a local FSW be assigned to coordinate the assessment with the FASD FSW or designee, Project Director for the FASD assessment of the infant and to implement any subsequent plan of safe care if applicable.
- C. Assign the R and A to the FASD FSW in CHRIS to complete assessment.
- D. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and close the referral.
- E. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, facial screening, etc) on referred infants within 14 calendar days of receipt of referral.
- F. Determine whether a plan of safe care is necessary.
- G. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.
- H. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and whether a plan of safe care is necessary.

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- G. If necessary, develop a plan of safe care in collaboration with the locally assigned FSW within 30 calendar days of receipt of the referral. The plan of safe care will be used to inform the case plan of the supportive services case that will be opened.
- H. Once the plan of safe care has been developed and the supportive services case has been opened, assign the local FSW as primary and the FASD Project Director as secondary.
- I.E. Support the FASD FSW regarding the implementation of a plan of safe care as appropriate.

The FASD FSW or designee will:

- A. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, etc) on referred infants within 14 calendar days of receipt of referral.
- B. Develop FASD Plan of Safe Care via CFS-101 in collaboration with locally assigned FSW during initial assessment with family within 30 calendar days of receipt of the referral. The CFS-101: FASD Plan of Safe Care will be used to inform the development of the case plan for the supportive services case, if applicable.
- C. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.

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The Local FSW Supervisor will:

- A. Assign an FSW at the local level to collaborate with the FASD FSW Project Director or designee on the FASD assessment and any plan of safe care FASD Plan of Safe Care if applicable.
- B. Open supportive services case in CHRIS if the family request supportive services from the agency per the CFS-101: FASD Plan of Safe Care. The CFS-101 will inform the supportive services case plan.
- C. Assign the local FSW as the primary worker on the case and the FASD Program Manager as secondary.
- A.
- D. Conference with the FSW regarding the development and implementation of an FASD Plan of Safe Care if applicable as necessary.

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B.

The Local Family Service Worker will:

- A. Accompany the FASD FSW Project Director or designee on the assessment of the referred infant when possible (assessment should take place within 14 calendar days of receipt of the referral).
- B. Collaborate with the FASD Project Manager and/or FASD Project FSW Director regarding the development of the CFS-101: FASD Plan of Safe Care if applicable. (any FASD Plan of Safe Care should be developed within 30 calendar days of receipt of the referral).
- C. If a plan of safe care is developed, open a supportive services case in CHRIS and use the plan of safe care to inform the supportive services case.
- D.C. Assume role as primary worker once the supportive services case is open and oversee implementation of the FASD Plan of Safe Care/supportive services case plan.
- E.D. Assess the supportive services case for closure within 90 days of opening (if appropriate).



## **POLICY II-D: CHILD ABUSE HOTLINE FOR CHILD MALTREATMENT REPORTS**

09/2011

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All child maltreatment allegations are to be reported to the Child Abuse Hotline. No privilege, or contract, shall prevent anyone from reporting child maltreatment when the person is a mandated reporter. (See Appendix I: Glossary).

No privilege shall prevent anyone, except between a client and his lawyer or minister or Christian Scientist practitioner, and any person confessing to or being counseled by the minister, from testifying concerning child maltreatment.

The Arkansas Child Abuse Hotline must accept reports of alleged maltreatment when either the child or his family is present in Arkansas or the incident occurred in Arkansas. Another state may also conduct an investigation in Arkansas that results in the offender being named in a true report in that state and placed that state's Child Maltreatment Central Registry.

Upon receipt of a call from a health care provider involved in delivery or care of infants reporting an infant born and affected by Fetal Alcohol Spectrum Disorder (FASD), the Arkansas Child Abuse Hotline shall accept such calls. However, such referrals are not considered official hotline reports and will not be investigated, but rather referred to DCFS for a Referral and Assessment (R and A) and development of an appropriate plan of safe care. The Request for a DCFS Assessment accommodates instances where an individual is not reporting abuse/neglect but is requesting other services for the family.

### **PROCEDURE II-D1: Child Abuse Hotline**

09/2011

The Child Abuse Hotline Worker will:

- A. Receive and document all child maltreatment allegation reports with sufficiently indentifying information as defined by Arkansas law.
- B. Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone, number and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.
- C. Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children 3 years of age and younger regardless of wait time.
- D. Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:
  - 1) Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information,
  - 2) Current risk of harm to the child,
  - 3) Mental and physical condition of alleged offender,
  - 4) Potential danger to staff assessing the report,
  - 5) Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment,
  - 6) Relevant addresses and directions,
  - 7) Licensing authority and facility involved (if applicable).

- E. Prioritize and determine the appropriate investigating agency (either CACD or DCFS) as outlined in the Arkansas Department of Human Services and Arkansas State Police Agreement.
- F. Forward report to appropriate investigating agency (either CACD or DCFS) for investigation with any pertinent Central Registry information, and DCFS may refer for assessment.
- G. Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.
- H. Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within 48-hours excluding weekends and holidays.
- I. Notify on-call DCFS or CACD staff by telephone for any Priority I report received after business hours or on holidays.
- J. Provide local law enforcement with the name and contact information for the appropriate on-call staff employee at DCFS if local law enforcement contacts the hotline due to a 72 hour hold initiated on a child or if a hold needs to be taken on a child to protect the child.
- K. If at any time the system should be inoperable or the respective entities do not have access to the computerized entry, maltreatment reports shall be forwarded by telephone.

The Child Abuse Hotline Supervisor will:

- A. Ensure that each Child Abuse Hotline worker has access to a comprehensive and current listing of on-call Family Service Workers.

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

01/2013

The Child Abuse Hotline Worker will:

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

The FASD Program Manager or designee will:

- A. Check CHRIS inbox at least one time each business day.
- B. Contact the local county office supervisor to ask that a local FSW be assigned to coordinate the assessment with the FASD FSW or designee for the FASD assessment of the infant and to implement any subsequent plan of safe care if applicable.
- C. Assign the R and A to the FASD FSW in CHRIS to complete assessment.
- D. Within the close button on the Request for DCFS Assessment screen, document when the assessment has been completed and close the referral.
- E. Support the FASD FSW regarding the implementation of a plan of safe care as appropriate.

The FASD FSW or designee will:

- A. Conduct all FASD assessments (to include but not limited to, home visit, completion of FSNRA, review of birth records, etc) on referred infants within 14 calendar days of receipt of referral.
- B. Develop plan of safe care via CFS-101 in collaboration with locally assigned FSW during initial assessment with family within 30 calendar days of receipt of the referral. The CFS-101: FASD Plan of Safe Care will be used to in the development of the case plan for the supportive services case, if applicable.
- C. If it is determined during the assessment that there are other issues endangering the health or physical well-being of the child, call the Child Abuse Hotline to report the other allegations.

The Local FSW Supervisor will:

- A. Assign an FSW at the local level to collaborate with the FASD FSW or designee on the FASD assessment and FASD Plan of Safe Care.
- B. Open supportive services case in CHRIS if the family request supportive services from the agency per the CFS-101: FASD Plan of Safe Care. The CFS-101 will inform the supportive services case plan.
- C. Assign the local FSW as the primary worker on the case and the FASD Program Manager as secondary.
- D. Conference with the FSW regarding the development and implementation of an FASD Plan of Safe Care as necessary.

The Local Family Service Worker will:

- A. Accompany the FASD FSW or designee on the assessment of the referred infant when possible (assessment should take place within 14 calendar days of receipt of the referral).
- B. Collaborate with the FASD Program Manager and/or FASD FSW regarding the development of the CFS-101: FASD Plan of Safe Care (any FASD Plan of Safe Care should be developed within 30 calendar days of receipt of the referral).
- C. Assume role as primary worker once the supportive services case is open and oversee implementation of the FASD Plan of Safe Care/supportive services case plan.
- D. Assess the supportive services case for closure within 90 days of opening (if appropriate).

EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

**POLICY II-I: ~~DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES' CHILDREN'S SERVICES~~EARLY INTERVENTION REFERRALS AND SERVICES**

04062/201308

For children who have or are at risk of a developmental delay, appropriate early intervention services are essential. Early intervention services are designed to lessen the effects of any potential or existing developmental delay. Ultimately early intervention services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to early intervention services.

REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING  
When a child maltreatment investigation is initiated, in order to enhance well-being in all of our practice with families, the Division will when a child maltreatment investigation involving any children in the home under the age of three is initiated, the Division will refer all children in the home under the age of three to the Division of Developmental Disabilities Services' (DDS) Children's Services for an early intervention (i.e., First Connections; this program is not the same as the waiver program) screening. The referral to DDS will help enhance the well-being of the children referred as well as ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

DDS Children's Services will screen all of the children under the age of 3 (regardless of whether all of the children are named as alleged victims) who have been referred to First Connections to determine their need and eligibility for early intervention services. If the results of the screening determine that a child will benefit from DDS early intervention services, the person serving as the parent (e.g., biological parent in a protective services case; other individual legally caring for the child involved in a protective services or foster care case including foster parents) must consent to allow his or her child to participate before services are initiated. involve parents/guardians in decisions regarding referrals for Early Intervention Services for children under the age of 3. To comply with the Child Abuse Prevention and Treatment Act (CAPTA) in cases of substantiated child abuse or neglect, the Division shall develop provisions and procedures for the referral of amust refer every child under the age of three3, who is involved in a substantiated case of child abuse or neglect to EEarly Intervention Sservices

For every child maltreatment investigation involving a child under the age of 3 (regardless of whether the maltreatment allegation is ultimately substantiated), DCFS will ask the parent/guardian if he or she would like the child to be referred to the Division of Developmental Disabilities Services' (DDS) Children's Services for an Early Intervention Services screening to determine if Early Intervention Services are needed to support developmental growth and ensure overall well-being of the child. The Division will request consent from the parent/guardian to make a referral for each child under the age of 3 (regardless of whether all of the children are named as an alleged victim) to DDS Children's Services for a screening as soon as a protective services or foster care case is open.

When an allegation of child maltreatment involving a child under the age of 3 is substantiated, For ALL children under the age of three3 who are in a home in which maltreatment has been found to be true (regardless of whether all of the child(ren) are named as an alleged victim), DCFS will make a referral (if a referral was not previously made at case opening) to DDS the Division of Developmental Disabilities Services (DDS) for for every child under the age of 3 who is in the home (regardless of whether every child is named as an alleged victim). EEarly Intervention services to help the childrenthe child learn, and grow, and help each child reach his or her potential.

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## EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

In addition, all parents of children under the age of three who are involved in a protective services or foster care case, regardless of whether the maltreatment allegation is ultimately substantiated, will be asked if they would like their child(ren) to be referred to DDS Children's Services for an Early Intervention Services screening. The purpose of the screening is to determine if Early Intervention Services for their child(ren) are needed to support developmental growth and ensure overall well-being of those young children. The Division shall ask the parents for permission to make the referral for all children under the age of three (regardless of whether all of the child(ren) are named as an alleged victim) to DDS Children's Services for a screening as soon as a protective or foster care case is open.

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For children under the age of three, eligibility for DDS Children's Services will be determined by a screening assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)).

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If warranted, a developmental evaluation for children under age three will be completed of delay in the areas of that include cognition, communication, social/emotional, physical-motor, and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, and/or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine early intervention eligibility.

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A referral shall be made on ALL children in the home under the age of three if there is a true finding, even if the Division does not open a case. DDS will evaluate the referral and determine services for the family, if appropriate.

Early intervention services are designed to help the child reach his or her individual potential. Services are provided by qualified professionals and may include, but are not limited to: physical therapy, occupational therapy, speech therapy, nutrition services, psychological services, parent support groups and family counseling.

The Division shall refer children (from birth to age 18 or 21, if the child has not graduated from high school or does not possess a certificate of completion), identified as having a possible developmental delay or disability to DDS within two working days after the child has been identified.

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While a referral for early intervention services is required for children under the age of three when an investigation is initiated, a referral for early intervention services on behalf of any child suspected of having a developmental delay or disability may be sent at any time.

### DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the person acting as a parent on behalf of the child (e.g., biological parent involved in a protective services case; other individual legally caring for the child in a protective services or foster care case including foster parents) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a protective services case or if a child in foster care has a goal of reunification, the child's biological parent(s) is encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and early intervention services for his or her child.

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However, a surrogate parent may be assigned by the lead agency to represent the child if:

- A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,
- B. The child's parents cannot be located; or,
- C. The goal is not reunification for those children involved in foster care cases.

If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention for his or her child, one of the following may serve as the parent to make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for the person selected to act as the surrogate parent):

- A. Foster parent;
- B. Guardian, generally authorized to act as the child's parent (but not the state if the child is a ward of the state; i.e., FSW may act as the liaison between DDS and the parent or surrogate parent, but the FSW may not be the sole contact and/or decision-maker for a child);
- C. An individual otherwise acting in place of a biological parent (e.g., grandparent, step-parent, or any other relative with whom the child lives);
- D. An individual who is legally responsible for the child's welfare;
- E. An appointed DDS certified surrogate parent (this is generally the least preferred option since a DDS certified surrogate parent will usually only be appointed by the DDS provider in the event that the child's parent, foster parent, etc. is unable or unwilling to participate in the child's early intervention process and IFSP meetings).

For any individual serving as a parent in the child's early intervention process, support in the form of DDS Surrogate Parent Training is available. ~~for~~ The local DDS Service Coordinator or designee can assist in coordinating the DDS Surrogate Parent Training. After an individual has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

In any situation in which an individual other than the biological parent (e.g., foster parent, relative, etc.) is acting on behalf of the child, that individual will be discharged when the child's biological parent is ready and able to resume involvement.

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All caretakers involved in the delivery or care of infants must contact DHS regarding an infant born and affected with a Fetal Alcohol Spectrum Disorder (FASD). In addition, DCFS FSWs and Health Service Workers will refer children who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening will help determine if early intervention services specific to FASD are needed.

In order to conduct an effective FASD screening, the FSW and/or Health Service Worker will gather information regarding the child's in utero and birth history. Depending on the information collected and the results of the screens, a referral for an FASD diagnosis may be provided. If a child is diagnosed with FASD, the following services may be offered to the family:

- Referral to DDS (early intervention or DDS waiver), if applicable and available
- Referral to specialized day care, if applicable
- Referral to FASD family support group (available to biological, foster, and adoptive families), if available
- FASD parenting classes (available to biological, foster, and adoptive families)

A plan of safe care must also be developed for any infant born and affected with FASD who is referred to the Division via the Child Abuse Hotline.

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EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

**PROCEDURE II-11: DDS Referrals-~~DDS~~for Early Intervention Services Referrals**

04/06/2013

**REFERRALS FOR PROTECTIVE SERVICES CASES:**

If the allegation has not been substantiated, When a child maltreatment investigation is open involving children in the home under the age of three, the Family Service Worker Investigator will: ~~must the Family Service Worker will must obtain permission from the parent/guardian at case opening to refer the child (ren) to DDS Children's Services for a screening to determine the child(ren)'s need and eligibility for Early Interventions Services an Early Intervention Services screening before moving forward with the steps outlined below. If the parent/guardian does not consent to the referral, document the decline for referral in the case record.~~

~~If and/or when the allegation has been found true an allegation is ultimately substantiated, the Family Service Worker will proceed with the following steps within thirty 30 days of substantiation, regardless of parental consent (per CAPTA) if a referral was not previously made at case opening: PAT case opening provide an overview of the benefits of early intervention services to the parent(s)/guardian(s).~~

- A.
- B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
  - 1) Complete form DHS-3300 available in CHRIS (for confidentiality purposes, state the child maltreatment type only in the comments section of the referral).
    - a) The DHS-3300 can be accessed in the Information and Referral Screen.
    - b) When the button "DCO-3350/DHS-3300" is selected, a dialog box will open so that staff can select the form to be completed.
    - c) Clicking the "OK" button will open up the appropriate form according to the radio button selected.
  - 2) Provide completed DHS-3300 to the local DDS Services Coordinator.
- C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services.
- D. Ask the parent/guardian to complete DHS-4000 for their child(ren) under the age of three for whom the Early Intervention referral has been made.
 

~~Provide the local DDS Services Coordinator with. At case opening, ask for parental/guardian consent to refer all children in the home under the age of three to DDS Children's Services for a screening to determine a child's need and eligibility for Early Intervention Services.~~

~~If the parent(s)/guardian(s) do not consent, document that the parent(s) declined the referral.~~
- E. ~~If the parent(s)/guardian(s) consents to the referral, Ma for all each children in the home under the age of 3 (regardless of whether all of the children are named as an alleged victim).~~
  - 1) Completed DHS-4000: Authorization to Disclose Health Information.
  - 2) Court order, if applicable.
  - 3) Copy of Social Security Card or number.
  - 4) Copy of Medicaid Card or number, if applicable.
  - 5) Referral source contact information (may be DCFS staff, or the parent/guardian).
  - 6) Any other pertinent information related to the request.
  - 7) DMS-800: Children's Medical Services Application (parent must complete).
  - 8) Copy of EPSDT (parent must obtain).
  - 9) Copy of all evaluations, if available.

If a case is open (protective, or foster care), the FSW caseworker will:

- A. ~~a~~Coordinate paperwork and services, as applicable, with the local DDS Service Coordinator. This includes providing a copy of CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA) and case plan once they are completed. The FSW may act as the liaison between the DDS Service Coordinator and the

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parent(s)/guardian/surrogate parent (s) but may not be the sole contact and/or decision-maker for the child(ren).

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- B. Keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and care coordination.
- C. Document contacts related to the DDS early intervention services referral in the contacts screen in CHRIS.
- D. Update the child's case plan as appropriate.
- E. Conference with supervisor as needed regarding the referral to DDS early intervention services.

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The Investigative and FSW Supervisors will:

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

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Upon referral, the DDS Service Coordinator should:

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- A. Assess and determine the need and eligibility of the child(ren) for services and will forward a letter to the DCFS Family Service Worker and FSW Supervisor indicating the eligibility status and needs of the child(ren), if applicable.
- B. If it is determined that the child(ren) needs and is eligible for early intervention services:
  - 1) Provide a more detailed explanation to the parent(s)/guardian(s) of early intervention services including types, benefits, requirements, etc.
  - 2) Keep the child's FSW and person serving as the parent informed of the child's progress and any changes in services.

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**PROCEDURE II-12: DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING**

04/2013

The FSW will:

- A. Regardless of the type of case (i.e., protective or foster care), include early intervention services and Individualized Family Service Planning (IFSP) meetings in the case plan as appropriate, and, ensure the biological parent participates IFSP and related services as appropriate.
- B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):
  - 1) Ensure that an appropriate surrogate parent attends the IFSP meetings to act as a decision-maker regarding the child's early intervention services. The surrogate parent is generally the person who is currently caring for the child (e.g., temporary guardian, foster parent, etc).
    - a) Ensure that a no contact order from the court pertaining to the surrogate parent does not exist and that the surrogate parent is otherwise appropriate.
    - b) If the person selected to serve as the surrogate parent would like to attend a DDS Surrogate Parent Training, contact the DDS Service Coordinator to arrange the training.
    - c) If the individual caring for the child cannot serve as an appropriate surrogate parent during the IFSP meetings, the DDS provider will appoint a DDS certified surrogate parent.
- C. Continue to update child's case plan accordingly with information from IFSP.

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D. Conference with supervisor as needed regarding the child's IFSP.

**SERVICES FOR CHILDREN IN FOSTER CARE** The Family Service Worker will:

Refer all children in the home under the age of three to DDS within 30 days of opening a protective services case when there is a true finding of child maltreatment. Referrals are to be made to the local DDS office through completion and submission of all of the following information:

- A. Complete DCO-3350: Referral for Services. For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments section of the referral.
- B. Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.
- C. DDS worker will determine the eligibility of the child for services, and will forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor.
- D. Complete DHS-4000: Authorization to Disclose Health Information
- E. Obtain the following:
  - a. Court order, if applicable
  - b. Copy of Social Security Card or number
  - c. Copy of Medicaid Card or number, if applicable
  - d. Referral source contact information
  - e. Any other pertinent information related to the request
  - f. DMS-800: Children's Medical Services Application (parent must complete)
  - g. Copy of EPSDT (parent must obtain)
  - h. Copy of all evaluations, if available
  - i. Copy of the CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

A referral for services on behalf of any child may be sent at any time by a parent, guardian, or individual with legal authority acting on behalf of the child.

- A. DDS should contact the referral source with the results of the referral. DCFS will coordinate services with DDS when appropriate.

**REFERRALS FOR FOSTER CARE SERVICES**

The Family Service Worker must obtain permission from the parent/guardian at case opening to refer the child(ren) to DDS Children's Services for a screening to determine the child(ren)'s need and eligibility for Early Interventions Services before moving forward with the steps outlined below (if the parent/guardian does not consent to the referral, document the decline for referral in the case record).

If and/or when the allegation has been found true proceed with the following steps within thirty days of substantiation regardless of parental consent (per CAPTA) if a referral was not previously made at case opening will:

- P.
- M.

E.

DDS should contact the referral source with the results of the referral. Refer all children in the home under the age of three to DDS within 10 days of receipt of the comprehensive exam results when there is a true finding of child

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**EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL**

maltreatment. Referrals are to be made to the local DDS office through completion and submission of all of the following information:

Complete DCO 3350: Referral for Services. For confidentiality purposes, state the child maltreatment type that received a true finding only in the comments in the referral section.

Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.

DDS worker will determine the eligibility of the child for services and will send a letter to the DCFS Family Service Worker and DCFS County Supervisor.

Complete DHS 4000: Authorization to Disclose Health Information

Obtain the following:

Court order, if applicable

Copy of Social Security Card or number

Copy of Medicaid Card or number, if applicable

Referral source contact information

Any other pertinent information related to the request

DMS 800: Children's Medical Services Application

Copy of all evaluations, if available

Copy of the CFS 6009: Family Strengths, Needs, and Risk Assessment (FSNRA)

If a child in foster care is determined to be eligible for services, possible four regarding is required, and the goal for the child is reunification, the child's parent/guardian may; the child's parent must attend the Individualized Family Service Plan (IFSP) meetings. (i.e., a surrogate parent is not necessary)

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The FSW Supervisor will:

A. Assign a FASD FSW to the case as a secondary worker.

B. Conference with the FSW as needed regarding the child's IFSP.

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B. C-Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

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When a child enters DCFS custody, the Court has the option of ordering who may be involved in that child's educational planning. If the court orders that the child's parent (s) have no involvement in the child's educational planning, the Department shall ask the child's foster parent(s) or appropriate biological relative to act as the surrogate parent.

If the child's parent is a partner in planning and overseeing the child's education as a part of the IEP team, a surrogate parent is not necessary. The child's parent, if permitted by the court to participate, may request that a family member or foster parent attend the IFSP as a surrogate. Written documentation of the parent's request for a surrogate must be included in the Case Plan.

The appointed family member or foster parent is not required to undergo training as a surrogate parent.

**PROCEDURE II-13: FASD REFERRALS AND SERVICES**

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**EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL**

*Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD. This procedure is not applicable to infants born with and affected by FASD and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy II-D and Procedure II-D6 for more information regarding infants born with and affected by FASD.*

If child is symptomatic of FASD, the Family Service Worker or Health Service Worker will:

- A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) and/or any illegal substances while pregnant with child.
- B. Complete and submit CFS-099: FASD Screening Referral to the FASD Director via fax (see CFS-099 for the current fax number 3-14692-5272).
- C. Collaborate with the FASD Unit to ensure the child receives any necessary referrals and accesses any needed services as per the results and recommendations of the FASD screening and/or diagnosis.
- D. Conference with supervisor as needed regarding FASD referrals and services.

The FSW Supervisor will:

- A. Conference with the FSW as needed regarding FASD referrals and services.
- B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

The FASD Director will:

- A. Review the completed CFS-099: FASD Screening Referral.
- B. Assign the FASD FSW (or self-assign if FASD FSW is unavailable) to conduct an FASD screening.
- C. Collaborate with the FASD FSW and child's FSW to make necessary referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

The FASD FSW will:

- A. Conduct FASD screenings as assigned.
- B. Communicate results of FASD screening and/or diagnosis to the child's FSW and FASD Director.
- C. For all children screened for and/or diagnosed with FASD, collaborate with FASD Director and child's FSW to make appropriate referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

Once the child's parent is ready to resume involvement, the surrogate parent will be discharged. If the family member or foster parent has not received surrogate parent training and would like to, the Local Education Agency (LEA) Special Education Supervisor or designee can assist in coordinating the surrogate parent training for the family member or foster parent.

If the child's parents cannot be located or the goal is not reunification, the child's foster parent will serve as the surrogate parent and must attend the IFSP meeting.

The DCO-3350: Referral For Services, DHS-4000: Authorization to Disclose Health Information, and DMS-800: Children's Medical Services Application are located on DHS Share.

**WHEN A CASE IS NOT OPENED (but an allegation has been found true):**

The Family Service Worker will:

- A.
- B. **M**
- C. Refer all children in the home under the age of three to DDS within two working days of completing the child maltreatment investigation with a true finding.
- D. Complete the DCO-3350: Referral for Services and submit to the local DDS office.  
Complete the DCO-3350: Referral for Services and submit to the local DDS Service Coordinator.
- E. Send written notification to the parent/guardian informing them that the child will be referred to DDS for Early Intervention Services.

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**EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL**

~~DDS worker will determine the eligibility of the child for services, and will forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor.~~

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- ~~— Court order, if applicable~~
- ~~— Copy of Social Security Card or number~~
- ~~— Copy of Medicaid Card or number, if applicable~~
- ~~— Referral source contact information (may be the FSW or the parent/guardian)~~
- ~~— Any other pertinent information related to the request~~
- ~~— DMS 800: Children's Medical Services Application (parent must complete)~~
- ~~— Copy of EPSDT (parent must obtain)~~
- ~~— Copy of all evaluations, if available~~
- ~~— Copy of the CFS 6009: Family Strengths, Needs, and Risk Assessment (FSNRA)~~

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~~If it is determined that the child(ren) needs and is eligible for Early Intervention Services, coordinate services with DDS Children's Services. The FSW may act as the liaison between the DDS Service Coordinator and the parent(s)/guardian(s) but may not be the sole contact and/or decision maker for the child(ren).~~

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~~Upon referral, the DDS Service Coordinator should:~~

- ~~— Assess and determine the need and eligibility of the child(ren) for services and forward a letter to the DCFS Family Service Worker and the DCFS County Supervisor indicating the eligibility status and needs of the child(ren), if applicable.~~
- ~~— If it is determined that the child(ren) needs and is eligible for Early Intervention Services, provide a more detailed explanation to the parent(s)/guardian(s) of Early Intervention Services including types, benefits, requirements, etc.~~
- ~~— Contact the referral source with the results of the referral.~~

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~~F. A referral for services on behalf of any child may be sent at any time by the parent(s), guardian(s), or individual(s) with legal authority acting on behalf of the child. DDS should contact the referral source with the results of the referral.~~

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## POLICY II-I: EARLY INTERVENTION REFERRALS AND SERVICES

04/2013

For children who have or are at risk of a developmental delay, appropriate early intervention services are essential. Early intervention services are designed to lessen the effects of any potential or existing developmental delay. Ultimately early intervention services help the child learn and reach his or her individual potential with the support and involvement of the child's family, as appropriate. It is important for such services to begin as early as possible and for biological parents to be involved in decisions related to early intervention services.

### REFERRALS TO DIVISION OF DEVELOPMENTAL DISABILITIES FOR EARLY INTERVENTION SERVICES SCREENING

When a child maltreatment investigation involving any children in the home under the age of three is initiated, the Division will refer all children in the home under the age of three to the Division of Developmental Disabilities Services' (DDS) Children's Services for an early intervention (i.e., First Connections; this program is not the same as the waiver program) screening. The referral to DDS will help enhance the well-being of the children referred as well as ensure Division compliance with the Child Abuse Prevention and Treatment Act (CAPTA) regarding substantiated cases of child abuse and neglect involving children under the age of three.

DDS Children's Services will screen all of the children under the age of 3 (regardless of whether all of the children are named as alleged victims) who have been referred to First Connections to determine their need and eligibility for early intervention services. If the results of the screening determine that a child will benefit from DDS early intervention services, the person serving as the parent (e.g., biological parent in a protective services case; other individual legally caring for the child involved in a protective services or foster care case including foster parents) must consent to allow his or her child to participate before services are initiated.

For children under the age of 3, eligibility for DDS Children's Services will be determined by a screening assessment to determine the need for additional evaluations (if a child referred to DDS Children's Services is within 45 days or less of his or her third birthday, then DDS Children's services may forward the referral to the Arkansas Department of Education, Special Education (Part B)).

If warranted, a developmental evaluation for children under age three will be completed in the areas of cognition, communication, social/emotional, physical, and adaptive as available and appropriate. Based upon the developmental evaluation results, a speech, occupational, and/or physical therapy evaluation may be conducted as available and appropriate. All evaluation results as well as medical information, professional informed clinical opinion(s), and information gathered from biological parents and DCFS will be utilized to determine early intervention eligibility.

While a referral for early intervention services is required for children under the age of three when an investigation is initiated, a referral for early intervention services on behalf of any child suspected of having a developmental delay or disability may be sent at any time.

### DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING

If a child is determined to be eligible for services and the person acting as a parent on behalf of the child (e.g., biological parent involved in a protective services case; other individual legally caring for the child in a protective services or foster care case including foster parents) consents to services, Individualized Family Service Plan (IFSP) meetings will be held to develop an appropriate service plan for the child. IFSP activities and services must be added to the child's case plan.

Adult participation in the IFSP meetings and related decision-making on the child's behalf is required. If the child is involved in a protective services case or if a child in foster care has a goal of reunification, the child's biological

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parent(s) is encouraged to attend the IFSP meetings to make decisions related to Individualized Family Service Planning and early intervention services for his or her child.

However, a surrogate parent may be assigned by the lead agency to represent the child if:

- A. The court orders that the child's parent/guardian shall have no involvement in the child's educational planning; or,
- B. The child's parents cannot be located; or,
- C. The goal is not reunification for those children involved in foster care cases.

If for one of the reasons listed above or if for any other reason the biological parent(s) is unable or unwilling to attend IFSP meetings and make the decisions related to early intervention for his or her child, one of the following may serve as the parent to make decisions regarding early intervention planning and services for the child (provided the court has not issued a no contact order for the person selected to act as the surrogate parent):

- A. Foster parent;
- B. Guardian, generally authorized to act as the child's parent (but not the state if the child is a ward of the state; i.e., FSW may act as the liaison between DDS and the parent or surrogate parent, but the FSW may not be the sole contact and/or decision-maker for a child);
- C. An individual otherwise acting in place of a biological parent (e.g., grandparent, step-parent, or any other relative with whom the child lives);
- D. An individual who is legally responsible for the child's welfare;
- E. An appointed DDS certified surrogate parent (this is generally the least preferred option since a DDS certified surrogate parent will usually only be appointed by the DDS provider in the event that the child's parent, foster parent, etc. is unable or unwilling to participate in the child's early intervention process and IFSP meetings).

For any individual serving as a parent in the child's early intervention process, support in the form of DDS Surrogate Parent Training is available. The local DDS Service Coordinator or designee can assist in coordinating the DDS Surrogate Parent Training. After an individual has completed the DDS Surrogate Parent Training, they may serve as a surrogate parent for any child.

In any situation in which an individual other than the biological parent (e.g., foster parent, relative, etc.) is acting on behalf of the child, that individual will be discharged when the child's biological parent is ready and able to resume involvement.

## EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

### REFERRALS FOR FETAL ALCOHOL SYNDROME DISORDERS (FASD) SCREENING

Fetal Alcohol Syndrome Disorders is an umbrella term used to describe the range of effects or disorders that can occur in an individual whose mother consumed alcohol during pregnancy. All caretakers involved in the delivery or care of infants must contact DHS regarding an infant born and affected with a Fetal Alcohol Spectrum Disorder (FASD). In addition, DCFS FSWs and Health Service Workers will refer children who have known prenatal alcohol exposure and exhibit FASD symptoms and/or behaviors to the DCFS FASD Unit for an FASD screening. The FASD screening will help determine if early intervention services specific to FASD are needed.

In order to conduct an effective FASD screening, the FSW and/or Health Service Worker will gather information regarding the child's in utero and birth history. Depending on the information collected and the results of the screens, a referral for an FASD diagnosis may be provided. If a child is diagnosed with FASD, the following services may be offered to the family:

- Referral to DDS (early intervention or DDS waiver), if applicable and available
- Referral to specialized day care, if applicable
- Referral to FASD family support group (available to biological, foster, and adoptive families), if available
- FASD parenting classes (available to biological, foster, and adoptive families)

A plan of safe care must also be developed for any infant born and affected with FASD who is referred to the Division via the Child Abuse Hotline.

# EXCERPT, DIVISION OF CHILDREN & FAMILY SERVICES POLICY & PROCEDURES MANUAL

## PROCEDURE II-I1: DDS Early Intervention Services Referrals

04/2013

When a child maltreatment investigation is open involving children in the home under the age of three, the investigator will:

- A. Provide an overview of the benefits of early intervention services to the parent/guardian.
- B. Make a referral to DDS for each child in the home (victims and non-victims) under age three.
  - 1) Complete form DHS-3300 available in CHRIS (for confidentiality purposes, state the child maltreatment type only in the comments section of the referral).
    - a) The DHS-3300 can be accessed in the Information and Referral Screen.
    - b) When the button "DCO-3350/DHS-3300" is selected, a dialog box will open so that staff can select the form to be completed.
    - c) Clicking the "OK" button will open up the appropriate form according to the radio button selected.
  - 2) Provide completed DHS-3300 to the local DDS Services Coordinator.
- C. Inform the parent/guardian that their child(ren) will be referred to DDS Children's Services to assess the child(ren)'s need and eligibility for early intervention services.
- D. Ask the parent/guardian to complete DHS-4000 for their child(ren) under the age of three for whom the Early Intervention referral has been made.
- E. Provide the local DDS Services Coordinator with:
  - 1) Completed DHS-4000: Authorization to Disclose Health Information.
  - 2) Court-order, if applicable
  - 3) Copy of Social Security Card or number
  - 4) Copy of Medicaid Card or number, if applicable
  - 5) Referral source contact information (may be DCFS staff or the parent/guardian)
  - 6) Any other pertinent information related to the request
  - 7) DMS-800: Children's Medical Services Application (parent must complete)
  - 8) Copy of EPSDT (parent must obtain)
  - 9) Copy of all evaluations, if available

If a case is open (protective, or foster care), the FSW caseworker will:

- A. Coordinate paperwork and services, as applicable, with the local DDS Service Coordinator. This includes providing a copy of CFS-6009: Family Strengths, Needs, and Risk Assessment (FSNRA) and case plan once they are completed. The FSW may act as the liaison between the DDS Service Coordinator and the parent/guardian/surrogate parent but may not be the sole contact and/or decision-maker for a child.
- B. Keep the local DDS Service Coordinator informed of any changes to the case plan that may affect early intervention services and care coordination.
- C. Document contacts related to the DDS early intervention services referral in the contacts screen in CHRIS.
- D. Update the child's case plan as appropriate.
- E. Conference with supervisor as needed regarding the referral to DDS early intervention services.

The Investigative and FSW Supervisors will:

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

Upon referral, the DDS Service Coordinator should:

- A. Assess and determine the need and eligibility of the child for services and forward a letter to the DCFS Family Service Worker and FSW Supervisor indicating the eligibility status and needs of the child, if applicable.

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- B. If it is determined that the child needs and is eligible for early intervention services:
- 1) Provide a more detailed explanation to the parent/guardian of early intervention services including types, benefits, requirements, etc.
  - 2) Keep the child's FSW and person serving as the parent informed of the child's progress and any changes in services.

### **PROCEDURE II-12: DDS EARLY INTERVENTION INDIVIDUALIZED FAMILY SERVICE PLANNING**

04/2013

The FSW will:

- A. Regardless of the type of case (i.e., protective or foster care), include early intervention services and Individualized Family Service Planning (IFSP) meetings in the case plan as appropriate, and, ensure the biological parent participates IFSP and related services as appropriate.
- B. If the biological parent is unable or unwilling to participate in IFSP (e.g., court orders that the child's parent/guardian shall have no involvement in child's educational planning, parents cannot be located; goal is not reunification):
  - 1) Ensure that an appropriate surrogate parent attends the IFSP meetings to act as a decision-maker regarding the child's early intervention services. The surrogate parent is generally the person who is currently caring for the child (e.g., temporary guardian, foster parent, etc).
    - a) Ensure that a no contact order from the court pertaining to the surrogate parent does not exist and that the surrogate parent is otherwise appropriate.
    - b) If the person selected to serve as the surrogate parent would like to attend a DDS Surrogate Parent Training, contact the DDS Service Coordinator to arrange the training.
    - c) If the individual caring for the child cannot serve as an appropriate surrogate parent during the IFSP meetings, the DDS provider will appoint a DDS certified surrogate parent.
- C. Continue to update child's case plan accordingly with information from IFSP.
- D. Conference with supervisor as needed regarding the child's IFSP.

The FSW Supervisor will:

- A. Conference with the FSW as needed regarding the child's IFSP.
- B. Notify, as necessary, his or her supervisor of any issues related to the child's IFSP.

### **PROCEDURE II-13: FASD REFERRALS AND SERVICES**

04/2013

Note: This procedure is applicable to those children already involved in an open DCFS case and who DCFS staff or providers suspect may be affected by FASD. This procedure is not applicable to infants born with and affected by FASD and reported to the Child Abuse Hotline by a healthcare provider. Please see Policy II-D and Procedure II-D6 for more information regarding infants born with and affected by FASD.

If child is symptomatic of FASD, the Family Service Worker or Health Service Worker will:

- A. Gather information regarding the child's in utero and birth history to determine if the biological mother consumed alcohol (e.g., at what points during the pregnancy, amount consumed, frequency consumed, etc.) and/or any illegal substances while pregnant with child.

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- B. Complete and submit CFS-099: FASD Screening Referral to the FASD Director via fax (see CFS-099 for the current fax number).
- C. Collaborate with the FASD Unit to ensure the child receives any necessary referrals and accesses any needed services as per the results and recommendations of the FASD screening and/or diagnosis.
- D. Conference with supervisor as needed regarding FASD referrals and services.

### The FSW Supervisor will:

- A. Conference with the FSW as needed regarding FASD referrals and services.
- B. Notify, as necessary, his or her supervisor of any issues related to the FASD referrals and services.

### The FASD Director will:

- A. Review the completed CFS-099: FASD Screening Referral.
- B. Assign the FASD FSW (or self-assign if FASD FSW is unavailable) to conduct an FASD screening.
- C. Collaborate with the FASD FSW and child's FSW to make necessary referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.

### The FASD FSW will:

- A. Conduct FASD screenings as assigned.
- B. Communicate results of FASD screening and/or diagnosis to the child's FSW and FASD Director.
- C. For all children screened for and/or diagnosed with FASD, collaborate with FASD Director and child's FSW to make appropriate referrals or access services per the results and recommendations of the FASD screening and/or diagnosis.