

# STANDARDS FOR EFFECTIVE PRACTICE

## 2.0 - INTAKE/ASSESSMENT/INVESTIGATION SERVICES

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CHILD PROTECTION SERVICES  
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**STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION**

**2.0 INTAKE / ASSESSMENT / INVESTIGATION PROGRAM STATEMENT**

Public Child and Family Services Agencies (CFSAs) are charged with the responsibility of responding to the community's concern for children who are, or are at risk of being, abused, neglected, or dependent. The Intake Assessment unit is the entry point into the child protection system for children who are alleged to be abused, neglected, or dependent, and in need of protection.

The intake assessment process involves information gathering, assessment, and decision-making regarding the need for services. Ohio law requires that public CFSAs have a method for receiving reports of abuse and neglect twenty-four hours per day, seven days per week. Upon receipt of referral, the public CFSA must determine if it is appropriate for the agency to become involved with the family. If appropriate, the agency must decide how quickly, and in what manner, it should respond.

All intake assessment efforts are focused on making a determination as to child's safety and risk. In making this determination, the public CFSA simultaneously determines whether or not agency services are appropriate and needed to protect a child, or if the child and family are in need of, and would benefit from, other services provided by the neighborhood or community. To determine child and family service needs, staff completes a thorough investigative assessment. The objective of the intake assessment process is to determine those factors in the family's life that have, or could lead to, child abuse and neglect. This process provides the foundation and future direction for intervention among the child, family, agency, and the community.

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**2.1 TWENTY-FOUR HOUR AVAILABILITY**

Ohio Administrative Code: 5101:2-33-26 (C)(2).

**I. Philosophy**

Public CFSAs are responsible for receiving and responding to referrals from the community.

Public CFSAs must be available to respond to all incoming reports on alleged child abuse and neglect.

**II. Outcome**

Each county PCSA screens in/screens out referrals of alleged maltreatment of children. The county screening system is available 24 hours a day, 365 days of the year.

**III. Evaluation**

County PCSAs may consider SACWIS, CPOE and CFSR data to evaluate this standard. PCSAs may also consider the following data sources:

- Information gathered from entities that make referrals to the agency (i.e.: law enforcement)

**IV. Standards for Implementation**

**1) Standard A: Availability of Screeners to Take Referrals**

Agencies will maintain the ability to receive and respond to all calls and contacts concerning child abuse and neglect or other child welfare concerns 24 hours a day, 365 days of the year. Information on how to report suspected abuse or neglect after business hours should be well publicized throughout the community.

Non-PCSA employees who receive referrals (such as staff from help lines, sheriff's offices, 911 services, or crisis lines) cannot decide whether to call the PCSA, and will immediately refer every call of suspected child maltreatment and other calls regarding children with open PCSA cases to a PCSA staff person who is trained in child welfare screening.

**2) Standard B: Contracting with Other Entities to Take After Hours Calls**

If the PCSA uses other after hours entities (such as 911 service, crisis centers, etc.) to take after hours calls, the PCSA will develop a contract for services with that entity. The contract will include information on the types of calls non-agency staff will refer to the on-call worker, procedures to contact the on-call worker, expectations for confidentiality, and expectations to make interpreters available to assist callers needing help communicating in English.

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**2.2 THE INTAKE SCREENING PROCESS**

**The Council on Accreditation Standard**

PA-CPS 4 (4.01, 4.04, 4.05)

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-36 (Screening and Investigations)

**I. Philosophy**

PCSA's are responsible for screening referrals of alleged child maltreatment. Screening decisions are critical to identifying children who need protective intervention.

These standards set forth best practice expectations regarding intake screening functions. While not all PCSAs will be able to meet these standards immediately, the standards can guide PCSAs in their ongoing efforts to provide high quality protective services for children and their families.

**II. Outcome**

The PCSA determines whether referrals are accepted as reports of alleged maltreatment to be investigated, and which referrals are not accepted.

**III. Evaluation**

The PCSA may consider SACWIS, CPOE and CFSR data when evaluating this standard. In addition, the PCSA may consider the following:

- Information gathered from referral sources
- Staff training records
- Agency records regarding the amount of time referents wait to speak with a screener
- Agency protocol for obtaining interpreters for referents who are deaf or who have difficulty communicating in English

**IV. Standards for Implementation**

**A. Application of These Standards**

These standards apply to all PCSA staff members who conduct a screening function, at any time. This includes full time screeners and staff who conduct screening activities as part of their jobs, or on an on-call basis.

**B. Educating/Informing Mandated Referents**

Mandated Referents will be provided with training and resources on the topics listed below. Trainers will be thoroughly knowledgeable about screening processes, and will be skilled in providing this type of training. Screeners will provide referents with this the following information, as needed, during phone or in-person interviews:

- How and when to report suspected child maltreatment

- The kinds of information about the suspected maltreatment the screener will be requesting
- Their duty to personally report suspected child maltreatment and not rely on another person to make the referral
- Definitions of child abuse and neglect
- How the PCSA makes decisions about whether to accept the referral as a report
- What happens in situations where the allegation is not accepted as a report
- How the PCSA proceeds with the investigation/ assessment
- Information the referent is entitled to receive after the allegation is reported to the PCSA
- Community resources available for families who need support, but not protective services

**C. Qualifications of Screeners**

Screeners will have the same qualifications, capabilities, and expectations of all other child welfare caseworkers; thorough knowledge and skill in conducting screening activities; and thorough knowledge of assessment/investigation procedures. Screeners who also conduct investigations or assessments will also have skills in assessment/investigation.

**D. Qualifications of Screening Decision Makers**

Screening decision makers will have the same skills and attributes as screeners. In addition, they will have excellent understanding of the Ohio Administrative Code and Ohio Revised Code regarding screening and abuse/neglect statutes and be able to interpret and apply statutes to specific cases.

**E. Qualifications of Screening Supervisors**

Screening supervisors will have the same qualifications as all other child welfare supervisors plus the same knowledge and skill as screeners and screening decision makers.

**F. Responsibility for Making Screening Decisions**

Screeners will not be solely responsible to make decisions about screening in or out referrals. The supervisor or designee will be involved in final screen in/out decisions either through review and approval of screener recommendations, jointly deciding with others, or making the final decision independently.

**G. Access to Supervision**

Screeners and screening decision makers will have access to supervision 24 hours a day, every day of the year.

A supervisor will be available to consult after hours with on call workers, and to assist with screening decision making, as stipulated in Standard 8.

**H. Training of Screeners**

Screeners and screening decision makers will receive training on screening topics as soon as possible after assignment. Training will be mandated and conducted on an ongoing basis to further develop skill and knowledge. Screeners who also conduct investigations and assessments will receive training in assessment/investigation procedures, as stipulated in the investigation standards. Screening supervisors will also attend training on these topics. Training topics for screening include, but are not limited to the following:

- Knowledge of indicators, dynamics and legal (ORC and OAC) definitions of abuse and neglect
- Conducting phone interviews
- Cultural responsiveness
- Community resources
- Customer service as it relates to screening
- Strengths-based interviewing; identification of support systems
- Risk/safety assessment
- Staff liability issues, including in-office back-ups
- Criteria for screening out reports; potential consequences of screening out reports
- Consistency in screening decision making
- PCSA policies and procedures regarding screening and after-hours work
- How to coach and monitor screeners' work and the quality of information obtained (for supervisors)
- Determining response time for initiating the assessment/investigation
- Crisis intervention and de-escalation
- Software applications used at the PCSA, such as CRIS-E, SACWIS, SIS and offender search on the internet
- Staff safety
- Responsibilities of mandated reporters
- Responsibility for screeners to educate callers, as needed, about the PCSA's procedures regarding screening and assessment/investigation

#### **I. Cultural Responsiveness**

Screeners will be responsive with callers who may have limited ability to speak English or communicate by phone. Screeners will always have access to personnel at the PCSA or other agencies or services, who are fluent in languages spoken in the county, and to equipment for referents who have difficulty hearing.

- J. Workload/Response Time** Referents will speak with a screener immediately, to ensure that they do not become frustrated with long waiting periods, and hang up or leave the PCSA office. PCSAs will identify barriers to immediately responding to referents and will implement procedures for resolving those barriers, such as adjusting staffing patterns. The PCSA will plan additional coverage for periods of unusually high call volume.

#### **K. Documenting Screening**

- 1) Screeners will not record information about referents in narrative summaries of the referral in order to protect referents' confidentiality and separate referent information from other information that may be printed and sent to court as discoverable case documents.
- 2) Screeners should gather complete information about the alleged maltreatment from the referent. After the referral has been accepted as a report of child maltreatment, the screener should gather from collateral sources. The following information should be gathered.
  - a. Referent Information
    - i. the name, address, phone number of the referent (if not anonymous);
    - ii. the source of knowledge, others who have knowledge of incident;

- iii. the relationship of referent to alleged child victim, mandated reporter;
  - iv. whether or not the referent is a mandated reporter; v. the motivation of referent making the referral;
  - v. the length of time referent has known of the alleged abuse or neglect; any other action that has been taken (e.g., photographs, medical attention, removal of child, notification of law enforcement, other professionals involved);
  - vi. any other identifying information.
- b. Information on Child(ren)
- i. the name of the child victim and other children in the home, address, and phone number;
  - ii. the child(ren)'s date of birth, gender, social security number;
  - iii. the ethnicity/race of the child(ren);
  - iv. the school they attend and grade level;
  - v. the child(ren)'s behavior and level of functioning;
  - vi. the child(ren)'s ability to self-protect;
  - vii. the place, date, and time the alleged abuse occurred and the type, extent, severity, and duration-frequency of the alleged abuse or neglect;
  - viii. the child's current condition and whether the child is currently safe;
  - ix. the current location of alleged child victim;
  - x. if there have been prior suspected incidents of abuse or neglect incurred by the alleged child victim or other children in the home;
  - xi. any interventions used in the past to reduce child's risk in his own home or out-of-care setting;
  - xii. relationship to legal custodian.
- c. Information on Involved Adults
- i. parent's name, address, phone number, place of employment, social security number;
  - ii. the name, address, phone number, place of employment, and social security number of primary caregiver, if different from parent;
  - iii. the name, address, phone number, place of employment, social security number of legal custodian and relationship to child;
  - iv. any aliases (a.k.a.);
  - v. the behavior and intellectual functioning of the primary caregiver;
  - vi. the willingness/ability of the caretaker to protect child;
  - vii. whether there are other adults in the home;
  - viii. whether the primary caregiver is aware of the referral;
  - ix. the list and location of family members, friends, and neighbors who may be helpful, and their role in the family system;
  - x. history of substance abuse in the family;
  - xi. history of any assaultive behavior, or domestic violence;
  - xii. history of previous child abuse or neglect reports.
- d. Alleged Perpetrator Information
- i. the name, address, telephone number, age/D.O.B., social security number;

- ii. the place of employment, including address and telephone number;
  - iii. the gender, ethnicity/race, description;
  - iv. the relationship to alleged child victim;
  - v. whether there is access to alleged child victim;
  - vi. if the alleged perpetrator victimized other children in/outside of the home;
  - vii. past criminal history;
  - viii. any substance abuse ;
  - ix. the behavioral and functioning level;
  - x. automobile make, model, and license plate number.
- e. Details about the alleged maltreatment
- i. description of what happened
  - ii. details of any injuries
  - iii. description of previous incidents
  - iv. adverse effect on child's functioning or development
- f. Safety Considerations for Intake Assessment Staff
- i. weapons in home;
  - ii. family or household members have a history of assaultive behavior;
  - iii. domestic violence;
  - iv. drug/alcohol use;
  - v. criminal activity, drug dealing;
  - vi. animals in the home;
  - vii. client mental illness and /or non-compliance with illness;
  - viii. other.
- g. Special Considerations
- i. language;
  - ii. cultural considerations;
  - iii. accessibility;
  - iv. other.
- h. Out-of-Home Care Settings
- i. the number and names (if possible) of children under care of alleged perpetrator;
  - ii. the names of any witnesses;
  - iii. the licensing authority for the out-of-home care setting;
  - iv. the name, address and phone number of the administrator.

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**2.3 PRIORITIZING REPORTS AND INITIATING THE ASSESSMENT**

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.1 (Screening and Intake); G8.2 (Assessment Process); and G8.3 (Assessment of Families and Persons with Special Needs) link to and support Standard 2.3

*Prioritizing Reports and Initiating the Assessment.*

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-32 (PCSA Requirements for Assessments and Investigations) addresses Standard 2.3 *Prioritizing Reports and Initiating the Assessment.*

**I. Philosophy**

Public CFSA's are responsible for determining the alleged child victim's level of risk and safety once a referral is screened in as a report. A safety determination is based on information received from the referent and a records check. Assigning a priority rank to the report alerts staff to the level of child vulnerability and the immediacy of agency response.

Prioritizing includes two categories: Emergency and Non-Emergency. Both the Emergency and Non-Emergency priorities are based on the child's level of vulnerability and the immediacy of agency response.

**II. Outcome**

The public CFSA meets time frames for responding to reports of abuse and neglect.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- data on incidents reported;
- data on subsequent assessments initiated;
- emergency incidents reported;
- incidents reported with assessments initiated within one hour of acceptance of report;
- number of emergency incidents reported;
- data on the percentage of referrals and incident reports with an assessment initiated;
- determined risk levels of cases;
- information gathered from referral sources (i.e., mandated reporters).

**IV. Standards for Implementation**

- i. The level of child vulnerability and the immediacy of agency response should be based on the following factors:
  1. the level of immediate danger to the child;
  2. the ability of the child to protect self;

3. the alleged child victim's age;
  4. the severity of the abuse or neglect;
  5. the role the alleged child victim plays in the family system;
  6. the child's physical, emotional, intellectual, and social developmental stage;
  7. the history of past abuse/neglect;
  8. how recent the alleged injury was inflicted/child's current condition;
  9. the alleged perpetrator access to the child;
  10. the caretaker's ability/willingness to protect the child.
- ii. When the public CFSA determines the alleged child victim is in immediate danger of serious injury or harm, or cannot determine the level of immediate danger, the report should be identified as an Emergency. The public CFSA shall attempt face-to-face contact with the alleged child victim within one hour. Assistance from law enforcement may be utilized.
  - iii. The public CFSA will determine a non-emergency response time based on the child's vulnerability\*:
    1. Level I – Assigned staff should respond within 12 hours by attempting face-to-face contact with the alleged child victim;
    2. Level II – Assigned staff should attempt a face-to-face interview with the alleged child victim within 24 hours;
    3. Level III – Assigned staff should attempt collateral contact within 24 hours and attempt a face-to-face interview with the alleged child victim within 72 hours.

*\*This standard is based on effective practice, however, is does not currently comply with the Ohio Revised Code or the Ohio Administrative Code.*
  - iv. When the public CFSA is unsuccessful in making a face-to-face contact with the alleged child victim, the public CFSA should attempt face-to-face contact with the alleged child victim at different times of the day for three consecutive days. If unsuccessful in making contact after three consecutive days, the public CFSA should follow diligent efforts. A diligent effort is said to be made when the public CFSA engages in all of the following activities:
    1. the public CFSA continues to attempt face-to-face contact with the alleged child victim at least once every five calendar days for the duration of the thirty day time frame;
    2. the public CFSA sends a minimum of one letter to the family; and
    3. the public CFSA attempts contact with collaterals to assist in the location of the child and family.
  - v. In situations where staff members have made diligent efforts, but have not been able to make contact with the family due to a lack of responsiveness or cooperation, the public CFSA should utilize law enforcement, the county prosecutor, legal counsel, or the court to gain access to the alleged child victim.
  - vi. The public CFSA should continue to make diligent efforts to make contact until case disposition/resolution. For families who cannot be located, see Standard 2.11, *Incident Disposition and Case Resolution*.

## **V. Financial Implications**

The PCSAO County Child Protection Workload Analysis estimates that costs associated with Standard 2.3, *Prioritizing Reports and Initiating the Assessment* (including evaluate/consult, priority rating, information and referral, and documentation) takes an

estimated 24.6 minutes (41% of 1 hour). The estimated agency cost for screening activities is \$95.80/hr.  $\$95.80 \times 41\% = \$39.28$  prioritizing reports

The PCSAO County Child Protection Workload Analysis estimates that initiating the assessment (including preparation and the initial visit) takes an estimated 198 minutes (3.3 hours). The estimated agency cost for investigation activities is \$98.65/hour  $\$98.65 \times 3.3 \text{ hours} = \$325.55$  initiating the assessment

$\$39.28 + \$325.55 = \$364.83$  estimated agency costs for prioritizing a report and initiating an assessment.

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**2.4 INTAKE ASSESSMENTS AND INTERVIEWS**

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.2 (Assessment Process); and G8.3 (Assessment of Families and Persons with Special Needs) link to and support Standard 2.4 *Intake Assessments and Interviews*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-32 (PCSA Requirements for Assessments and Investigations); 5101:2-34-35 (PCSA Requirements for Cross-Referring Reports of Child Abuse and Neglect); and 5101:2-34-37 (PCSA Requirements for Completing the ODJFS 01510, "Family Decision Making Model: Safety Plan for Children") address Standard 2.4 *Intake Assessments and Interviews*.

**I. Philosophy**

Public CFSA's are responsible for assessing reports of suspected abuse/neglect. The interview process is the most important step in accurately assessing the level of current safety and future risk to children. Interviewing alleged child victims, family members, collateral contacts, and alleged perpetrators is a delicate process which requires knowledge, skill and sensitivity. The public CFSA interviewer is responsible for creating an atmosphere which will allow the interviewee to feel comfortable in providing the needed information. When it is determined that children are unsafe or are at risk of abuse or neglect, the public CFSA must determine appropriate interventions and identify available community service supports.

Public CFSA's have an obligation to children, families, and staff to provide its professionals with the knowledge and training necessary to conduct effective interviews with skill and sensitivity.

**II. Outcome**

Child safety and risk are determined.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- accuracy and completeness of information on the risk assessment instrument;
- accuracy and completeness of information in case records;
- information from interviewee, collected through an evaluation questionnaire;
- number of assessment plans developed prior to assessment process with family;
- number of staff completely trained properly prior to interviewing;
- number of assessment processes completed within 30 days of screening determination;
- receipt of subsequent child abuse/neglect report, and accompanying risk levels.

## IV. Standards for Implementation

### L. Conducting the Assessment and Interview

The process of assessment and conducting interviews with individuals involved in allegations of child abuse or neglect are highly sensitive activities. For an interview to be conducted effectively, staff must be well prepared. To conduct effective interviews, the public CFSA is responsible for providing staff with all necessary tools, administrative and management supports (e.g., policies, protocols, etc.), and training.

- 1) The public CFSA should have policies and procedures which guide staff in identifying family, extended family, community supports, and contacts to be interviewed. This will assist public CFSA staff in effectively conducting and documenting the assessment and interview process with alleged child victims, family members, witnesses, collateral sources, and alleged perpetrators.
- 2) The public CFSA should have policies and protocols regarding the Intake assessment and interviewing process as described in the County Memorandum of Understanding.
- 3) In accordance with the County Memorandum of Understanding, staff should contact the local law enforcement authority and/or the prosecuting attorney when there is a report of severe physical abuse, gross neglect, or sexual abuse. To minimize or eliminate multiple interviewers interacting with the alleged child victim, staff should coordinate the interview schedule with law enforcement, the prosecutor's office, and other service providers in the community.
- 4) Staff that are responsible for conducting interviews should be provided with training that is sanctioned by the public CFSA. Training should include, but not be limited to, the following topics:
  - a. Prior to Conducting Interviews Alone
    - i. interviewing methods and techniques;
    - ii. crisis intervention and de-escalation techniques;
    - iii. stages of child development;
    - iv. Ohio Administrative Code Rules (OAC) regarding interviewing;
    - v. dynamics of child abuse and neglect;
    - vi. cultural diversity/sensitivity;
    - vii. worker safety; and
    - viii. domestic violence.
  - b. Within the First Six Months on the Job
    - i. additional assertiveness and confrontation techniques;
    - ii. developing an interview style and technique;
    - iii. principles of interpersonal communication; and
    - iv. other training activities or orientation specified in Standard 10.7, *Staff Orientation and Training*.
- 5) Daily supervision should be provided to new staff conducting interviews for the duration of the public CFSA sanctioned probationary and training period.

- 6) Staff should develop an assessment plan prior to initiating and conducting the assessment process with the family. This plan should include, but not be limited to, the following elements:
  - a. a review of historical information;
  - b. a determination of who will be interviewed and in what order;
  - c. who should be present at interviews (i.e., law enforcement, non-offending parent, teacher, etc.); and
  - d. the location of the interviews.
- 7) Staff should, at minimum, conduct one face-to-face interview with the alleged child victim during the assessment process. The process should include a face-to-face interview with the primary caregiver, the alleged perpetrator, and all adults and children who reside in the home. Families should be provided with a written document outlining their rights and the agency's grievance process.
- 8) Staff should conduct a home visit as part of the assessment process.
- 9) Staff should make contact with professionals involved with the family.
- 10) Staff should make contact with persons who have been identified to have first hand knowledge of the incident to aid in determining the level of risk to the child and the level of family functioning.
- 11) The Public CFSA should use an assessment tool as the foundation for collecting child and family information.
- 12) In cases where a mandated reporter has made the referral, the assessment process should not be considered complete until the assigned staff notifies the mandated reporter that the assessment process has been completed, and that an incident disposition and case resolution have been made.
- 13) Staff should complete the assessment process within thirty days of the screening determination. The ability to do so is based on receipt of requested information and reports within the specified time frames.
- 14) Within three calendar days, staff should advise the family of the incident disposition and case resolution and the next steps.
- 15) Within three calendar days, the alleged perpetrator shall be notified of the disposition in writing and the agency's grievance procedure.
- 16) Staff should explain the court process to families in cases that involve juvenile court proceedings and for cases that involve criminal prosecution, and link or refer the family to the county's victim/witness program and victim advocacy services.

#### **M. Interviewing Alleged Child Victims, Siblings, and Other Children**

- 1) Staff should assess and determine whether or not the child is safe, based on available information, prior to notifying the caregiver of the intent to interview the child.
- 2) As part of the rapport building process prior to conducting the formal interview, staff should ask the child questions to assess the child's developmental stage and level of understanding. The staff should adjust the interview questions to meet the developmental stage of the child.

- 3) When the determination is made that informing the caregiver of the intent to interview the child will place the child at further risk, the caregiver should not be informed of the child interview prior to it being conducted. Staff should attempt to notify the non-offending caregiver upon conclusion of the interview.
- 4) In most cases, the child should be interviewed without the caregiver present, especially when the alleged perpetrator is unknown. The decision to include other individuals in the interview process should be driven by the needs of the child in balance with preserving the integrity of the assessment.
- 5) Throughout the assessment process, the staff should ensure the child is kept informed (as is developmentally appropriate), and provided with emotional support. Discussions with the child regarding the assessment/investigative process should be documented in the case notes.
- 6) In closing the interview, the staff, as appropriate to the child's level of understanding, should:
  - a. help the child identify a healthy support system available to provide support;
  - b. describe available counseling and support groups in the community;
  - c. validate the child's feelings;
  - d. educate the child on prevention and protection techniques and safety planning.
- 7) For the effective collection of information in assessing the level of child risk, the public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.

#### **N. Interviewing the Non-Offending Caregiver**

- 1) Staff should explain the purpose and role of the public CFSA to the caregiver.
- 2) For the effective collection of information in assessing the level of child risk, the public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.
- 3) In closing the interview, staff should:
  - a. ask the caregiver about his/her network of support and obtain a release of information;
  - b. describe available counseling and support groups in the community;
  - c. describe possible behavioral indicators of the abuse the child experienced and prepare them for potential behavioral changes in the days to come;
  - d. develop a safety plan to protect the child as appropriate (see Standard 2.9, *Safety Plans*);
  - e. begin to gather information for a genogram (see Standard 2.13, *Genograms*); and
  - f. begin to gather information for an ecomap (see Standard 2.14, *Ecomaps*).

#### **O. Interviewing Alleged Perpetrator**

- 1) When a criminal investigation is involved, the public CFSA should coordinate the interview schedule with law enforcement.

- 2) Staff should explain the purpose and role of the public CFSA to the alleged perpetrator.
- 3) The alleged offender should be informed of the allegations in the report in a non-confrontive, non-accusatory manner.
- 4) For the effective collection of information in assessing the level of child risk, the Public CFSA will utilize the Family Decision Making Model (FDMM) or other risk assessment tools.
- 5) In closing the interview, staff should:
  - a. as appropriate, develop a safety plan to protect the child;
  - b. describe available counseling and supportive services in the community;
  - c. describe next steps in the process and what the alleged perpetrator can expect to happen following the conclusion of the interview;
  - d. begin to gather information for the genogram (if appropriate); and
  - e. begin to gather information for the ecomap (if appropriate).

**P. Gathering Information from Collateral Sources and Witnesses**

- 1) Staff will gather information by telephone, in person, through written documentation, etc., to obtain the following information:
  - a. knowledge and observations concerning the allegation, including any current safety risk to the child;
  - b. any additional information concerning their perceptions of the family strengths or concerns; and
  - c. knowledge and observation concerning the alleged perpetrator including access to other children.

**Q. Conducting a Physical Assessment of Children in Cases of Physical Abuse**

Assessing children for physical abuse requires knowledge of procedure, physical abuse indicators, and a high level of sensitivity. All agencies should develop a physical abuse assessment procedure.

- 1) When conducting a physical assessment of the alleged child victim for physical abuse, the staff should be accompanied by another adult (e.g., non-offending caregiver, co-worker, nurse, etc.).
- 2) When a caregiver is not present, and disrobing is necessary, at least one of the two adults should be the same gender as the alleged child victim.
- 3) When the child persists in refusing to participate in the physical assessment process, staff should discontinue the process and make arrangements for a medical professional to continue the physical assessment.
- 4) In cases where the alleged child victim is unable to disrobe without assistance, staff or the accompanying adult should assist the child in disrobing in the following manner:
  - a. expose one area of the body at a time, beginning with clothing above the waist; and
  - b. observe the area, take photos when in accordance with the Evidence Gathering section, and replace clothing prior to exposing the next area of the body.

- 5) When there is a concern that the child requires medical attention, assigned staff should arrange for immediate medical care. At this point, the physical assessment process should be discontinued. Staff should request the medical professional conduct a physical exam upon arrival.

## **R. Conducting Sexual Abuse Interviews**

Assessing children for sexual abuse requires knowledge of procedure, sexual abuse indicators, and a high level of sensitivity. All agencies should develop a sexual abuse protocol. In addition to the previous section of this standard, the following should be applied in cases where sexual abuse has been reported.

- 1) The public CFSA should provide sanctioned training to staff responsible for conducting sexual abuse interviews. Training should be provided on the job and in a formal classroom setting. On an annual basis, staff should be trained on new sexual abuse assessment techniques, language, strategies, etc. This training should include:
  - a. stages of physical and cognitive development;
  - b. human physiology, anatomy, sexuality;
  - c. dynamics of sexual abuse;
  - d. knowledge of family dynamics related to sexual abuse;
  - e. behavioral indicators of sexually abused individuals as described in current research/literature; and
  - f. observing experienced staff or videos on sexual abuse interviews (the number of observations and/or videos should be identified by the public CFSA).
- 2) Protocols should be established and training should be provided by the public CFSA prior to staff using investigative assessment techniques (e.g., anatomical dolls, anatomical drawings, etc.) in conducting sexual abuse interviews.
- 3) Genital exams should be conducted by authorized medical professionals only. Public CFSA staff should not conduct physical assessments of children in the context of sexual abuse investigations.

## **S. Evidence Collection for Intake Assessments**

The process of collecting physical evidence is sensitive and should be done in collaboration with law enforcement.

- 1) Chain of Physical Evidence Collection
  - a. The public CFSA should have established policies and protocols which address collection of the evidence. These should also be addressed in the Memorandum of Understanding.
  - b. Physical evidence collection as a result of the assessment process should be documented and submitted to the authority as recognized by the Memorandum of Understanding.
  - c. The type of evidence collected should be documented in the case record.
  - d. Staff should not take physical evidence without the consent of the owner, and or consultation with law enforcement or the prosecutor's office.
- 2) Photography
  - a. When conducting a physical assessment of the alleged child victim for signs of physical abuse, the public CFSA should assure photographs

are taken of discovered bruises, lacerations, etc. In cases of sexual abuse, only qualified medical staff should be utilized. In cases of neglect, photographs may be taken of the child and/or living environment with the resident's permission.

- b. The public CFSA should assure that at least one photograph includes the adult witness (other than the staff conducting the intake assessment) with the child victim.
- c. When photographs are taken by the public CFSA, each photograph should have an identifier present (piece of child's clothing, etc.). At least one photograph should include the child's face and clothing to assure that the evidence collected demonstrates the series of photographs are of the same child.
- d. When an object is identified to have caused a child's injury (accidental or not), the object should be photographed.
- e. All photographs should be identified with the following information:
  - i. the individual who took the photo;
  - ii. the date it was taken;
  - iii. name and D.O.B. of the alleged child victim; and
  - iv. address of the living environment if applicable (i.e., neglect case – dirty house).

#### **T. Interviewing Children with Special Needs**

- 1) The Staff should assess and determine whether or not the child is safe, based on available information, prior to notifying the caregiver of the intent to interview the child.
- 2) When an individual not involved in the allegation (e.g., non-offending caregiver, teacher, sibling) is available for consultation, staff should contact and hold a pre-interview consultation with the individual to determine:
  - a. the child's primary and secondary strengths, disabilities;
  - b. the best approach to take with the child based on the child's level of understanding, needs, and abilities.
- 3) Based on information gathered as a result of the pre-interview, staff should obtain further information on the child's disability to help him/her prepare for the interview. As a result of this process, staff, when deemed necessary, should contact the appropriate service provider who can provide support when interviewing the alleged child victim.
- 4) The Staff should follow the section: Interviewing Alleged Child Victims, Siblings and Other Children, herein.

#### **U. Incident Disposition/Case Resolution**

- 1) All information collected as a result of intake assessment activities should be used to support the incident disposition and case resolution processes (see Standard 2.11, *Incident Disposition/Case Resolution*).

#### **V. Financial Implications**

The PCSAO County Child Protection Workload Analysis estimates that costs associated with Standard 2.4, *Intake Assessments and Interviews* (including preparation, initial visit,

subsequent visits, collateral contacts, court contacts, completion of the risk assessment tool, emergency service, consultation, travel, documentation, planned placement, and pre-sentence investigation) takes an average of 14.38 hours. The estimated agency cost for investigation activities is \$98.65/hour.

$\$98.65 \times 14.38 \text{ hours} = \$1,418.59$  estimated agency cost for intake assessment and interviews.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION

2.5 CONDUCTING INTAKE ASSESSMENTS ON OPEN CASES

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.1 (Screening and Intake) links to and supports Standard 2.5 *Conducting Intake Assessments on Open Cases*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-32 (PCSA Requirements for Assessments and Investigations); 5101:2-34-35 (PCSA Requirements for Cross-Referring Reports of Child Abuse and Neglect); and 5101:2-34-37 (PCSA Requirements for Completing the ODJFS 01510, "Family Decision Making Model: Safety Plan for Children") addresses Standard 2.5 *Conducting Intake Assessments on Open Cases*.

**I. Philosophy**

Public Child and Family Services Agencies (CFSAs) are mandated by law to protect children who are alleged to be, and have been, abused and neglected. Children who have been abused or neglected may remain with their families with the support and involvement of the agency. However, whether remaining with their families, or placed in an alternate home, children are naturally vulnerable to the actions of their caregivers.

For families who are involved with child protection services, the public CFSA acts as the facilitator for the family, assisting members in learning new behaviors and ways to parent. All efforts are directed at reducing child risk and promoting child safety. While assisting families to learn new skills and rely on existing strengths, the public CFSA may find that families may regress, repeating old patterns of abusive or neglectful behavior. When this occurs, the agency may receive an additional report on the family, which may require a reassessment of the family. Additional reports should be handled by the agency's intake assessment staff or direct services staff not previously involved with the case. When new information or reports are received, the public CFSA should review the family's current safety plan, planned interventions, and the extent to which community involvement took place to assure the child is safe.

**II. Outcome**

A comprehensive, objective assessment is conducted to determine the level of risk to child safety and whether changes in services to enhance child safety are warranted.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- accuracy and completeness of information contained in risk assessment instruments and
- case records;
- information on the initially assessed level of risk;
- the number and percentage of open cases where a subsequent referral is made;
- the number and percentage of open cases that have a subsequent assessment conducted;

- information on client usage of support resources;
- information on the client satisfaction with community support services through questionnaire;
- an analysis of the availability of support services in the community.

#### IV. Standards for Implementation

- 1) All referrals received from the community or public CFSA staff should be handled through the agency's screening staff.
- 2) When the agency receives a new referral, assigned staff should conduct a records check.
- 3) When referrals are received on open cases after hours or on weekends, the after-hours staff should follow agency's after-hours protocols.
- 4) The screening staff should contact the Ongoing Protective Services unit immediately upon receipt of the referral. Contact should be made to alert the Ongoing Protective Services unit of the new referral and to ascertain whether the referent information constitutes a new report of an incident that has not been previously assessed.
- 5) When it is determined that the referral is additional information to be used in developing case plan objectives with the family, and does not constitute a new report, the screening staff should:
  - a. appropriately document the decision and rationale for the case record; and
  - b. send the Ongoing Protective Services unit documentation for follow-up and further activity.
- 6) When the referral is not a new report, the Ongoing Protective Services unit should contact the referent to communicate the agency's screening decision.
- 7) When a referral is screened in as a report, the assessment unit or other assigned staff should coordinate all activities with the ongoing protective services unit staff, and with law enforcement when required by the case. Whenever the referent is known, they should be notified of the screening decision. The Intake Assessment unit should act as the lead unit in all investigative assessment activities and follow agency protocols.
- 8) Staff members who have developed a relationship with the child and/or family should be directly involved in removals, placements, and any custody activities.
- 9) Safety plans should be developed or modified by whichever staff becomes aware of a safety issue regardless of the stage of the assessment. Safety plans should involve community supports outside the family to the extent possible (see Standard 2.9, *Safety Plans*).
- 10) Throughout the intake assessment, the Ongoing Protective Services unit should continue to provide supportive services to the family as identified in the family's case plan. Any interruption of services should be approved by the assigned protective services supervisor. If services are suspended, notification of the suspension of services will be provided to the intake assessment worker or intake supervisor.

- 11) The public CFSA should make linkages with specific, targeted and case appropriate community services, neighborhood activities, etc., to assist the family in stabilizing and assuring child safety.
- 12) At the conclusion of the intake assessment, assigned intake assessment and protective services staff and supervisors, along with the family, family supports, extended family and community supports, should conference the case to determine whether or not additional or different strategies and interventions with the family are appropriate (see Standard 3.9, *Family Case Conference* and Standard 3.10, *Team Decision Making*).
- 13) The intake assessment documents should be made part of the original case record at the conclusion of the assessment.

## **V. Financial Implications**

Costs associated with Standard 2.5, *Intake Assessments on Open Cases* would be the same as the cost for conducting an investigative assessment on a new report as identified in Standard 2.4, *Intake Assessments and Interviews*.

The PCSAO County Child Protection Workload Analysis estimates that intake investigation and assessment (including preparation, initial visit, subsequent visits, collateral contacts, court contacts, completion of the risk assessment tool, emergency service, consultation, travel, documentation, planned placement, and pre-sentence investigation) takes an average of 14.38 hours. The estimated agency cost for investigation activities is \$98.65/hour.

$\$98.65 \times 14.38 \text{ hours} = \$1,418.59$  estimated agency cost for intake assessment and interviews.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION**

**2.6 INTAKE AND CALLS OF DOMESTIC VIOLENCE**

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.2 (Assessment Process) links to and supports Standard 2.6 *Intake and Calls of Domestic Violence*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-32 (PCSA Requirements for Assessments and Investigations); 5101:2-34-35 (PCSA Requirements for Cross-Referring Reports of Child Abuse and Neglect); and 5101:2-34-37 (PCSA Requirements for Completing the ODJFS 01510, "Family Decision Making Model: Safety Plan for Children") addresses Standard 2.6 *Intake and Calls of Domestic Violence*.

**I. Philosophy**

Child and Family Services Agencies (CFSAs) acknowledge that there is a strong correlation between the occurrence of child abuse and neglect and domestic violence. Therefore, the public CFSA views domestic violence as an act of aggression against the adult victim in the home with concomitant risk to the children in the home. Referrals on domestic violence differ from other referrals because the safety of the children is dependent upon the safety and protection of the adult victim. In domestic violence cases, the public CFSA recognizes that when the community can provide protection for the adult victim, there is increased safety and protection for the children. The primary focus within a family centered practice is the ongoing assessment of risk posed to children, the safety of the adult victim, and the accountability of the batterer.

The CFSAs must work to build collaborative services and partnerships with the courts, law enforcement, local domestic violence programs, and other neighborhood/community service providers. All providers should work together to address the unique set of circumstances and needs of the children and family in cases where domestic violence exists. The public CFSA should also consider the supports of the family in developing a plan to make children safe.

**II. Outcome**

Children who have been exposed to domestic violence are safe.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the number of referrals that involve reports of domestic violence;
- the number and percentage of family members (including alleged perpetrators) with a history of domestic violence;
- the number and completeness of safety plans for cases involving domestic violence;
- the number and percentage of cases involving domestic violence that involve a subsequent child abuse/neglect or domestic violence report;
- data from law enforcement or domestic violence shelters;
- for cases identified as having a domestic violence component, information on the client

- satisfaction of domestic violence support services in the community from a questionnaire.

#### **IV. Standards for Implementation**

##### **A. Screening Referrals of Domestic Violence**

Incoming referrals on domestic violence should be screened-in as a report whether or not the child is present at the time of the alleged incident.

##### **B. Intake Assessments and Interviewing**

Intake assessments should always be conducted with sensitivity and care. In cases where the report is based on an incident of domestic violence, the public CFSA should recognize the added risk posed to the adult victim and make provisions to safeguard both the child and the adult victim (see Standard 2.4, *Intake Assessments and Interviews*).

##### **C. Assessments**

- 1) Once a referral is screened in as a report, the public CFSA should gather information regarding the history of domestic violence in the family prior to making contact with the family. This should include gathering current and historical information regarding criminal history.
- 2) The public CFSA should take the role of coordinating and collaborating with an active criminal investigation from the police and prosecutor regarding an allegation of domestic violence of one adult toward another.
- 3) The public CFSA should attempt initial contact with the non-offending adult victim without the knowledge of the alleged offender.
- 4) The public CFSA should make every effort to obtain signatures on the release of information forms at the time of initial contact to gather information regarding the family.
- 5) The public CFSA should interview all household members separately beginning with the child, alleged adult victim, and alleged offender. When interviewing the alleged offender, staff should not share direct quotes and statements made by others already interviewed.
- 6) Using the Family Decision Making Model (FDMM) or other risk assessment tools, the public CFSA should assess the impact of domestic violence on the child.
- 7) When the public CFSA determines there is domestic violence, the public CFSA should immediately initiate safety planning for the children (see 2.9 *Safety Plans*).
- 8) The public CFSA should arrange for support and education regarding domestic violence for the family members. The provision of supportive services and education may include, but is not limited to, ensuring information and/or access to:
  - a. the local domestic violence shelter;
  - b. the local domestic violence/mental health counseling services for the adult victim and child;

- c. the domestic violence hotline number;
- d. the local batterer intervention services for the alleged offender;
- e. the adult victim's legal rights and processes;
- f. the local advocacy services, community center services, and spiritual supports.

#### **D. Conducting the Interview**

- 1) When conducting an interview where domestic violence has been reported, the public CFSA should follow standard 2.4 *Intake Assessments and Interviews*, and should consider the following additional items:
  - a. Information Gathering with the Children
    - i. assess the impact of domestic violence on children in the home;
    - ii. assess what the child knows about the caretakers' relationship, particularly previous domestic violence;
    - iii. assess what the child has seen or heard regarding violence against the adult victim;
    - iv. assess whether the child tried to intervene and how;
    - v. assess whether the child has begun to identify with the alleged offender (i.e., control, power and rationale);
    - vi. assess whether the child has begun to identify with the role of the adult victim (i.e., helplessness, fear, and enabling behaviors).
  - b. Information Gathering with the Victim Caretaker and Other Adults in the Home
    - i. assess the impact of domestic violence on the adults in the home;
    - ii. ascertain the degree of immediate danger to the child and the alleged adult victim;
    - iii. determine the degree to which the alleged offender controls the alleged adult victim's life;
    - iv. gather information regarding the alleged adult victim's perceptions about the alleged maltreatment of the child;
    - v. assess safety options for the child and the alleged adult victim;
    - vi. assess ability and willingness to protect the child (other factors involved: drugs, alcohol);
    - vii. assess the extent of the support system;
    - viii. assess previous steps taken in the past to protect self and child.
  - c. Information Gathering with the Alleged Offender
    - i. determine the nature, extent, severity of the domestic violence;
    - ii. assess the alleged offender's behavioral and emotional status and capacity for parenting;
    - iii. assess the perception and attitude toward violence and threats of violence;
    - iv. gather information via public records, for example, criminal history.

#### **E. Protection Plan**

- 1) In addition to creating a safety plan to address immediate safety, a protection plan should also be developed to address future safety. This protection plan should address the adult victim's safety and that of the

child.

- 2) In cases where domestic violence exists, in addition to immediately separating the offender from the victims, the protection plan should include, but not be limited to, the following:
  - a. a list of telephone numbers and addresses of individuals willing to provide emergency care;
  - b. a system to immediately access important telephone numbers;
  - c. teaching the child when and how to use the phone to call for help;
  - d. a list of safe places to go if concerns of potential violence are present;
  - e. having access to important things (i.e., medication, checkbook, etc.) to take when leaving the house;
  - f. a code word for child or friends when help is needed;
  - g. having available copies of important documents, keys and some personal belongings in a safe place outside of the home.

#### **F. Documentation**

- 1) Shared disclosure of domestic violence, and shared documentation, can dramatically increase the risk to the adult victim and child. The following standards can help reduce these risks when information is to be shared:
  - a. The public CFSA should protect all information in the case record pertaining to a confidential address of the adult victim and/or child.
  - b. Any disclosures made by the adult victim or child regarding their safety should not be shared with the alleged offender.
  - c. When information must be shared (e.g., court interventions) the adult victim should always be notified so s/he may plan for the safety of the child and self.
  - d. All documentation of domestic violence (e.g., affidavits) should be written in a manner that holds the offender responsible as a means of advocating for both the adult victim and child.
  - e. The public CFSA should inform their legal representative that information which could impact the safety of the child and the adult victim should be shared privately with the judge prior to the court proceedings.
  - f. Legal documents should not contain any information that would aid the alleged perpetrator in determining the victim's whereabouts.

#### **V. Financial Implications**

Costs associated with Standard 2.6, *Intake and Calls of Domestic Violence* are included in Standard 2.3, *Prioritizing the Report and Initiating the Assessment*; Standard 2.4, *Intake Assessments and Interviews*; and Standard 3.3, *Face-to-Face Contact*.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION**

**2.7 OUT OF HOME AND THIRD PARTY INVESTIGATIONS**

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.1 (Screening and Intake) links to and supports Standard 2.7 *Out of Home and Third Party Investigations*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-34 (PCSA Requirements for Conducting Out-of-Home Care and Third Party Investigations) and 5101:2-34-35 (PCSA Requirements for Cross-Referring Reports of Child Abuse and Neglect) address Standard 2.7 *Out of Home and Third Party Investigations*.

**I. Philosophy**

Third party investigations take place when there is a report of alleged child abuse/neglect involving agency staff, foster caregivers, and other individuals/systems operating under the auspices of the public CFSA and/or the Ohio Department of Job and Family Services. Out-of-Home Care investigations of child abuse and neglect also include: detention facilities, shelter facilities, certified organizations, unlicensed day care providers, overnight and day camps, public and nonpublic schools.

Third party investigations are conducted by public CFSA's in collaboration with an independent third party to minimize any potential conflict of interest which can arise due to the relationship the public CFSA has with those involved with the case or out-of-home care facility. While the public CFSA and third party investigator(s) should conduct the investigation with sensitivity, these, like all other investigations exist to collect sufficient data and information to render a decision as to the validity of the allegation. Third party investigations require a high level of objectivity and should therefore be conducted by individuals who are skilled and experienced in conducting child protection services investigations.

**II. Outcome**

Child safety and risk are determined.  
The child is safe in out-of-home care settings.

**III. Evaluation**

FACIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the number of reports of alleged child abuse/neglect involving agency staff, foster caregivers, or individuals operating under the auspices of the CFSA;
- the accuracy and completeness of the information collected during the assessment;
- the accuracy and thoroughness of employee and foster parent screening and background checks;
- the number of allegations to substantiations.

#### IV. Standards for Implementation

- i. Upon receipt of a referral for child abuse or neglect, the referral is screened in or out by the Intake Assessment Unit based on referent and other available information.
- ii. When the referral is identified as a possible rules violation regarding a licensed entity, the Intake Assessment Unit directs the referral information to the appropriate agency staff or licensing authority within one working day (refer to Standard 6.5, *Rules Violation*).
- iii. When the referral is screened in as a child abuse or neglect report, the public CFSA should conduct an investigative assessment (see Standard 2.4 *Intake Assessments and Interviews*) or request that another public CFSA conduct the intake assessment. All incidents of abuse or neglect must be reported to the licensing authority no later than within one working day. These licensing authorities include:
  - a. The Ohio Department of Mental Retardation (ODMR/DD) Division of Developmental Centers Quality Assurance, when the report involves a developmental center managed by ODMR/DD; or the Office of Licensure when the report involves a foster or group home licensed by ODMR/DD.
  - b. The local county board of mental retardation and developmental disabilities when the report involves any program managed by the county board of ODMR/DD.
  - c. The local board of alcohol, drug addiction, and mental health and the Ohio Department of Mental Health (ODMH) when the report involves a residential care facility licensed by ODMH.
  - d. The Ohio Department of Youth Services (ODYS) chief inspector when the report involves an institution or facility for delinquent children managed by ODYS; or the juvenile judge and ODYS' division of parole, courts, and community services when the report involves a detention or rehabilitation facility managed by a juvenile court and approved by ODYS.
  - e. The superintendent of the local schools and the Ohio Department of Education (ODE) when the report involves a primary or secondary school setting, or ODE's legal counsel when reports involve the school for the deaf or blind managed by ODE and early education program such as head start.
  - f. The Ohio Department of Job and Family Services' (ODJFS), Children Services Licensing when the report involves a foster home, group home or children's residential facility licensed by ODJFS; or the child care licensing section when the report involves a day care center (more than twelve children) or a type A family day care home which is or should be licensed by ODJFS.
  - g. The local county Department of Job and Family Services (CDJFS) when the report involves an in-home aide who is certified by the CDJFS or a type B family day care home which is certified by CDJFS.

- iv. The public CFSA shall request a parallel intake assessment be conducted by law enforcement as identified in the County Memorandum of Understanding.
- v. All Out-of-Home Care and third party investigations shall be subjected to the time frames and activities as specified in Standard 2.4, *Intake Assessments and Interviews*, and Standard 2.11, *Incident Disposition and Case Resolution*. Issues regarding staff culpability should also be addressed.
- vi. When the decision is made to request that another public CFSA assume the full intake investigation responsibilities, the requesting public CFSA should abide by the recommended disposition.\*
- vii. The public CFSA should share case information and discuss the findings as appropriate, and provide written notification within 3 working days per the Ohio Administrative Code.

*\*This Standard is based on effective practice. However, it does not currently comply with the Ohio Revised Code (ORC) or Ohio Administrative Code (OAC).*

## **V. Financial Implications**

Costs associated with Standard 2.7, *Third Party Investigations* involve arranging for and conducting third party investigations for certain allegations of child abuse and neglect are considered part of the operating costs when implementing Standard 2.2, *The Referral Process* and Standard 2.4, *Intake Assessments and Interviews*.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION**

**2.8 INTER-COUNTY INTAKE ASSESSMENTS**

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.1 (Screening and Intake) links to and supports Standard 2.8

*Inter-County Intake Assessments.*

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-32 (PCSA Requirements for Assessments and Investigations) addresses Standard 2.8 *Inter-County Intake Assessments.*

**I. Philosophy**

All CFSAs share responsibility in the protection of children at risk of abuse/neglect. Public CFSAs cooperate and share resources to effectively and efficiently serve families, maximizing limited resources. In this spirit, each public CFSA accepts the notice for an Inter-County Investigative Assessment by other public CFSAs.

**II. Outcome**

Inter-County Intake Assessment requests are completed in a timely and cooperative manner to insure the safety and well being of Ohio's children.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- how inter-county intake assessments are completed with respect to CPOE Indicator 1:
- Investigations completed within 30 and 45 days;
- how the inter-county intake assessments are completed with respect to CPOE Indicator 1B: Emergency incident assessments initiated within 1 hour of acceptance of report;
- the number of inter-county assessments completed at the request of other county public CFSAs;
- the percentage of inter-county assessments, conducted at the request of another county public CFSA, that are completed within 30 and 45 days;
- the accuracy and completeness of the information collected during the assessments conducted at the request of another county public CFSA;
- the number of requests placed to other counties for inter-county intake assessments;
- the percentage of requested inter-county assessments that are completed within 30 and 45 days.

**IV. Standards for Implementation**

- i. The requesting public CFSA should specify the response time based on the risk to the child.
- ii. The lead public CFSA should contact the receiving public CFSA with a request to conduct an inter-county assessment when the party to be interviewed is in jurisdiction of the receiving public CFSA.

1. the lead public CFSA shall make the request for an inter-county assessment no later than five working days from receipt of the report;
  2. the receiving public CFSA shall complete the interview and risk assessment elements, if applicable, and report back to the lead public CFSA within fifteen working days of receipt of the request; and
  3. when necessary, the receiving public CFSA will refer principles in their county to community services.
- iii. The receiving public CFSA must accept responsibility to conduct assessment activities based upon the lead public CFSA's request.
  - iv. The phone request shall be followed by a written request and should include, but not be limited to, the following documentation:
    1. the referral;
    2. any relevant information to conduct the assessment;
    3. the time frames by which the assessment must be completed in order for the lead county to be in compliance with Ohio Administrative Code; and
    4. any documentation on previous assessments conducted by the agency relevant to the current request.
  - v. When it is necessary to involve law enforcement, it is the lead public CFSA's responsibility to insure that the assessment is referred to the law enforcement of jurisdiction.
  - vi. When an inter-county investigative assessment request is made concerning a residential treatment facility, the receiving public CFSA should conduct the interview, document the findings, and forward it to the lead agency within fifteen days. Only the lead public CFSA should share case information or discuss the findings.
  - vii. In the event the child needs to be removed during the investigative assessment, it should be the responsibility of the lead public CFSA to find a placement for the child.
  - viii. Instead of requesting an inter-county intake assessment, a public CFSA may cross into another county to conduct the interview(s). Under this circumstance, the lead public CFSA should contact the public CFSA located in that county to inform the public CFSA of their intent and to gather any additional information the county may have. The assigned staff should document having made the contact in the case notes.

## **V. Financial Implications**

The costs for Standard 2.8, *Inter-County Investigative Assessments* are included in Standard 2.4, *Investigative Assessments and Interviews*.

CHILD PROTECTION SERVICES  
STANDARDS FOR EFFECTIVE PRACTICE

STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION

2.9 SAFETY PLANS

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.4 (Service Planning); G8.5 (Family-Focused Service Planning); and G8.6 (Appropriateness of the Service Plan) link to and support Standard 2.9 *Safety Plans*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-37 (PCSA Requirements for Completing the ODJFS 01510, "Family Decision Making Model: Safety Plan for Children") addresses Standard 2.9 *Safety Plans*.

I. **Philosophy**

Although the absolute safety of children is difficult to ensure, public CFSA can impact the level of child safety by working with families and their communities to identify safety interventions. Community-based safety interventions provide continuity in the lives of children while ensuring their protection.

When children's immediate safety is of concern, but removal is not necessary, a plan to ensure their safety must be developed. In cases of voluntary placement with relatives, a safety plan should also be developed. The plan should be considered part of an ongoing process that begins at the first contact and continues through to case closure. Safety Plans should always be based on current conditions, they should be comprehensive, creative, and flexible. Caregivers should play a prominent role in the development of the Safety Plan and in the identification of community-based resources. The effectiveness of the Safety Plan should be evaluated at all major decision-making points in the case process. Neighborhoods are the primary source of opportunity and support for families and are, therefore, primarily responsible for assuring the safety of their members. This requires partnerships, strong relationships, and true collaboration between all of the stakeholders.

II. **Outcome**

Children's immediate safety needs are addressed in the least intrusive, least restrictive and the least disruptive manner.

III. **Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the percentage of child abuse/neglect cases where the child is removed from his/her home;
- the accuracy and completeness of the information collected during the assessment;
- the availability of familial or systemic supports as identified by genograms (Standard 2.13, *Genograms*) and ecomaps (Standard 2.14, *Ecomaps*).
- information on client access to community support services and usage of such services;
- information on the client satisfaction with community support services through questionnaire;

- an analysis of the availability of support services in the community.

#### IV. Standards for Implementation

- 1) The public CFSA shall assure the development of a Safety Plan whenever the public CFSA determines the child's safety is being compromised but removal is not necessary.
- 2) In determining the degree of intervention necessary to address the child's immediate safety needs, the public CFSA should:
  1. identify the type and degree of maltreatment and determine which acts and conditions the child is currently being subjected to;
  2. determine the level of vulnerability of the child based on:
    - a. the child's age;
    - b. the child's physical, intellectual and social development;
    - c. the child's behavioral challenges;
    - d. the child's ability to self-protect;
    - e. the child's role in the family system;
  3. assess the ability and willingness of the adults in the home to protect the child based on:
    - a. the alleged perpetrator's history of assaultive behavior;
    - b. the level of intellectual, physical, psychological impairment of adult members in the household which may interfere with the care of the child;
    - c. the existence of alcohol or substance abuse by adult members;
  4. determine access to the child by the alleged perpetrator;
  5. identify those extended family members and community resources that are least restrictive, least disruptive and that can be mobilized for the development and implementation of the safety plan.
- 3) The Safety Plan should identify:
  - a. the specific activities to be carried out;
  - b. the individual(s) responsible for carrying out the safety activities (e.g., babysitter, neighbor, grandmother etc.);
  - c. the oversight person who is willing to be responsible for assuring the plan is followed, and is willing to contact the public CFSA if the Plan is not followed; and
  - d. time frames for completion.
- 4) The family, with community stakeholders, should participate in a Family Case Conference to develop the Safety Plan (see Standard 3.9, *Family Case Conference*).
- 5) The completed Safety Plan should be created with the participation of family, family supports, extended family and community supports and be signed by the caregivers and individuals listed in the plan. Each individual signing the plan should receive a copy (see Standard 3.10, *Team Decision Making*).
- 6) The Safety Plan should be made part of the family's case record and should be accessible to staff.

## V. Financial Implications

Costs associated with Standard 2.9, *Safety Plans* are as follows: Investigative assessment staff members who determine the family is in crisis develop an immediate plan to assure child safety. These costs are included in Standard 2.4 *Intake Assessments and Interviews*.

When the family situation has stabilized, giving the family and staff more time to develop a full Safety Plan, the cost for doing so is estimated to be \$349.60 based on 8 hours of staff time at an average cost (including benefits, etc.) of \$43.70/hour.

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STANDARDS FOR EFFECTIVE PRACTICE

**STANDARDS FOR INTAKE / ASSESSMENT / INVESTIGATION**

**2.10 REASONABLE EFFORTS AND REMOVAL FROM HOME**

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.9 (Service Delivery Process) links to and supports Standard 2.10 *Reasonable Efforts and Removal from Home*.

**Administrative Code**

The Ohio Administrative Code Rules 5101:2-34-32 (PCSAO Requirements for Assessments and Investigations), and 5101:2-34-37 (PCSA Requirement for Completing the ODJFS 01510, "Family Decision Making Model: Safety Plan for Children") address Standard 2.10 *Reasonable Efforts and Removal from Home*.

**I. Philosophy**

The purpose of reasonable efforts is to provide a safe, permanent home for the child by preventing removal, facilitating reunification, preventing or eliminating multiple placements and reentries into care, and/or achieving an alternative permanent home. Reasonable efforts must be made throughout the agency's involvement with the family. Removal from home is a traumatic and life-altering experience for both the child and the family.

Reasonable efforts are defined as including:

- an assessment of risk and safety to the child if the child remains in the home, and the risk of trauma if the child is removed from home;
- a determination of child and family strengths and needs to reduce the level of risk and increase the child's safety;
- the identification and utilization of needed and available services;
- exploring supportive resource alternatives based on the family's suggestions.

Only when the public CFSA has rigorously pursued alternate safety planning options does the public CFSA remove the child from the home. However, there are exceptions when it is not necessary to pursue reasonable efforts. These exceptions give the public CFSA the option or ability to weigh the parent's ability to change versus the timely placement of the child. The situations where it is not necessary to pursue reasonable efforts are detailed in part IV of this standard.

**II. Outcome**

All children have safety, stability, and permanence in the least intrusive, least restrictive, most family-like setting.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the percentage of child abuse/neglect cases where the child is removed from his/her home;
- the accuracy and completeness of the information collected during the assessment;
- the percentage of children who are reunified with their families (and length of time for reunification to occur);
- the average length of time children wait for adoption;

- the number of moves children experience during placement (and whether moves are made into a less restrictive setting);
- the availability of familial or systemic supports as identified by genograms (see Standard 3.13, *Genograms*) and ecomaps (see Standard 3.14, *Ecomaps*);
- information on client access to community support services and usage of such services;
- information on the client satisfaction with community support services through questionnaire;
- an analysis of the availability of support services in the community.

#### IV. Standards for Implementation

Because of the nature of Intake services, reasonable efforts must be pursued on a continuum throughout the Intake assessment process.

- 1) In an emergency, the public CFSA should be said to have made reasonable efforts when staff assesses the risk elements that directly apply to the child's immediate safety through face-to-face contact with available family members. A determination as to the best option for the child is made based on collected information. Information gathered and reviewed to make this determination should include:
  - a. child's vulnerability and parent's ability to protect;
  - b. assessed strengths, needs, and concerns of all family members regarding the child's safety and stability; the agency and family jointly determine what services are needed and are immediately available to increase the child's safety and stability;
  - c. alternative caregiver resources identified by the family; and
  - d. location of, or presumed location of, the absentee parent(s) when whereabouts are unknown.
- 2) The following steps should be taken to prevent removal and reentry into care:
  - a. Prior to removing a child from his home, the agency should hold a Team Decision Making meeting. When an emergency situation exists a TDM should be held the next day (see Standard 3.10, *Team Decision Making*);
  - b. In emergency situations, if there is not a current safety plan, the worker should develop the safety plan including relatives or other available caregiver(s) who will willingly shelter the child in an emergency situation (see Standard 2.9, *Safety Plans*), until a TDM meeting can be held (see Standard 3.10, *Team Decision Making*);
  - c. When a safety plan is implemented, which does not involve moving the child to an alternative setting, staff should conduct a face-to-face follow-up with the child and family independently of each other within 24 hours of the emergency situation;
  - d. Respite should be accessed to prevent removal or reentry into care;
  - e. Continuously assess family, kin, and community resources;
  - f. Crisis services (i.e., mental health assessment, home-based intensive services).
- 3) The public CFSA should initiate an emergency removal from the home when an assessment determines that one or more of the following exists:
  - a. the level of risk to the child places the child in imminent danger if s/he remains in he home;
  - b. the primary caregiver and adults in the household cannot be located nor can a less intrusive safety plan be implemented;
  - c. the primary caregiver has been hospitalized or incarcerated, and an alternate caregiving resource is unavailable, making the provision of services to prevent the placement impossible;
  - d. there are no appropriate alternatives, including those expressed by the family, which will ensure the child's safety and which are immediately accessible;

- e. there are no services immediately accessible which, if in place, would reduce the level of risk to the child to, make the child safe, and keep the family intact.
- 4) The public CFSA may petition the court to suspend the requirement to provide reasonable efforts when any of the following circumstances exist:
- a. the caregiver has plead guilty or been convicted of offenses against the child, a sibling or any other child in the household- these offenses include homicide, felonious assaults, endangering or cruelly abusing a child, sex offenses, or conspiracy or attempt of homicide or sex offenses;
  - b. food or medical treatment has been repeatedly withheld (there is a religious exception);
  - c. the caregiver repeatedly rejects or refuses to continue drug or alcohol treatment in line with any court order or journalized case plan for children at risk of harm due to a caregiver's addiction;
  - d. abandonment, the definition being that the parent failed to visit or maintain contact with the child for a period of 90 days or longer;
  - e. there was a prior involuntary termination of parental rights of a sibling.

Note: All exceptions to Reasonable Efforts are also grounds for termination of parental rights. Refer to Standard 3.4, *Reasonable Efforts* and Standard 3.5, *Removal from the Home* when involving Ongoing Protective Services. Public CFSA must make Reasonable Efforts unless a court determines that there is an Exception to Reasonable Efforts. Public CFSA's must also make "Reasonable Efforts" to place and finalize the permanent placement of a child, in accordance with an approved Permanency Plan.

## **V. Financial Implications**

Costs associated with Standard 2.10, *Reasonable Efforts and Removal from Home* are included in various other standards. Additional costs would include the cost of providing supportive services to prevent the unnecessary placement of the child into the out-of-home care system. These latter costs would need to be computed on a case-by-case basis by the PCSA.

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STANDARDS FOR EFFECTIVE PRACTICE

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**2.11 INCIDENT DISPOSITION AND CASE RESOLUTION**

**Council on Accreditation Standard**

The Council on Accreditation Standard G8.1 (Screening and Intake) links to and supports Standard 2.11 *Incident Disposition and Case Resolution*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-35-16 (Submittal of Central Registry Reports on Child Abuse or Neglect) addresses Standard 2.11 *Incident Disposition and Case Resolution*. Rule 5101:2-33-04, which deals with Grievance Policy, is also related.

**I. Philosophy**

Public Child and Family Services Agencies (CFSAs) seek to protect children who are alleged to be abused or neglected through a set of Intake Assessment program activities aimed at screening incoming referrals, prioritizing and investigating reports, and assessing level of risk and child safety. Two investigative assessment activities critical to the protection of children are the incident disposition (determining the validity of the report) and case resolution (determining whether the family is in need of intervention services to protect the child).

Incident dispositions require that the report of abuse or neglect be substantiated/indicated, unsubstantiated or unable to locate. The incident disposition is used for data collection in preparation for planning and program development. In addition, incident disposition information is used for policy-making, and in the removal of barriers inhibiting the protection of children. It is also used to help public CFSAs identify abuse and neglect, with a specific child.

Case resolution is based on information gathered as a result of a completed agency risk assessment instrument. Decisions are always based on an assessment of risk to the child's safety and well-being. Timely case resolution is critical to the child, the family, and to efficient agency functioning. Both the incident disposition and the case resolution are vehicles through which the community is kept informed of trends regarding the nature and occurrence of child abuse and neglect.

**II. Outcome**

The validity of child abuse/neglect reports is determined within required time frames. The level and type of intervention needed on behalf of children and families are identified. Data is obtained for the purposes of planning and policy-making.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the percentage of assessments that are completed within 30 and 45 days;
- the accuracy and completeness of the information collected during the assessment;
- the percentage of child abuse/neglect cases where the child is removed from his/her home;

- the length of time a child spends in placement before reunification or permanency;
- the percentage of cases where a subsequent child abuse/neglect report is received;
- the types of community support services identified, the usage of support services;
- and the appropriateness of services as measured by a client satisfaction survey.

#### IV. Standards for Implementation

##### A. Incident Disposition

- 1) The public CFSA should complete the assessment and the incident disposition within thirty days.
- 2) The public CFSA should determine whether the report should be substantiated indicated, undetermined, unsubstantiated, or unable to locate based on the following criteria.
  - a. Substantiated
 

The report is substantiated when:

    - a. there is a conviction, adjudication, or admission by the alleged perpetrator; or
    - b. there is medical evidence of a non-accidental injury as determined by a medical professional; or
    - c. the child discloses and there is corroborative evidence; or
    - d. there is a credible witness with corroborative evidence supporting the allegation; or
    - e. it involves other forms of confirmation deemed valid by the public CFSA.
  - b. Indicated
 

The report is indicated when:

    - i. there is medical and/or other indicators of child abuse or neglect but confirmation is lacking at the time of the investigative assessment process; or
    - ii. there is an injury inconsistent or at variance with the history given; or
    - iii. there is a suspicious injury with no explanation;
    - iv. there is credible, consistent disclosure by the child but corroborative evidence is lacking;
    - v. there is a determination by the caseworker that the child has been abused or neglected based upon completion of an assessment/investigation;
    - vi. the alleged perpetrator is not available and the child discloses during interview.
  - c. Unsubstantiated
 

The report is unsubstantiated when:

    - i. there is no evidence of abuse or neglect;
    - ii. there is no conclusive medical finding of abuse, and no other indicators of abuse or neglect.
  - d. Unable to Locate
 

The report is labeled as unable to locate when:

    - i. the party has moved in the middle of the investigation and all means to locate them have been exhausted.

##### B. Case Resolution

Prior to determining the case resolution, the Investigative Assessment staff should conduct an assessment of the child and family to determine the child's level of safety and well-being within thirty days of receipt of the report (see Standard 2.4, *Intake Assessments and Interviews*). Factors contributing to the risk of the child should be continually assessed throughout the life of the case. These factors should include all

elements of the public CFSA's risk assessment tool.

- 1) Upon completion of the assessment, the assigned staff should make a determination as to the overall level of risk to the child. This determination should be based on the risk assessment instrument. The following types of case resolution categories are included: no risk, low risk, low-moderate, moderate, moderate to high, high.
  - a. No-to-low risk: close out the report and refer for community support as identified;
  - b. Moderate-and-high risk: transfer for services or community support.
- 2) Case determination should be based on the assessed level of risk to the child and family and the identified service needs. Possible determinations include: child removed from home; child returned home; referred for community services; continued agency involvement (family in need of services); termination of agency services (family not in need of agency services); family refused services; services terminated against agency recommendation.
- 3) Within three calendar days, the alleged perpetrator should be notified of the of the disposition in writing and the agency's grievance procedure.
- 4) Within three calendar days, assigned staff should advise the family of the incident disposition and case resolution and the next steps of the service plan.

## **V. Financial Implications**

Costs associated with Standard 2.11, *Incident Disposition and Case Resolution*, determining the outcome of the investigation and the level of risk to the child, are included in Standard 2.4, *Intake Assessments and Interviews*.

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2.12 TECHNOLOGY AND INTAKE

**Council on Accreditation Standards**

There are no Council on Accreditation Standards which link to and support Standard 2.12 *Technology and Intake*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-32 (PCSA Requirements for Assessments and Investigations) addresses Standard 2.12 *Technology and Intake*.

**I. Philosophy**

The proper use of technology in providing child welfare services allows for expediency, efficiency, and reduction of duplication in child protection and family stability. Twenty-four hour electronic availability of documentation allows the staff to review historical and current information to make comprehensive screening, child safety, and case planning decisions.

As a result of using electronic time-saving tools such as computers, caseworkers can maximize the provision of direct services to children and families and quickly access, cross reference and transfer information internally and externally to coordinate services.

The use of automation must be integrated with care and consideration to assure confidentiality.

**II. Outcome**

Comprehensive determinations for child safety and family stability are made more efficiently as a result of available technology.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the percentage of assessments that are completed within 30 and 45 days;
- the accuracy and completeness of the information collected during the assessment;
- the amount of time needed to complete record keeping and data entry activities;
- a study of the strengths and limitations of the current agency management information system.

**IV. Standards for Implementation**

**A. Automation**

- 1) Primary Casework Tools should be automated, linked, and available to all staff.
- 2) Tools should be reviewed and revised on a regular basis to assure they respond to child, family, and staff needs.
- 3) The agency should seek to automate all primary casework tools. These tools should include, but not be limited to:

- a. the initial referral or report and screening decision;
- b. Computerized Risk Assessment [e.g., Family Assessment Planning Tool (F.A.P.T.)];
- c. Caseplan;
- d. safety plans;
- e. the SAR (semiannual review);
- f. affidavit/court filing;
- g. the FACE sheet;
- h. medical/education forms;
- i. child care agreements;
- j. family history;
- k. contacts or record of activities;
- l. safety issues for workers, including information regarding drugs, violence, weapons, animals (these may be considered "Red Flags"); and
- m. other standardized agency forms.

## **B. Tools to Assist Intake Workers**

- 1) The agency should make every effort to provide staff with the tools necessary to increase the efficiency of staff's time and case management activities. Electronic tools may include, but not be limited to:
  - a. personal computers (PC);
  - b. laptop computers;
  - c. cell phones;
  - d. email;
  - e. pagers;
  - f. the Internet - for example, Mapquest is a useful web site for getting directions;
  - g. fax machines;
  - h. personal digital assistants (e.g., Palm Pilots or hand held computers);
  - i. scanners;
  - j. time management software;
  - k. camera;
  - l. digital cameras, though pictures may not be admissible in court since they can be digitally altered;
  - m. agency web sites - can contain contact information, training resources (e.g., for Foster Parents), important dates, educational information.

## **C. Cross Referencing**

- 1) The agency should provide annual training to all staff on the use of county-wide and agency-wide data. Training should include how to access data and generate reports.
- 2) Staff should take advantage of county-wide and agency-wide data to gather comprehensive information on families such as:
  - a. Family and Children Services Information System (FACSIS);
  - b. Child Support (SETS);
  - c. CRIS-E access;
  - d. Family Assessment Planning Tool (F.A.P.T.) or other computer programs.

## **D. Data Sharing/Networking**

The agency should seek opportunities to link with systems, which have a vested interest in safety of children and can enhance the exchange of information and facilitate the process of intake/assessment/investigation (e.g., a network connection to the County Prosecutor's office may allow them to generate court filings/affidavits).

## **E. Access to Data**

- a. Designated staff should have access to automated primary casework tools.
- b. The public CFSA should make a determination as to what information should be available to staff, and what information should be limited to designated individuals.
- c. In cases of third party investigations, public CFSA's should have policies and procedures in place specifying who has access to files in third party investigations.
- d. Access to information on employee third party investigations should be classified and limited to designated personnel.
- e. Foster parent third party investigations should involve very limited access to the caseworker tools and should be accessible only by designated personnel.
- f. Information should be designated "read only", if it is not intended to be changed by viewers.

## **F. Confidentiality**

Access to automated caseworker tools or computer-stored data involving cases should be held confidential to the same extent that written data or files are safeguarded (see Standard 10.4, *Confidentiality*).

## **V. Financial Implications**

Costs associated with Standard 2.12, *Technology and Intake* depend on the cost of any equipment (including hardware and/or software) purchased. These costs might be reduced by organizing cooperative purchases among several agencies. Note: The cost of automation may also include costs for training staff on the use of new technology.

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2.13 GENOGRAMS

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.2 (Assessment Processes); and G8.4 (Service Planning) link to and support Standard 2.13 *Genograms*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-33 (PCSA Requirements for Conducting Intra-Familial Child Abuse and Neglect Family Assessments) addresses Standard 2.13 *Genograms*.

**I. Philosophy**

The genogram is a visual, multi-generational representation of familial relationships and patterns of behavior. It contains information that is useful for decision making or predicting future behavior based on historical family behavior. Genograms show patterns of difficulties that occur within families including domestic violence, substance abuse, or sexual abuse. These are problems that impact other members of the family and are sometimes repeated in successive generations.

Genograms can also serve as a catalyst for change. For example, if an individual is in denial about a substance abuse problem, but it is apparent that several members of the family have substance abuse issues, this can help the individual recognize the impact that their family has had on the current situation.

A genogram contains information regarding an individual's extended family that would not necessarily be included on the risk assessment or face sheet. For instance the genogram may be the only place where one can list or locate information on the social strengths of people that do not live in the household. In this way, a genogram will supplement the information that is contained within a risk assessment.

Genograms should be done in partnership with the family and in the presence of all family members old enough to listen and learn about their family. The process of creating a genogram allows a worker to ask questions that may not come up otherwise. This may help to identify previously unknown family members including potential caregivers or other children. It will also assist agencies with concurrent planning.

Genograms help to identify, organize and objectify information about relationships and the family system.

**II. Outcome**

Using genogram, family relationships are identified to plan for child safety and permanency.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the accuracy and completeness of the information collected during the assessment;
- the availability of familial supports as identified by genograms;

- information on the client satisfaction with community agency services from questionnaire;
- an analysis of kinship care opportunities presented due to information gathered through
- the process of constructing a genogram.

#### **IV. Standards for Implementation**

- 1) Genograms should be done on all cases, but at a minimum, genograms should be done:
  - a. on any cases that are being transferred to Ongoing Services; and
  - b. when a family situation is complex, due to the number of individuals involved or the nature of their relationships.
  
- 2) Information should be gathered on the following:
  - a. at least three generations worth of information (child, parents, grandparents);
  - b. draw the nuclear family including children, parent, and grandparent generations (add great grandparent generation if this is available);
  - c. all family members old enough to listen and learn about their family should participate in the process;
  - d. siblings;
  - e. spouses or significant relationships;
  - f. addresses, phone numbers, or information on where people currently reside;
  - g. information on issues such as chemical dependency, medical problems, criminal, behavior, domestic violence, mental health, abuse/neglect perpetrator or ACV;
  - h. any previous involvement with children services; and
  - i. significant life dates such as birth dates, death dates, marriages, or divorces.
  
- 3) Relationships between individuals should be designated as:
  - a. close;
  - b. distant;
  - c. conflictual; or
  - d. cut off.
  
- 4) Genograms should be used in case conferencing meetings, as a tool in court to help explain relationships in complex families, and to identify possible placement options.
  
- 5) Genograms should be updated when the Risk Assessment is updated (including SAR, removal of the child, change of placement).

#### **V. Financial Implications**

Costs associated with Standard 2.13, *Genograms* may represent additional costs in terms of interviewing the client(s) and documenting information in genogram format. This process should not exceed one hour in length. The estimated agency cost for investigation activities is \$98.65/hour.

$$\$98.65 \times 1 \text{ hour} = \$98.65$$

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**2.14 ECOMAPS**

**Council on Accreditation Standards**

The Council on Accreditation Standards G8.2 (Assessment Processes); and G8.4 (Service Planning) link to and support Standard 2.14 *Ecomaps*.

**Administrative Code**

The Ohio Administrative Code Rule 5101:2-34-33 (PCSA Requirements for Conducting Intra-Familial Child Abuse and Neglect Family Assessments) addresses Standard 2.14 *Ecomaps*.

**VI. Philosophy**

Ecomaps are a visual representation of a family's connection to various systems in their environment and are useful in depicting the impact of these systems on the family.

A social work strengths perspective promotes matching the inherent strengths of individuals with the resources found within the environment. By recognizing these strengths and promoting beneficial connections, practitioners will help maximize the potential of families within their communities. In addition, this encourages perceiving the environment as a source of opportunities for families, rather than a collection of obstacles, and may reveal more potential supports or resources.

Ecomaps help to illustrate the nature of the different connections between the family and the environment. Connections may be stressful, tenuous/uncertain, or positive. These connections can drain family resources and/or energy, add resources or energy, or may have a neutral impact on the family.

Since the ecomap is developed jointly between the family and worker, it helps to build a relationship between the family and worker and can provide additional structure and focus to an interview. The process of developing an ecomap can give family members more clarity about their situation.

**II. Outcomes**

Using ecomaps, systems and resources that support child safety and permanency are identified.

Child safety and permanency are achieved through strengths-based planning.

**III. Evaluation**

FACSIS events, CPOE and the Federal Health and Human Services outcomes may be considered when evaluating this standard. In addition, the public CFSA may consider the following:

- the accuracy and completeness of the information collected during the assessment;
- the availability of community supports as identified by ecomaps;
- information on client access to community support services and usage of such services;
- information on the client satisfaction with community support services through a questionnaire;
- an analysis of the availability of support services in the community.

#### **IV. Standards for Implementation**

- 1) Content of Ecomaps should contain data on client's age, sex, family composition, key resources, and type of connection to various resources in the community.
- 2) Connections are depicted as:
  - a. stressful;
  - b. conflictual;
  - c. tenuous/uncertain;
  - d. positive; or
  - e. cut off.
- 3) Ecomaps should show connections to important "systems", such as :
  - a. health services;
  - b. mental health services;
  - c. MR/DD services;
  - d. schools;
  - e. housing;
  - f. public assistance and Medicaid;
  - g. alcohol & drug services;
  - h. domestic violence services;
  - i. criminal justice system;
  - j. community resources;
    - i. employment,
    - ii. churches,
    - iii. recreational groups,
    - iv. unions,
    - v. service organizations.
  - k. informal resources
    - i. immediate or extended family;
    - ii. friends;
    - iii. neighbors; and
    - iv. iv. community groups.
- 4) To be most useful, ecomaps should be used when:
  - a. custody is terminated;
  - b. a decision making tool is needed to help objectify the situation;
  - c. a worker is trying to determine what interventions might be appropriate (including when a child's safety is in question);
  - d. determining what elements of the environment are adding to, or draining, on the family's resources; and
  - e. sharing information with other professionals involved with the case (i.e., Team Decision Making meetings, Case Conferences, SARs, etc.).
- 5) In general, Ecomaps should be:
  - a. clear;
  - b. easy to read;
  - c. complete
    - i. listing all household members,
    - ii. identifying all strengths and resources.

#### **V. Financial Implications**

Costs associated with Standard 2.14, *Ecomaps* may represent additional costs in terms of interviewing the client(s) and documenting information in ecomap format. This process

should not exceed two hours in length. The estimated agency cost for investigation activities is \$98.65/hour.

$$\$98.65 \times 2 \text{ hour} = \$197.30$$