CHAPTER 26

CHILD PROTECTIVE SERVICES

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CHAPTER 26
CHILD PROTECTIVE SERVICES

26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010 (1) (c).

26.10 POLICY

26.11 Purpose of Service

The Child Protective Services Program has three general purposes:

A. To receive and investigate referrals alleging child abuse, neglect or exploitation. [RCW 26.44.020(12); 74.13.031(3)]

B. To provide or assure services to improve the functioning of families in which children are at risk of being abused or neglected or in order to prevent further abuse or neglect. [RCW 26.44.010; 74.13.031(3)]

C. To participate in community efforts to develop, coordinate, and enhance programs for abused or neglected children and their families.

The goal of this program is to provide intervention and evaluation leading to case plans which will prevent or remedy child abuse and neglect (CA/N) in the shortest reasonable time. Substantiation of CA/N allegations, while frequently important in individual cases, is not an overall goal. Participation in community programs relating to CA/N, while essential to the success of the program, must not supplant the statutory responsibility to provide immediate evaluation and intervention on behalf of children at risk of CA/N.

26.12 Service Description

Child Protective Services staff perform the following activities:

A. Investigate community referrals alleging CA/N or the risk of CA/N to determine the existence and degree of risk to children referred and assess family strengths and limitations relating to continued risk.

B. Develop and implement case plans designed to eliminate risk to those children assessed to be at risk by:

   1. Providing for family and/or individual assessment, counseling, and/or education.

2. Arranging for legal system intervention when appropriate.

3. Providing information and referral.

4. Monitoring and coordinating delivery by other agencies of services to assigned clients when appropriate.

C. File central registry reports on substantiated cases.

D. Provide placement and permanency planning services in appropriate cases.

E. Perform community liaison work as defined in 26.13 I.

F. Perform other appropriate activities designed to prevent CA/N by helping families to become more capable of caring for their children.

26.13 General Policies Related to this Service

A. Child Protective Services is a priority program which is available in all geographic areas of the State of Washington on a 24-hour basis.

B. Children's homes are considered their best ongoing resource. Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b). Children are generally returned to their own homes when the reason for their removal no longer exists per RCW 13.34.130(3)(a).

C. A report alleging CA/N or the risk of CA/N is cause for CPS investigation. The parent(s) or surrogates are to be notified when services are to be provided by CPS and when services provided by CPS cease. (See 26.31 I.)

D. A referral concerned with abuse, neglect, or exploitation of children shall be accepted by the department from any source, including one made anonymously. (See WAC 388-15-132(1).)

E. Families and children who are receiving DSHS social services from a non-CPS worker when a referral alleging neglect, abuse or exploitation is received must be reviewed by both the CPS supervisor and the supervisor for the other service. This review must be documented in the case record (DSHS 2-305(X)) by the worker providing the service. The CPS service worker has responsibility for the investigation and ongoing phases of service related to the CPS concerns in all cases. The service is to be opened as CPS on the DSHS 14-154(X), Social Services Authorization; the prior service code remains open if the prior service continues to be provided. All service aspects of the case are to be coordinated by the supervisors and service workers.

F. DSHS employees and volunteers are mandated by state law to report child abuse and neglect whenever they have reasonable cause to believe it has occurred or may occur.

G. Military families living off military reservations are subject to general community CPS jurisdiction. Guidelines for the provision of CPS services to on-post families must be resolved administratively with the base commander or his/her designee and the DSHS Regional Administrator or designee. Mutually developed written guidelines and procedures are necessary.

H. See Manual G Chapters 1.04, 23.38, 32.33, 34.35, and 36.33 for information relating to American Indians.

I. Each CSO administrator responsible for CPS will assure development of a functional community participation plan to include the following elements:

- A means of facilitating community education about the CPS program and how to make referrals to it.

- Written agreements where workable and approprite between the CSO and agencies responsible for participating in both the investigative and ongoing intervention phases of CPS. (Manual G, 26.98)

- Designation of specific CSO person(s) to sit on community boards, participate in community groups having interests aligned with CPS purposes, and perform the other functions listed in 26.98.

Regional and BCS consultation will be available for development and implementation of these plans. Copies of all final plans will be provided to regional and BCS staff.

J. The department maintains a Central Registry which is a centralized storage and retrieval system of required case information about all substantiated reports of nonaccidentally inflicted death, physical injury or injuries (abuse), physical neglect, sexual abuse or mental injury (emotional abuse and/or neglect) of a child or developmentally disabled persons of any age.

K. In response to all referrals, the service worker acts as a client advocate for both parent and child and seeks the most appropriate and effective resource possible. When the interests of the parents and the child conflict, the child's interests/rights should prevail to the extent that the child's welfare and safety are assured.

L. All reports of alleged child abuse and neglect in DSHS staffed, licensed or certified facilities will be treated as incident reports and will follow procedures outlined in Manual G, Chapter 26.33 and time lines referenced in Manual G, Chapter 26.21 M.

M. Children whose case plan indicates the likelihood of out-of-home placement beyond 90 days should be reviewed for transfer to a placement worker. (See Manual G, 26.38 B.)

N. All allegations of CA/N by CSO employees or volunteers will be referred by the Regional Administrator to a different local administrative unit for CPS. Incident report procedures will be used to alert the RA.

O. CPS does not generally provide service:

1. To adults or to developmentally disabled persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See Chapter 44, Adult Protective Services.)

2. To other than information and referral or consultation in the case of third-party abuse unless the parent or surrogate parents are unable or unwilling to protect the child or have contributed to the problem.

3. To determine if a marriage is irretrievably broken or to make recommendations regarding custody of the children in dissolution proceedings.

4. To investigate possible violations per se of the school system's Statutory Code, Administrative Code or other statements regarding discipline for the purpose of determining whether a violation has occurred except in cases of alleged CA/N by school personnel.

26.14 Priorities Related to this Service

Generally, CPS activities should be prioritized in the following order.

- Activities related to investigation/intervention of new referrals (Manual G, Chapter G 26.31).
- Activities related to developing and following through on case plans for appropriate cases (Manual G, Chapter 26.32).
- Activities related to community liaison functions (Manual G, Chapter 26.98).

A. Priorities for investigation and intervention are based primarily on the assessed degree of risk to the child at intake. The higher the risk, the more immediate the need for intervention. Intervention includes but is not limited to face-to-face contact whenever possible with the alleged victim(s) and the responsible caretakers.

1. Cases requiring intervention as soon as possible and within 24 hours of receipt of the referral include:

a. The child who is thought to be in immediate danger of being sexually assaulted or having physical damage inflicted on him/her;

b. The child who is abandoned or unsupervised and who is judged not old enough to care for himself/herself until parents or other responsible persons return;

c. The child who is thought to be in need of immediate medical attention;

d. The child who has been physically assaulted or has suffered serious physical injury;

e. The child who is thought to have been neglected to the extent that physical harm may soon be the result.

f. The child alleged to be abused or neglected and who now is a resident in a Crisis Residential Center.

g. Sexual abuse cases in which the alleged perpetrator is aware that a CPS referral has been made.

h. Referrals alleging serious CA/N in which the evidence of maltreatment will be unavailable if investigation is delayed.

2. Cases requiring intervention within 48-hours of receipt of the referral include:

a. The child who is thought to be a victim of incest or molestation when the case does not meet the criteria listed above;

b. The child who suffers from unusual punishment but is not in immediate danger;

c. The child who does not meet the criteria above but is endangered by physical and emotional neglect that retards the child's physical or emotional growth and development;

d. The child who meets the criteria for other types of abuse/neglect as listed in section 26.15 B.

3. Cases requiring intervention within 10 calendar days of receipt of the referral include:

a. Those situations listed in 26.14 A. 2. above and in which the additional delay as assessed by the supervisor at intake will not result in significant additional risk to the child.

b. Custody disputes in which nonspecific CA/N is alleged by a party to the dispute and in which further clarification is necessary to determine priority.

c. Neighborhood disputes in which nonspecific CA/N is alleged, in which further clarification is needed to determine proper priority, and in which the allegation appears secondary to the dispute.

d. Allegations of deviant behavior by caretakers in which the behavior is alleged to result in CA/N in nonspecific ways (i.e., parental drug use when specific abusive or neglectful consequences cannot clearly be identified).

Some of these referrals may be screened out without face-to-face contact if additional clarification requiring one hour or less of staff time reveals that the referral does not in fact allege CA/N. This preliminary screening may in other cases indicate a need for a more immediate response.

B. Priorities for Continuing Intervention

Priorities relating to continuing case activity are as follows:

1. Activities relating directly to completion of case plans in assigned cases using the general risk categories outlined in A. above. The greater the continuing risk, the higher the priority.

2. Activities not outlined in case plans in assigned cases but likely to to have an effect on the outcome of the case.

C. Priorities for Community Liaison Work

Generally, those activities resulting in the greatest enhancement to delivery of services should have the highest priority. Activity unlikely to reduce abuse or neglect to children or to improve service to victims should have a low priority. Each office delivering CPS should develop a general plan for community liaison activities. The staff activities and priorities contained in this plan will vary from community to community, but should at a minimum include interface with law enforcement schools, the medical community, and appropriate social service agencies.

26.15 Eligibility

A. Program: A child and his/her parent(s) or surrogate parents are eligible for service upon the receipt by CPS of a referral alleging CA/N or the risk of CA/N and they remain eligible until it is determined that the child(ren) at risk is not suffering from maltreatment or the threat of maltreatment or is no longer in jeopardy. See 26.32 E.

There are four general factors which must be considered in determining the extent to which a child needs protective services:

1. The condition of the child at the time of referral;

2. The role of the parent or caretaker in causing this condition;

3. The assessed family strengths and limitations as these relate to continuing risk to the child; and

4. The family's access to and ability to use appropriate remedial resources.

The following list of general types of cases appropriate for CPS is not inclusive. Service is appropriate if the child is alleged to be harmed, endangered, or threatened with harm. (See WAC 388-15-132(2).)

1. Death - That death was nonaccidental and caused by physical abuse or neglect shall be determined by a coroner, medical examiner, or law enforcement official at an inquest, hearing or court process. CPS probably will not provide service in cases of death unless there are other children in the same home or service is requested by the parent or surrogate. The CPS service worker will perform the administrative task of storing the central registry information.

2. Abuse - (Usually thought of as an act of commission.) A physically abused child is one who has sustained physical injury resulting from a nonaccidental physical act or acts. The opinion of a physician or other expert may be required as evidence but is not necessary to establish CPS eligibility. The medical examination, admission by the alleged abuser, statement of the child, unbiased report by an eyewitness, or a court hearing may substantiate whether such injury was inflicted nonaccidentally.

3. Physical Neglect - (Usually thought of as an act of omission.) A neglected child is a child who has sustained physical or material deprivation. Any determination of physical neglect should reflect reasonable and prudent expectations of the parents which are consistent with community standards and known needs of children. The consequences of inadequate parental behavior or conditions in the home, such as those listed below, are often observable in the child. A statement from the child may be relevant.

   a. Caretaker failure to provide the necessary standard of care is ordinarily assumed if there is inadequacy/omission (unless there is evidence to the contrary). An expert's opinion may be necessary.

   b. Types of physical neglect are:

      (1) An inadequate, irregular, or nonnutritious provision of food and meals.

      (2) Clothing which is inadequate to meet the needs of climate, unlaundered, unrepaired, grossly misfitting, or does not meet requirements of personal modesty.

      (3) Housing that is physically unsafe, inadequate in space, unsanitary to the extent that it presents a health hazard, or does not have necessary adequate utilities or equipment.

      (4) A yard that constitutes a play area hazard.

      (5) Medical or dental care when it is a serious threat to a child's well-being, when the parent is not responsive to the child's needs for preventive care, does not provide for current medical/dental related needs associated with illness or poor health, provides inappropriate medical/dental care, or fails to provide continuity in treatment and supervision for medical/dental care.

(6) Failure to provide supervision for the child that is necessary in relation to his/her level of development. Such improper supervision may result in abandonment, extended periods of time without supervision, supervision by an unqualified person, or supervision which exposes the child to dangerous conditions.

(7) Poor personal hygiene which may be manifest by such conditions as chronic dirtiness, body odor, skin rash, or vermin.

(8) Abandonment/lack of care and support. If a parent is unable or unwilling to provide adequate care to a child, that child is neglected even though the child may be residing out of the parents home and not directly suffering as a result of the parents' neglect.

(9) Sleep deprivation occurs when children are allowed irregular or inadequate sleep. In very young children, this may produce serious developmental problems. In school-age children, it can directly effect performance.

4. Sexual Abuse - Child sexual abuse includes a wide variety of sexual activity that ranges from nonviolent, nonforcible and nontouching offenses to violent, forcible, touching offenses.

a. The nonviolent, nontouching offenses include exhibitionism (indecent exposure), communication for immoral purposes (i.e., obscene phone calls), voyeurism (i.e., peeping through bathroom or bedroom doors to spy on a child), etc.

b. The nonviolent, touching offenses include fondling, oral/genital/ anal stimulation, penetration, and exploitation of children through pornography and prostitution. Incest is usually nonviolent, the child's cooperation being attained by authority, bribes, or threats.

c. The violent, forcible, touching offenses which include rape and physically injurious assault are most easily identified but least likely to be prepetrated by family members or caretakers.

d. Legal definitions of child sexual abuse in Washington's Criminal Code vary according to what was actually done to the child, the victim's age and relationship to the perpetrator. Sexual abuse of a child is illegal regardless of whether or not the child consented to the sexual act. The law holds offenders responsible for sexual activity with underaged persons.

e. The definitions from Chapter 9.79 RCW, RCW 9A.64.020, and Chapter 9A.88 may be helpful in making a determination. CPS may also be appropriate for children victimized by inappropriate touching or language that is not severe enough to meet the legal definition. Sexual abuse is often progressive. Nontouching offenses can lead to fondling and later to penetration as the child gets older.

5. Mental Injury/Emotional Abuse or Neglect - A mentally injured child is one who has sustained emotional or psychological damage, as shown by her/his behavior or physical manifestations, caused by a nonaccidentally inflicted traumatic act or acts or patterns of behavior by her/ his caretaker(s). The opinion of an expert may be necessary. In addition, a child may be able to describe how she/he has been treated and the statements of feeling about self may provide evidence of mental injury.

   Patterns of caretaker behavior which may be mentally injurious or abusive in nature may include inappropriate discipline, a chaotic home situation, lack of love and affection, nurturing, unrealistic performance demands and sexual abuse/exploitation.

6. Exploitation - The child is forced to work at unreasonable tasks or for unreasonable time periods, is sexually exploited, or commits delinquent acts for adults.

   Sexual exploitation includes:

   a. Allowing, permitting, or encouraging a child to engage in prostitution by any persons, or

   b. Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming or depicting for commercial purposes of a child by any person.

7. Unborn - There must be direct evidence that the expectant mother's present situation will be harmful to the unborn child. Legal abortion is excluded. Lack of medical care, substance abuse, injurious living situations, or acute psychiatric disorder which could clearly cause danger to the unborn child may be appropriate situations for CPS. In these situations, CPS is not to be considered a first-line effort to help the expectant mother; rather her inability, unwillingness or failure to use pertinent available resources and services constitute cause for CPS intervention.

8. Third-Party Abuse/Neglect - This refers to those incidents in which the alleged abuser is not the parent or surrogate parent. The scope of CPS involvement in third-party abuse cases includes reasonable cooperation with law enforcement child abuse investigations, provided that such cooperation does not violate public disclosure policy or jeopardize provision of other child protective services. The extent of cooperation will depend on the local agreement referenced in Manual G, Chapter 26.13 and 26.98. Ordinarily the parent(s) or surrogate parent(s) are able to protect their child or otherwise take action about an incident and in those situations CPS intervention could be limited to consultation and documentation. In situations where the parent or surrogate has been unable or failed to take action, or was in a contributory role, more extensive CPS intervention is appropriate.

Generally, abuse or neglect by parent(s) or surrogate parent(s) includes incidents perpetrated by the child's own parents, step-parents, relatives as parents, foster parents, adoptive parents, parent's assumptive spouses, live-in housekeepers, day care providers, group child care facility staff, or institutional staff. Other situations would be third-party in nature.

9. Sibling Abuse/Neglect - The fact that a child has been reported as allegedly abused/neglected within the family by a sibling is cause for CPS intervention when this is alleged to be the result of inadequate parental supervision or intervention and the parents are unable/unwilling to take appropriate remedial action.

10. Failure to Attend School - Truancy is not appropriate for CPS unless the child's failure to attend school is symptomatic of other identifiable CA/N such as inadequate clothing, nutrition, or sleep.

11. Runaways - Runaways, who have run away because of child abuse and/or neglect or who are currently in clear and present danger of abuse, neglect or exploitation, and their parents or surrogates are eligible for CPS. Other runaways may be served by workers providing family reconciliation services (see Chapter 24.15 B. 1.)

12. Failure to Thrive - Because of the degree of risk, failure-to-thrive children are eligible for CPS, although specific maltreatment may not be probable or known.

13. There may be situations in which families are eligible for CPS prior to the occurrence of specific CA/N. These situations include:

    a. Parental requests for preventive service on their own behalf; and

    b. Situations in which new or expectant parents are physically, emotionally or mentally disabled to such a degree as to make future maltreatment highly likely.

B. Financial: CPS is provided without regard to income. Homemaker and day care services which are provided in support of and as a part of the CPS case plan are given without regard to income. The Office of Support Enforcement (OSE) may ask the family to provide financial participation for foster or receiving care.

C. Medical Eligibility: Eligibility for CPS does not assure eligibility for medical services. Legal authorization by legally responsible caretakers or the court for DSHS to provide medical services does not assure DSHS medical eligibility. Children are only eligible for state-paid medical services under the conditions listed in WAC 388-82.

If there is a need for immediate medical treatment or evaluation of a child referred to CPS who is ineligible or whose medical eligibility is unclear, the following actions are necessary:

1. The legally responsible caretaker must be contacted if possible, informed of the medical activity, and unless there are specific documented reasons to the contrary, encouraged to accompany the child.

2. The caretaker should be referred to the medical provider's business office to make arrangements for payment. This should be documented in the service record as well as available information about the caretaker's insurance coverage, resources and income.

3. If the caretaker's income and resources are such that they might be eligible for medical assitance per WAC 388-82, they should be referred to the RIFIS unit in the CSO in their catchment area.

4. If the parents are unavailable, a clear explanation should be given to the medical provider by the service worker of the conditions under which state payment may be made and the extent of the parent's responsibility. This explanation should be documented in the service record.

26.20 PROGRAM STANDARDS

26.21 Program Expectations/Response Time

Information contained in each case record will document compliance with appropriate program expectations.

The CPS worker will:

A. Respond to all appropriate CPS referrals within the timeframes set in 26.14 A.

B. Contact collateral sources if/as appropriate during the intake and ongoing phase (see 26.33 and 26.34).

C. Complete a DSHS 14-154(X), Social Services Authorization, and other appropriate paperwork on all referrals requiring more than one-half hour of service time. (See 26.39 E.)

D. Coordinate investigation and service delivery if the case is already active with the agency or any other service agency/professional.

E. Follow the requirements of WAC 388-15-131 and WAC 388-70-095 upon determination that the reported child(ren) is American Indian. (See Chapter 01.04, American Indian Policy Statement). Document in the case record the steps taken. (See Chapter 32, Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the CSO Indian Child Welfare Advisory Committee.)

F. Determine within 30 days of intake whether each case will receive ongoing CPS and develop detailed case plans for those cases remaining open over 90 days from intake.

G. At the completion of the investigation phase, notify referrants when appropriate that the CPS case is valid/not valid and that service will/will not be provided to the client. (When the referrant is a professional, mutual case planning and service delivery may be appropriate.)

H. Review the continuing service plan and the service provided with the supervisor and with the client before the end of the first 90 days after receiving the referral and at least one time each 180 days thereafter as long as CPS is open. Review will be for the purposes of determining if the case record is complete, the service is appropriate and effective and if the service should continue. An administrative review will be conducted on each case open over 360 days. Document all reviews. (Manual G, Chapter 26.32 A.)

I. Within five working days after substantiating a report or receiving a substantiated report, complete DSHS 2-142(X), Child Abuse Register Report, in typed duplicate and submit to the Bureau of Children's Services. (Place a copy of the DSHS 2-142(X) in the document section of the service record and provide notification to both victim and perpetrator per Manual G, Chapter 26.31 J.)

J. Respond to all appropriate Central Registry requests for information within one working day or as otherwise negotiated with the requestor.

K. Report to law enforcement as soon as possible, but at least within one workii day, the following:

1. All situations in which the CPS investigation reveals that a crime may have been committed. (RCW 74.13.031(3))

2. All reports to CPS of nonaccidental death or physical injury and all reports of sexual abuse. (RCW 26.44.030(3))

L. Transfer to foster care service staff all foster care cases within 90 calendar days of placement unless there is documentation of the reasons for keeping the case in CPS and supervisory agreement to do so. (See 26.38 B.)

M. Complete all paperwork prior to termination of the CPS case.

N. All reports of alleged CA/N in DSHS staffed, licensed or certified facilities are to be reported to administration immediately as "Incident Reports." In addition to the initial oral and written notification to the CSO-CPS supervisor for the CSO administrator, reports of follow-up actions and/or dispositions are also also to be made. Procedures for handling "institutional abuse" allegations are outlined in 26.33. Copies of all incident reports should be sent to BCS as well as administration.

O. Sufficient staff time will be allocated to perform community liaison activities as outlined in Manual G, Chapter 26.98.

26.22 Appropriate Program/Service Outcomes

The following are possible program outcomes of service in a CPS case once it is accepted for service:

A. Incomplete investigation.

B. Completed investigation; complaint not valid.

C. Referral not valid; referred to another service.

D. Referral valid but referred to another service, monitored by CPS.

E. Completed investigation; complaint valid; no further action.

F. Referral valid but family noncooperative and court action not possible.

G. Abuse/neglect eliminated by placing child out of home.

H. CPS is provided resulting in elimination of risk of CA/N.

I. Parental rights terminated.

J. Offending parent out of home; no further action.

26.23 Supervisory Responsibilities

A. Generic supervisory responsibilities are discussed in Chapter 02.08.

B. The following additional responsibilities apply to those supervising CPS:

1. Supervisors are responsible for assigning or assuring assignment of all appropriate CPS referrals in a timely manner.

2. Supervisors are responsible for prioritizing or assuring that priorities are set for all new referrals according to criteria set in 26.14.

3. Supervisors will monitor the training needs of all staff having CPS cases and assure participation in basic and advanced CPS training by appropriate staff as available.

4. Supervisors are responsible for interpreting and maintaining compliance with the other priorities established in this chapter and for interpreting and clarifying or assuring clarification of the general purposes of CPS to both staff and the community.

5. Supervisors are responsible for assuring worker knowledge of and compliance with community interface agreements discussed in 26.98.

6. Supervisors are responsible for assuring that workers have a working knowledge of legal procedures and practices necessary to provide CPS in their community.

7. Supervisors are responsible for assuring that children are not placed inappropriately by monitoring staff knowledge of and compliance with placement criteria outlined in Chapters 32 and 34. Supervisors are also responsible for conducting pre- and post-placement reviews as discussed in 26.38.

8. Because of the pressures unique to CPS, supervisors will recognize the added importance of their supportive role with staff with emphasis on the following:

   a. Case consultation resulting in the clarification of case plans and, when possible, involvement of other supportive community resources, including multidisciplinary teams.

   b. Recognition of special abilities or difficult assignments well-handled.

   c. Willingness to accompany workers to court or into the field when appropriate.

   d. Recognition that workers new to CPS require much more supervisory time than experienced workers.

   e. Recognition and fostering of peer support and, when appropriate, peer consultation in CPS as a necessary component to team problem solving.

   f. Willingness to employ differential use of CPS staff when assigning cases giving consideration to varying skills, experience, and wishes.

   g. Recognition and facilitation of staff training and professional reading beyond the basic requirements.

26.30 SERVICE PROCEDURES

26.31 Intake/Assessment, and Emergency Intervention

Although this aspect of CPS occurs throughout the service interval, the primary goals of determining the need for continuing services and formulating preliminary case plans for delivery of those services should be completed within 30 days of receipt of the referral. Detailed case plans are required for cases remaining open over 90 days and for all children in placement 30 days or longer (see 26.32 B and 26.38 C.). Procedures for Intake/Assessment are:

A. All information coming into the CSO indicating the possibility of CA/N will be referred directly to the CPS worker on intake duty.

B. The CPS worker takes initial factual information on a DSHS 4-114, Children's Services Intake form, consults with the person supplying the information on the appropriateness of the situation for CPS, elicits specific examples and instances of the behavior which led to the complaint, and interprets the CPS program to the referral source. The identity of the person making the report to the department shall not be revealed unless that person has given permission to do so. However:

1. Individuals making referrals who are not mandated by law to do so should be told that:

   a. If requested, their name will not be revealed to the client during the investigation (see WAC 388-15-134(1)).

   b. Clients are sometimes able to guess the source of the referral.

   c. There may be a need for future court testimony at which time the court could order disclosure of the referrant's identity.

   d. Fair hearings or criminal investigations by law enforcement may require disclosure of the referrant's identity.

   e. Referrants reporting or testifying in good faith have immunity under 26.44.060 RCW.

2. Referring parents, grandparents, or relatives usually should be encouraged to allow their names to be disclosed. When a relative or parent makes a report, his/her involvement must be evaluated and they should be helped to find a way of contributing to the solution of the problem.

3. Professional persons who make referrals based on their professional knowledge may be asked to tell the parents of the facts of the report, if doing so does not increase risk to the child or jeopardize evidence. It may be appropriate to begin mutual case planning and service delivery at the time of the referral.

C. The CPS worker taking the referral will conduct an initial screening resulting in:

1. Recommendation of a specific CPS priority on the 4-114 (see Manual G, 26.14 A. and 26.99).

2. Referral of the situation to another service if inappropriate for CPS.

3. A polite but frank statement to the referrent that the situation is inappropriate for CPS or other known service if this appears to be the case.

D. The CPS worker taking the referral will be responsible for checking for appropriate agency history through central registry and masterfile, and/or accessible DSHS computer data systems and for noting relevant information on the 4-114, Children's Service Intake Form.

E. In most cases sufficient information should be available at this point to determine if the child's family should be contacted. If not, the worker will gather additional information from other sources recommended by the referrant or those who would appear to have reason to know of the facts in the case situation. The intent is to gather only necessary information to permit prioritization and constructive intervention and to do so as discretely as possible.

F. When activities listed in A. through E. above have been completed, the referral will generally be routed immediately to the CPS supervisor or designee will have responsibility for:

1. Reviewing and, if appropriate, changing eligibility for CPS.

2. Reviewing and, if appropriate, changing the priority rating.

3. Requesting from the intake worker any additional information necessary to determine eligibility and priority.

4. Assigning the case to a specific service worker in a manner that will allow compliance with the timelines discussed in 26.14.

G. Procedures for handling referrals alleging institutional abuse are detailed in Manual G, Chapter 26.33. All third-party abuse allegations should be referred immediately to law enforcement.

H. If the family is already assigned to a non-CPS service worker, the situation is discussed with the service worker and/or his/her supervisor. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up. The CPS service worker is responsible for the investigation and ongoing service phases of the case that relate to the CPS concerns. (See 26.13 E.)

I. In all placements of children made by agreement between the state of Washington and other states for adoption, foster care, institutional care, and with relatives, the procedures and policy of the Interstate Compact for Placement of Children (see Chapter 30) must be followed. In accordance with the Interstate Compact, the sending and receiving states have specific legal, case planning, and financial responsibilities for the child.

1. When the CPS service worker has a client in this category, phone notification must be given to the Interstate Compact manager in the State Office (SO). Consultation is also available from the Interstate Compact manager. (See Chapter 30, Interstate Compact on Placement of Children.)

2. When the child is a juvenile offender, phone notification must also be given to the Interstate Compact Program Manager on Juveniles in the Division of Juvenile Rehabilitation.

J. Client Notification

1. As with other SSDS services, notification requirements may be met by providing the primary recipient with a properly completed copy of the 154/159.

2. If a central registry referral is made, a copy of the DSHS 2-142 should be provided to the primary recipient and the perpetrator. The following statement should be added to the 154/159 or appear in a letter to both primary recipient and perpetrator: "The information on the attached form DSHS 2-142 is being placed on file with the Washington State Central Registry for Child Abuse and Neglect."

K. Initial Client Contact, Assessment, and Intervention

1. Priorities established in 26.14 A. will determine the time that should elapse between intake and intervention.

2. Intervention will include whenever possible face-to-face contact by the assigned and/or after hours worker, with both the alleged victim and the legally responsible caretaker.

3. At this time an initial assessment of probable risk to the alleged victim and other children in the family home will be completed. This assessment will include the following elements:

   a. Observations by the service worker of the specific conditions, injuries or risk alluded to in the referral.

   b. Observations and documentation by the service worker of any other conditions which might place children in the home at risk.

   c. Discussion when possible with the alleged victim and caretakers of the specific conditions alluded to in the referral and documentation of the response.

   d. Evaluation of probable risk to the child, determination of what immediate remedial action is necessary if the risk is high.

   e. Discussion with the child and caretakers when appropriate of what, if any, further action will be taken by DSHS. (Service Plan)

4. When necessary, those services necessary to assure the immediate safety of the child will be provided at this time. They may include counseling, placement, emergency day care, I & R or other services as outlined in 26.98.

5. Out-of-home placement should be considered only after less disruptive alternatives have been ruled out as not offering the necessary protection.

L. Conclusion

The investigation phase is generally concluded within 30 days of receipt of the referral. With supervisory consultation, a decision will be made and documented at this pont as to whether or not to continue service. At the conclusion of the investigative phase the worker will:

1. Report back to the referral source as appropriate that CPS services will/will not be provided and outline any further need for contact with the referral source.

2. Complete and submit DSHS 2-142(X), Child Abuse Register Report, if abuse/neglect was substantiated and a report has not been previously submitted. Correct or complete any previously reported information, if needed.

3. Complete the initial service plan (ISP) by recording case information and the evaluation on the DSHS 2-305(X), Service Episode Record (SER).

   a. If the case is to be closed, verify that all required information, forms, and documents are included and complete. Route according to CSO procedures.

   b. If the case is to remain open for CPS ongoing services, a case plan must be or have been formulated by this time and documented in the SER. The elements of this plan are discussed in 26.32 B.

M. Child Protective Service Alerts

1. All CSOs can initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each CSO within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases. Prior supervisory approval is required.

2. Alerts within the state are initiated by calling or writing the Bureau of Children's Services at MS OB-41, SCAN 234-0205, and providing information in the following format:

   a. <u>Identification</u>:

      Name and birthdate of child at risk.

      Names and birthdates of persons presently caring for the child.

      Current legal status of the child.

b. Problem:

Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

c. Contact:

Name of assigned service worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, but should be typed and submitted in memo form to BCS, Mail Stop OB-41, Attention: CPS Program Manager.

4. Although each CSO will develop a method for distribution of the alerts to suit its particular structure, copies of the alert should, at a minimum, be provided to financial and children's services intake units. Confidentiality should be maintained per public disclosure policy.

5. Alerts should be maintained in either a chronological or alphabetical file at the CSO for 180 days after receipt but may be destroyed after that time. Alerts may be renewed by the originating CSO after 180 days.

N. Photographing Children:

1. Each CSO with CPS responsibility is expected to have a 24-hour capability for photographing children, preferably with a self-developing camera.

2. All children on whom CPS referrals have been made may be photographed by an appropriate investigating service worker if there is reasonable cause to believe that the child has visible injuries that are non-accidentally caused unless the legally responsible caretaker(s) object.

3. When a child is being photographed as a part of a CPS investigation, the legally responsible caretakers should generally be notified unless the child is in protective custody, the risk to the child would be increased by notification, the caretakers cannot be located, or notification would interfere with the investigation.

4. In addition to the constraints imposed by public disclosure policy, photographs of victims of CA/N should be shared within the juvenile care system only on a "need to know" basis.

26.32 Continuing Service

A. There is no specified time for how long a case may remain active for continuing service.

1. However, each CPS case must be reviewed with the CPS supervisor at least one time during every 180-day period of the continuing service phase for agreement to continue the case and case recording must be brought up to date at least once every 90 days. The CSO administrator must review and agree for cases to continue longer than one year and must review again every six months thereafter. CSO administrators have the option of using existing case review committees in lieu of reviewing cases personally.

2. SSPS review dates for CPS as indicated in Chapter 04 must be adhered to and the 154/159 changed as appropriate. Supervisory or administrative signatures must appear on the 154/159 prior to submitting when their periodic case review is required.

3. Child placement review guidelines are discussed separately in 26.38.

B. Each case which remains open over 90 days and therefore has entered the continuing service phase must have a detailed case plan. The details of this case plan must be developed and negotiated whenever possible with the family and recorded on the DSHS 2-305(X). They include the following:

1. A description and evaluation of the specific problem(s) assessed to place the child(ren) at risk of CA/N.

2. A list of the objectives necessary to alleviate the risk, the activities necessary to achieve the objectives, who should perform the activities, and when they should be accomplished.

3. A narrative description of progress toward the objectives over the term of the service. Dates are particularly important in CPS.

4. An evaluation of the success or failure of the service plan at the end of its term. The standard for measurement of success in CPS is

   the degree of continued risk to the child of further maltreatment.

5. A statement of disposition of the case and a rationale for this disposition. Recommendations for action on receipt of future referrals are particularly helpful.

C. The degree of each service worker's direct involvement with assigned clients will vary depending on caseload pressures, worker ability, available community resources, and risk. At a minimum, workers are expected to have face-to-face contact with alleged victims and their families at the beginning and end of the ongoing phase. Otherwise, direct contact may range from conferences weekly or more often to monthly monitoring of resources providing direct services.

D. Other continuing service worker responsibilities include the following:

1. The CPS service worker will use and coordinate other DSHS services that are available and appropriate to the client's need. (Manual G, Chapter 26.97.)

2. The CPS service worker will provide technical consultation and assistance to agencies/professionals working with CPS clients in accordance with DSHS public disclosure policy and as indicated by individual case situations and community availability of service. Most communities have directories of local services which list kinds of service, eligibility requirements and fees, if any. (Manual G, Chapter 26.98.)

3. The CPS service worker will know and incorporate permanency planning concepts in all ongoing service cases. (Manual G, Chapter 32.)

E. Termination of service

1. CPS cases are terminated when the problems resulting in risk of CA/N identified in the SER have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. Cases may be transferred to another service but may not be closed to service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

3. Higher risk cases may be terminated for CPS when all of the following conditions exist:

a. Ongoing CPS has been offered for six months and has not been effective in reducing risk.

b. Legal intervention is not possible or effective.

c. There is a demonstrated willingness by the client and/or the community to refer back to CPS if the risk of CA/N increases.

d. Other DSHS or community services that might help to reduce risk have been tried unsuccessfully or are unavailable.

4. Forms DSHS 14-159 and DSHS 2-305(X) must be properly completed before closure or transfer to another service.

26.33 Institutional Abuse

A. Institutional abuse is defined here as any child mistreatment meeting the test of RCW 26.44.010(13) occurring in any child-caring facility outside of the family home. CPS has a statutory role in handling alleged CA/N in such

settings although the procedues are somewhat different than with family intervention. Public disclosure and referrent confidentiality policy applies in all institutional abuse cases. (WAC 388-320 and WAC 15-134(1) respectively)

B. Institutional settings are divided into three discrete categories:

1. Those staffed by DSHS personnel;

2. Those licensed by DSHS; and

3. Those neither staffed nor licensed by DSHS.

C. Alleged abuse in facilities staffed by DSHS personnel.

1. Referrals are taken on a form DSHS 4-114(X) per instructions in Manual G, Chapter 26.99. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the CPS supervisor.

3. The CPS supervisor will brief the CSO administrator and agree on a plan for independent investigation by CPS staff which will include the following elements:

a. Designation of specific CSO staff to conduct the investigation.

b. Completion of an initial incident report.

c. Notification of law enforcement as required by statute. (26.44.030(3) RCW)

d. Documented notification of the facility head or designee that a CPS referral has been made and that a CPS investigation will follow. Such notification will usually include a request that no action be taken by the facility likely to interfere with the CPS investigation.

e. Completion of the CPS investigation in cooperation with both law enforcement and the facility head where appropriate.

f. Providing the written results of the investigtion to the Deputy Secretary through the Regional Administrator on an incident report format.

g. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation.

4. Personnel action resulting from information brought to light by the investigation will be the responsibility of the facility head or the person responsible for supervision of the facility head.

5. Assessment of continued risk to the alleged victim will be the responsibility of the assigned worker and the CPS supervisor. If continued risk is felt to be significant and if conditions outlined in 13.34.030(2)(a),(b) or (c) continue to exist, the juvenile court may be asked to intervene per procedures outlined in RCW 13.34. The Assistant Attorney General (AAG) will be consulted before legal action is taken in all such cases.

D. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilites include foster homes, day care facilities, group homes, hospitals, CRCs, and some juvenile detention facilities. CPS responsibility is the same as in C. 1-3 above. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS staff is appropriate at all stages. (See WAC 388-73-036, 048, and 050.)

E. Alleged Abuse in Facilities Not Required to be Licensed or Staffed by DSHS

Such facilities include public and private schools, summer camps, some juvenile detention facilities, and other child care facilities in which someone other than the legal caretaker has responsibility for children. CPS responsibility is the same as in C. 1-3.above. In addition:

1. In the event of alleged CA/N by school personnel, investigation will be conducted in consultation and/or cooperation with local law enforcement. Any personnel action will be the responsibility of school authorities. In the event of continuing risk, see A. 5. above.

2. Investigation of alleged abuse in camps and similar facilities will not require completion of incident reports unless the alleged abuse is unusually complex, severe, or is otherwise likely to generate concerns to which regional or state office administration may need to respond.

3. Reported abuse in juvenile court facilities will be brought immediately to the attention of the juvenile court administrator and the prosecutor in the county in which the juvenile court is located. The county prosecutor will be responsible for determining the need for additional or special investigation. CPS consultation will be made available as requested.

26.34 Law Enforcement

A. Mandatory referrals to law enforcement are made either at intake or in a timely manner by the assigned service worker. Mandatory referrals include:

1. All reports to CPS of nonaccidental death or physical injury and all reports of sexual abuse. (RCW 26.44.030(3))

2. All situations in which the CPS investigation reveals that a crime may have been committed. (RCW 74.13.031(3))

All mandatory referrals must be documented in the service record.

B. Each CSO has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in 26.99 by the CSO Administrator or designee. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in a currently open and assigned CPS case.

2. The alleged CA/N incident is reportable and has been reported to law enforcement per 26.44.030 RCW.

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in 26.44 and 74.13.031 RCW.

Information gained will be subject to protections of DSHS public disclosure policy, 43.43 RCW, and 10.97 RCW.

C. A service worker may request the assistance/accompaniment of a law enforcement officer in making field contacts in situations that may be dangerous to the service worker or a family member.

D. Providing assistance to law enforcement in their investigation of third-party CA/N cases when there is no probable continued risk to the child is not a program priority but may be provided at the discretion of the CSO administrator if other program priorities are being met.

E. Each CSO is expected to develop a working agreement (preferably in writing) with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

26.35 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in 13.34 RCW. The service worker must be intimately familiar with the requirements of this statute and have a good acquaintance with 26.44 and 13.32A RCW as well.

B. Manual G, Chapter 23, discusses procedures for processing juvenile court actions familiar to most courts, consistent with statutory requirements, and approved by the Assistant Attorney General. These procedures should be followed unless there are specific reasons not to follow them.

C. Each CPS unit receives legal representation in dependency actions by either the AAG or the County Prosecutor. Each CPS unit should establish clear guidelines and time lines for identifying and communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract should be available to the CPS supervisor for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in Manual G, Chapter 23. The service worker should be familiar with local court policy and procedures.

E. Maintenance of thorough, accurate and consistent case records is essential to effective court work. (Manual G, 26.39 B, 26.99)

26.36 Central Registry of Incidents of Abuse/Neglect

A. The purposes of the Central Registry are:

1. To obtain accurate information of the incidence of substantiated, nonaccidentally inflicted death, physical injury (abuse), physical neglect, sexual abuse and mental injury of children and mentally retarded persons of all ages.

2. To make substantiated case information available in useable form on request to those listed in RCW 26.44.070 and in accordance with WAC 388-15-139.

B. All CPS referrals made to the CSO are to be reported to the Central Registry on the DSHS 2-142(X) (Rev. 2/80), Child Abuse Register Report, if

1. The child is dead and death was nonaccidental and/or death was caused by physical abuse, neglect, or sexual abuse; or

2. The child has been substantiated as a victim of physical abuse, physical neglect, sexual abuse or mental injury.

3. The child who is endangered or threatened with harm but who has not sustained injury or deprivation is <u>not</u> a victim for central registry purposes.

C. Substantiation

1. If multiple types of abuse/neglect or multiple incidents or multiple "abusers" are reported, substantiation will have to be considered separately for each.

2. If the CPS worker and the CPS supervisor concur with the report source (complainant) or otherwise determine through investigation that the facts of the situation reasonably support the conclusion that the child is or was a victim of 1. a. and/or b. above, the report shall be made to the Central Registry as a substantiated case.

3. When mandatory reports of child abuse/neglect are received from persons who are reporting out of their professional experience and the CPS worker and supervisor concur, that report shall be considered substantiated and reported to the Central Registry. In terms of the Central Registry, the CSO function is largely an administrative one when the information comes from an authoritative or expert source:

   a. The CSO screens the information to determine if the matter is already substantiated and reports specified information to the Central Registry.

   b. As the reliability of the report source and/or information decreases, the CSO function shifts from one of administration to one of full investigation, evaluation, substantiation, etc.

4. Information from the following sources is to be considered already substantiated:

   a. Law enforcement personnel, if they are reporting their own findings and nearly always when criminal abuse/ neglect charges have been filed;

   b. An unbiased eye witness;

   c. An alleged perpetrator who admits or confesses without duress that he/she abused/neglected the child in question;

   d. Findings of fact by a grand jury, coroner's jury or inquest, superior court, or other legal hearing.

5. The CPS supervisor may request consultation from the RO, the CPS program managers or an assigned assistant attorney general as to whether or not proper substantiation has been achieved.

6. The facts of substantiation must be recorded on the DSHS 2-305(X).

D. Storage

1. The DSHS 2-142(X) (Rev. 2/80) is the only form to be used for storing information in the Registry. Only CSO CPS staff are to complete and send the report to the Registry.

2. The CPS supervisor must screen all DSHS 2-142(X)s to ensure that the reports have been properly substantiated and establish controls to ensure that all substantiated cases have been reported.

3. Reports must be made on all cases within 5 days after substantiation or receipt of a substantiated case.

4. A new DSHS 2-142(X) must be submitted if previously reported information is incomplete, incorrect, or otherwise requires updating. The Central Registry must be notified that this is a replacement form and told to destroy the incomplete and incorrect DSHS 2-142(X).

5. The Central Registry, upon receipt of the DSHS 2-142(X), searches the file for previous reports. If there are previous reports, the Central Registry telephones the CSO reporting the new incident and tells them which CSO(s) have detailed information.

6. The Central Registry records the expungement date (six years from entry) on all new reports and enters this same date on other (old) forms pertaining to this same case. (See WAC 388-15-138.)

E. Retrieval of Information

1. If a CPS service worker requires information from the Central Registry, he/she calls the Central Registry (SCAN 234-3453) to determine if there is a previous report on file. The Central Registry shall be cleared for each new report to the CSO for which the CSO does not have a case file. This is to be noted on the DSHS 4-114, Children's Services Intake Form, when the clearance is completed.

2. Persons or agencies listed in RCW 26.44.070 may obtain information from the Central Registry. If one of those eligible agencies or persons contacts the CSO requesting information from the Central Registry, the CSO may obtain the information for the inquirer or may refer the inquirer directly to the Central Registry. Information contained on the DSHS 2-142(X) may be released to those qualified. In addition, other information contained in the case record may be released to those qualified in accordance with the provisions of WAC 388-320-010 through 240, Public Records Disclosure. Information may be released to:

   a. Foster Home/Day Care/Group Home licensers who are investigating the character of licensure applicants or their employees have access to the Central Registry to check for CA/N substantiation.

   b. Department staff who are investigating child placement under Interstate Compact have access to the Central Registry.

F. Retention of Central Registry Records

Record cards, DSHS 2-142(X), may be expunged and destroyed upon the written request of the reporting CSO. There must be concurrence of all other reporting CSOs, if any. Reports sent in error may be expunged and destroyed upon the request of the CSO.

G. For general instructions related to the use of and transmittal of the DSHS 2-142(X), see 26.99.

26.37 Sexual Abuse

Intervention in sexual abuse cases requires special procedures and considerations in addition to those outlined in 26.31 and 26.32.

A. In most sexual abuse referrals, the referrant should be encouraged not to discuss the matter with the legally responsible caretaker or alleged perpetrator until the initial assessment and intervention has occurred.

B. Since concrete evidence is usually absent, added weight is given to the victim's testimony. Special intervention skills and experience are necessary and proper community coordination is essential in working with the legal, social service, and medical communities. Specialized CPS workers working with community teams are recommended.

C. The seriousness of child sexual abuse and therefore the extent of services provided depends on two factors, along with those listed in 26.15 B.

   1. The degree to which the maltreatment disrupts normal psychological and social development of the child by confusing family relationships and deviating from social norms.

   2. The degree of seriousness of the alleged crime as defined by the state criminal code.

D. Substantiated cases of serious sexual maltreatment by legally responsible caretakers generally require the following:

   1. Separation of the victim and the offender. Preferably the offender will leave the family home, but if this does not happen, efforts should be made to place the victim in an alternate setting.

   2. Legal intervention. The absence of a criminal conviction will place additional emphasis on a dependency proceeding as a means of protecting the child. Dispositional orders should specify the conditions necessary to protect the child, activities that would stand a reasonable chance of remedying the problem, and a way of evaluating whether or not the remedy has been effective.

   3. A case plan consistent with the dispositional order and including therapeutic inputs designed to aid the child's recovery. The plan should list the conditions necessary for reunification.

E. Risk to other children in the family home may be greater in sexual abuse cases than with other forms of maltreatment because of the progressive repetitive nature of the problem. This is especially true if the victim leaves and the perpetrator stays.

26.38 Placement and Transportation of Children

A. A CPS worker may transport a child unaccompanied by a parent or place a child only under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department has current custody of the child through a previous court order.

3. The worker has current, written consent signed by the person legally responsible for the child and a witness. Placement consent requires prior completion of the DSHS 9-04(X).

4. When a child has been taken into limited custody pursuant to 12.32A.050, 13.34.050, 26.44.050, or 26.44.056; the service worker may accept the child from the law enforcement officer, hospital administrator, or physician to provide transportation to a child care facility licensed by the department.

   a. If not previously notified by the law enforcement officer, administrator, or physician the service worker must notify the parent(s), legal guardian, or custodian of this action as soon as possible.

   b. The assigned service worker must also ensure the completion of the petition process through the juvenile court and must receive the order for continued receiving care within 72 hours of placement excluding Sundays and holidays if care is to continue past that time limit. (See Manual G, Chapter 23.31, Chapter 13.34.060(1) and Chapter 74.13.031 RCW.)

B. All nonemergent placements must receive supervisory review and approval before they occur. Emergent placements are those which could reasonably be expected to meet the test of RCW 26.44.050 and are subject to supervisory review on the first working day after they occur.

C. For children in out-of-home placement (receiving care, family foster care, and group care), an individual service plan must be developed within thirty working days of the placement. For voluntary placements, this plan shall be recorded on the DSHS 2-305(X), Service Episode Record. For court-ordered placements, the plan shall be recorded or referenced in the appropriate court report.

The Individual Service Plan shall include the reasons for the placement, services provided to prevent the placement, the type of placement, verification that the placement is the least restrictive setting in close proximity to the child's family, a visitation agreement, a summary of services which support the child's needs and adjustment in foster care, and identification of the permanent plan goal. (See 32.31 C. for more information.)

D. Children in placement will be reviewed for reassignment to a placement worker within 90 calendar days of the date the placement was made.

1. The reassignment review should examine the following:

a. The prospect of the child returning home within 90 days of the review.

b. Whether or not other children in the home require continuing CPS.

c. The benefits of the relationship between the family and the assigned worker.

d. Relative workloads and skills.

e. If legal intervention is occurring, whether or not a dispositional hearing has occurred.

2. Reassignment procedures should include the following:

1. Whenever possible, an opportunity for the new worker to attend the dispositional hearing before transfer.

2. Completion of all appropriate paperwork prior to transfer.

3. Agreement between both supervisors.

4. Documentation of a reassignment review.

5. Prior notice to the child/family being reassigned and to the court.

6. Appropriate social service to child and family regarding the assignment/transition including joint meeting whenever possible.

E. <u>Planning</u>

1. The fact most children enter foster care via CPS makes understanding of permanency planning principles by CPS workers essential. Permanency plans must be developed within 90 days of placement. Primary consideration in permanency planning is the return of the child to his or her own family with the necessary supports and services provided to ensure that the family is able to function without reoccurance of CA/N. When this is not feasible, other options such as placement with relatives, adoption, and guardianship should be considered. (See Manual G, 32.34). The permanency planning service code (3255) must be entered for all children in placement six months or longer.

2. Recognizing DSHS has a special responsibility to children whose parents' rights have been or are being terminated, planning for securing a legal custodian for these children should begin when the decision to terminate has been made. The means for doing this is the mandatory adoptive planning review in which options for permanent placement are considered prior to the actual termination of parental rights. Adoption services should generally be provided by a designated adoption or placement worker. See 36.32 for activities and responsibilities related to adoptive planning reviews.

26.39 CPS SERVICE RECORD

A. The CPS record must contain the following minimal information:

1. DSHS 4-114(X) Children's Services Intake Form
2. DSHS 2-305(X) Service Episode Record
3. DSHS 14-154(X) Social Service Authorization
4. DSHS 14-159 Change of Service Authorization
5. DSHS 2-142(X) Child Abuse Register Report (in all substantiated cases)
6. Correspondence, special reports, documents, court orders and placements.

B. CPS service record information is useful to the extent that it:

1. Accounts accurately for services provided.
2. Helps those using it in the future to deliver better services by focusing more quickly on actual problems and plans.
3. Documents events in a way that will facilitate future legal intervention if needed.

C. Service record information is not useful if it:

1. Distorts facts;
2. Contains opinions unsupported by facts;
3. Is so brief that it inaccurately reflects the extent of client problems or agency intervention;
4. Is so lengthy that few will read it.

3. Documents events in a way that will facilitate future legal intervention if needed.

C. Service record information is not useful if it:

1. Distorts facts;

2. Contains opinions unsupported by facts;

3. Is so brief that it inaccurately reflects the extent of client problems or agency intervention;

4. Is so lengthy that few will read it.

D. When a service worker accepts a child for placement from law enforcement, it is recommended that a "transfer of custody" document be completed and filed in the service record. (See 26.38 D. and 26.99.)

E. Initiating CPS Records

1. The DSHS 4-114(X), Children's Services Intake Form, is initiated by the CPS worker when a referral is received.

2. When the referral/case is assigned, the appropriate form will be submitted to notify master file and obtain the case record file.

3. A DSHS 14-154(X), Social Services Authorization, will be opened showing each victim of CA/N in the family (household). "The legally responsible caretaker is normally entered as the primary recipient in CPS cases. If the primary recipient is a child, the child should be re-entered on a service line. All children named in the referral as victims of CA/N should be entered as service recipients. The DSHS 14-154s will be completed using the appropriate service code and submitted as soon as the needed information is available. In cases of alleged CA/N of children in alternate care as described in 26.33 each alleged victum is considered a primary recipient and will require completion of a separate DSHS 14-154. If the investigation reveals other victims of CA/N these will also be identified as primary recipients. (See Chapter 04, Service Code 2602 "Additional Data" for specific instructions.)

4. The DSHS 2-142(X), Child Abuse Register Report, will be submitted if and when abuse/neglect is substantiated. (See 26.99 for instructions and form.)

5. The worker will record the facts of the appropriateness of the case for CPS and will document all activities and responses to the complaint on the DSHS 2-305(X), SER. (See 26.99.)

6. All supporting services, e.g., homemaker, health care, etc., will be authorized on the DSHS 14-154/159 using the appropriate service codes for the specific supporting programs.

7. Procedures outlined in 1-6 above will be followed except in the following special cases.

   a. Cases in which a referral was made and subsequently determine to be inappropriate for CPS per Manual G, Chapter 26.13 A. 3., no previous agency record exists, attached documents are minimal, and less than one-half hour of service was delivered.

   b. Third-party referrals involving less than one-half hour of staff time and which are not otherwise eligible for CPS because of no ongoing risk.

   In these cases, the CSO has the option of maintaining 4-114's either in an alphabetical or chronological file and not setting up individual case records. Lack of client contact is insufficient reason not to set up a case record if more than one hour is spent on the case.

F. Each case remaining open over 90 days must have a csae plan as detailed in 26.32 B.

G. Guidelines for concluding CPS records are contained in 26.31 J. and 26.32 E.

H. Additional forms completion instructions appear in 26.99.

26.97 INTERFACE WITH OTHER DSHS SERVICES

In working with clients, the service worker should be aware of other appropriate services provided by DSHS, make referrals to those services, and aid the client in utilizing them. The following is a partial listing of services that may be appropriate:

A. Division of Developmental Disabilities

1. CPS families are eligible for services through DDD, provided that DDD has determined that the individual has a mental or physical deficiency as defined in RCW 71.20.015.

2. When it becomes known or suspected that a CPS client meets the DDD eligibility criteria, the CPS service worker will make a referral to DDD.

3. When there is reasonable cause to believe that a child(ren) in a DDD family or facility has suffered child abuse/neglect, DDD shall make a referral to CPS.

4. The CPS worker will notify the DDD worker of all CPS referrals on DDD children.

5. The CPS service worker continues to be responsible for the CA/N aspects of all cases.

B. Division of Juvenile Rehabilitation

When it is determined that a CPS child client is on parole status, the district or regional DJR office must be notified and service to the family must be coordinated with the assigned Juvenile Parole Counselor. The CPS service worker is responsible for the CAN aspects of the case.

C. Division of Vocational Rehabilitation

1. Services are provided to clients who have a physical or mental disability which constitutes or results in a substantial handicap to employment and there is a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability. Services include diagnostic services, counseling and guidance, training and placement, and may be provided without cost depending on need and resources.

2. Referrals are made to the local district office of DVR.

D. Community Services Programs

CPS workers are responsible for knowing eligibility and service information for other Community Service programs likely to interface with CPS. These include:

1. Foster Care

The service worker must be familiar with Chapter 32, Child Foster Family Care. This chapter will provide a reference for out-of-home placement criteria, specialized foster family care, use of forms, and other issues related to CPS referral to and use of foster care service. Although standards will vary depending on office structure, CPS workers should generally not carry placement cases beyond 90 days unless more than 90 days is required for a dependency disposition. (See 26.38 B.)

2. Family Reconciliation Services (FRS)

Many children eligible for FRS are also eligible for CPS and vice versa but cases may not be open for both services at the same time unless the service record clearly documents separate and appropriate service activities for each program.

Generally cases may be transferred from CPS to FRS when:

a. A CPS investigation has been completed and the child is considered to be at no or minimal risk of CA/N but is eligible for FRS, or

b. A CPS investigation reveals that the FRS eligible child is at moderate risk of further CA/N and

- the child is 16 years or older

- the family and child are willing to undergo FRS counseling

- there is mutual agreement between the appropriate CPS and FRS program represntatives that the referral may be made

3. Use of Other Supportive Services

Homemaker and day care service may be provided without regard to income when it is in support of and part of the CPS case plan.

a. Given hourly limitations, homemaker services may be used to teach homemaking and parenting skills, to provide role modeling, to prevent removal of child(ren) from the home during a crisis and to make observations in helping the CPS worker to evaluate family functioning and interaction. (Manual G, Chapter 40, Homemaker Services.)

b. Day care services may be used to allow the CPS parent time away from his/her child(ren), to provide stimulation and interaction for a deprived child in a normal setting, to provide adequate supervision when the parent is absent for less than 24-hour periods. If day care continues but CPS does not, day care eligibility must be re-evaluated and the parent informed of financial participation requirements. (Manual G, Chapter 28, Day Care Services for Children.)

c. Chore services may be utilized when the parent is in the home but physically unable to care for small children without assistance or unable to perform the necessary household tasks; or to temporarily help a CPS parent in those household tasks which will bring an unsafe/unclean environment up to acceptable standards. Chore service recipients must be income eligible. (See Chapter 42, Chore Services.)

26.98 INTERFACE WITH NON-DSHS SERVICES

A. Community Liaison Work

CPS units with the assistance of a designated community CPS liaison worker will:

1. Develop and maintain a mailing list of local persons and agencies with an interest in CPS who are likely to participate in planning groups or workshops relating to CPS.

2. Develop and maintain a broader list of those people and agencies who need to be aware of changes in the statutes or programs relating to CA/N. This list would include members of the local medical and educational communities as well as the criminal justice system.

3. Develop and be able to deliver a community presentation package on CA/N as a social problem, the CPS program as a means of dealing with it, and the increasing need for community support and expertise.

4. With input from appropriate community groups, develop and maintain a practical list of supportive and preventive functions relating to CPS or CA/N prevention that may be performed by community volunteers.

5. In cooperation with the CSO administrator, develop and maintain CPS interface agreements with community agencies.

6. Deliver program and statutory information about CPS and CA/N prevention to community groups and individuals when requested.

7. Participate in community groups, boards, committees, multidisciplinary teams, and projects focusing in prevention, identification, and treatment of CA/N.

8. Participate in individual case staffings when appropriate to help determine CPS eligibility and coordinate other services.

9. Conduct and coordinate training for community professionals and lay groups.

Although many combinations of locally available positions may be used in completing the above activities, those most likely to be helpful are CPS direct service staff, CPS supervisors, and community resource coordinators.

Offices may designate a community liaison worker full or part-time and restrict or stop case assignments to that worker. The CPS community liaison worker should have recent CPS experience but may also act as community liaison for other programs. In many offices, this may become a rotational assignment and may provide CPS workers with temporary relief from line responsibility.

B. Service Agencies and Organizations

The following list of services is not inclusive. It is a framework for considering these resources that may be helpful to individual CPS cases as well as those which may assist in enhancing the preventive case finding, and treatment objectives of the program as a whole.

1. The Social Service Community:

a. Mental Health Clinics

Services normally provided by mental health clinics include outpatient, inpatient, day treatment, emergency, and consultation/education (see WAC 275-25-730). Drug treatment services are also available in accordance with WAC 275-25-730). No client is denied service because of inability to pay. See WAC 275-25-760 related to admission of clients to state hospitals.

b. Community Alcohol Centers

Community Alcohol Centers provide service in accordance with WAC 275-15, and Manual F, Chapter 36. These services consist of evaluation, counseling to those who have problems related to the use or abuse of alcohol, residential treatment planning and placement, counseling for families with alcoholic members, education/information, and referral to local resources. The fee for these services is based on the client's ability to pay.

c. Domestic Violence Programs

Domestic violence programs provide counseling, volunteer services, and frequently housing for adult victims of domestic violence whose children are also frequently victimized.

d. Sexual Assault Programs

Child sexual abuse is frequently first identified by these resources. Interface agreements for both referral and follow-up are essential.

e. Private Nonprofit and Profit Counseling Agencies & Counselors

At a minimum, these resources should have an understanding of the requirements of 26.44 RCW.

2. The Medical Community

Hospitals, clinics, health departments, family planning clinics, private physicians, nurses, dentists, and other licensed therapists all have occasion to see and follow cases of CA/N.

3. The Legal Community

Bar Association referral services and legal aid organizations can help provide services for CPS families and may sometimes help families to accept and participate in appropriate case plans. Law enforcement interface is referenced in 26.34.

4. Religious Organizations

Churches and church-related organizations are a valuable source of counseling, financial, manpower, and in-kind contributions in support of CA/N intervention and prevention. Agreements with key organizations will maximize these benefits and clarify the requirements for CPS reporting and intervention.

5. The Education Community

a. Schools. Public and private schools for children are the single single most important reporting and monitoring resources available to CPS. CPS interface agreements with each district or private school should contain the following elements.

- CPS referral procedures consistent with the intent of 26.44 RCW that facilitate direct referral by the person observing the risk situation.

- Arrangements for preliminary interviews of children by CPS before notification of parents when such notification would result in increased risk to the child or would interfere with the appropriate collection of information.

- Arrangements for notification of the building principal whenever a service worker visits the school.

- Arrangements for ongoing monitoring of appropriate cases and sharing of information consistent with public disclosure policy and Public Law 93-568, Section 2.

- Arrangements for ongoing provision of inservice training regarding CA/N indicators and reporting involving consultation and, as available, assistance from CPS.

b. Parent Education Programs

Parent education classes are offered by secondary schools, colleges, hospitals, churches, and private organizations. CPS units should be prepared to offer consultative and, as available, direct staff support to these activities.

6. Special Programs and Projects

Using federal grants and community donations, numerous projects and organizations have been and are being developed as specific enhancements to CPS. These include parent aide projects, multidisciplinary diagnostic and treatment teams, community network projects, parents' anonymous, and homebuilders.

C. Referral of a CPS family to other agencies in the community should be made when possible and appropriate. When making referrals to another agency, the service worker should continue working with the family until they are engaged in treatment in that agency. At that point, protective services for the family may be terminated if there is no other current treatment provided by CPS and the conditions outlined in 26.32 E. are satisfied.

When the primary service to solve a CA/N problem is to be provided by another agency, inside or outside of DSHS (non-CPS), there must be supervisory concurrence to that agreement. The details of the agreement must be documented in the case record.

The agency must be requested to refer the family back to CPS if CA/N continues or if the family discontinues treatment before the problems precipitating CA/N have been resolved. The agency must notify CPS when the service is terminated and an evaluation of the completed service must be entered in the CPS case record.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 0-35	Criminal/Arrest History Request Form (12/82)
DSHS 2-142(X)	Child Abuse Register Report (Rev. 9/82)
DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 4-114(X)	Social Services Intake Form (Rev. 12/82)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-05(X)	Application for Foster Care and Support Enforcement Services (Rev. 11/78)

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services shall be to protect children from child abuse and/or neglect while preserving family integrity to the maximum extent possible consistent with the safety and permanency needs of the child.

26.11 Service Description

A. The purpose of Child Protective Services is to:

1. Assess risk of abuse or neglect to children; and

2. Develop case plans which will prevent or remedy child abuse and neglect (CA/N) in the shortest reasonable time.

B. Child Protective Services social workers perform the following activities:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive assessment of the range of factors which influence the likelihood of CA/N.

2. Develop and implement case plans designed to reduce the risk of CA/N to children:

   a. Arranging for family and/or individual assessment, counseling, and/or education.

   b. Arranging for legal intervention when appropriate.

   c. Providing information and referral.

   d. Advocating for child clients.

   e. Monitoring and coordinating service delivery by other agencies to active CPS families.

3. Provide placement and permanency planning services in appropriate cases.

4. Develop community relationships as defined in [26.15].

5. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families to meet their basic needs and to become more capable of caring for their children.

26.12 Definitions

A. Child Protective Services shall adopt the following definitions of child abuse and neglect [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

   d. Impairment of physical or emotional health; or

   e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching of a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

   a. Genitals;

   b. Anus; or

   c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

   a. Food;

b. Shelter;

c. Clothing;

d. Supervision; or

e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person granted parental status, rights, and privileges for a child by the courts.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designates a parent's right to custody of the child which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Stepparent - a person, not the parent of a child, who is currently married to a parent of the child.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are a series of factors which when present may be considered indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechiae (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or charring of tissue through application of heat, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, disturbed function.

b. Dangerous acts, i.e., acts which constitute a serious risk to a child's physical or mental health, safety, or welfare but which do not result in injury to the child. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently could impair the functions of one or more organs or tissues. Examples include the inappropriate use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, bizarre diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking of a child under age three.

(14) The reckless use of lethal weapons in the proximity of a child.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

Torture of a child.

Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a feces-filled or urine-soaked diaper on a child's face.

(2) Submerging a child's head in a toilet bowl.

(3) Using low levels of electric shock on a child.

(4) Restraining a child through use of handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and water for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline." Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" which places these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.12 E,(1),(a)].

(4) The parent disciplining the child has control of his/her own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.12 E (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to her (his) misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action,or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs when such failure harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene.

The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide adequate, nutritionally sound food in amounts adequate to maintain a child's health and development. Examples include:

(1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

(2) Feeding a child a diet which results in a dangerous loss of weight.

(3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

(4) Failure to provide food for pre-school child.

(5) Providing a diet which consistently lacks nutritional value.

(6) Making no attempt to make food available for a child capable of feeding himself/herself.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

(1) No heat in cold weather.

(2) Inoperable plumbing.

(3) Animal or human feces on floor.

(4) Fleas, mice, rats, bed bugs, or other vermin in the house.

(5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

(6) Fire hazards in/around the house.

(7) Toxic materials in house.

(8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth which show obvious lack of care, and child is in obvious pain.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

* NOTE: The use of ages in this section is for descriptive purposes in developing an example only.

(1) Children under six left without adequate supervision of a person at least 12 years or older.

(2) Ten-year-old child who is left to care for eight-year-old medically fragile child.

(3) Eleven-year-old developmentally delayed child caring for seven-year-old sibling.

(4) Parent incapacitated as result of alcohol or drugs with child of age unable to care for self.

(5) Infant/toddler left in car alone.

(6) Locking child in house in lieu of obtaining caretaker.

(7) Leaving child with caretaker who is incapable of providing adequate care.

(8) Parents asleep while toddler plays in home.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has already abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using child car seat or seat belt.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Not changing baby's diaper for extended periods of time.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Oral - Genital/anal contact.

f. Genital - Anal contact.

g. Genital - Genital contact.

h. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

i. Encouraging or forcing a child to engage in sexually explicit conduct.

j. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or part of a live performance.

k. Promoting prostitution by minors.

l. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

   a. Parents or others engaging in sexual intercourse.

   b. Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

   Specific examples include:

   (1) Chronic ridicule, belittling, or humiliation of a child.

   (2) Punishing a preschool child for normal play activities.

   (3) Scapegoating a child as part of a family system.

   (4) Refusing a child's gestures for affection.

(5) Treating the adolescent like a young child ("infantilizing").

(6) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(7) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(8) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

(9) Refusing to praise a child or acknowledge accomplishments.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently changing "rules of the game" in the parent-child relationship.

(5) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Failing to respond at all to child's request for attention or affection.

(5) Refusing to engage in child-focused activities.

(6) Failing to comfort, cuddle or hold an infant.

(7) Failing to respond to a child's pain.

(8) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.13 General Policies for Child Protective Service

A. Child Protective Service is a priority program which is available in all geographic areas of the State of Washington on a 24-hour basis.

B. Children's homes are considered their best ongoing resource. Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b). Children are generally returned to their own homes when the reason for their removal no longer exists per RCW 13.34.130(3)(a).

C. A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and/or his/her supervisor shall discuss the assignment of a new referral on a previously opened case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

D. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at six-month intervals.

E. The social worker gives primary consideration in permanency planning to the return of the child to his or her own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship should be considered [32.34].

F. A referral concerned with CA/N or the risk of CA/N shall be accepted by the department from any source, including one made anonymously. (See WAC 388-15-132(1).)

G. A report which meets the sufficiency criteria specified on the Report of Child Abuse and Neglect, DSHS 14-260(X), shall be accepted for CPS investigation.

H. Referrals accepted for investigation shall be reviewed by a supervisor.

I. The social worker shall notify the persons legally responsible for the child of those cases accepted for investigation. Notification can be face-to-face, by phone, or in writing and may occur prior to or after a child victim has been interviewed.

J. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff who have recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

K. The social worker shall file a dependency petition and take necessary steps to obtain an emergency shelter care order when a case has been referred to DCFS by a physician on the basis of an expert medical opinion that child abuse, neglect, or sexual abuse has occurred and that the child's safety will be endangered if the child is returned to parental custody.

1. The social worker shall determine, based on an assessment of known risk factors, whether out-of-home placement is necessary for the child's protection.

2. The child may be returned/remain in the parent's home:

a. When the social worker's assessment indicates placement is not necessary to the child's protection; and

b. The social worker's determination is supported by the opinion of a second licensed physician.

L. All CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home shall be subject to review by DCFS region management and the local child protection team. All Division of Children and Family Services offices shall use child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases.

M. The social worker shall consult the supervisor about critical case decisions. Each office shall develop an in house structure to facilitate shared decision making.

N. CPS service guidelines for on-post military families must be resolved administratively with the base commander or his/her designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures are necessary. Special procedures are not necessary for off-post families.

O. DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 upon determination that the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement). The social worker shall document in the case record the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33].)

P. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." In addition to the initial oral and written notification to the supervisor for the Regional Administrator, reports of follow-up actions and/or dispositions are also to be made. Procedures for handling "institutional abuse" allegations are outlined in [26.33].

Q. The DCFS Regional Administrator shall refer all allegations of CA/N by employees or volunteers to a different local office unit for CPS investigation. Incident report procedures will be used to alert the RA.

26.14 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge cultural and minority differences in assessment and intervention of CA/N. DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand the meaning of cultural differences, practices, and norms.

   Interviewing is defined as communication with a member of another culture to identify the:

   1. Key cultural differences; and

   2. Meaning of those cultural practices and norms.

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method.

C. Develop resources to assure that they will communicate effectively with the members of various cultural groups and involve them in case planning.

   These resources may include:

   1. Translators; and/or

   2. Staff members who speak the major minority culture languages within the office jurisdiction.

D. Develop resources to assist staff in interventions with families of different cultures.

   These resources may include:

   1. Cultural resource teams;

   2. Consultants; and/or

   3. Staff training.

26.15 Interface with Non-DSHS Services

Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;

2. Statutory changes affecting abused and neglected children; and

3. The parameters of the CPS program.

C. DCFS social workers are encouraged to participate in community groups, boards, committees, multidisciplinary teams, and projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

26.16 Eligibility for Child Protective Service

The Child Protective Services program shall be oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of child abuse/neglect. Investigation of specific alleged instances of child abuse/neglect, and findings related to such investigations, shall be viewed as a means of strengthening and supporting risk assessment.

A. While child abuse and neglect may be committed by any person, the Child Protective Services shall only be available to a child who is alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to, parents (custodial and noncustodial), stepparents, guardians, and legal custodians.

2. The child's sibling; or

3. Any person who resides with and has caretaking responsibilities for the child.

4. A person who is licensed or certified pursuant to [Chapter 74.15 RCW]. Such persons include, but are not limited to:

a. Day care providers;

b. Foster/group care providers;

c. Employees of licensed/certified agencies; and

d. Volunteers of licensed/certified agencies.

5. A person who is subject to licensure/certification pursuant to Chapter 74.15 RCW.

6. A person who provides in-home child care services and who is paid by the department.

7. A person who is alleged to have committed child abuse/neglect in an institutional setting. Such institutions include, but are not limited to:

a. Residential care and treatment facilities for children;

b. Juvenile detention facilities; and

c. Hospitals.

8. A person who is included within those categories of persons subject to CPS investigation, as specified by DCFS manual provisions or policy directions.

B. The Division of Children and Family Services shall accept all referrals alleging CA/N but shall assign referrals for investigation only when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is:

a. A parent; or

b. Person acting in loco parentis; or

c. A third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.12]; or

4. Risk factors exist which place children at risk of imminent harm.

5. A juvenile sex offender who is:

a. Under age 12; and

b. Found by police investigation to have committed a sexual offense; and

c. Prosecution has been deferred due to the child's age; and

d. Lacks capacity to understand the nature of the crime; and

e. The child has not been referred for or entered into appropriate treatment.

C. DCFS does not generally accept for investigation referrals of:

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the parent or surrogate parents are unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those legally responsible for a child's welfare, e.g., parent or caretaker acting in loco parentis. (See [26.16 A)

3. Child custody determinations in conflictual family proceedings or marital dissolutions.

4. Cases in which no abuse or neglect as defined in [26.12] is alleged to have occurred but where parental behaviors or problems place the child at risk of cumulative emotional harm or developmental delay.

5. Allegations of violations per se of the school system's:

a. Statutory Code;

b. Administrative Code; or

c. Statements regarding discipline policies.

D. Financial: CPS is provided without regard to income.

E. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

26.17 Priorities

A. DCFS staff must continually define service priorities:

1. DCFS intake/assessment social workers shall give top priority to referrals which indicate that children are at risk of imminent harm. These referrals often require emergency response. Even when emergency response is not required, referrals involving risk of imminent harm shall receive prompt attention.

2. DCFS intake shall prioritize all other referrals accepted for investigation based on assessed risk to the child.

   a. High risk cases are cases in which children are at risk of:

      (1) Loss or impairment of bodily functions;

      (2) Sexual abuse including intercourse and oral/genital contact;

      (3) Emotional maltreatment which results in measurable behavioral problems or developmental delays, etc.

   b. Moderate risk cases are cases in which children are at risk of serious abuse/neglect.

      (1) Significant injury but is unlikely to require medical attention;

      (2) Sexual abuse involving fondling of genitals or grooming;

      (3) Emotional maltreatment which results in behavioral problems that impair social development or role functioning.

   c. Low risk cases are cases in which children are at risk of minor abuse/neglect.

      (1) Superficial injury not requiring medical attention;

      (2) Sexual abuse cases involving suggestive remarks or flirtations.

3. DCFS supervisors and social workers shall reassess service priorities regularly in order to reflect new information on open cases and new workload demands.

4. DCFS supervisors and line staff shall allocate time to the development and maintenance of community relationships, especially relationships with:

   a. Law enforcement agencies;

   b. Juvenile courts;

   c. Schools;

   d. The medical community; and

   e. Appropriate social service agencies.

26.20 PROGRAM AND PERFORMANCE STANDARDS

26.21 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations.

A. Response Time

The DCFS social worker will respond to cases accepted for investigation.

1. The intake staff and/or supervisor shall:

   a. Determine the appropriate response time at intake.

   b. Assess the child's need for immediate protection.

2. CPS intake shall assign an emergent response time to referrals that indicate that children are at risk of imminent harm.

3. CPS investigation of other referrals requiring a nonemergent response time shall begin within ten working days.

B. Level of Intervention

DCFS staff shall utilize the least intrusive intervention consistent with the safety of the child.

1. Cases assessed as low risk should generally require the least intrusive methods of intervention:

   a. Voluntary services;

   b. Referral to community agencies; and

   c. Other community services.

2. Cases assessed as high or moderate risk may require more intrusive interventions:

   a. Intensive in-home services;

   b. Legal action;

   c. Out-of-home placement; or

   d. Other services as necessary and available.

3. Cases assessed as high or moderate risk should be kept open for service subject to the limitation of the 90-day rule.

C. Standards for Investigation

1. High Risk Standard

DCFS shall use this standard for all referrals accepted for investigation except when a supervisor has approved the use of the low risk standard. The DCFS social worker assigned to investigate shall:

a. Contact the Reporter

The social worker will contact the reporter if information is insufficient or unclear or to secure additional information the reporter may have. The mandated referent may be provided information about the outcome of the case.

b. Interview Child Subjects

(1) The social worker will interview individually face-to-face each and all involved child subjects of the report. More than one interview may be required.

(2) The social worker shall have face-to-face contact within the first 30 days of a referral with any child incapable of being interviewed by virtue of:

(a) Age;

(b) Emotional condition;

(c) Physical condition;

(d) Mental health status;

(e) Being nonverbal;

(f) Other limiting conditions.

(3) The social worker shall notify the parents of a child alleged to be a victim of CA/N whenever the child is interviewed by DCFS. Notice shall occur at the earliest point in the investigation that will not jeopardize the safety of the child [26.38 C.]

c. Interview All Alleged Perpetrators and Other Appropriate Adults

The social worker will interview individually, face-to-face, all alleged perpetrators and the child's caretakers. Social workers may coordinate with law enforcement agencies regarding initial contact with alleged perpetrators according to written community protocols. This requirement may be waived when the alleged perpetrator is unavailable or unwilling to be interviewed.

d. Contact Law Enforcement

The social worker will make a written report to the local law enforcement agency. In some cases, immediate phone contact with law enforcement may be necessary. The social worker may request the assistance of the local law enforcement agency to:

(1) Assure the child or the worker's safety;

(2) Observe evidence;

(3) Take temporary protective custody;

(4) Enforce a court order; or

(5) Assist with the investigation.

e. Seek Protection for Child

The social worker will evaluate the safety of the home environment for the child. Services shall be provided to maintain children safely in their own homes whenever possible. The social worker should arrange for out-of-home placement through a voluntary placement agreement or temporary protective custody when a child's safety cannot be reasonably assured in their own home.

f. Secure Medical Evaluation and/or Medical Treatment

The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, but indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

g. Interview Key Collaterals

The social worker will interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are believed to have first-hand knowledge of the incident, the injury, or the family's circumstances.

h. Contact Other Collaterals

The social worker may interview other persons who have knowledge of the child and family's functioning.

i. Perform Comprehensive Assessment

The social worker will perform a comprehensive assessment of the child and family taking into account the range of risk factors described in the Risk Assessment Matrix.

j. The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters.

2. Low Risk Standard

The low risk standard of investigation may only be used when supervisors assess referrals as low risk of CA/N and waive the high risk standard. These cases may not require an immediate or detailed investigation. Some cases could be referred to community agencies for services and/or monitoring following the initial investigation. DCFS social workers may:

a. Interview Other Sources

The social worker shall first interview collateral sources (physician, school, day care, relatives, etc.) in person or by telephone to assess the degree of risk to the child.

CPS interviews with the child and caretaker may not be necessary if the information obtained does not indicate a high or moderate level of risk. The social worker shall interview the child using the high risk standard if no information is available from collateral sources per [26.21 C.1.].

b. Interview Child Subjects

The social worker may interview all involved child subjects of the report:

(1) In person or by telephone;

(2) Individually, or in a group.

c. Notify Caretakers

The social worker must notify the caretaker if the child has been interviewed or when collateral sources are contacted in lieu of interviewing the child. Caretakers may be contacted together, either in-person, by telephone, or by letter [26.38 C.]

d. Investigative Findings

The DCFS investigation shall be completed within 90 days per [WAC 388-15-132(2)(e)]. A summary finding shall be recorded indicating that:

(1) Child at risk of CA/N.

(2) Child not at risk of CA/N.

(3) Unable to determine.

26.22 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of the report. At the end of the 90 days DCFS staff shall:

1. Develop a written voluntary service plan agreement with the family;

2. File a dependency action in the juvenile court; or

3. Close the case.

B. The social worker shall develop a written finding which identifies the assessed level of risk (high, moderate, or low) and the outcome of the CPS investigation. The possible outcomes of CPS investigation are:

1. Voluntary service plan initiated.

2. Dependency action filed.

3. Family refuses service, no dependency action. Case closed.

4. Family referred to other service agency.

5. Family moved; case transferred to other DCFS office.

6. Case closed.

C. The social worker shall develop an investigative summary which explains:

1. The basis for the social worker's assessment of risk;

2. Whether the evidence supports the allegations of the referral; and

3. How the information pertains to the continued risk of CA/N.

D. The social worker will record whether or not the investigation findings indicate CA/N in those cases requiring an incident report. For the purpose of incident reporting, the investigative summary shall consist of specific findings regarding alleged CA/N.

1. The allegations of CA/N is supported by the information/evidence; or

2. The allegation is not supported; or

3. The information/evidence is not sufficient to warrant a reasonable determination of CA/N.

E. The social worker shall review service plans every six months or whenever changes to the service plan are made in order to evaluate the effectiveness of the plan in reducing the risk of CA/N.

F. The supervisor shall review all cases open for 90 days. Review will determine if:

1. The case record is complete;

2. The service is appropriate and effective; and

3. The service should continue.

26.23 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Training;

3. Social work decision-making;

4. Ensures the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to this function are:

1. Assigns, reviews, and prioritizes work assignments.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews levels of risk in cases of alleged abuse or neglect of children.

7. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

8. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

9. Assist staff to understand their professional responsibility and to carry out agency policy and comply with the laws which govern children's services.

10. Trains staff in gathering accurate and complete information, organizing information and case decision-making.

11. Plans, organizes, and directs collaboration with community agencies and providers [26.15].

12. Development of resources and access to resources directly associated with DCFS programs.

13. Recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies;

3. Procedures related to service delivery.

26.30 SERVICE PROCEDURES

26.31 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Report of Child Abuse and Neglect, DSHS 14-260(X), to conduct a comprehensive intake interview with any referent wishing to report CA/N. Information to be recorded includes:

1. Specific allegations of CA/N;

2. Risk factors;

3. Referent and other collateral statements; and

4. The reason for the intake decision.

B. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

C. The social worker may request mandated reporters or relatives to tell parents of the report, or encourage them to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving if doing so does not increase risk to the child or jeopardize evidence. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

D. The intake worker shall gather additional information from collateral sources when sufficient information is not available from the referent to determine if the referral should be accepted for investigation. Supervisors shall review all intake decisions.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.21(C)].

A. Interviewing Children

1. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

   a. On school premises;

   b. In day care facilities;

   c. In the child's home; or

   d. In other suitable locations.

2. The social worker shall determine if the child wishes a third party to be present during the interview, and, unless the child objects, the social worker will make reasonable efforts to have the interview observed by a third party so long as the presence of the third party will not jeopardize the investigation.

3. The initial interview with the child may be critical to later dependency and/or criminal hearings. Therefore, the social worker needs to avoid saying or doing anything that could be construed as leading or influencing the child, if possible.

4. The social worker must consider other elements which include:

   a. Child's behavior;

   b. Family functioning;

   c. Child's statements to others; and

d. Information gained from parents and collateral contacts.

5. In each case the social worker needs to:

a. Assess what interviewing tools to use:

(1) Dolls;

(2) Puppets;

(3) Games;

(4) Drawings; and

b. Document the reasons for the choice(s) made:

(1) Child's developmental level;

(2) Comfort level;

(3) Availability of tool; and

(4) Etc.

6. The social worker will coordinate interviews with children during investigations with other professionals. Information may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

7. Social workers shall help the child to understand:

a. The reasons for the interview;

b. The process of investigation; and

c. How to obtain protection from further CA/N.

8. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker has completed the following to increase their comfort and skill levels:

a. Read these DCFS guidelines and discuss them with supervisor.

b. Handle and play with the dolls.

c. Observe another social worker, who is skilled in the use of dolls, do two or more sex abuse interviews with children.

d. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

e. Read three or more books from the bibliography on child sexual abuse, including:

(1) Interviewing Sexual Abuse Victims Using Anatomical Dolls;

(2) One in Four;

(3) Sexual Assault of Children and Adolescents.

f. Any social worker who does sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse Using Anatomically Complete Dolls" or its replacement equivalent as soon as possible, based on availability.

B. Child Protective Service Alerts

1. All DCFS supervisors can initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each CSO within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by writing the Division of Children and Family Services at MS OB-41, and providing information in the following format:

a. Identification:

(1) Name and birthdate of child at risk.

(2) Names and birthdates of persons presently caring for the child.

(3) Current legal status of the child.

b. Problem:

Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

c. Contact:

Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, but should be typed and submitted in memo form to DSHS, DCFS, Mail Stop OB-41, Attention: CPS Program Manager.

4. Each DCFS office will develop a method for distribution of the alerts to suit its particular structure; copies of the alert may be provided to financial and children's services intake units. Confidentiality shall be maintained per public disclosure policy.

5. Alerts should be maintained in either a chronological or alphabetical file at the office for 180 days after receipt but may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

C. Photographing Children

1. Each DCFS office with CPS responsibility is expected to have a 24-hour capability for photographing children, preferably with a self-developing camera.

2. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child. [(RCW 26.44.050]

26.33 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in DCFS Manual [26.12] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-320 and WAC 15-134(5)], respectively.)

B. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

C. Alleged abuse in facilities staffed by DSHS personnel.

1. Referrals are taken on a DSHS 14-260(X) per instructions in [Chapter 99]. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor will brief the area manager and agree on a plan for independent investigations by DCFS staff which will include the following elements:

   a. Designation of specific DCFS social work staff to conduct the investigation.

   b. An initial incident report will be made to the Regional Administrator.

   c. Notification of law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW].

   d. Notification to the facility head or designee that:

      (1) A CPS referral has been made;

      (2) A CPS investigation will follow; and

      (3) No action be taken by the facility likely to interfere with the CPS investigation.

   e. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation.

   f. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

   a. Administrative Policy 6.01, Investigations of Potential Criminal Activity;

   b. Personnel Policies 545, Investigations of Suspected Employee Misconduct; and

   c. 546, Disciplinary and Corrective Action.

   DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.
6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

D. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in C. 1-3 above. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See WAC 388-73-036, 048, and 050.)

E. Alleged Medical Neglect in Health Care Facilities

DCFS will investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. In addition to the responsibilities listed in [26.33.C.1-3], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98.B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred in by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-562-7700, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee.

      (2) The attending physician.

      (3) CPS worker.

      (4) The DCFS medical consultant (as necessary).

      (5) Others as appropriate.

   b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

   c. Ensure that treatment includes the providing of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

   a. Procedure must specify that DCFS will promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

   b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

   c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

   d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take the necessary action to allow the initial CPS review to be completed.

(2) Notification to parents that the decision to withhold treatment is being reviewed shall be deferred to the facility where the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33.D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) That issues not resolved at this point may be referred to the Attorney General's Office or their designee for consideration of grounds for dependency leading to the filing of a petition in Superior Court to assure the continuation of medically necessary treatment.

F. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility will include:

a. <u>Where to Report</u>

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they will:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the DSHS 14-260(X) with the notation in Section D, "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. Response time for investigation shall be based on the intake assessment unless the facility requests earlier assignment for the security or emotional health of the child. An emergent response time may be assigned.

(e) The intake supervisor will notify staff/supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will be responsible for keeping the facility advised of the investigation timeframes, progress, and findings.

(g) Cases which are screened out of CPS may be referred for FRS screening or other support services.

26.34 Law Enforcement

A. Mandatory reports to law enforcement

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. Child Protective Service staff shall report to the appropriate law enforcement agency any reported incident of:

   a. Death;

   b. Sexual abuse;

   c. Nonaccidental physical injury of a child; or

   d. Incidents where the investigation reveals reasonable cause to believe that a crime may have been committed.

3. Reports to law enforcement shall be made within three working days of:

   a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

   b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

   c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. Reports to law enforcement shall be made in writing and copy filed in the department case record or in an administrative file when no case record exists. A legibly completed Report of Child Abuse or Neglect, DSHS 14-260(X), shall be used to comply with the requirement for a written referral.

   a. DCFS may release Referent Identification information to law enforcement in all cases when the referent has not requested confidentiality.

   b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

   c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

   d. The department shall, when contacted, accept information about third-party child abuse and neglect. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

e. The department may share information with law enforcement about child abuse or neglect referrals which are not required to be reported.

f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of child neglect where no criminal misconduct against children is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in [Chapter 99]. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy, [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in making field contacts in situations that may be dangerous to the worker or when the worker believes a child at risk may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody pursuant to [RCW 26.44.050] from law enforcement with a signed Child Custody Transfer, DSHS 10-157(X), or the equivalent emergency placement authorization in local use which is signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

26.35 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Child Protective Services may continue throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Each case remaining open at 90 days must have a detailed case plan. The details of this case plan must be developed in consultation with the family and documented in the case record. Service plans shall be based on a comprehensive assessment and shall identify the objectives necessary to alleviate risk of CA/N. These plans shall include:

   1. The activities necessary to achieve those objectives;

   2. Who should perform the activities; and

   3. When they should be accomplished.

C. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths.

D. Ongoing case management functions include:

   1. Case planning;

   2. Periodic reassessments of risk;

   3. Coordination of service delivery;

   4. Monitoring a child's safety; and

   5. Decision making regarding the timing and goals of permanency planning.

      a. The Division of Children and Family Services shall utilize shared decision making in the planning and review of critical decisions in child abuse and neglect cases.

      b. The DCFS social worker will assist families and children in accessing DSHS and community resources.

c. The DCFS social worker may develop resources to meet identified service needs of families and children including the development and use of:

(1) Volunteers;

(2) Parent aides; and

(3) Self-help groups.

d. The DCFS social worker may provide consultation and assistance to agencies/professionals working with DCFS clients in accordance with DSHS public disclosure policy.

e. The DCFS social worker will utilize permanency planning concepts throughout the life of the case. [Chapter 32]

f. The DCFS social worker may refer cases to services available in the community.

g. DCFS may close cases assessed to be low risk after the family is engaged in a service agreement with a community agency or provider. The case shall be kept open in high and moderate risk cases and may be kept open in some low risk cases for continued services by the DCFS social worker, subject to the limitations of the 90-day rule.

E. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Service Episode Record have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

a. Further voluntary services are not available or accepted; and

b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. The social worker shall properly complete all forms and narrative recording. The supervisor shall review the file for accuracy and completeness and sign before closure or transfer to another service.

26.36 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with 26.44, 13.32A RCW, and 74.13 RCW as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract shall be available to the CPS supervisor for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker should be familiar with local court policy and procedures.

26.37 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department will continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-1043. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

   a. Foster Home/Day Care/Group Home licensers who are investigating the character of licensure applicants or their employees have access to the Central Registry to check for CA/N substantiation.

   b. Department staff who are investigating child placement under Interstate Compact have access to the Central Registry.

   c. Department staff who are reviewing the suitability or competence of a relative or other person to provide care for a child.

   d. Department staff who are investigating a referral of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.38 Placement of Children

A. A DCFS social worker may place a child under one or more of the following conditions:

   1. There is a current court order directing DSHS to take a child into custody.

   2. The department has current custody of the child through a previous court order.

   3. The social worker has a current Placement Authorization and Acknowledgement, DSHS 9-04(X), signed by the person legally responsible for the child and a witness.

   4. When a child has been taken into limited custody by law enforcement pursuant to [RCW 13.32A.050, 13.34.050, or 26.44.050].

   5. A physician or hospital administrator has detained a child believed to be in imminent danger pursuant to [RCW 26.44.056].

B. DCFS may accept custody of a child for placement in a DCFS approved home from:

   1. A law enforcement officer;

   2. Hospital administrator; or

   3. Physician.

The DCFS social worker shall assess the need for continuing out-of-home placement. If it is determined that the child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays, the worker shall secure either voluntary consent (DSHS 9-04(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order. (See also [26.13 J and K].)

C. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice shall include:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action;

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. Notice shall be given at the earliest point in the investigation that will not jeopardize:'

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. Notice may be verbal or telephonic but shall be recorded in the case record.

2. A child is taken into custody pursuant to [RCW 13.34.050 (RCW 26.44.115)].

   a. Notice shall include:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office.

   b. Notice shall be given immediately:

      (1) Regardless of time of day;

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice shall be made by:

(1) Any means reasonably certain of notifying the parents; and

(2) In writing by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice shall include:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice shall be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice shall be in writing and shall include A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section shall also be given to any child victim over the age of 12 who is the subject of the filing.

D. DCFS shall notify any noncustodial parent as described in [26.38 C.2. and 3.] above. [RCW 26.44.120]

E. DCFS may provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

F. All nonemergent placements must receive supervisory approval before they occur. Emergent placements are those which could reasonably be expected to meet the test of [RCW 26.44.050] and are subject to supervisory review on the first working day after they occur.

G. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable. The Division of Children and Family Services shall consider relatives as a primary placement resource for children.

1. Relatives of specified degree as listed above are exempt per [RCW 74.15.020(4)(a)] from licensure:

a. Brother

b. Sister

c. Stepbrother

d. Stepsister

e. Grandparent

f. Uncle

g. Aunt

h. First cousin

2. The character, suitability, and competence of the relative to provide care for the child shall be determined prior to placement by the division.

3. The Juvenile Court pursuant to [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

H. The social worker shall develop for children in out-of-home placement the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The DSHS 15-209(X) shall be reviewed and updated at six months of placement, and every six months thereafter.

I. DCFS shall staff service plans for children in placement to ensure continuity of the case plan including permanency planning goals when considered for transfer to another worker. Reassignment within DCFS from one service unit to another shall not be viewed as the termination of Child Protective Services involvement unless children are no longer at risk of child abuse/neglect.

J. DCFS may change the placement for a child subject to court supervision prior to court approval. It is preferable that whenever possible prior notification and approval of the court be obtained. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

26.39 Transportation of Children

A. DCFS social workers and volunteers may transport children who have been placed under the conditions listed in [26.38].

B. DCFS social workers and volunteers may transport children who have not been placed in out-of-home care to services or for other reasons only with written permission from custodial parents or legal caretakers.

26.40 CASE RECORDS

26.41 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files.

B. The CPS record must contain the following minimal information:

1. DSHS 2-305(X), Service Episode Record

2. DSHS 14-24(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Risk Factor Matrix

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

C. Content of CPS Records

1. The DSHS 14-260(X), Report of Child Abuse and Neglect, shall be completed on any CPS referral. A case file shall be established for all child victims or families of child victims assigned for investigation. Referrals that are not assigned for investigation shall be maintained in a retrievable file. All other calls to CPS requesting information or consultation shall be logged.

2. The social worker will complete a risk factor matrix on each case at the conclusion of the investigation. The narrative recording will document on the DSHS 2-305(X) all activities and responses to the referral as well as the basis for the assignment of risk.

D. Additional forms completion instructions appear in [26.99].

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 0-35	Criminal/Arrest History Request Form (12/82)
DSHS 2-305(X)	Service Episode Record (10/78)
DSHS 9-04(X)	Placement Authorization and Acknowledgement (Rev. 7/78)
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-140(X)	Source of Funds Application and Face Sheet for Child In Placement (Rev. 4/84)
DSHS 14-260(X)	Report of Child Abuse and Neglect (7/87)
DSHS 14-262(X)	Risk Factor Matrix
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parents Guide to Child Protective Services (1986)
DSHS 22-484 A(X)	Notice to Parents (1986)
DSHS 22-484 B(X)	Child Placement Checklist (1986)

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services shall be to protect children from child abuse and/or neglect while preserving family integrity to the maximum extent possible consistent with the safety and permanency needs of the child.

26.11 Service Description

A. The purpose of Child Protective Services is to:

1. Assess risk of abuse or neglect to children; and

2. Develop case plans which will prevent or remedy child abuse and neglect (CA/N) in the shortest reasonable time.

B. Child Protective Services social workers perform the following activities:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive assessment of the range of factors which influence the likelihood of CA/N.

2. Develop and implement case plans consistent with family centered practice designed to reduce the risk of CA/N to children:

   a. Arranging for family and/or individual assessment, counseling, and/or education.

   b. Arranging for legal intervention when appropriate.

   c. Providing information and referral.

   d. Advocating for child clients.

   e. Monitoring and coordinating service delivery by other agencies to active CPS families.

3. Provide placement and permanency planning services in appropriate cases.

4. Develop community relationships as defined in [26.15].

5. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families to meet their basic needs and to become more capable of caring for their children.

26.12 Definitions

A. Child Protective Services shall adopt the following definitions of child abuse and neglect [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

   d. Impairment of physical or emotional health; or

   e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

   a. Genitals;

   b. Anus; or

   c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

   a. Food;

b. Shelter;

c. Clothing;

d. Supervision; or

e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person granted parental status, rights, and privileges for a child by the courts.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designates a parent's right to custody of the child which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Stepparent - a person, not the parent of a child, who is currently married to a parent of the child.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are a series of factors which when present may be considered indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechiae (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or charring of tissue through application of heat, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, disturbed function.

b. Dangerous acts, i.e., acts which constitute a serious risk to a child's physical or mental health, safety, or welfare but which do not result in injury to the child. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impair the functions of one or more organs or tissues. Examples include the inappropriate use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, bizarre diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking of a child under age three.

(14) The reckless use of lethal weapons in the proximity of a child.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

Torture of a child.

Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a feces-filled or urine-soaked diaper on a child's face.

(2) Submerging a child's head in a toilet bowl.

(3) Using low levels of electric shock on a child.

(4) Restraining a child through use of handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and water for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline." Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" which places these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.12 E,(1),(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.12 E (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action,or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene.

The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide adequate, nutritionally sound food in amounts adequate to maintain a child's health and development. Examples include:

(1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

(2) Feeding a child a diet which results in a dangerous loss of weight.

(3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

(4) Failure to provide food for pre-school child.

(5) Providing a diet which consistently lacks nutritional value.

(6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

(1) No heat in cold weather.

(2) Inoperable plumbing.

(3) Animal or human feces on floor.

(4) Fleas, mice, rats, bed bugs, or other vermin in the house.

(5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

(6) Fire hazards in/around the house.

(7) Toxic materials in house.

(8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, and child is in obvious pain.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

* NOTE: The use of ages in this section is for descriptive purposes in developing an example only.

(1) Children under six left without adequate supervision of a person at least 12 years or older.

(2) Ten-year-old child left to care for eight-year-old medically fragile child.

(3) Eleven-year-old developmentally delayed child caring for seven-year-old sibling.

(4) Parent incapacitated as result of alcohol or drugs with child of age unable to care for self.

(5) Infant/toddler left in car alone.

(6) Locking child in house in lieu of obtaining caretaker.

(7) Leaving child with a caretaker incapable of providing adequate care.

(8) Parents asleep while toddler plays in home.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has already abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using child car seat or seat belt.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Not changing baby's diaper for extended periods of time.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Oral - Genital/anal contact.

f. Genital - Anal contact.

g. Genital - Genital contact.

h. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

i. Encouraging or forcing a child to engage in sexually explicit conduct.

j. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or part of a live performance.

k. Promoting prostitution by minors.

l. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

   a. Parents or others engaging in sexual intercourse.

   b. Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

   Specific examples include:

   (1) Chronic ridicule, belittling, or humiliation of a child.

   (2) Punishing a preschool child for normal play activities.

   (3) Scapegoating a child as part of a family system.

   (4) Refusing a child's gestures for affection.

(5) Treating the adolescent like a young child ("infantilizing").

(6) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(7) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(8) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

(9) Refusing to praise a child or acknowledge accomplishments.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently changing "rules of the game" in the parent-child relationship.

(5) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Failing to respond at all to child's request for attention or affection.

(5) Refusing to engage in child-focused activities.

(6) Failing to comfort, cuddle or hold an infant.

(7) Failing to respond to a child's pain.

(8) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.13 General Policies for Child Protective Service

A. Child Protective Service is a priority program which is available in all geographic areas of the State of Washington on a 24-hour basis.

B. Children's homes are considered their best ongoing resource. Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b). Children are generally returned to their own homes when the reason for their removal no longer exists per RCW 13.34.130(3)(a).

C. A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

D. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at six-month intervals.

E. The social worker gives primary consideration in permanency planning to the return of the child to child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship should be considered [32.34].

F. A referral concerned with CA/N or the risk of CA/N shall be accepted by the department from any source, including one made anonymously. (See WAC 388-15-132(1).)

G. A report which meets the sufficiency criteria specified on the Report of Child Abuse and Neglect, DSHS 14-260(X), shall be accepted for CPS investigation.

H. Referrals accepted for investigation shall be reviewed by a supervisor.

I. The social worker shall notify the persons legally responsible for the child of those cases accepted for investigation. Notification can be face-to-face, by phone, or in writing and may occur prior to or after a child victim has been interviewed.

J. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

K. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody. [RCW 26.44.030,(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The child may be returned/remain in the parent's home:

a. When the social worker's assessment indicates placement is not necessary to the child's protection; and

b. The social worker's determination is supported by the opinion of a second licensed physician.

L. All CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home shall be subject to review by DCFS region management and the local child protection team. All Division of Children and Family Services offices shall use child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases. (RCW 74.14B.030)

M. DCFS Regional Administrators shall establish and maintain one or more multidisciplinary child protective teams in each region. The teams shall be utilized for consultation on all cases where there is risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate. (RCW 74.14B.030)

N. The social worker shall consult the supervisor about critical case decisions. Shared decision making shall be utilized in the planning and review of critical decisions in child abuse and neglect cases. Each office shall develop an in house structure to facilitate shared decision making.

O. CPS service guidelines for on-post military families must be resolved administratively with the base commander or commander's designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures are necessary. Special procedures are not necessary for off-post families.

P. DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 upon determination that the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement). The social worker shall document in the case record the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33].)

Q. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." In addition to the initial oral and written notification to the supervisor for the Regional Administrator, reports of follow-up actions and/or dispositions are also to be made. Procedures for handling "institutional abuse" allegations are outlined in [26.33].

R. The DCFS Regional Administrator shall refer all allegations of CA/N by employees or volunteers to a different local office unit for CPS investigation. Incident report procedures will be used to alert the RA.

26.14 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge cultural and minority differences in assessment and intervention of CA/N. DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand the meaning of cultural differences, practices, and norms.

   Interviewing is defined as communication with a member of another culture to identify the:

   1. Key cultural differences; and

   2. Meaning of those cultural practices and norms.

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method.

C. Develop resources to assure that they will communicate effectively with the members of various cultural groups and involve them in case planning.

   These resources may include:

   1. Translators; and/or

   2. Staff members who speak the major minority culture languages within the office jurisdiction.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training.

26.15 Interface with Non-DSHS Services

Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;

2. Statutory changes affecting abused and neglected children; and

3. The parameters of the CPS program.

C. DCFS social workers are encouraged to participate in community groups, boards, committees, multidisciplinary teams, and projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

26.16 Eligibility for Child Protective Service

The Child Protective Services program shall be oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be viewed as a means of strengthening and supporting risk assessment.

A. While child abuse and neglect may be committed by any person, the Child Protective Services shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to, parents (custodial and noncustodial), stepparents, guardians, and legal custodians.

2. The child's sibling; or

3. Any person residing with and having caretaking responsibilities for the child.

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW.

6. A person providing in-home child care services and paid by the department.

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A person included within those categories of persons subject to CPS investigation, as specified by DCFS manual provisions or policy directions.

B. The Division of Children and Family Services shall accept all referrals alleging CA/N but shall assign referrals for investigation only when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is:

   a. A parent;

   b. Person acting in loco parentis; or

   c. A third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.12]; or

4. Risk factors exist which place children at risk of imminent harm.

5. A juvenile sex offender who is:

   a. Under age 12;

   b. Found by police investigation to have committed a sexual offense;

   c. Prosecution has been deferred due to the child's age;

   d. The child lacks capacity to understand the nature of the crime; and

   e. The child has not been referred for or entered into appropriate treatment.

C. DCFS does not generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the parent or surrogate parents are unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those legally responsible for a child's welfare, e.g., parent or caretaker acting in loco parentis. (See [26.16 A)

3. Child custody determinations in conflictual family proceedings or marital dissolutions.

4. Cases in which no abuse or neglect as defined in [26.12] is alleged to have occurred but where parental behaviors or problems place the child at risk of cumulative emotional harm or developmental delay.

5. Allegations of violations per se of the school system's:

   a. Statutory Code;

   b. Administrative Code; or

   c. Statements regarding discipline policies.

D. Financial: CPS is provided without regard to income.

E. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

26.17 Priorities

A. DCFS staff must continually define service priorities:

1. DCFS intake/assessment social workers shall give top priority to referrals which indicate that children are at risk of imminent harm. These referrals often require emergency response. Even when emergency response is not required, referrals involving risk of imminent harm shall receive prompt attention.

2. DCFS intake shall prioritize all other referrals accepted for investigation based on assessed risk to the child.

   a. High risk cases include cases in which children are at risk of:

      (1) Loss or impairment of bodily functions;

      (2) Sexual abuse including intercourse and oral/genital contact;

      (3) Emotional maltreatment resulting in measurable behavioral problems or developmental delays, etc.

   b. Moderate risk cases include cases in which children are at risk of serious abuse/neglect.

      (1) Significant injury but is unlikely to require medical attention;

      (2) Sexual abuse involving fondling of genitals or grooming;

      (3) Emotional maltreatment resulting in behavioral problems that impair social development or role functioning.

   c. Low risk cases include cases in which children are at risk of minor abuse/neglect.

      (1) Superficial injury not requiring medical attention;

      (2) Sexual abuse cases involving suggestive remarks or flirtations.

3. DCFS supervisors and social workers shall reassess service priorities regularly in order to reflect new information on open cases and new workload demands.

4. DCFS supervisors and line staff shall allocate time to the development and maintenance of community relationships, especially relationships with:

   a. Law enforcement agencies;

   b. Juvenile courts;

   c. Schools;

   d. The medical community; and

   e. Appropriate social service agencies.

26.20 PROGRAM AND PERFORMANCE STANDARDS

26.21 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations.

A. Response Time

The DCFS social worker will respond to cases accepted for investigation.

1. The intake staff and/or supervisor shall:

   a. Determine the appropriate response time at intake.

   b. Assess the child's need for immediate protection.

2. CPS intake shall assign an emergent response time to referrals that indicate that children are at risk of imminent harm.

3. CPS investigation of other referrals requiring a nonemergent response time shall begin within ten working days.

B. Level of Intervention

DCFS staff shall utilize the least intrusive intervention consistent with the safety of the child.

1. Cases assessed as low risk should generally require the least intrusive methods of intervention:

   a. Voluntary services;

b. Referral to community agencies; and

c. Other community services.

2. Cases assessed as high or moderate risk may require more intrusive interventions:

a. Intensive in-home services;

b. Legal action;

c. Out-of-home placement; or

d. Other services as necessary and available.

3. Cases assessed as high or moderate risk should be kept open for service subject to the limitation of the 90-day rule.

C. Standards for Investigation

1. High Risk Standard

DCFS shall use this standard for all referrals accepted for investigation except when a supervisor has approved the use of the low risk standard. The DCFS social worker assigned to investigate shall:

a. Contact the Reporter

The social worker shall contact the reporter if information is insufficient or unclear or to secure additional information the reporter may have. The mandated referent may be provided information about the outcome of the case.

b. Interview Child Subjects

(1) The social worker shall interview individually face-to-face each and all involved child subjects of the report. More than one interview may be required.

(2) The social worker shall have face-to-face contact within the first 30 days of a referral with any child incapable of being interviewed by virtue of:

(a) Age;

(b) Emotional condition;

(c) Physical condition;

(d) Mental health status;

(e) Being nonverbal;

(f) Other limiting conditions.

(3) The social worker shall notify the parents of a child alleged to be a victim of CA/N whenever the child is interviewed by DCFS. Notice shall occur at the earliest point in the investigation that will not jeopardize the safety of the child [26.38 C.]

c. Interview All Alleged Perpetrators and Other Appropriate Adults

The social worker will interview individually, face-to-face, all alleged perpetrators and the child's caretakers. Social workers may coordinate with law enforcement agencies regarding initial contact with alleged perpetrators according to written community protocols. This requirement may be waived when the alleged perpetrator is unavailable or unwilling to be interviewed.

d. Contact Law Enforcement

The social worker will make a written report to the local law enforcement agency. In some cases, immediate phone contact with law enforcement may be necessary. The social worker may request the assistance of the local law enforcement agency to:

(1) Assure the child or the worker's safety;

(2) Observe evidence;

(3) Take temporary protective custody;

(4) Enforce a court order; or

(5) Assist with the investigation.

e. Seek Protection for Child

The social worker will evaluate the safety of the home environment for the child. Services shall be provided to maintain children safely in their own homes whenever possible. The social worker should arrange for out-of-home placement through a voluntary placement agreement or temporary protective custody when a child's safety cannot be reasonably assured in their own home.

f. Secure Medical Evaluation and/or Medical Treatment

The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, but indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

g. Interview Key Collaterals

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are believed to have first-hand knowledge of the incident, the injury, or the family's circumstances.

h. Contact Other Collaterals

The social worker may interview other persons having knowledge of the child and family's functioning.

i. Perform Comprehensive Assessment

The social worker shall perform a comprehensive assessment of the child and family taking into account the range of risk factors described in the Risk Assessment Matrix.

j. The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters.

2. Low Risk Standard

The low risk standard of investigation may only be used when supervisors assess referrals as low risk of CA/N and waive the high risk standard. These cases may not require an immediate or detailed investigation. Some cases could be referred to community agencies for services and/or monitoring following the initial investigation. DCFS social workers may:

a. Interview Other Sources

The social worker shall first interview collateral sources (physician, school, day care, relatives, etc.) in person or by telephone to assess the degree of risk to the child.

CPS interviews with the child and caretaker may not be necessary if the information obtained does not indicate a high or moderate level of risk. The social worker shall interview the child using the high risk standard if no information is available from collateral sources per [26.21 C.1.].

b. Interview Child Subjects

The social worker may interview all involved child subjects of the report:

(1) In person or by telephone;

(2) Individually, or in a group.

c. Notify Caretakers

The social worker must notify the caretaker if the child has been interviewed or when collateral sources are contacted in lieu of interviewing the child. Caretakers may be contacted together, either in-person, by telephone, or by letter [26.38 C.]

d. Investigative Findings

The DCFS investigation shall be completed within 90 days per [WAC 388-15-132(2)(e)]. A summary finding shall be recorded indicating that:

(1) Child at risk of CA/N.

(2) Child not at risk of CA/N.

(3) Unable to determine.

26.22 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of the report. At the end of the 90 days DCFS staff shall:

1. Develop a written voluntary service plan agreement with the family;

2. File a dependency action in the juvenile court; or

3. Close the case.

B. The social worker shall develop a written finding identifying the assessed level of risk (high, moderate, or low) and the outcome of the CPS investigation. The possible outcomes of CPS investigation are:

1. Voluntary service plan initiated.

2. Dependency action filed.

3. Family refuses service, no dependency action. Case closed.

4. Family referred to other service agency.

5. Family moved; case transferred to other DCFS office.

6. Case closed.

C. The social worker shall develop an investigative summary which explains:

1. The basis for the social worker's assessment of risk;

2. Whether the evidence supports the allegations of the referral; and

3. How the information pertains to the continued risk of CA/N.

D. The social worker shall record whether or not the investigation findings indicate CA/N. The investigative summary shall contain specific written findings regarding alleged CA/N.

1. The allegation of CA/N is reasonably supported by the information/evidence; i.e., a founded referral, or

2. The allegation is not supported; i.e., an unfounded referral, or

3. The information/evidence is not sufficient to warrant a reasonable determination of CA/N; i.e., an inconclusive referral.

E. The social worker shall review service plans every six months or whenever changes to the service plan are made in order to evaluate the effectiveness of the plan in reducing the risk of CA/N.

F. The supervisor shall review all cases open for 90 days to determine if:

1. The case record is complete;

2. The service is appropriate and effective; and

3. The service should continue.

26.23 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Training;

3. Social work decision-making;

4. Ensures the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to this function are:

1. Assigns, reviews, and prioritizes work assignments.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews levels of risk in cases of alleged abuse or neglect of children.

7. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

8. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

9. Assist staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

10. Trains staff in gathering accurate and complete information, organizing information and case decision-making.

11. Plans, organizes, and directs collaboration with community agencies and providers [26.15].

12. Development of resources and access to resources directly associated with DCFS programs.

13. Recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

3. Procedures related to service delivery.

26.30 SERVICE PROCEDURES

26.31 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Report of Child Abuse and Neglect, DSHS 14-260(X), to conduct a comprehensive intake interview with any referent wishing to report CA/N. Information to be recorded includes:

1. Specific allegations of CA/N;

2. Risk factors;

3. Referent and other collateral statements; and

4. Reason for the intake decision.

B. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

C. The social worker may request mandated reporters or relatives to tell parents of the report, or encourage them to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving if doing so does not increase risk to the child or jeopardize evidence. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

D. The intake worker shall gather additional information from collateral sources when sufficient information is not available from the referent to determine if the referral should be accepted for investigation. Supervisors shall review all intake decisions.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.21(C)].

A. Interviewing Children

1. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

a. On school premises;

b. In day care facilities;

c. In the child's home; or

d. In other suitable locations.

2. The social worker shall determine if the child wishes a third party to be present during the interview, and, unless the child objects, the social worker makes reasonable efforts to have the interview observed by a third party so long as the presence of the third party will not jeopardize the investigation.

3. The initial interview with the child may be critical to later dependency and/or criminal hearings. Therefore, the social worker needs to avoid saying or doing anything that could be construed as leading or influencing the child, if possible.

4. The social worker must consider other elements including:

   a. Child's behavior;

   b. Family functioning;

   c. Child's statements to others; and

   d. Information gained from parents and collateral contacts.

5. In each case the social worker needs to:

   a. Assess what interviewing tools to use:

      (1) Dolls;

      (2) Puppets;

      (3) Games;

      (4) Drawings; and

   b. Document the reasons for the choice(s) made:

      (1) Child's developmental level;

      (2) Comfort level;

      (3) Availability of tool; and

      (4) Etc.

6. The social worker shall coordinate interviews with children during investigations with other professionals. Information may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

7. Social workers shall help the child to understand:

   a. The reasons for the interview;

b. The process of investigation; and

c. How to obtain protection from further CA/N.

8. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker completes the following to increase their comfort and skill levels:

a. Read these DCFS guidelines and discuss them with supervisor.

b. Handle and play with the dolls.

c. Observe another social worker, skilled in the use of dolls, do two or more sex abuse interviews with children.

d. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

e. Read three or more books from the bibliography on child sexual abuse, including:

(1) Interviewing Sexual Abuse Victims Using Anatomical Dolls;

(2) One in Four;

(3) Sexual Assault of Children and Adolescents.

9. Any social worker who does sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse Using Anatomically Complete Dolls" or its replacement equivalent as soon as possible, based on availability.

B. Child Protective Service Alerts

1. All DCFS supervisors can initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each CSO within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by writing the Division of Children and Family Services at MS OB-41, and providing information in the following format:

a. Identification:

(1) Name and birthdate of child at risk.

(2) Names and birth dates of persons presently caring for the child.

(3) Current legal status of the child.

b. Problem:

Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

c. Contact:

Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, but should be typed and submitted in memo form to DSHS, DCFS, Mail Stop OB-41, Attention: CPS Program Manager.

4. Each DCFS office will develop a method for distribution of the alerts to suit its particular structure; copies of the alert may be provided to financial and children's services intake units. Confidentiality shall be maintained per public disclosure policy.

5. Alerts should be maintained in either a chronological or alphabetical file at the office for 180 days after receipt but may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

C. Photographing Children

1. Each DCFS office with CPS responsibility is expected to have a 24-hour capability for photographing children, preferably with a self-developing camera.

2. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child. [(RCW 26.44.050]

26.33 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in DCFS Manual [26.12,A] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-320 and WAC 15-134(5)], respectively.)

B. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

C. Alleged abuse in facilities staffed by DSHS personnel.

1. Referrals are taken on a DSHS 14-260(X) per instructions in [Chapter 99]. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Notification of the Office of Special Investigations (OSI) under Administrative Policy 8.05.

b. Designation of specific DCFS social work staff to conduct the investigation with OSI.

c. Making an initial incident report to the Regional Administrator.

d. Notification of law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW].

e. Notification to the facility head or designee that:

(1) A CPS referral has been made;

(2) A CPS investigation will follow; and

(3) No action be taken by the facility likely to interfere with the CPS investigation.

f. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation.

g. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

a. Administrative Policy 6.01, Investigations of Potential Criminal Activity and, 8.05, Client Abuse by Employees and Volunteers;

b. Personnel Policies 545, Investigations of Suspected Employee Misconduct; and

c. 546, Disciplinary and Corrective Action.

DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.

6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

D. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in C. 1-3 above. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See WAC 388-73-036, 048, and 050.)

E. Alleged Medical Neglect in Health Care Facilities

DCFS shall investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose;

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The quality of life in later childhood and adulthood may not be considered in determining whether an exception may be made. In addition to the responsibilities listed in [26.33.C.1-3], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98.B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred in by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

      (2) The department has final responsibility for determining whether further intervention or court referral is necessary.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee.

      (2) The attending physician.

      (3) CPS worker.

      (4) The DCFS medical consultant (as necessary).

      (5) Others as appropriate.

   b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

   c. Ensure that treatment includes the providing of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

   a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

   b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

   c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

   d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take the necessary action to allow the initial CPS review to be completed.

(2) Notification to parents that the decision to withhold treatment is being reviewed shall be deferred to the facility where the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33.D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) That issues not resolved at this point may be referred to the Attorney General's Office or their designee for consideration of grounds for dependency leading to the filing of a petition in Superior Court to assure the continuation of medically necessary treatment.

F. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. <u>Where to Report</u>

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the DSHS 14-260(X) with the notation in Section D, "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. Response time for investigation shall be based on the intake assessment unless the facility requests earlier assignment for the security or emotional health of the child. An emergent response time may be assigned.

(e) The intake supervisor will notify staff/supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will be responsible for keeping the facility advised of the investigation time frames, progress, and findings.

(g) Cases which are screened out of CPS may be referred for FRS screening or other support services.

26.34 Law Enforcement

A. Mandatory reports to law enforcement

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. DCFS staff shall report to the appropriate law enforcement agency any reported incident of:

a. Death;

b. Sexual abuse;

c. Nonaccidental physical injury of a child; or

d. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

3. DCFS staff shall report to law enforcement within 24 hours of receipt of a report by the department in emergency cases when the child is believed to be at risk of imminent harm or other emergent conditions exist. In all other cases the department shall notify law enforcement within 72 hours of:

a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. DCFS staff reporting to law enforcement orally shall within 5 days of receipt of the referral also report in writing and file a copy in the department case record or in an administrative file when no case record exists. A legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

a. DCFS may release Referent Identification information to law enforcement in all cases when the referent has not requested confidentiality.

b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in [Chapter 99]. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy, [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in making field contacts in situations that may be dangerous to the worker or when the worker believes a child at risk may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a signed Child Custody Transfer, DSHS 10-157(X), or the equivalent emergency placement authorization in local use which is signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in its catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

26.35 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Child Protective Services may continue throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. The DCFS social worker shall develop a detailed case plan for each case remaining open for continuing service at the end of the investigative phase. The detailed case plan for each case remaining open beyond 90 days shall have either a written service contract developed and signed by the social worker and the family or a current court order documented in the case record. Detailed case plans shall be based on a comprehensive assessment conducted with the family and shall specifically identify the objectives necessary to alleviate risk of CA/N. These plans shall include:

1. The activities necessary to alleviate risk of CA/N;

2. Who should perform the activities; and

3. When they should be accomplished.

4. Notification that DCFS will communicate with service providers.

5. Authorization for service providers to share information with DCFS.

C. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths.

D. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

E. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

   a. reason for referral,

   b. family's progress,

   c. participation in service,

   d. other case coordination needs,

5. Monitoring a child's safety; and

6. Assessing and monitoring the ability of a non offending parent or caretaker to protect the child from further harm; and

7. Decision making regarding the timing and goals of permanency planning.

F. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Service Episode Record have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

   a. Further voluntary services are not available or accepted; and

   b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. The social worker shall properly complete all forms and narrative recording. The supervisor shall review the file for accuracy and completeness and sign before closure or transfer to another service.

5. DCFS may close cases assessed to be low risk after the family is engaged in a service agreement with a community agency or provider. The case shall be kept open in high and moderate risk cases and may be kept open in some low risk cases for continued services by the DCFS social worker, subject to the limitations of the 90-day rule.

26.36 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with 26.44, 13.32A RCW, and 74.13 RCW as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract shall be available to the CPS supervisor for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker should be familiar with local court policy and procedures.

26.37 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department shall continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-1043. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

   a. Foster Home/Day Care/Group Home licensers investigating the character of licensure applicants or their employees.

   b. Department staff investigating child placement under Interstate Compact.

   c. Department staff reviewing the suitability or competence of a relative or other person to provide care for a child.

   d. Department staff investigating a referral of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.38 Placement of Children

A. A DCFS social worker may place a child under one or more of the following conditions:

   1. There is a current court order directing DSHS to take a child into custody.

   2. The department has current custody of the child through a previous court order.

   3. The social worker has a current Voluntary Placement Agreement, DSHS 9-04B(X), signed by the person(s) legally responsible for the child.

   4. When a child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

   5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. DCFS may accept custody of a child for placement in a DCFS approved home from:

   1. A law enforcement officer;

   2. Hospital administrator; or

   3. Physician.

The DCFS social worker shall assess the need for continuing out-of-home placement. If it is determined that the child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays, the worker shall secure either voluntary consent (DSHS 9-04(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order. (See also [26.13 J and K].)

C. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice shall include:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action;

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. Notice shall be given at the earliest point in the investigation that will not jeopardize:'

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. Notice may be verbal or telephonic but shall be recorded in the case record.

2. A child is taken into custody pursuant to [RCW 13.34.050 (RCW 26.44.115)].

   a. Notice shall include:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office.

   b. Notice shall be given immediately:

      (1) Regardless of time of day;

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice shall be made by:

(1) Any means reasonably certain of notifying the parents; and

(2) In writing by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice shall include:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice shall be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice shall be in writing and shall include A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section shall also be given to any child victim over the age of 12 who is the subject of the filing.

D. DCFS shall notify any noncustodial parent as described in [26.38 C.2. and 3.] above. [RCW 26.44.120]

E. DCFS may provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

F. All nonemergent placements must receive supervisory approval before they occur. Emergent placements are those which could reasonably be expected to meet the test of [RCW 26.44.050] and are subject to supervisory review on the first working day after they occur.

G. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable. The Division of Children and Family Services shall consider relatives as a primary placement resource for children.

1. Relatives of specified degree as listed above are exempt per [RCW 74.15.020(4)(a)] from licensure:

a. Brother

b. Sister

c. Stepbrother

d. Stepsister

e. Grandparent

f. Uncle

g. Aunt

h. First cousin

2. The character, suitability, and competence of the relative to provide care for the child shall be determined prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

H. The social worker shall develop for children in out-of-home placement the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The DSHS 15-209(X) shall be reviewed and updated at six months of placement, and every six months thereafter.

I. DCFS shall staff service plans for children in placement to ensure continuity of the case plan including permanency planning goals when considered for transfer to another worker. Reassignment within DCFS from one service unit to another shall not be viewed as the termination of Child Protective Services involvement unless children are no longer at risk of CA/N.

J. DCFS may change the placement for a child subject to court supervision prior to court approval. It is preferable that whenever possible prior notification and approval of the court be obtained. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

26.39 Transportation of Children

A. DCFS social workers and volunteers may transport children having been placed under the conditions listed in [26.38].

B. DCFS social workers and volunteers may transport children, not placed in out-of-home care, to services or for other reasons only with written permission from custodial parents or legal caretakers.

26.40 CASE RECORDS

26.41 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files.

B. The CPS record must contain the following minimal information:

1. DSHS 2-305(X), Service Episode Record

2. DSHS 14-24(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Risk Factor Matrix

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

C. Content of CPS Records

1. The DSHS 14-260(X), Report of Child Abuse and Neglect, shall be completed on any CPS referral. A case file shall be established for all child victims or families of child victims assigned for investigation. Referrals that are not assigned for investigation shall be maintained in a retrievable file. All other calls to CPS requesting information or consultation shall be logged.

2. The social worker will complete a risk factor matrix on each case at the conclusion of the investigation. The narrative recording will document on the DSHS 2-305(X) all activities and responses to the referral as well as the basis for the assignment of risk.

D. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

   a. The name of any confidential referent,

   b. Confidential reports:

      1. Reports identified for limited disclosure

      2. HIV testing or results (RCW 70.24.105);

      3. Family planning; e.g., contraceptive or abortion information or services.

      4. Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

   c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause including but not limited to:

   a. The requestor is not a person entitled to disclosure.

   b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

   c. Disclosure may present a substantial danger to the child victim or others.

   d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

E. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CAN which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

a. Pursue new information or leads which might resolve the conflict and/or

b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

F. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

a. The information has been found to be untrue in a juvenile court proceeding on the matter, or

b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate, and

c. There is a written request for expungement from the party who is the subject of the erroneous statement.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 0-35	Criminal/Arrest History Request Form
DSHS 2-305(X)	Service Episode Record
DSHS 9-04B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Risk Factor Matrix
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parents Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect while preserving the family's integrity and it's cultural and ethnic identity (to the maximum extent possible) consistent with the safety and permanency needs of the child.

CPS shall provide services which are consistent with diverse populations. CPS is a priority program which is available in all geographic areas of the state of Washington on a 24-hour basis.

26.11 Service Description

A. The purpose of CPS is to:

1. Assess risk of abuse or neglect to children; and

2. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and neglect (CA/N); and

3. Develop culturally responsive case plans which:

   a. Prevent or remedy CA/N in the shortest reasonable time,

   b. Prevent or reduce the need for out of home placement and,

   c. Provide a safe, permanent and culturally relevant home for a child.

B. CPS social workers:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive culturally responsive assessment of the range of factors influencing the likelihood of CA/N.

2. Develop and implement culturally responsive case plans consistent with the risk assessment model designed to reduce the risk of CA/N to children including:

   a. Arranging for family and/or individual assessment, counseling, education, or other culturally consistent community intervention.

   b. Arranging for family preservation services to prevent the need for placement.

   c. Arranging for legal intervention when appropriate.

   d. Providing information and referral, including both DCFS and community resources.

   e. Advocating for children and families within the context of their culture.

   f. Monitoring and coordinating service delivery by the Division of Children and Family Services (DCFS) and other agencies to active CPS families, while collaborating with community agencies.

   g. Providing services in the clients' primary language.

3. Provide permanency planning for children with cases opened for services.

4. Provide culturally responsive placement in appropriate cases.

5. Provide information to the community in the appropriate language and setting about CA/N, the CPS process and available resources within the community.

6. Develop community relationships as defined in [26.61].

7. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families meet their needs and care for their children according to community standards, cultural context and legal statute.

26.12 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge ethnic group differences in CA/N assessment and intervention. In addition to the policies and guidelines for Indian Children [Indian Child Welfare Manual, Chapter 5] and Limited English Proficient (LEP) clients [DCFS Manual, Chapter 4], DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand cultural differences, practices, and norms. (See [26.13], Definitions.)

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method. Consult with agency or community recognized cultural experts to obtain the acceptable community standard.

C. Develop resources assuring that social workers communicate effectively with the members of various cultural groups and involve them in case planning.

These resources may include:

1. Cultural Relevancy Specialist/Regional Administrator;

2. Multi-cultural review teams;

3. Community consultants;

4. Staff training;

5. Community network.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training;

4. Resources and resource gaps.

DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 on determining the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement.) The social worker shall document in the case record the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33] and the Indian Child Welfare Manual.)

26.13 Definitions

Community Network: Working relationships between DCFS, Cultural Consultants, Key Informants (Lay/Professional Person) Natural Helpers (extended families, Folk Healers), and other agencies to develop cultural responsiveness.

Cultural Competence: A set of congruent behaviors, and attitudes that enables a professional to learn about the cultural context of a present problem and to integrate that knowledge into a professional assessment, diagnosis and intervention.

Cultural Consultants: Culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

Cultural Diversity: The distinguishable differences in life styles, values, traditions, religions, etc.

Culturally Responsive: A pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

Culture: The integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

Ethnic: A group designated by customs, characteristics, language, common history and/or racial affiliation.

Ethnographic Interviewing: Defined as communication with a member of another culture to identify the;

1. Key cultural differences; and

2. Meaning of those cultural practices and norms.

Service Agreement: A formal written description of services to be provided or performed. Agreements are developed with the parent and/or the court and any child over age 13 who is to receive or participate in services.

Service Plan: A written statement of the anticipated activities, including service agreements, which are planned in the conduct of the case.

A. Child abuse and neglect means [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

d. Impairment of physical or emotional health; or

e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

a. Genitals;

b. Anus; or

c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

a. Food;

b. Shelter;

c. Clothing;

d. Supervision; or

e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

5. Toddler - a child age one but less than six years.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person the courts grant parental status, rights, and privileges for a child.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designating a parent's right to the child's custody which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Step-parent - a person, not the child's parent, who is currently married to the child's parent.

5. Caretaker - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are acts or omissions which may be considered as indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

b. Dangerous acts, i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate

use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking a child under age three.

(14) The reckless use of lethal weapons in a child's proximity.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

(1) Torture of a child.

(2) Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a child's face with feces-filled or urine-soaked diaper.

(2) Submerging a child's head in a toilet bowl.

(3) Using electric shock on a child.

(4) Restraining a child by using handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and/or fluids for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": <u>And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline."</u> Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.13 E. (1)(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.13 E. (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action,or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cuase for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

   (1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

   (2) Feeding a child a diet which results in a dangerous loss of weight.

   (3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

   (4) Failure to provide food for pre-school child.

   (5) Providing a diet which consistently lacks nutritional value.

   (6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

   (1) No heat in cold weather.

   (2) Inoperable plumbing.

   (3) Animal or human feces on floor.

   (4) Fleas, mice, rats, bed bugs, or other vermin in the house.

   (5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

   (6) Fire hazards in/around the house.

   (7) Toxic materials in house.

   (8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, resulting in pain for the child.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services when a child is a danger to himself or others.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

(1) Leaving infant or toddler alone.

(2) Leaving child with a caretaker incapable of providing adequate care.

(3) Caretaker asleep while toddler plays in the home.

(4) Locking child in house in lieu of obtaining caretaker.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has previously abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using adequate child restraint devices in vehicles.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Rash or other skin disorder resulting from not changing baby's diaper.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Genital - Anal contact.

f. Genital - Genital contact.

g. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

h. Encouraging or forcing a child to engage in sexually explicit conduct.

i. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.

j. Promoting prostitution by minors.

k. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

(1) Parents or others engaging in sexual intercourse.

(2) Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker

shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

(1) Chronic ridicule, belittling, or humiliation of a child.

(2) Scapegoating a child as part of a family system.

(3) Treating the adolescent like a young child ("infantilizing").

(4) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(5) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(6) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Refusing to engage in child-focused activities.

(5) Failing to comfort, cuddle or hold an infant.

(6) Failing to respond to a child's pain.

(7) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.20 INTAKE

26.21 Eligibility for Child Protective Service

The CPS program is oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be utilized as a means of strengthening and supporting parenting skills and family functioning.

A. CPS shall receive referrals from any source, including one made anonymously. (See WAC 388-15-132(1).)

B. The DCFS Regional Administrator (RA) shall refer all allegations of CA/N by DCFS employees or volunteers to a different local office unit for CPS investigation. Use incident report procedures to alert the RA.

C. DCFS shall accept all referrals alleging CA/N but shall assign referrals when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is a (see [26.20 D.]):

a. Child's parent/caretaker;

b. Person acting in loco parentis; or

c. Third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.13 A.]; or

4. Risk factors exist which present the significant possibility or likelihood that a child shall be sexually abused or seriously, physically or emotionally injured in the near future, i.e., risk of imminent harm (as defined in [26.22 K. and L.]).

D. CPS shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to:

   a. Parents (custodial and noncustodial),

   b. Stepparents,

   c. Guardians, and

   d. Legal custodians.

2. The child's sibling;

3. The parent's paramour or other person residing with and having caretaking responsibilities for the child;

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW;

6. A person providing in-home child care services and paid by the department;

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A DCFS employee.

E. DCFS does not generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the child's parent, guardian or legal caretaker is unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those responsible for the child's welfare: e.g., parent, caretaker or other person acting in loco parentis. (See D. above.)

3. CA/N that is reported after the victim has reached age 18.

4. Child custody determinations in conflictual family proceedings or marital dissolutions.

5. Cases in which no abuse or neglect as defined in [26.12 A.] is alleged to have occurred.

6. Allegations of violations of the school system's:

a. Statutory Code;

b. Administrative Code; or

c. Statements regarding discipline policies.

F. Financial: CPS is provided without regard to income.

G. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

H. LEP Assessment: DCFS Intake shall assess and document in the referral the LEP needs including auxiliary aids for the sensory impaired.

26.22 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Case and Management Information System (CAMIS) intake program to conduct a comprehensive intake interview with any referent wishing to report CA/N. Those offices not having CAMIS access may use the Report of Child Abuse and Neglect, DSHS 14-260(X). Include the following when recording information about the incident:

1. Specific allegations of CA/N;

2. Risk factors;

   a. Child characteristics; the emotional, mental and physical characteristics of the child.

   b. Severity of CA/N; the degree of injury or physical or emotional harm to a child.

   c. Chronicity of CA/N; any past history of CA/N, or child placement.

   d. Caretaker Characteristics:

      (1) Factors related to the physical, mental or emotional functioning of caretakers;

      (2) Information regarding parents/caretakers family of origin;

      (3) Information regarding substance abuse, domestic violence and/or ability to protect the child; and

      (4) Previous convictions for crimes against children.

   e. Parent/Child Relationship; information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct, and the child's role in the family.

   f. Environmental factors; information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

   g. Perpetrator access; information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise or communicate with the child directly.

3. Referent and other collateral statements; and

4. Basis for intake risk assessment.

B. Social worker's shall accept for CPS investigation a report meeting the sufficiency criteria specified on the Report of Child Abuse and Neglect, DSHS 14-260(X), or the Case And Management Information System (CAMIS) intake screen.

C. The intake social worker shall conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information. The worker shall attach hard copy print-outs of the case referral history to the referral.

D. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

E. The social worker may request, but shall not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving.

F. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

G. The intake social worker shall contact collateral information sources when:

1. Sufficient information is not available from the referent to determine if the referral should be accepted for investigation.

2. It is necessary to verify or clarify an allegation of CA/N.

3. Collateral sources have information which would be useful in arriving at the intake risk tag.

H. The low standard of investigation requires collateral contacts whenever possible.

I. Intake social workers shall make collateral contacts as soon as possible prior to making intake decisions unless:

1. An immediate response is required.

2. Sufficient information has been collected from the original referent.

NOTE: Response time begins at the time and date of referral.

J. Sufficiency Screen

The intake social worker shall complete the sufficiency screen and determine if:

1. There is sufficient information to locate the child; and

2. The alleged perpetrator is a caretaker of the child or acting in loco parentis, or the parent is negligent in protecting the child from further CA/N; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition; or

   (In some cases a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen.)

4. Risk factor(s) exist placing the child in danger of imminent harm.

K. Risk of imminent harm includes, but is not limited to, persons living in the home or having caretaking responsibility for a child who exhibit:

1. Extreme mental illness creating the possibility of violence or neglect of a child's basic needs.

2. Substance abuse which is so extreme that a person cannot meet their own needs and the basic needs of a child.

3. Extreme violence in the presence of a child or, who has:

   a. Been convicted of killing a child.

   b. Been convicted of a sexual offense against a child and is currently living in a home with a minor child.

   c. Been convicted of a serious (gross misdemeanor or greater) crime against a child.

   d. Lost a child through termination action.

   e. Seriously abused or neglected one or more children who are currently dependent.

L. Additional guidelines clarifying risk of imminent harm screening:

1. Mental illness, domestic violence and substance abuse do not always indicate that risk of imminent harm exists. The social worker needs to assess these problems in parental functioning and their potential for causing severe harm to minor children in the home in the near future.

Social workers in Child Protective Services shall assess a child's need for immediate protection from abuse or neglect as early as possible in the investigative process. Initial decisions regarding risk of imminent harm are intended to ensure a child's safety while the investigative process proceeds.

The following events and/or conditions provide a presumption that a child's safety is significantly endangered absent compelling evidence to the contrary:

1. A child has suffered serious physical injury or harm as a result of caretaker action or neglect and the child is either too young or too vulnerable to protect herself/himself from similar actions in the near future.

2. A parent or caretaker either does not or is not capable of adequately supervising a child five years or younger.

3. The child has been sexually abused by a parent or caretaker or person acting in loco parentis and the perpetrator continues to have access to the child or the child is being pressured to recant a disclosure of sexual abuse.

4. The child has been threatened with extreme harm if she/he discloses physical or sexual abuse.

5. A known child molester who, upon release from prison or juvenile institution, is or will be, residing with a minor child.

6. Child is almost totally dependent on a parent or caretaker for food, shelter, clothing, supervision, and medical care due to age and/or disability and the parent has consciously failed to meet one or more of these basic needs.

7. A parent or caretaker is acutely mentally ill and is unable to care for him/herself, recognize danger, and/or communicate with others.

8. A parent or caretaker has threatened a child's life or safety and has displayed an intention to carry out the threat.

9. The parent has lost other children through termination action based on CA/N and the parent has failed to effect any significant change in the interim.

10. The parent has committed a dangerous act which places a child at risk of impairment or loss of bodily functions, i.e., choking a child, shaking an infant or young child.

11. A parent or caretaker has a history of extreme violence towards a child.

12. The parent or caretaker has caused the death of another child as a result of CA/N or is under investigation for causing or contributing the fatality of another child.

The list is not inclusive of all events or conditions which place children at risk of imminent harm.

DCFS may accept referrals on the basis of risk of imminent harm even though the parent or child is in a protective setting at the time of referral, e.g., hospital, relative's home, jail. Intake staff may determine that a child will be at imminent risk of harm as soon as the child or parent leaves the protective setting. These cases pass the sufficiency screen despite the lack of allegations of CA/N.

L. Intake social workers shall accept CPS referrals which contain information regarding indicators of CA/N, but lack specific information regarding incidents, events, or conditions defined in DCFS policy as CA/N. Referrals are screened in when there is reasonable cause to believe that a child is being abused or neglected and the risk factors place the child at risk of imminent harm.

Child behaviors may be caused by factors other than CA/N. Intake staff must exercise judgment based on their knowledge of child abuse and neglect to decide if behavioral indicators of CA/N are comprehensive and cogent enough to pass the sufficiency screen. CA/N is not inherent in risk factors and cases shall not be opened solely on the basis of a single behavioral indicator. The more complete the list of indicators of physical abuse, physical neglect, sexual abuse, the more likely it is that a child is being abused or neglected. One or two indicators of abuse and neglect will rarely be sufficient to warrant CPS investigation.

The intake social worker shall complete the allegation section of the intake when information regarding indicators of abuse and neglect is sufficient to provide reasonable cause to believe that a child has been abused or neglected or that the child is at risk of imminent harm. The questions in the sufficiency screen, "Is there a specific allegation of child abuse and neglect which meets the legal and/or WAC definition of child abuse and neglect?" shall be answered "YES."

The intake supervisor shall review CPS referrals containing information regarding behavioral indicators of child abuse and neglect but lacking any description of incidents or events of CA/N prior to screening decisions.

M. The intake supervisor shall review, and may change the screening decision when:

1. Additional information supporting the change is obtained; or

2. The supervisor determines that the screening decision made by the intake social worker is incorrect based on program guidelines.

b. The supervisor determines that the risk tag made by the intake social worker is incorrect based upon program guidelines.

3. The intake supervisor shall document the reasons and initial the change on the referral/CAMIS.

Q. The intake supervisor shall forward all referrals indicating physical injury, sexual abuse, death or other crimes against a child to law enforcement per [26.62 A.].

R. Screened Out Referrals

1. The intake supervisor shall retain and make accessible to intake staff referrals that are screened out (do not pass the sufficiency screen).

2. The intake supervisor shall maintain a log of all screened out referrals. [RCW 26.44.030(11)]

26.30 ASSESSMENT/INVESTIGATION

26.31 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations and performance standards. The DCFS social worker shall initiate LEP assessment and provide appropriate services from the entry level of service throughout the continuum of care. Social workers shall utilize culturally relevant interviewing techniques with ethnic children and their families.

A. Response Time

The supervisor and assigned social worker shall consider as maximum limits the time frames defined in this section for CPS response. Cases may require a quicker CPS response than the time lines defined in this section.

1. **Response time** begins at the referral date and time.

2. **Referral date and time** begins when a referral is initiated by the referent through contact with the intake worker.

3. **Emergent response** begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

4. **Non-emergent response** begins within ten calendar days from the referral date and time. The standard of investigation may be high or low.

B. Risk Levels

1. High risk means the high likelihood of severe CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

2. Moderate risk means the likelihood of serious CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard for all referrals given moderately low to high risk tags at intake except when a supervisor has approved in writing the use of the low standard. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within 10 working days from date of referral.

   a. All involved child victims in the report must be interviewed.

   b. Interview all alleged child victims at the earliest possible time but not later than 10 working days from the referral date.

   c. Face-to-face contact within 10 working days of the referral must be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being non-verbal; or

      (6) Other limiting conditions.

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3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard of investigation for all referrals given moderate to high risk tags at intake. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within ten working days from date of referral.

   a. All involved child victims in the report shall be interviewed by an investigator or professional skilled in evaluating the child or, condition of the child. Local protocol or the special needs of the child may dictate that someone other than the DCFS social worker assess the child.

   b. Interview all alleged child victims at the earliest possible time but not later than ten working days from the referral date.

   c. Face-to-face contact within ten working days of the referral shall be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being nonverbal; or

      (6) Other limiting conditions.

3. **Make a home visit** in all cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

4. **Notify the parents, guardian or legal custodian** (including the noncustodial parent) of a child alleged to be the victim of CA/N per instructions in [26.53 A. and B.].

5. **Interview all alleged perpetrators and other appropriate adults**

   The social worker will interview individually and face-to-face, all alleged perpetrators, who are reasonably available and willing, and the child's caretaker(s). Initial contact with the alleged perpetrators may be coordinated with law enforcement agencies as per written interagency agreements.

   The social worker will make reasonable efforts to interview persons identified by the parents or the alleged perpetrator as having relevant and/or direct knowledge of an incident.

   The social worker shall document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

6. **Notify law enforcement** (RCW 26.44.030(3) and 74.14.031(3)). The social worker shall ensure that notification has been made to law enforcement per instructions in [26.62 A.].

7. **Request the assistance of law enforcement to:**

   a. Assure the safety of the child(ren) or staff;

   b. Observe evidence;

   c. Take child(ren) into protective custody;

   d. Enforce a court order; or

   e. Assist with the investigation.

8. **Evaluate the child's safety needs and the safety of the home environment**

9. **Secure Medical Evaluation and/or Treatment**

   The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

   The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

10. **Professional Consultation**

The social worker shall seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

11. **Interview Key Collateral**

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are reported to have or, the social worker believes may have first-hand knowledge of the incident, the injury, or the family's circumstances.

12. **Contact Other Collateral**

The social worker may interview other persons having knowledge of the child and family's functioning.

13. **Response to Referents**

The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child.

D. Low Standard for Investigation

The low standard of investigation may be used when intake staff and/or the supervisor assess a referral as low or moderate low risk of CA/N. Parameters for low standard of investigation include:

1. The low standard of investigation shall not be used when:

   a. The referral is tagged moderate to high risk;

   b. The child has suffered a significant or chronic injury;

c. The child evidences severe developmental delay attributed to CA/N; or

d. A parent or person acting in loco parentis has a felony conviction for a crime against a child or a history of sexual aggression.

2. Response within ten calendar days from the date of referral;

3. Referral to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

4. The social worker may send a letter to the family, make a phone call to the caretaker(s) or, make a brief home visit to provide the following information:

a. Notification that CPS has accepted a referral for investigation.

b. Information included in the referral regarding allegations of CA/N.

c. The local DCFS telephone number/contact.

d. Community resources which may be available to address the condition; i.e., information and referral.

e. Notice that no further investigation will take place in response to this referral.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.31(C)(D)].

Interviewing Children

A. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

1. On school premises;

2. In day care facilities;

3. In the child's home; or

4. In other suitable locations.

B. The social worker shall determine if the child wishes a third party to be present during the interview. The social worker shall make a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

C. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

D. The social worker shall consider other elements including:

1. The child's characteristics;

2. Parental functioning;

3. Parent/child relationships;

4. Environmental factors;

5. Perpetrator access; and

6. Child's statement to others.

E. In each case the social worker needs to:

1. Assess what culturally relevant interviewing tools to use:

a. Dolls;

b. Puppets;

c. Games; or

d. Drawings.

2. Document the reasons for the choice(s) made:

a. Child's developmental level;

b. Comfort level; and

c. Availability of tool.

F. The social worker shall coordinate the detailed fact gathering interview of the child victim with other investigating professionals. Information obtained by this interview may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

f. Service Plan (ISP).

4. The social worker shall complete the DSHS 14-325(X), Summary Assessment form as follows:

a. Cases Closed Within 90 Days Without Services - Complete the following sections by the 90th day:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings

b. Cases Closed Within 90 Days With Services - Complete the following sections prior to services starting and again at case closure:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement - Complete the following sections prior to having parent sign the agreement. Complete again at six month intervals for as long as the case is kept open, and again at case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: This section must be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action - Complete the following sections within 90 days of case assignment, every six months thereafter, and at time of case closure or transfer:

Section I	Risk Matrix
Section III	Disposition

Complete the following section within 90 days of case assignment, and at time of case closure or transfer:

Section IV Findings

Note: The SER on placement/dependency cases must include documentation of important observations, collateral contacts, dates of contact with parents, children, foster parents, and service providers. The case record must also include the visitation record.

e. Non-Placement Cases for CWS

CWS staff shall complete the summary assessment form (sections I through V) on each family where CAN is or was the basis for referral every six months. In addition, complete Sections I, II, III, and IV again at case closure.

The summary assessment form serves as a diagnostic document and substitutes for the evaluation and disposition sections of the narrative.

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording should also include dates of contact with parents, child victims and service providers.

f. Placement Cases Including Relative Placements and In-Home Dependencies For CWS

Every six (6) months and when considering returning a child home, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

At case closure, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording also includes dates of contact with parents, child victims and service providers.

When completing section I (Risk Matrix) for Placement/ Dependency cases, omit "Severity of CAN" and "Frequency of Abuse," as these pertain to factors prior to placement. "Perpetrator Access" may be omitted if the perpetrator does not have unsupervised contact with the child.

C. The social worker shall review service plans every 90 days or whenever changes to the service plan are made in order to evaluate the effectiveness of the plan in reducing the risk of CA/N.

(2) Unfounded means based on the CPS investigation there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue and that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected.

(3) Inconclusive means; there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected.

f. Service Plan (ISP).

4. The social worker shall complete the CAMIS, Summary Assessment form as follows:

a. <u>Cases Closed Within 90 Days Without Services</u>

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	(Note: In cases closed out immediately after investigation, the summary assessment form will serve as a closure document and may substitute for other narrative documentation.)
Findings	
Overall Risk	

b. <u>Cases Closed Within 90 Days With Services</u>

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	

Complete the following section prior to services starting:

Service Plan	(Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement

Complete the following sections prior to having the parent sign the service agreement. Complete again at case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	
Service Plan	(Note: This section shall be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action

Complete Section I, Risk Matrix, of the Summary Assessment: 1) by the 30th day from assignment; 2) before returning a child home; and 3) at case transfer/closure.

Complete Section IV, Findings, of the Summary Assessment: 1) before returning a child home; and 2) at case transfer/closure.

Note: The SER on placement/dependency cases shall include documentation of important observations, events and collateral contacts. As well as dates of contact with parents, children, foster parents, and service providers. The case record shall also include the visitation record.

e. CWS Instructions for Completing Risk Assessment Summary Assessment Form

Sections I and IV of the Summary Assessment Form are to be completed by staff: 1) before returning a child home; 2) at case closure; and 3) case transfer.

(1) Before Returning A Child Home

Complete the following section:

Section I	Risk Matrix

(2) Case Closure

Section I	Risk Matrix
Disposition	
Findings	
Overall Risk	

(3) Case Transfer

Section I	Risk Matrix
Disposition	
Findings	
Overall Risk	

D. Service outcomes for cases receiving the low standard of investigation:

1. Referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall have a case folder created when a referral is made to an Alternative Response System and the case is open in DCFS.

2. All other referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall be opened and closed on CAMIS.

   a. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.

3. If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) shall be printed and included in the case file.

E. The supervisor shall review all cases open to CPS for 90 days to determine if:

1. The case record and CAMIS file are complete;

2. The service is appropriate and effective; and

3. The 90-day rule requirement has been met per [26.33 B. 1.];

4. The service may continue.

   a. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed, or

   b. The supervisor may refer the case back for further investigation.

F. The supervisor shall document the reasons for the 90-day review decision in the CAMIS SER and sign the record.

26.40 CASE PLANNING AND SERVICE AGREEMENTS

26.41 Service Delivery

Social workers shall develop a case plan with each family when services are provided. Social workers shall complete a case plan on the summary assessment form at the time a service is offered. Social workers shall negotiate service agreements with the family and outline the steps that are to be taken to achieve the case plans. Service agreements shall be translated in the primary language of the child and the child's caretaker.

A. The Process of Case Planning

1. Plan with parents rather than around them; use empowerment strategies.

2. Identify and build on parental strengths when formulating plans.

3. Provide parents with regular feedback about progress.

B. Purpose and Content of Service Agreements

A service agreement is a written agreement between the social worker and the parents that emerges from the case plan. Elements to be included in a service agreement are:

1. Service agreements provide the family and social worker with an organized, realistic method of seeing the logical connection between a problem and how to resolve or lessen that problem.

2. Service agreements result in services that are prioritized, targeted to address major parenting problems and family concerns, and build on the strengths and resources of the family.

3. Service agreements address the key patterns associated with CA/N.

4. Service agreements clearly define expectations for both the social worker and the family.

5. Service agreements are dated and signed by the:

   a. Social worker currently assigned to the case; and

   b. Caretaker of the child.

C. The Development of a Service Agreement

1. The first priority in the development of a service agreement is protection of the child.

M. Service agreements may be legibly printed or written in the SER, on the DSHS 15-209(X), Individual Service Plan, or, in Section V in the Summary Assessment Form (DSHS 14-325(X)). The social worker shall file all agreements not recorded in the current ISP or Summary Assessment and incorporate all current agreements into the case plan.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Child Protective Services may continue throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

a. Reason for referral;

b. Family's progress;

c. Participation in service; and

d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan,including permanency planning goals,when considered for transfer to another worker.

I. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

a. Further voluntary services are not available or accepted; and

b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. DCFS may close cases assessed to be low risk after the family is engaged in a service agreement with a community agency or provider. The social worker shall keep the case open in high and moderate risk cases and may keep low risk cases open for continued services subject to the limitations of the 90-day rule [26.33 B. 1.].

2. Home visits with face to face contact; and

3. Collateral supervision.

J. The social worker shall incorporate service agreements into the service plan. The criteria listed in this section for service agreements shall be addressed in the case plan on the ISP for court ordered and placement cases and, in Section V, Service Plan in the CAMIS Summary Assessment for voluntary services.

K. The social worker may authorize interim services prior to completing or updating the ISP or Summary Assessment. Interim service agreements may be developed for emergency or short term service needs. The social worker may use the service agreement process to authorize interim services. Record interim service agreements on the CAMIS SER. A print copy of the SER for all interim services shall be signed and filed in the case folder within 30 days of beginning the service. Interim service agreements shall be incorporated into the case plan on the ISP or Summary Assessment at the first renewal/development date.

L. The social worker shall obtain a release of information signed by the caretaker for each ongoing provider or treatment information source.

M. The social worker may request an early dependency review by the court when the caretaker(s) refuses court ordered services.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Risk Assessment continues throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethnic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

a. Reason for referral;

b. Family's progress;

c. Participation in service; and

d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a nonoffending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan, including permanency planning goals, when considered for transfer to another worker.

3. The social worker, when completing an assessment, shall specifically address the following factors:

   a. History and pattern of parental substance abuse;

   b. Parental mental health and physical condition;

   c. Home environment, including presence of other substance abusers or transiency of parent(s);

   d. Physical condition and medical needs of the child;

   e. Support available to the parent(s);

   f. History of previous allegations of child abuse or neglect by parents; and

   g. Chemical dependency testing (UA, etc.) and monitoring of parent(s), when available within existing resources.

4. The social worker shall develop a culturally responsive case plan which shall reflect one of the following outcomes:

   a. Voluntary (signed) CPS service plan;

   b. Court-ordered, DCFS supervised plan with the child in the home;

   c. Culturally and ethnically appropriate out-of-home placement;

   d. Case closure with referral to community resources.

5. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan documents specific safeguards to ensure the child's protection. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

6. The social worker shall monitor the service plan for compliance when the infant remains in the home. Parental failure to comply with the service plan will result in immediate re-assessment of the need for court involvement or out-of-home placement.

26.52 Placement of Children

Children's homes are considered their best ongoing support. Social workers will develop case plans which strengthen the family and enhance parenting skills to safely maintain children in their own homes whenever possible.

Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050 and should be culturally relevant. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b).

See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

A. A DCFS social worker may place a child under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department currently has custody of the child through a previous court order.

3. The social worker has a current Voluntary Placement Agreement, DSHS 09-004B(X), signed by the person(s) legally responsible for the child.

4. A child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. Supervisors shall review and approve the need for placement prior to any non-emergent out-of-home placement. Emergent placements are subject to supervisory review on the first working day following the placement. The supervisor shall evaluate:

1. The opportunity to maintain the child in the home with intensive services;

2. The availability of in-home services;

3. The services and permanency planning needs which will reduce the length of time a child needs to be in out-of-home placement;

4. The cultural needs of the child and how these will be addressed while in out-of-home care.

C. The DCFS social worker shall assess the need for continuing out-of-home placement including emergent placement decisions made by law enforcement and/or a doctor or hospital administrator.

D. Continuing placement decisions shall be based on:

1. Cumulative impact - when a pattern of CA/N exists which has resulted in serious damage to a child's physical, mental or emotional development and reasonable efforts to reduce or eliminate CA/N have failed.

2. Risk of imminent harm - when a child has suffered and/or it is reasonable to assume a child will suffer serious physical or emotional injury in the near future as a result of CA/N and resources are not available to protect the child in their own home.

E. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody [RCW 26.44.030(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The social worker may return the child to the parent's home when:

a. The assessment indicates placement is not necessary to the child's protection; and

b. The social worker's determination is supported by the opinion of a second licensed physician.

F. The social worker shall refer for review by DCFS regional management and the local child protection team all CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home. All DCFS offices shall use culturally competent child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases [RCW 74.14B.030].

G. The social worker shall secure either a Voluntary Placement Agreement (DSHS 09-004B(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order when child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays.

H. DCFS shall consider relatives as a primary placement resource for children. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable.

1. Relatives of specified degree, as listed below, are exempt per [RCW 74.15.020(4)(a)] from licensure:

a. Brother

b. Sister

c. Step-parent

d. Step-brother

e. Step-sister

f. Grandparent

g. Uncle

h. Aunt

i. First cousin

2. The social worker shall determine the character, suitability, and competence of the relative to provide care for the child prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

a. Notice includes:

(1) The reason for the interview;

(2) The time, date, and location of the interview;

(3) The interview outcome and/or probable next action; and

(4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

(1) Safety of the child; or

(2) Protection needs of the child; or

(3) Course of the investigation.

c. The social worker may give written, verbal or telephone notice and shall record it in the case record.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

a. Notice includes:

(1) The reasons why the child was taken into custody;

(2) Time, date, and type of placement;

(3) The telephone number and location of the DCFS office;

(4) Time, date and location of the Shelter Care Hearing; or

(5) The phone number where that information can be obtained.

b. The social worker shall give immediate notice:

(1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order. [RCW 13.34.130(3)].

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice includes:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action; and

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. The social worker may give written, verbal or telephone notice and shall record it in the CAMIS SER.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

   a. Notice includes:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office;

      (4) Time, date and location of the Shelter Care Hearing; or

      (5) The phone number where that information can be obtained.

   b. The social worker shall give immediate notice:

      (1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section is also given to any child victim over the age of 12 who is the subject of the filing.

B. DCFS shall notify any noncustodial parent as described in [26.52 A. 2. and 3.] above [RCW 26.44.120].

C. DCFS shall provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given by DCFS to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

26.54 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in Administrative Policy 8.02, Client Abuse, and DCFS Manual [26.13 A.] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-74-320 and WAC 388-15-134(5)], respectively.)

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." Reports of follow-up actions and/or dispositions are also to be made.

C. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

D. Alleged abuse by DSHS personnel.

1. Referrals are taken using CAMIS intake. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Consultation with the Office of Special Investigations (OSI) under Administrative Policy 6.01;

b. Referral to the Employee Services Director for possible investigation per Administrative Policy 6.01;

(3) CPS worker;

(4) The DCFS medical consultant (as necessary); and

(5) Others as appropriate.

b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

c. Ensure that treatment includes the provision of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

(2) Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33 D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) The social worker may refer unresolved issues to the Attorney General's Office or their designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

G. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. Where to Report

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the DSHS 14-260(X) with the notation in Section D, "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

(e) The intake supervisor will notify staff/ supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will keep the facility advised of the investigation time frames, progress, and findings.

26.55 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with [26.44, 13.32A RCW], and [74.13 RCW] as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [23.54 and 26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor under contract with the Attorney General. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract, available to the CPS supervisor through the Attorney General's Division for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker shall be familiar with local court policy and procedures.

26.56 Child Protective Service Alerts

A. Alert Procedures

1. All DCFS supervisors may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by writing the Division of Children and Family Services at DSHS, DCFS, MS:5710/OB-41, and providing information in the following format:

   a. Identification:

      (1) Name and birthdate of child at risk;

      (2) Names and birth dates of persons presently caring for the child;

      (3) Current legal status of the child.

   b. Problem:

      Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

   c. Contact:

      Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, and must be submitted in typed memo form to DSHS, DCFS, Mail Stop 5710/OB-41, Attention: CPS Program Manager.

4. Each DCFS office will develop a method for distribution of the alerts to suit its particular structure; copies of the alert may be provided to CSO and DCFS intake units.

5. The intake supervisor shall maintain alerts in either a chronological or alphabetical file at the office for 180 days after receipt. Alerts may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

26.57 Photographing Children

A. Each DCFS office with CPS responsibility shall have a 24-hour capability for photographing children, preferably with a self-developing camera.

B. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child [RCW 26.44.050].

26.58 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department shall continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-1043. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

a. Foster Home/Day Care/Group Home licensers investigating the character of licensure applicants or their employees.

b. Department staff investigating child placement under Interstate Compact.

c. Department staff reviewing the suitability or competence of a relative or other person to provide care for a child.

d. Department staff who receive or investigate referrals of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.59 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to supervision are:

1. Assigns, reviews, and prioritizes work assignments.

   A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews case records to ensure appropriate documentation and cultural relevancy of all case activity.

7. Reviews levels of risk in cases of alleged abuse or neglect of children.

8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

11. Trains staff in gathering culturally accurate and complete information, organizing information and case decision-making.

12. Plans, organizes, and directs collaboration with community agencies and providers [26.16].

13. Develops culturally responsive resources and accesses resources directly associated with DCFS programs.

14. Conducts culturally competent recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. Supervisory review and approval is an essential element of the social work process in CPS cases. The supervisor shall document in the record their review and approval of:

1. The intake decision [26.31 D.] including:

   a. The determination of sufficiency;

   b. The risk tag and; and

   c. The level of response.

2. The initial summary assessment and subsequent updates of the summary assessment.

3. The culturally responsive case plan [27.35 B.].

4. Review any out-of-home placement for cultural relevancy [26.38 F.].

5. Any termination of placement or termination of hospital/physician emergency hold where a child is returned home [26.13 M.].

6. The cost and appropriateness of service authorizations to support the case plan.

7. Decisions to keep a case open in exception to the 90-day rule.

D. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

26.58 Central Registry

Deleted

26.59 Supervisory Responsibilities

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1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

b. Agency policies;

c. Agency procedures; and

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5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

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   A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

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8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

4. DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

   a. DCFS may release referent identification information to law enforcement in all cases when the referent has not requested confidentiality.

   b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

   c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

   d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

   e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

   f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in Chapter 03 and 99. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

   1. The inquiry is about an alleged perpetrator in an open CPS case.

   2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in it's catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

F. DCFS records are confidential and shall not be disclosed other than as described above. Law enforcement or the Prosecutor may subpoena other information from the DCFS record per Chapter 01.03 and 02.13.

26.70 CASE RECORDS

26.71 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files. (See CAMIS instructions for CAMIS record establishment and history checks. All forms and reports listed in this section may be substituted by their CAMIS equivalent as soon as offices are operating on CAMIS.)

B. The social worker shall establish a case file for all child victims or families of child victims passing the sufficiency screen.

C. The CPS record shall contain the following minimal information:

1. DSHS 02-305(X), Service Episode Record

2. DSHS 14-024(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Summary Assessment Form (Not needed for cases receiving the low standard of investigation.)

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

D. Content of CPS Records

1. The intake social worker shall complete the DSHS 14-260(X), Report of Child Abuse and Neglect or CAMIS referral, on any CPS referral. The supervisor shall maintain referrals that do not pass the sufficiency screen in a retrievable file. Social workers shall log all other calls to CPS requesting information or consultation.

2. The social worker will complete a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document on the DSHS 02-305(X) all activities and responses to the referral as well as the basis for the assignment of risk.

E. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by custodial parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

a. The name of any confidential referent;

b. Confidential reports:

(1) Reports identified for limited disclosure;

(2) HIV testing or results [RCW 70.24.105];

(3) Family planning; e.g., contraceptive or abortion information or services; and

(4) Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause, including but not limited to:

   a. The requestor is not a person entitled to disclosure.

   b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

   c. Disclosure may present a substantial danger to the child victim or others.

   d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The DCFS Social Worker shall provide, subject to the constraints of [26.71 D.], a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.

4. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

5. The social worker shall offer language interpreter services to clients who are unable to read the case record information.

F. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

   a. Pursue new information or leads which might resolve the conflict; and/or

   b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

G. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

   a. The information has been found to be untrue in a juvenile court proceeding on the matter; or

   b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; and

   c. There is a written request for expungement from the party who is the subject of the erroneous statement.

2. The supervisor shall note and document the reasons for expungement in the record.

3. The supervisor shall destroy, discard or delete expunged information from an existing report or document.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 00-035	Criminal/Arrest History Request Form
DSHS 02-305(X)	Service Episode Record
DSHS 09-004B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Summary Assessment Form
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parent's Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect while preserving the family's integrity and it's cultural and ethnic identity (to the maximum extent possible) consistent with the safety and permanency needs of the child.

CPS shall provide services which are consistent with diverse populations. CPS is a priority program which is available in all geographic areas of the state of Washington on a 24-hour basis.

26.11 Service Description

A. The purpose of CPS is to:

1. Assess risk of abuse or neglect to children; and

2. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and neglect (CA/N); and

3. Develop culturally responsive case plans which:

   a. Prevent or remedy CA/N in the shortest reasonable time,

   b. Prevent or reduce the need for out of home placement and,

   c. Provide a safe, permanent and culturally relevant home for a child.

B. CPS social workers:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive culturally responsive assessment of the range of factors influencing the likelihood of CA/N.

2. Develop and implement culturally responsive case plans consistent with the risk assessment model designed to reduce the risk of CA/N to children including:

   a. Arranging for family and/or individual assessment, counseling, education, or other culturally consistent community intervention.

   b. Arranging for family preservation services to prevent the need for placement.

   c. Arranging for legal intervention when appropriate.

   d. Providing information and referral, including both DCFS and community resources.

   e. Advocating for children and families within the context of their culture.

   f. Monitoring and coordinating service delivery by the Division of Children and Family Services (DCFS) and other agencies to active CPS families, while collaborating with community agencies.

   g. Providing services in the clients' primary language.

3. Provide permanency planning for children with cases opened for services.

4. Provide culturally responsive placement in appropriate cases.

5. Provide information to the community in the appropriate language and setting about CA/N, the CPS process and available resources within the community.

6. Develop community relationships as defined in [26.61].

7. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families meet their needs and care for their children according to community standards, cultural context and legal statute.

26.12 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge ethnic group differences in CA/N assessment and intervention. In addition to the policies and guidelines for Indian Children [Indian Child Welfare Manual, Chapter 5] and Limited English Proficient (LEP) clients [DCFS Manual, Chapter 4], DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand cultural differences, practices, and norms. (See [26.13], Definitions.)

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method. Consult with agency or community recognized cultural experts to obtain the acceptable community standard.

C. Develop resources assuring that social workers communicate effectively with the members of various cultural groups and involve them in case planning.

These resources may include:

1. Cultural Relevancy Specialist/Regional Administrator;

2. Multi-cultural review teams;

3. Community consultants;

4. Staff training;

5. Community network.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training;

4. Resources and resource gaps.

DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 on determining the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement.) The social worker shall document in the case record the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33] and the Indian Child Welfare Manual.)

26.13 Definitions

Community Network: Working relationships between DCFS, Cultural Consultants, Key Informants (Lay/Professional Person) Natural Helpers (extended families, Folk Healers), and other agencies to develop cultural responsiveness.

Cultural Competence: A set of congruent behaviors, and attitudes that enables a professional to learn about the cultural context of a present problem and to integrate that knowledge into a professional assessment, diagnosis and intervention.

Cultural Consultants: Culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

Cultural Diversity: The distinguishable differences in life styles, values, traditions, religions, etc.

Culturally Responsive: A pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

Culture: The integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

Ethnic: A group designated by customs, characteristics, language, common history and/or racial affiliation.

Ethnographic Interviewing: Defined as communication with a member of another culture to identify the;

1. Key cultural differences; and

2. Meaning of those cultural practices and norms.

Service Agreement: A formal written description of services to be provided or performed. Agreements are developed with the parent and/or the court and any child over age 13 who is to receive or participate in services.

Service Plan: A written statement of the anticipated activities, including service agreements, which are planned in the conduct of the case.

A. Child abuse and neglect means [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

d. Impairment of physical or emotional health; or

e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

a. Genitals;

b. Anus; or

c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

a. Food;

b. Shelter;

c. Clothing;

d. Supervision; or

e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

5. Toddler - a child age one but less than six years.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

   a. Adoptive parent - a person the courts grant parental status, rights, and privileges for a child.

   b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

   c. Custodial parent - the parent with whom the child resides:

      (1) Legal - a current court order designating a parent's right to the child's custody which may include:

         (a) Joint custody.

         (b) Parenting plans.

         (c) Shared custody.

         (d) Sole custody to one parent.

      (2) Physical - the parent(s) with whom the child resides or is found.

4. Step-parent - a person, not the child's parent, who is currently married to the child's parent.

5. Caretaker - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are acts or omissions which may be considered as indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

b. Dangerous acts, i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate

use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking a child under age three.

(14) The reckless use of lethal weapons in a child's proximity.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

(1) Torture of a child.

(2) Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a child's face with feces-filled or urine-soaked diaper.

(2) Submerging a child's head in a toilet bowl.

(3) Using electric shock on a child.

(4) Restraining a child by using handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and/or fluids for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": <u>And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline."</u> Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.13 E. (1)(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.13 E. (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action,or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cuase for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

   (1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

   (2) Feeding a child a diet which results in a dangerous loss of weight.

   (3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

   (4) Failure to provide food for pre-school child.

   (5) Providing a diet which consistently lacks nutritional value.

   (6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

   (1) No heat in cold weather.

   (2) Inoperable plumbing.

   (3) Animal or human feces on floor.

   (4) Fleas, mice, rats, bed bugs, or other vermin in the house.

   (5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

   (6) Fire hazards in/around the house.

   (7) Toxic materials in house.

   (8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, resulting in pain for the child.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services when a child is a danger to himself or others.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

(1) Leaving infant or toddler alone.

(2) Leaving child with a caretaker incapable of providing adequate care.

(3) Caretaker asleep while toddler plays in the home.

(4) Locking child in house in lieu of obtaining caretaker.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has previously abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using adequate child restraint devices in vehicles.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Rash or other skin disorder resulting from not changing baby's diaper.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Genital - Anal contact.

f. Genital - Genital contact.

g. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

h. Encouraging or forcing a child to engage in sexually explicit conduct.

i. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.

j. Promoting prostitution by minors.

k. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

(1) Parents or others engaging in sexual intercourse.

(2) Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker

shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

(1) Chronic ridicule, belittling, or humiliation of a child.

(2) Scapegoating a child as part of a family system.

(3) Treating the adolescent like a young child ("infantilizing").

(4) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(5) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(6) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Refusing to engage in child-focused activities.

(5) Failing to comfort, cuddle or hold an infant.

(6) Failing to respond to a child's pain.

(7) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.20 INTAKE

26.21 Eligibility for Child Protective Service

The CPS program is oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be utilized as a means of strengthening and supporting parenting skills and family functioning.

A. CPS shall receive referrals from any source, including one made anonymously. (See WAC 388-15-132(1).)

B. The DCFS Regional Administrator (RA) shall refer all allegations of CA/N by DCFS employees or volunteers to a different local office unit for CPS investigation. Use incident report procedures to alert the RA.

C. DCFS shall accept all referrals alleging CA/N but shall assign referrals when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is a (see [26.20 D.]):

a. Child's parent/caretaker;

b. Person acting in loco parentis; or

c. Third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.13 A.]; or

4. Risk factors exist which present the significant possibility or likelihood that a child shall be sexually abused or seriously, physically or emotionally injured in the near future, i.e., risk of imminent harm (as defined in [26.22 K. and L.]).

D. CPS shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to:

   a. Parents (custodial and noncustodial),

   b. Stepparents,

   c. Guardians, and

   d. Legal custodians.

2. The child's sibling;

3. The parent's paramour or other person residing with and having caretaking responsibilities for the child;

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW;

6. A person providing in-home child care services and paid by the department;

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A DCFS employee.

E. DCFS does not generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the child's parent, guardian or legal caretaker is unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those responsible for the child's welfare: e.g., parent, caretaker or other person acting in loco parentis. (See D. above.)

3. CA/N that is reported after the victim has reached age 18.

4. Child custody determinations in conflictual family proceedings or marital dissolutions.

5. Cases in which no abuse or neglect as defined in [26.12 A.] is alleged to have occurred.

6. Allegations of violations of the school system's:

a. Statutory Code;

b. Administrative Code; or

c. Statements regarding discipline policies.

F. Financial: CPS is provided without regard to income.

G. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

H. LEP Assessment: DCFS Intake shall assess and document in the referral the LEP needs including auxiliary aids for the sensory impaired.

26.22 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Case and Management Information System (CAMIS) intake program to conduct a comprehensive intake interview with any referent wishing to report CA/N. Those offices not having CAMIS access may use the Report of Child Abuse and Neglect, DSHS 14-260(X). Include the following when recording information about the incident:

1. Specific allegations of CA/N;

2. Risk factors;

   a. Child characteristics; the emotional, mental and physical characteristics of the child.

   b. Severity of CA/N; the degree of injury or physical or emotional harm to a child.

   c. Chronicity of CA/N; any past history of CA/N, or child placement.

   d. Caretaker Characteristics:

      (1) Factors related to the physical, mental or emotional functioning of caretakers;

      (2) Information regarding parents/caretakers family of origin;

      (3) Information regarding substance abuse, domestic violence and/or ability to protect the child; and

      (4) Previous convictions for crimes against children.

   e. Parent/Child Relationship; information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct, and the child's role in the family.

   f. Environmental factors; information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

   g. Perpetrator access; information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise or communicate with the child directly.

3. Referent and other collateral statements; and

4. Basis for intake risk assessment.

B. Social worker's shall accept for CPS investigation a report meeting the sufficiency criteria specified on the Report of Child Abuse and Neglect, DSHS 14-260(X), or the Case And Management Information System (CAMIS) intake screen.

C. The intake social worker shall conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information. The worker shall attach hard copy print-outs of the case referral history to the referral.

D. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

E. The social worker may request, but shall not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving.

F. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

G. The intake social worker shall contact collateral information sources when:

1. Sufficient information is not available from the referent to determine if the referral should be accepted for investigation.

2. It is necessary to verify or clarify an allegation of CA/N.

3. Collateral sources have information which would be useful in arriving at the intake risk tag.

H. The low standard of investigation requires collateral contacts whenever possible.

I. Intake social workers shall make collateral contacts as soon as possible prior to making intake decisions unless:

1. An immediate response is required.

2. Sufficient information has been collected from the original referent.

NOTE: Response time begins at the time and date of referral.

J. Sufficiency Screen

The intake social worker shall complete the sufficiency screen and determine if:

1. There is sufficient information to locate the child; and

2. The alleged perpetrator is a caretaker of the child or acting in loco parentis, or the parent is negligent in protecting the child from further CA/N; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition; or

   (In some cases a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen.)

4. Risk factor(s) exist placing the child in danger of imminent harm.

K. Risk of imminent harm includes, but is not limited to, persons living in the home or having caretaking responsibility for a child who exhibit:

1. Extreme mental illness creating the possibility of violence or neglect of a child's basic needs.

2. Substance abuse which is so extreme that a person cannot meet their own needs and the basic needs of a child.

3. Extreme violence in the presence of a child or, who has:

   a. Been convicted of killing a child.

   b. Been convicted of a sexual offense against a child and is currently living in a home with a minor child.

   c. Been convicted of a serious (gross misdemeanor or greater) crime against a child.

   d. Lost a child through termination action.

   e. Seriously abused or neglected one or more children who are currently dependent.

L. Additional guidelines clarifying risk of imminent harm screening:

1. Mental illness, domestic violence and substance abuse do not always indicate that risk of imminent harm exists. The social worker needs to assess these problems in parental functioning and their potential for causing severe harm to minor children in the home in the near future.

2. DCFS may open referrals on the basis of risk of imminent harm even though the parent or child is in a protective setting at the time of referral, e.g., hospital, relative's home, jail. Intake staff may determine that a child will be at imminent risk of harm as soon as the child or parent leaves the protective setting. These cases pass the sufficiency screen despite the lack of allegations of CA/N.

3. DCFS shall screen in referrals which may lack a specific allegation on the basis of risk of imminent harm when:

   a. There is good reason to believe that the subject of a referral has a history of sexual offenses involving child victims;

   b. The subject is alleged to have committed a sexual offense against a child and is living in a home with a minor child who exhibits behavioral indicators of sexual abuse;

   c. The subject is a juvenile sex offender under age 12 who has not been prosecuted and whose parent refuses to obtain mental health treatment for the child [26.65];

   d. A known child molester who, upon release from prison or juvenile institution, is or will be, residing with a minor child;

   e. The referral indicates pre-natal or newborn drug/related exposure (see [26.51]).

M. The intake supervisor shall review, and may change the screening decision when:

1. Additional information supporting the change is obtained; or

2. The supervisor determines that the screening decision made by the intake social worker is incorrect based on program guidelines.

N. The supervisor must document the reason(s) and initial the change on the referral/CAMIS form.

O. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision:

   a. Information only. Referral does not meet sufficiency criteria and referral is screened out.

   b. Accepted for investigation. Referral meets sufficiency criteria and referral is screened in.

c. Third party report (when the perpetrator is not a caretaker or acting in loco parentis). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.

P. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation using the following guidelines:

a. Classify the severity of the allegation(s) of CA/N from (low risk to high risk utilizing section II, severity section of the Risk Factor Matrix Manual).

b. Evaluate risk factor information noted on the referral form regarding:

(1) Child characteristics;

(2) History of prior agency contact;

(3) Parental functioning;

(4) Environmental factors; and

(5) Perpetrator access.

c. Establish a baseline risk level; e.g., an initial classification of the allegations of CA/N based on the most serious allegation.

d. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N.

(1) The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk by CA/N.

(2) The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.

e. Complete the Basis for Intake Risk Assessment. This section provides the rationale for the risk tag decision.

2. The intake supervisor may change the risk tag decision under the following circumstances:

a. Additional information supporting the change is obtained; or

b. The supervisor determines that the risk tag made by the intake social worker is incorrect based upon program guidelines.

3. The intake supervisor shall document the reasons and initial the change on the referral/CAMIS.

Q. The intake supervisor shall forward all referrals indicating physical injury, sexual abuse, death or other crimes against a child to law enforcement per [26.62 A.].

R. Screened Out Referrals

1. The intake supervisor shall retain and make accessible to intake staff referrals that are screened out (do not pass the sufficiency screen).

2. The intake supervisor shall maintain a log of all screened out referrals. [RCW 26.44.030(11)]

26.30 ASSESSMENT/INVESTIGATION

26.31 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations and performance standards. The DCFS social worker shall initiate LEP assessment and provide appropriate services from the entry level of service throughout the continuum of care. Social workers shall utilize culturally relevant interviewing techniques with ethnic children and their families.

A. Response Time

The supervisor and assigned social worker shall consider as maximum limits the time frames defined in this section for CPS response. Cases may require a quicker CPS response than the time lines defined in this section.

1. **Response time** begins at the referral date and time.

2. **Referral date and time** begins when a referral is initiated by the referent through contact with the intake worker.

3. **Emergent response** begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

4. **Non-emergent response** begins within ten calendar days from the referral date and time. The standard of investigation may be high or low.

B. Risk Levels

1. High risk means the high likelihood of severe CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

2. Moderate risk means the likelihood of serious CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard for all referrals given moderately low to high risk tags at intake except when a supervisor has approved in writing the use of the low standard. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within 10 working days from date of referral.

   a. All involved child victims in the report must be interviewed.

   b. Interview all alleged child victims at the earliest possible time but not later than 10 working days from the referral date.

   c. Face-to-face contact within 10 working days of the referral must be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being non-verbal; or

      (6) Other limiting conditions.

3. **Make a home visit** in all cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

4. **Notify the parents, guardian or legal custodian** (including the non-custodial parent) of a child alleged to be victim of CA/N per instructions in [26.53 A. and B.].

5. **Interview all alleged perpetrators and other appropriate adults.**

   The social worker will interview individually and face-to-face, all alleged perpetrators, who are reasonably available and willing, and the child's caretaker(s). Initial contact with the alleged perpetrators may be coordinated with law enforcement agencies as per written interagency agreements.

   The social worker will make reasonable efforts to interview persons identified by the parents or the alleged perpetrator as having relevant and/or direct knowledge of an incident.

   The social worker shall document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

6. **Notify law enforcement** (RCW 26.44.030(3) and 74.14.031(3)). The social worker shall ensure that notification has been made to law enforcement per instructions in [26.62 A.].

7. **Request the assistance of law enforcement to:**

   a. Assure the safety of the child(ren) or staff;

   b. Observe evidence;

   c. Take child(ren) into protective custody;

   d. Enforce a court order; or

   e. Assist with the investigation.

8. **Evaluate the child's safety needs and the safety of the home environment.**

9. **Secure Medical Evaluation and/or Treatment**

   The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

10. **Professional Consultation**

The social worker shall seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

11. **Interview Key Collateral**

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are reported to have or, the social worker believes may have first-hand knowledge of the incident, the injury, or the family's circumstances.

12. **Contact Other Collateral**

The social worker may interview other persons having knowledge of the child and family's functioning.

13. **Response to Referents**

The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child.

D. Low Standard for Investigation

The low standard of investigation may only be used when intake staff and/or supervisors assess referrals as low risk of CA/N. (Referral with moderate or high risk tags at intake use the high standard of investigation except when a supervisor has approved in writing the use

of the low standard.) These cases usually do not require an immediate or detailed investigation. These referrals may be responded to in any of the following ways within 10 calendar days from the date of referral:

1. Cases may be referred to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

2. The social worker may send a letter to the family, make a phone call to the caretaker(s) or, make a brief home visit to provide the following information:

   a. Notification that CPS has accepted a referral for investigation.

   b. Information included in the referral regarding allegations of CA/N.

   c. The local DCFS telephone number/contact.

   d. Community resources which may be available to address the condition; i.e., information and referral.

   e. Notice that no further investigation will take place in response to this referral.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.31(C)(D)].

Interviewing Children

A. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

   1. On school premises;

   2. In day care facilities;

   3. In the child's home; or

   4. In other suitable locations.

B. The social worker shall determine if the child wishes a third party to be present during the interview. The social worker shall make a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

C. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

D. The social worker must consider other elements including:

1. The child's characteristics;

2. Parental functioning;

3. Parent/Child relationships;

4. Environmental factors;

5. Perpetrator access; and

6. Child's statement to others.

E. In each case the social worker needs to:

1. Assess what culturally relevant interviewing tools to use:

a. Dolls;

b. Puppets;

c. Games; or

d. Drawings.

2. Document the reasons for the choice(s) made:

a. Child's developmental level;

b. Comfort level; and

c. Availability of tool.

F. The social worker shall coordinate the detailed fact gathering interview of the child victim with other investigating professionals. Information obtained by this interview may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

G. Social workers shall help the child to understand:

1. The reasons for the interview;

2. The process of investigation; and

3. How to obtain protection from further CA/N.

H. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker completes the following to increase their comfort and skill levels:

1. Read these DCFS guidelines and discuss them with the supervisor.

2. Handle and play with the dolls.

3. Observe two or more sex abuse interviews with children conducted by another experienced social worker.

4. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

5. Read three or more contemporary books on child sexual abuse.

I. Any social worker who does sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse; The Disclosure Interview" or its replacement equivalent as soon as possible, based on availability.

26.33 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of referral.

B. Service outcomes for cases receiving the high standard of investigation:

1. The social worker shall achieve one of three outcomes within 90 days from the date of referral:

a. A written voluntary service plan agreement (language appropriate) with the family signed by the participants (see [26.41 B.]); or

b. A dependency action filed in juvenile court; or

c. Closure of the case.

2. The social worker may refer cases which are classified as low risk after CPS investigation to an Alternate Response Service (ARS) or send a letter of information about available services to the family per [26.31 D.] and close the case with supervisory approval [26.33 C.].

3. The social worker shall complete a Summary Assessment form (DSHS 14-325(X)), or the Summary Assessment CAMIS form which includes:

a. Section 1, a listing of risk factors included on the risk factor matrix.

b. A narrative account of important risk factors and how these factors contribute to or reduce the risk of CAN.

c. Periodic reassessment of the overall level of risk based on the following guidelines:

(1) Risk factors identified in the CPS investigation may justify elevating or decreasing the baseline level of risk.

(2) Factors which are extremely intense or of long duration, or which have environmental support, should be given added weight when making an overall assessment of risk.

(3) Risk of CA/N is a product of the interaction of factors rather than the presence or absence of any one single factor.

(4) Level of risk may change several times over the life of a case depending on changes in:

(a) Family functioning;

(b) Child behavior;

(c) Environmental stress or circumstances; or

(d) Perpetrator access.

d. Disposition; e.g., a description of DCFS case status.

e. The social worker shall record case findings regarding alleged abuse or neglect.

(1) Founded means, based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been abused or neglected by a parent or caretaker.

(2) Unfounded means based on the CPS investigation there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue and that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected.

(3) Inconclusive means; there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected.

f. Service Plan (ISP).

4. The social worker shall complete the DSHS 14-325(X), Summary Assessment form as follows:

a. Cases Closed Within 90 Days Without Services - Complete the following sections by the 90th day:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings

b. Cases Closed Within 90 Days With Services - Complete the following sections prior to services starting and again at case closure:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement - Complete the following sections prior to having parent sign the agreement. Complete again at six month intervals for as long as the case is kept open, and again at case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: This section must be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action - Complete the following sections within 90 days of case assignment, every six months thereafter, and at time of case closure or transfer:

Section I	Risk Matrix
Section III	Disposition

Complete the following section within 90 days of case assignment, and at time of case closure or transfer:

Section IV Findings

Note: The SER on placement/dependency cases must include documentation of important observations, collateral contacts, dates of contact with parents, children, foster parents, and service providers. The case record must also include the visitation record.

e. Non-Placement Cases for CWS

CWS staff shall complete the summary assessment form (sections I through V) on each family where CAN is or was the basis for referral every six months. In addition, complete Sections I, II, III, and IV again at case closure.

The summary assessment form serves as a diagnostic document and substitutes for the evaluation and disposition sections of the narrative.

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording should also include dates of contact with parents, child victims and service providers.

f. Placement Cases Including Relative Placements and In-Home Dependencies For CWS

Every six (6) months and when considering returning a child home, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

At case closure, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording also includes dates of contact with parents, child victims and service providers.

When completing section I (Risk Matrix) for Placement/ Dependency cases, omit "Severity of CAN" and "Frequency of Abuse," as these pertain to factors prior to placement. "Perpetrator Access" may be omitted if the perpetrator does not have unsupervised contact with the child.

C. The social worker shall review service plans every 90 days or whenever changes to the service plan are made in order to evaluate the effectiveness of the plan in reducing the risk of CA/N.

D. Service outcomes for cases receiving the low standard of investigation:

1. All cases receiving the low standard of investigation must be opened, a case number assigned, and a record created.

2. Actions taken need to be recorded on the intake referral. Other pages may be included if needed.

3. The social worker shall file a copy of any correspondence in the record.

4. The social worker shall file a copy of any referral to an ARS in the record.

E. The supervisor shall review all cases open to CPS for 90 days to determine if:

1. The case record is complete;

2. The service is appropriate and effective; and

3. The 90-day rule requirement has been met per [26.33 B. 1.];

4. The service should continue.

a. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed, or

b. The supervisor may refer the case back for further investigation.

F. The supervisor shall document the reasons for the decision and sign the record.

26.40 CASE PLANNING

The DCFS social worker shall develop a detailed culturally relevant case plan for each case remaining open beyond 90 days. The case plan requires either a written service agreement, developed and signed by the social worker and the family, or a current court order documented in the case record. Service agreements are the format for the DCFS Social worker and the parent, guardian or legal custodian of a child (referenced as the caretaker in this section) to agree about authorized services. Social workers shall negotiate service agreements and have them translated into the primary language of the child and the child's caretaker.

26.41 Service Agreements

A. The goal of a service agreement is to secure a shared understanding of:

1. Issues needing to be addressed;
2. Means of addressing them;
3. Behavioral objectives to be achieved;
4. Significant activities to be completed, and by whom;
5. Known or anticipated cost of services;
6. Who will be responsible for costs;
7. Significant dates and time frames for completion;
8. Goal/outcome expectations for successful/unsuccessful completions; and
9. Methods for verifying compliance and measuring outcomes.

B. Service agreements are formal, written and dated agreements signed by the:

1. Social worker currently assigned to the case;
2. Caretaker of the child; and
3. The child victim(s) age 13 or older who is a service participant or recipient.

C. Service agreements are not legally binding.

D. The social worker shall discuss factors relevant to the agreement with the caretaker to determine the level of compliance that can reasonably be expected. These levels of compliance and factors include:

1. Does the caretaker believe the child?

   a. High compliance; the caretaker supports the child in making a statement.

   b. Moderate compliance; the caretaker questions the child's understanding or accuracy.

   c. Low compliance; the caretaker challenges the accuracy or truthfulness of the child's statement.

2. Does the caretaker identify an incident as CA/N?

   a. High compliance; the caretaker reports or supports the need to report an incident.

   b. Moderate compliance; the caretaker questions or discounts the seriousness of reported CA/N.

   c. Low compliance; the caretaker denies there is a problem.

3. Is the caretaker willing to protect the child?

   a. High compliance; the caretaker responds appropriately and takes action to control or eliminate the opportunity for re-offense.

   b. Moderate compliance; the caretaker agrees to take protective action after discussion about the need to protect. The caretaker may be ambivalent about concerns for child and dependent on perpetrator.

   c. Low compliance; the caretaker disagrees that the child is in danger or agrees to protect the child as part of an effort to avoid involuntary intervention.

4. Is the caretaker able to protect the child?

   a. High compliance; the caretaker has support systems and resources to restrict perpetrator access.

   b. Moderate compliance; the caretaker recognizes appropriate protective concerns but is unable to mobilize without support and encouragement.

   c. Low compliance; the caretaker does not know what can be done to protect the child and does not believe that they can take effective action.

E. Caretakers who respond to the four factors in the high compliance range, with no more than one response in the moderate range, are good candidates for a voluntary service agreement. The social worker may monitor these agreements through telephone contacts and reports from providers.

F. Caretakers who indicate concerns in two or more moderate categories may support the service but will need a higher level of support and encouragement. The social worker shall include regular planned home visits and collateral supervision through providers, relatives or other persons involved with the family.

G. Caretakers who indicate concerns in two or more low compliance categories are poor candidates for voluntary service agreements. The social worker shall discuss alternative measures for high risk and imminent harm cases with the supervisor: e.g., dependency. These cases require:

(1) Regular unscheduled monitoring;

(2) Home visits with face to face contact; and

(3) Collateral supervision.

H. The social worker shall complete a service agreement for all voluntary services prior to beginning the service.

I. The social worker shall use the service agreement process to authorize interim services prior to the development of a case plan in the DSHS 15-209(X), Individual Service Plan or the DSHS 14-325(X), Summary Assessment. Record interim service agreements on the SER.

J. The social worker shall prepare a service agreement for all court ordered services. The social worker and the caretaker(s) will review the agreement for clarity and accuracy prior to signing.

K. The social worker shall obtain a release of information signed by the caretaker for each provider or information source.

L. The social worker may authorize court ordered services when the caretaker(s) refuses to sign the agreement. The social worker shall:

1. Forward by registered mail a copy of any unsigned agreement to the caretaker(s);

2. Forward copies of the service agreement to the court, the parties, and attorneys representing parties to the dependency;

3. Attach to all copies a cover letter, written to the caretakers, describing:

a. Purpose of the agreement;

b. Availability of services;

c. Willingness of the department to discuss issues relevant to the services or the agreement; and

d. Caretaker's option to discuss any issues with their attorney and request a court review.

M. Service agreements may be legibly printed or written in the SER, on the DSHS 15-209(X), Individual Service Plan, or, in Section V in the Summary Assessment Form (DSHS 14-325(X)). The social worker shall file all agreements not recorded in the current ISP or Summary Assessment and incorporate all current agreements into the case plan.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Child Protective Services may continue throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

a. Reason for referral;

b. Family's progress;

c. Participation in service; and

d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan,including permanency planning goals,when considered for transfer to another worker.

I. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

a. Further voluntary services are not available or accepted; and

b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. DCFS may close cases assessed to be low risk after the family is engaged in a service agreement with a community agency or provider. The social worker shall keep the case open in high and moderate risk cases and may keep low risk cases open for continued services subject to the limitations of the 90-day rule [26.33 B. 1.].

5. The social worker shall properly complete all forms and narrative recording. The supervisor shall review the file for accuracy and completeness and sign before closure or transfer [02.14] to another service.

26.50 SPECIAL PROCEDURES

26.51 Pre-Natal/Newborn, Drug/Alcohol Exposure

A. The use of alcohol and drugs by a pregnant woman can expose the fetus to harm, and increases the risk of birth defects, health and developmental problems, addiction and other toxic reactions for the infant at birth. The Division of Children and Family Services recognizes the need to work in partnership with other DSHS divisions and with the health care community to promote prenatal care and substance abuse treatment for women and to reduce the risk of harm to the infant.

1. CPS shall accept referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.

2. CPS shall refer all prenatal referrals to the local Economic and Medical Field Services (EMFS) or contracted First Steps social worker for determination of eligibility for the First Steps program. EMFS and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. CPS will accept and open for investigation referrals made by the CSO or contracted First Steps case manager, on women believed to be within four (4) weeks of delivery, who are using substances (as defined above). Accepted referrals must also meet one or more of the following conditions: (NOTE: Earlier CPS intervention may occur based on the decision of a joint CPS/EMFS case staffing.)

   a. Refuses to get prenatal care and/or has made no provisions for the baby;

   b. Refuses to enter substance abuse treatment;

   c. Is mentally ill or seriously emotionally disturbed;

   d. Without a social and financial support system;

   e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated; or

   f. Is under the age of eighteen (18) and lacks a place to live.

4. Cases referred directly from the community to CPS on women believed to be within four (4) weeks of delivery that meet one of the above criteria, will be referred to the CSO for First Steps eligibility determination. CPS will open these cases for investigation. When a case is open to CPS and CSO First Steps, the social work case managers shall coordinate services to avoid duplication or gaps in service.

5. The assigned CPS social worker will conduct a culturally responsive investigation to assess case planning options at birth. The social worker shall have face-to-face contact with the client. The social worker shall document in the file all attempts to locate the client.

6. The purpose of prenatal CPS involvement is to:

   a. Allow adequate time prior to birth to assess the parent(s) ability to provide safe and adequate care for the child at birth;

   b. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care;

   c. Encourage the parent(s) to participate in treatment; and

   d. Advise of possible CPS action at birth.

7. DCFS will not file pre-natal dependency petitions except when DCFS believes it to be necessary to assume immediate custody of the infant at birth. DCFS will file pre-natal petitions only in consultation with department legal counsel.

B. Child Protective Services shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals will include, but not be limited to, infants with a positive drug screen at the time of birth. Other factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS.

1. The DCFS supervisor shall assign these referrals for investigation.

2. The social worker will conduct a culturally relevant investigation following the risk assessment model. The assessment will focus on the ability of the parent(s) to protect and care for the infant and will include consultation with the referring source. DCFS shall refer cases to law enforcement or to the prosecutor's office per local agreement [26.62].

3. The social worker, when completing an assessment, shall specifically address the following factors:

   a. History and pattern of parental substance abuse;

   b. Parental mental health and physical condition;

   c. Home environment, including presence of other substance abusers or transiency of parent(s);

   d. Physical condition and medical needs of the child;

   e. Support available to the parent(s);

   f. History of previous allegations of child abuse or neglect by parents; and

   g. Chemical dependency testing (UA, etc.) and monitoring of parent(s), when available within existing resources.

4. The social worker shall develop a culturally responsive case plan which shall reflect one of the following outcomes:

   a. Voluntary (signed) CPS service plan;

   b. Court-ordered, DCFS supervised plan with the child in the home;

   c. Culturally and ethnically appropriate out-of-home placement;

   d. Case closure with referral to community resources.

5. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan documents specific safeguards to ensure the child's protection. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

6. The social worker shall monitor the service plan for compliance when the infant remains in the home. Parental failure to comply with the service plan will result in immediate re-assessment of the need for court involvement or out-of-home placement.

26.52 Placement of Children

Children's homes are considered their best ongoing support. Social workers will develop case plans which strengthen the family and enhance parenting skills to safely maintain children in their own homes whenever possible.

Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050 and should be culturally relevant. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b).

See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

A. A DCFS social worker may place a child under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department currently has custody of the child through a previous court order.

3. The social worker has a current Voluntary Placement Agreement, DSHS 09-004B(X), signed by the person(s) legally responsible for the child.

4. A child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. Supervisors shall review and approve the need for placement prior to any non-emergent out-of-home placement. Emergent placements are subject to supervisory review on the first working day following the placement. The supervisor shall evaluate:

1. The opportunity to maintain the child in the home with intensive services;

2. The availability of in-home services;

3. The services and permanency planning needs which will reduce the length of time a child needs to be in out-of-home placement;

4. The cultural needs of the child and how these will be addressed while in out-of-home care.

C. The DCFS social worker shall assess the need for continuing out-of-home placement including emergent placement decisions made by law enforcement and/or a doctor or hospital administrator.

D. Continuing placement decisions shall be based on:

1. Cumulative impact - when a pattern of CA/N exists which has resulted in serious damage to a child's physical, mental or emotional development and reasonable efforts to reduce or eliminate CA/N have failed.

2. Risk of imminent harm - when a child has suffered and/or it is reasonable to assume a child will suffer serious physical or emotional injury in the near future as a result of CA/N and resources are not available to protect the child in their own home.

E. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody [RCW 26.44.030(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The social worker may return the child to the parent's home when:

a. The assessment indicates placement is not necessary to the child's protection; and

b. The social worker's determination is supported by the opinion of a second licensed physician.

F. The social worker shall refer for review by DCFS regional management and the local child protection team all CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home. All DCFS offices shall use culturally competent child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases [RCW 74.14B.030].

G. The social worker shall secure either a Voluntary Placement Agreement (DSHS 09-004B(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order when child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays.

H. DCFS shall consider relatives as a primary placement resource for children. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable.

1. Relatives of specified degree, as listed below, are exempt per [RCW 74.15.020(4)(a)] from licensure:

a. Brother

b. Sister

c. Step-parent

d. Step-brother

e. Step-sister

f. Grandparent

g. Uncle

h. Aunt

i. First cousin

2. The social worker shall determine the character, suitability, and competence of the relative to provide care for the child prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice includes:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action; and

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. The social worker may give written, verbal or telephone notice and shall record it in the case record.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

   a. Notice includes:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office;

      (4) Time, date and location of the Shelter Care Hearing; or

(5) The phone number where that information can be obtained.

b. The social worker shall give immediate notice:

(1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section is also given to any child victim over the age of 12 who is the subject of the filing.

B. DCFS shall notify any non-custodial parent as described in [26.52 A. 2. and 3.] above [RCW 26.44.120].

C. DCFS shall provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given by DCFS to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

26.54 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in Administrative Policy 8.02, Client Abuse, and DCFS Manual [26.13 A.] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-320 and WAC 15-134(5)], respectively.)

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." Reports of follow-up actions and/or dispositions are also to be made.

C. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

D. Alleged abuse by DSHS personnel.

1. Referrals are taken on a DSHS 14-260(X) per instructions in [Chapter 99]. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Consultation with the Office of Special Investigations (OSI) under Administrative Policy 6.01;

b. Referral to the Employee Services Director for possible investigation per Administrative Policy 6.01;

c. Designation of specific DCFS social work staff to conduct the investigation;

d. Making an initial incident report to the Regional Administrator;

e. Notification to law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW] see also [26.62 A.];

f. Notification to the facility head or designee that:

(1) A CPS referral has been made;

(2) A CPS investigation will follow; and

(3) No action be taken by the facility likely to interfere with the CPS investigation.

g. Assessment of the alleged perpetrator's access to the child victim or other potential child victims;

h. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs;

i. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation; and

j. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

a. Administrative Policy 6.01, Investigations of Potential Criminal Activity;

b. Personnel Policy 545, Investigations of Suspected Employee Misconduct; and

c. Personal Policy 546, Disciplinary and Corrective Action.

DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.

6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

E. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in D. 1-6. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See [WAC 388-73-036, 388-73-048, and 388-73-050].)

F. Alleged Medical Neglect in Health Care Facilities

DCFS shall investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose;

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The person reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

In addition to the responsibilities listed in [26.54 E.1-6], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98 B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

      (2) The department has final responsibility for determining whether further intervention or court referral is necessary.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee;

      (2) The attending physician;

(3) CPS worker;

(4) The DCFS medical consultant (as necessary); and

(5) Others as appropriate.

b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

c. Ensure that treatment includes the provision of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

(2) Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33 D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) The social worker may refer unresolved issues to the Attorney General's Office or their designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

G. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. Where to Report

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the DSHS 14-260(X) with the notation in Section D, "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

(e) The intake supervisor will notify staff/ supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will keep the facility advised of the investigation time frames, progress, and findings.

26.55 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with [26.44, 13.32A RCW], and [74.13 RCW] as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [23.54 and 26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor under contract with the Attorney General. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract, available to the CPS supervisor through the Attorney General's Division for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker shall be familiar with local court policy and procedures.

26.56 Child Protective Service Alerts

A. Alert Procedures

1. All DCFS supervisors may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by writing the Division of Children and Family Services at DSHS, DCFS, MS:5710/OB-41, and providing information in the following format:

   a. Identification:

      (1) Name and birthdate of child at risk;

      (2) Names and birth dates of persons presently caring for the child;

      (3) Current legal status of the child.

   b. Problem:

      Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

   c. Contact:

      Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, and must be submitted in typed memo form to DSHS, DCFS, Mail Stop 5710/OB-41, Attention: CPS Program Manager.

4. Each DCFS office will develop a method for distribution of the alerts to suit its particular structure; copies of the alert may be provided to CSO and DCFS intake units.

5. The intake supervisor shall maintain alerts in either a chronological or alphabetical file at the office for 180 days after receipt. Alerts may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

26.57 Photographing Children

A. Each DCFS office with CPS responsibility shall have a 24-hour capability for photographing children, preferably with a self-developing camera.

B. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child [RCW 26.44.050].

26.58 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department shall continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-1043. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

a. Foster Home/Day Care/Group Home licensers investigating the character of licensure applicants or their employees.

b. Department staff investigating child placement under Interstate Compact.

c. Department staff reviewing the suitability or competence of a relative or other person to provide care for a child.

d. Department staff who receive or investigate referrals of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.59 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to supervision are:

1. Assigns, reviews, and prioritizes work assignments.

   A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews case records to ensure appropriate documentation and cultural relevancy of all case activity.

7. Reviews levels of risk in cases of alleged abuse or neglect of children.

8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

11. Trains staff in gathering culturally accurate and complete information, organizing information and case decision-making.

12. Plans, organizes, and directs collaboration with community agencies and providers [26.16].

13. Develops culturally responsive resources and accesses resources directly associated with DCFS programs.

14. Conducts culturally competent recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. Supervisory review and approval is an essential element of the social work process in CPS cases. The supervisor shall document in the record their review and approval of:

1. The intake decision [26.31 D.] including:

   a. The determination of sufficiency;

   b. The risk tag and; and

   c. The level of response.

2. The initial summary assessment and subsequent updates of the summary assessment.

3. The culturally responsive case plan [27.35 B.].

4. Review any out-of-home placement for cultural relevancy [26.38 F.].

5. Any termination of placement or termination of hospital/physician emergency hold where a child is returned home [26.13 M.].

6. The cost and appropriateness of service authorizations to support the case plan.

7. Decisions to keep a case open in exception to the 90-day rule.

D. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

3. Procedures related to service delivery.

26.60 COMMUNITY COLLABORATION

26.61 Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse and the preservation of families.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;
2. Statutory changes affecting abused and neglected children; and
3. The parameters of the CPS program.

C. DCFS social workers are encouraged to attend and participate in:

1. Community groups;
2. Cultural responsive training;
3. Service boards;
4. Committees;
5. Multidisciplinary teams; and
6. Projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

E. DCFS supervisors and line staff shall allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

1. Law enforcement agencies;
2. Juvenile courts;
3. Schools;
4. Ethnic/minority communities;
5. The medical community; and

6. Appropriate social service agencies.

F. DCFS Regional Administrators shall establish and maintain one or more culturally diverse and responsive multidisciplinary child protection teams in each region. The teams shall be utilized for consultation on all cases where there is risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate [RCW 74.14B.030].

G. CPS service guidelines for on-post military families shall be resolved administratively with the base commander or commander's designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for off-post families.

26.62 Law Enforcement

A. Mandatory reports to law enforcement:

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. DCFS staff shall report to the appropriate law enforcement agency any reported incident of:

a. Death;

b. Sexual abuse;

c. Nonaccidental physical injury of a child; or

d. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

3. DCFS staff shall report to law enforcement within 24 hours of receipt of a report by the department in emergency cases when the child is believed to be at risk of imminent harm or other emergent conditions exist. In all other cases the department shall notify law enforcement within 72 hours of:

a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

   a. DCFS may release referent identification information to law enforcement in all cases when the referent has not requested confidentiality.

   b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

   c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

   d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

   e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

   f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in Chapter 03 and 99. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

   1. The inquiry is about an alleged perpetrator in an open CPS case.

   2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in it's catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

F. DCFS records are confidential and shall not be disclosed other than as described above. Law enforcement or the Prosecutor may subpoena other information from the DCFS record per Chapter 01.03 and 02.13.

26.70 CASE RECORDS

26.71 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files. (See CAMIS instructions for CAMIS record establishment and history checks. All forms and reports listed in this section may be substituted by their CAMIS equivalent as soon as offices are operating on CAMIS.)

B. The social worker shall establish a case file for all child victims or families of child victims passing the sufficiency screen.

C. The CPS record shall contain the following minimal information:

1. DSHS 02-305(X), Service Episode Record

2. DSHS 14-024(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Summary Assessment Form (Not needed for cases receiving the low standard of investigation.)

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

D. Content of CPS Records

1. The intake social worker shall complete the DSHS 14-260(X), Report of Child Abuse and Neglect or CAMIS referral, on any CPS referral. The supervisor shall maintain referrals that do not pass the sufficiency screen in a retrievable file. Social workers shall log all other calls to CPS requesting information or consultation.

2. The social worker will complete a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document on the DSHS 02-305(X) all activities and responses to the referral as well as the basis for the assignment of risk.

E. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by custodial parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

a. The name of any confidential referent;

b. Confidential reports:

(1) Reports identified for limited disclosure;

(2) HIV testing or results [RCW 70.24.105];

(3) Family planning; e.g., contraceptive or abortion information or services; and

(4) Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause, including but not limited to:

   a. The requestor is not a person entitled to disclosure.

   b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

   c. Disclosure may present a substantial danger to the child victim or others.

   d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The DCFS Social Worker shall provide, subject to the constraints of [26.71 D.], a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.

4. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

5. The social worker shall offer language interpreter services to clients who are unable to read the case record information.

F. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

   a. Pursue new information or leads which might resolve the conflict; and/or

   b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

G. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

   a. The information has been found to be untrue in a juvenile court proceeding on the matter; or

   b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; and

   c. There is a written request for expungement from the party who is the subject of the erroneous statement.

2. The supervisor shall note and document the reasons for expungement in the record.

3. The supervisor shall destroy, discard or delete expunged information from an existing report or document.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 00-035	Criminal/Arrest History Request Form
DSHS 02-305(X)	Service Episode Record
DSHS 09-004B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Summary Assessment Form
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parent's Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

Insert in DCFS Manual

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 36 (Issued 11/91)

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Telephone Number SCAN 321-1043 or (206) 586-1043
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Note that revision number and date appear at the bottom of each page.

On Revision Control Sheet, note the date Revision 36 is entered.

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect while preserving the family's integrity and it's cultural and ethnic identity (to the maximum extent possible) consistent with the safety and permanency needs of the child.

CPS shall provide services which are consistent with diverse populations. CPS is a priority program which is available in all geographic areas of the state of Washington on a 24-hour basis.

26.11 Service Description

A. The purpose of CPS is to:

1. Assess risk of abuse or neglect to children; and

2. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and neglect (CA/N); and

3. Develop culturally responsive case plans which:

   a. Prevent or remedy CA/N in the shortest reasonable time,

   b. Prevent or reduce the need for out of home placement and,

   c. Provide a safe, permanent and culturally relevant home for a child.

B. CPS social workers:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive culturally responsive assessment of the range of factors influencing the likelihood of CA/N.

2. Develop and implement culturally responsive case plans consistent with the risk assessment model designed to reduce the risk of CA/N to children including:

   a. Arranging for family and/or individual assessment, counseling, education, or other culturally consistent community intervention.

   b. Arranging for family preservation services to prevent the need for placement.

   c. Arranging for legal intervention when appropriate.

   d. Providing information and referral, including both DCFS and community resources.

   e. Advocating for children and families within the context of their culture.

   f. Monitoring and coordinating service delivery by the Division of Children and Family Services (DCFS) and other agencies to active CPS families, while collaborating with community agencies.

   g. Providing services in the clients' primary language.

3. Provide permanency planning for children with cases opened for services.

4. Provide culturally responsive placement in appropriate cases.

5. Provide information to the community in the appropriate language and setting about CA/N, the CPS process and available resources within the community.

6. Develop community relationships as defined in [26.61].

7. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families meet their needs and care for their children according to community standards, cultural context and legal statute.

26.12 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge ethnic group differences in CA/N assessment and intervention. In addition to the policies and guidelines for Indian Children [Indian Child Welfare Manual, Chapter 5] and Limited English Proficient (LEP) clients [DCFS Manual, Chapter 4], DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand cultural differences, practices, and norms. (See [26.13], Definitions.)

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method. Consult with agency or community recognized cultural experts to obtain the acceptable community standard.

C. Develop resources assuring that social workers communicate effectively with the members of various cultural groups and involve them in case planning.

These resources may include:

1. Cultural Relevancy Specialist/Regional Administrator;

2. Multi-cultural review teams;

3. Community consultants;

4. Staff training;

5. Community network.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training;

4. Resources and resource gaps.

DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 on determining the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement.) The social worker shall document in the case record the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33] and the Indian Child Welfare Manual.)

26.13 Definitions

Community Network: Working relationships between DCFS, Cultural Consultants, Key Informants (Lay/Professional Person) Natural Helpers (extended families, Folk Healers), and other agencies to develop cultural responsiveness.

Cultural Competence: A set of congruent behaviors, and attitudes that enables a professional to learn about the cultural context of a present problem and to integrate that knowledge into a professional assessment, diagnosis and intervention.

Cultural Consultants: Culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

Cultural Diversity: The distinguishable differences in life styles, values, traditions, religions, etc.

Culturally Responsive: A pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

Culture: The integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

Ethnic: A group designated by customs, characteristics, language, common history and/or racial affiliation.

Ethnographic Interviewing: Defined as communication with a member of another culture to identify the;

1. Key cultural differences; and

2. Meaning of those cultural practices and norms.

Service Agreement: A formal written description of services to be provided or performed. Agreements are developed with the parent and/or the court and any child over age 13 who is to receive or participate in services.

Service Plan: A written statement of the anticipated activities, including service agreements, which are planned in the conduct of the case.

A. Child abuse and neglect means [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

d. Impairment of physical or emotional health; or

e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

a. Genitals;

b. Anus; or

c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

a. Food;

b. Shelter;

c. Clothing;

d. Supervision; or

e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

5. Toddler - a child age one but less than six years.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person the courts grant parental status, rights, and privileges for a child.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designating a parent's right to the child's custody which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Step-parent - a person, not the child's parent, who is currently married to the child's parent.

5. Caretaker - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are acts or omissions which may be considered as indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

b. Dangerous acts, i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate

use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking a child under age three.

(14) The reckless use of lethal weapons in a child's proximity.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

(1) Torture of a child.

(2) Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a child's face with feces-filled or urine-soaked diaper.

(2) Submerging a child's head in a toilet bowl.

(3) Using electric shock on a child.

(4) Restraining a child by using handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and/or fluids for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": <u>And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline."</u> Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.13 E. (1)(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.13 E. (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action,or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cuase for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

(1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

(2) Feeding a child a diet which results in a dangerous loss of weight.

(3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

(4) Failure to provide food for pre-school child.

(5) Providing a diet which consistently lacks nutritional value.

(6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

(1) No heat in cold weather.

(2) Inoperable plumbing.

(3) Animal or human feces on floor.

(4) Fleas, mice, rats, bed bugs, or other vermin in the house.

(5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

(6) Fire hazards in/around the house.

(7) Toxic materials in house.

(8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, resulting in pain for the child.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services when a child is a danger to himself or others.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

(1) Leaving infant or toddler alone.

(2) Leaving child with a caretaker incapable of providing adequate care.

(3) Caretaker asleep while toddler plays in the home.

(4) Locking child in house in lieu of obtaining caretaker.

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Genital - Anal contact.

f. Genital - Genital contact.

g. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

h. Encouraging or forcing a child to engage in sexually explicit conduct.

i. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.

j. Promoting prostitution by minors.

k. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

(1) Parents or others engaging in sexual intercourse.

(2) Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker

shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

(1) Chronic ridicule, belittling, or humiliation of a child.

(2) Scapegoating a child as part of a family system.

(3) Treating the adolescent like a young child ("infantilizing").

(4) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(5) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(6) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Refusing to engage in child-focused activities.

(5) Failing to comfort, cuddle or hold an infant.

(6) Failing to respond to a child's pain.

(7) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.20 INTAKE

26.21 Eligibility for Child Protective Service

The CPS program is oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be utilized as a means of strengthening and supporting parenting skills and family functioning.

A. CPS shall receive referrals from any source, including one made anonymously. (See WAC 388-15-132(1).)

B. The DCFS Regional Administrator (RA) shall refer all allegations of CA/N by DCFS employees or volunteers to a different local office unit for CPS investigation. Use incident report procedures to alert the RA.

C. DCFS shall accept all referrals alleging CA/N but shall assign referrals when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is a (see [26.20 D.]):

a. Child's parent/caretaker;

b. Person acting in loco parentis; or

c. Third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.13 A.]; or

4. Risk factors exist which present the significant possibility or likelihood that a child shall be sexually abused or seriously, physically or emotionally injured in the near future, i.e., risk of imminent harm (as defined in [26.22 K. and L.]).

D. CPS shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to:

   a. Parents (custodial and noncustodial),

   b. Stepparents,

   c. Guardians, and

   d. Legal custodians.

2. The child's sibling;

3. The parent's paramour or other person residing with and having caretaking responsibilities for the child;

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW;

6. A person providing in-home child care services and paid by the department;

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A DCFS employee.

E. DCFS does not generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the child's parent, guardian or legal caretaker is unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those responsible for the child's welfare: e.g., parent, caretaker or other person acting in loco parentis. (See D. above.)

3. CA/N that is reported after the victim has reached age 18.

4. Child custody determinations in conflictual family proceedings or marital dissolutions.

5. Cases in which no abuse or neglect as defined in [26.12 A.] is alleged to have occurred.

6. Allegations of violations of the school system's:

a. Statutory Code;

b. Administrative Code; or

c. Statements regarding discipline policies.

F. Financial: CPS is provided without regard to income.

G. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

H. LEP Assessment: DCFS Intake shall assess and document in the referral the LEP needs including auxiliary aids for the sensory impaired.

26.22 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Case and Management Information System (CAMIS) intake program to conduct a comprehensive intake interview with any referent wishing to report CA/N. Those offices not having CAMIS access may use the Report of Child Abuse and Neglect, DSHS 14-260(X). Include the following when recording information about the incident:

1. Specific allegations of CA/N;

2. Risk factors;

   a. Child characteristics; the emotional, mental and physical characteristics of the child.

   b. Severity of CA/N; the degree of injury or physical or emotional harm to a child.

   c. Chronicity of CA/N; any past history of CA/N, or child placement.

   d. Caretaker Characteristics:

      (1) Factors related to the physical, mental or emotional functioning of caretakers;

      (2) Information regarding parents/caretakers family of origin;

      (3) Information regarding substance abuse, domestic violence and/or ability to protect the child; and

      (4) Previous convictions for crimes against children.

   e. Parent/Child Relationship; information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct, and the child's role in the family.

   f. Environmental factors; information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

   g. Perpetrator access; information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise or communicate with the child directly.

3. Referent and other collateral statements; and

4. Basis for intake risk assessment.

B. Social worker's shall accept for CPS investigation a report meeting the sufficiency criteria specified on the Report of Child Abuse and Neglect, DSHS 14-260(X), or the Case And Management Information System (CAMIS) intake screen.

C. The intake social worker shall conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information. The worker shall attach hard copy print-outs of the case referral history to the referral.

D. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

E. The social worker may request, but shall not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving.

F. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

G. The intake social worker shall contact collateral information sources when:

1. Sufficient information is not available from the referent to determine if the referral should be accepted for investigation.

2. It is necessary to verify or clarify an allegation of CA/N.

3. Collateral sources have information which would be useful in arriving at the intake risk tag.

H. The low standard of investigation requires collateral contacts whenever possible.

I. Intake social workers shall make collateral contacts as soon as possible prior to making intake decisions unless:

1. An immediate response is required.

2. Sufficient information has been collected from the original referent.

NOTE: Response time begins at the time and date of referral.

J. Sufficiency Screen

The intake social worker shall complete the sufficiency screen and determine if:

1. There is sufficient information to locate the child; and

2. The alleged perpetrator is a caretaker of the child or acting in loco parentis, or the parent is negligent in protecting the child from further CA/N; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition; or

   (In some cases a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen.)

4. Risk factor(s) exist placing the child in danger of imminent harm.

K. Risk of imminent harm includes, but is not limited to, persons living in the home or having caretaking responsibility for a child who exhibit:

1. Extreme mental illness creating the possibility of violence or neglect of a child's basic needs.

2. Substance abuse which is so extreme that a person cannot meet their own needs and the basic needs of a child.

3. Extreme violence in the presence of a child or, who has:

   a. Been convicted of killing a child.

   b. Been convicted of a sexual offense against a child and is currently living in a home with a minor child.

   c. Been convicted of a serious (gross misdemeanor or greater) crime against a child.

   d. Lost a child through termination action.

   e. Seriously abused or neglected one or more children who are currently dependent.

L. Additional guidelines clarifying risk of imminent harm screening:

1. Mental illness, domestic violence and substance abuse do not always indicate that risk of imminent harm exists. The social worker needs to assess these problems in parental functioning and their potential for causing severe harm to minor children in the home in the near future.

2. DCFS may open referrals on the basis of risk of imminent harm even though the parent or child is in a protective setting at the time of referral, e.g., hospital, relative's home, jail. Intake staff may determine that a child will be at imminent risk of harm as soon as the child or parent leaves the protective setting. These cases pass the sufficiency screen despite the lack of allegations of CA/N.

3. DCFS shall screen in referrals which may lack a specific allegation on the basis of risk of imminent harm when:

   a. There is good reason to believe that the subject of a referral has a history of sexual offenses involving child victims;

   b. The subject is alleged to have committed a sexual offense against a child and is living in a home with a minor child who exhibits behavioral indicators of sexual abuse;

   c. The subject is a juvenile sex offender under age 12 who has not been prosecuted and whose parent refuses to obtain mental health treatment for the child [26.65];

   d. A known child molester who, upon release from prison or juvenile institution, is or will be, residing with a minor child;

   e. The referral indicates pre-natal or newborn drug/related exposure (see [26.51]).

M. The intake supervisor shall review, and may change the screening decision when:

1. Additional information supporting the change is obtained; or

2. The supervisor determines that the screening decision made by the intake social worker is incorrect based on program guidelines.

N. The supervisor must document the reason(s) and initial the change on the referral/CAMIS form.

O. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision:

   a. Information only. Referral does not meet sufficiency criteria and referral is screened out.

   b. Accepted for investigation. Referral meets sufficiency criteria and referral is screened in.

c. Third party report (when the perpetrator is not a caretaker or acting in loco parentis). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.

P. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation using the following guidelines:

a. Classify the severity of the allegation(s) of CA/N from (low risk to high risk utilizing section II, severity section of the Risk Factor Matrix Manual).

b. Evaluate risk factor information noted on the referral form regarding:

(1) Child characteristics;

(2) History of prior agency contact;

(3) Parental functioning;

(4) Environmental factors; and

(5) Perpetrator access.

c. Establish a baseline risk level; e.g., an initial classification of the allegations of CA/N based on the most serious allegation.

d. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N.

(1) The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk by CA/N.

(2) The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.

e. Complete the Basis for Intake Risk Assessment. This section provides the rationale for the risk tag decision.

2. The intake supervisor may change the risk tag decision under the following circumstances:

a. Additional information supporting the change is obtained; or

b. The supervisor determines that the risk tag made by the intake social worker is incorrect based upon program guidelines.

3. The intake supervisor shall document the reasons and initial the change on the referral/CAMIS.

Q. The intake supervisor shall forward all referrals indicating physical injury, sexual abuse, death or other crimes against a child to law enforcement per [26.62 A.].

R. Screened Out Referrals

1. The intake supervisor shall retain and make accessible to intake staff referrals that are screened out (do not pass the sufficiency screen).

2. The intake supervisor shall maintain a log of all screened out referrals. [RCW 26.44.030(11)]

26.30 ASSESSMENT/INVESTIGATION

26.31 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations and performance standards. The DCFS social worker shall initiate LEP assessment and provide appropriate services from the entry level of service throughout the continuum of care. Social workers shall utilize culturally relevant interviewing techniques with ethnic children and their families.

A. Response Time

The supervisor and assigned social worker shall consider as maximum limits the time frames defined in this section for CPS response. Cases may require a quicker CPS response than the time lines defined in this section.

1. **Response time** begins at the referral date and time.

2. **Referral date and time** begins when a referral is initiated by the referent through contact with the intake worker.

3. **Emergent response** begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

4. **Non-emergent response** begins within ten calendar days from the referral date and time. The standard of investigation may be high or low.

B. Risk Levels

1. High risk means the high likelihood of severe CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

2. Moderate risk means the likelihood of serious CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard for all referrals given moderately low to high risk tags at intake except when a supervisor has approved in writing the use of the low standard. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within 10 working days from date of referral.

   a. All involved child victims in the report must be interviewed.

   b. Interview all alleged child victims at the earliest possible time but not later than 10 working days from the referral date.

   c. Face-to-face contact within 10 working days of the referral must be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being non-verbal; or

      (6) Other limiting conditions.

3. **Make a home visit** in all cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

4. **Notify the parents, guardian or legal custodian** (including the non-custodial parent) of a child alleged to be victim of CA/N per instructions in [26.53 A. and B.].

5. **Interview all alleged perpetrators and other appropriate adults.**

   The social worker will interview individually and face-to-face, all alleged perpetrators, who are reasonably available and willing, and the child's caretaker(s). Initial contact with the alleged perpetrators may be coordinated with law enforcement agencies as per written interagency agreements.

   The social worker will make reasonable efforts to interview persons identified by the parents or the alleged perpetrator as having relevant and/or direct knowledge of an incident.

   The social worker shall document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

6. **Notify law enforcement** (RCW 26.44.030(3) and 74.14.031(3)). The social worker shall ensure that notification has been made to law enforcement per instructions in [26.62 A.].

7. **Request the assistance of law enforcement to:**

   a. Assure the safety of the child(ren) or staff;

   b. Observe evidence;

   c. Take child(ren) into protective custody;

   d. Enforce a court order; or

   e. Assist with the investigation.

8. **Evaluate the child's safety needs and the safety of the home environment.**

9. **Secure Medical Evaluation and/or Treatment**

   The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

10. **Professional Consultation**

The social worker shall seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

11. **Interview Key Collateral**

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are reported to have or, the social worker believes may have first-hand knowledge of the incident, the injury, or the family's circumstances.

12. **Contact Other Collateral**

The social worker may interview other persons having knowledge of the child and family's functioning.

13. **Response to Referents**

The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child.

D. Low Standard for Investigation

The low standard of investigation may only be used when intake staff and/or supervisors assess referrals as low risk of CA/N. (Referral with moderate or high risk tags at intake use the high standard of investigation except when a supervisor has approved in writing the use

of the low standard.) These cases usually do not require an immediate or detailed investigation. These referrals may be responded to in any of the following ways within 10 calendar days from the date of referral:

1. Cases may be referred to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

2. The social worker may send a letter to the family, make a phone call to the caretaker(s) or, make a brief home visit to provide the following information:

   a. Notification that CPS has accepted a referral for investigation.

   b. Information included in the referral regarding allegations of CA/N.

   c. The local DCFS telephone number/contact.

   d. Community resources which may be available to address the condition; i.e., information and referral.

   e. Notice that no further investigation will take place in response to this referral.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.31(C)(D)].

Interviewing Children

A. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

   1. On school premises;

   2. In day care facilities;

   3. In the child's home; or

   4. In other suitable locations.

B. The social worker shall determine if the child wishes a third party to be present during the interview. The social worker shall make a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

C. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

D. The social worker must consider other elements including:

1. The child's characteristics;

2. Parental functioning;

3. Parent/Child relationships;

4. Environmental factors;

5. Perpetrator access; and

6. Child's statement to others.

E. In each case the social worker needs to:

1. Assess what culturally relevant interviewing tools to use:

a. Dolls;

b. Puppets;

c. Games; or

d. Drawings.

2. Document the reasons for the choice(s) made:

a. Child's developmental level;

b. Comfort level; and

c. Availability of tool.

F. The social worker shall coordinate the detailed fact gathering interview of the child victim with other investigating professionals. Information obtained by this interview may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

G. Social workers shall help the child to understand:

1. The reasons for the interview;

2. The process of investigation; and

3. How to obtain protection from further CA/N.

H. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker completes the following to increase their comfort and skill levels:

1. Read these DCFS guidelines and discuss them with the supervisor.

2. Handle and play with the dolls.

3. Observe two or more sex abuse interviews with children conducted by another experienced social worker.

4. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

5. Read three or more contemporary books on child sexual abuse.

I. Any social worker who does sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse; The Disclosure Interview" or its replacement equivalent as soon as possible, based on availability.

26.33 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of referral.

B. Service outcomes for cases receiving the high standard of investigation:

1. The social worker shall achieve one of three outcomes within 90 days from the date of referral:

a. A written voluntary service plan agreement (language appropriate) with the family signed by the participants (see [26.41 B.]); or

b. A dependency action filed in juvenile court; or

c. Closure of the case.

2. The social worker may refer cases which are classified as low risk after CPS investigation to an Alternate Response Service (ARS) or send a letter of information about available services to the family per [26.31 D.] and close the case with supervisory approval [26.33 C.].

3. The social worker shall complete a Summary Assessment form (DSHS 14-325(X)), or the Summary Assessment CAMIS form which includes:

a. Section 1, a listing of risk factors included on the risk factor matrix.

b. A narrative account of important risk factors and how these factors contribute to or reduce the risk of CAN.

c. Periodic reassessment of the overall level of risk based on the following guidelines:

(1) Risk factors identified in the CPS investigation may justify elevating or decreasing the baseline level of risk.

(2) Factors which are extremely intense or of long duration, or which have environmental support, should be given added weight when making an overall assessment of risk.

(3) Risk of CA/N is a product of the interaction of factors rather than the presence or absence of any one single factor.

(4) Level of risk may change several times over the life of a case depending on changes in:

(a) Family functioning;

(b) Child behavior;

(c) Environmental stress or circumstances; or

(d) Perpetrator access.

d. Disposition; e.g., a description of DCFS case status.

e. The social worker shall record case findings regarding alleged abuse or neglect.

(1) Founded means, based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been abused or neglected by a parent or caretaker.

(2) Unfounded means based on the CPS investigation there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue and that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected.

(3) Inconclusive means; there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected.

f. Service Plan (ISP).

4. The social worker shall complete the DSHS 14-325(X), Summary Assessment form as follows:

a. Cases Closed Within 90 Days Without Services - Complete the following sections by the 90th day:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings

b. Cases Closed Within 90 Days With Services - Complete the following sections prior to services starting and again at case closure:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement - Complete the following sections prior to having parent sign the agreement. Complete again at six month intervals for as long as the case is kept open, and again at case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment narrative
Section III	Disposition
Section IV	Findings
Section V	Service Plan (Note: This section must be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action - Complete the following sections within 90 days of case assignment, every six months thereafter, and at time of case closure or transfer:

Section I	Risk Matrix
Section III	Disposition

Complete the following section within 90 days of case assignment, and at time of case closure or transfer:

Section IV Findings

Note: The SER on placement/dependency cases must include documentation of important observations, collateral contacts, dates of contact with parents, children, foster parents, and service providers. The case record must also include the visitation record.

e. Non-Placement Cases for CWS

CWS staff shall complete the summary assessment form (sections I through V) on each family where CAN is or was the basis for referral every six months. In addition, complete Sections I, II, III, and IV again at case closure.

The summary assessment form serves as a diagnostic document and substitutes for the evaluation and disposition sections of the narrative.

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording should also include dates of contact with parents, child victims and service providers.

f. Placement Cases Including Relative Placements and In-Home Dependencies For CWS

Every six (6) months and when considering returning a child home, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

At case closure, complete section I (Risk Factors), section III (Disposition), and section IV-B (Findings).

The narrative recording is needed to document observations and major events which support the need for the case plan. Narrative recording also includes dates of contact with parents, child victims and service providers.

When completing section I (Risk Matrix) for Placement/ Dependency cases, omit "Severity of CAN" and "Frequency of Abuse," as these pertain to factors prior to placement. "Perpetrator Access" may be omitted if the perpetrator does not have unsupervised contact with the child.

C. The social worker shall review service plans every 90 days or whenever changes to the service plan are made in order to evaluate the effectiveness of the plan in reducing the risk of CA/N.

D. Service outcomes for cases receiving the low standard of investigation:

1. All cases receiving the low standard of investigation must be opened, a case number assigned, and a record created.

2. Actions taken need to be recorded on the intake referral. Other pages may be included if needed.

3. The social worker shall file a copy of any correspondence in the record.

4. The social worker shall file a copy of any referral to an ARS in the record.

E. The supervisor shall review all cases open to CPS for 90 days to determine if:

1. The case record is complete;

2. The service is appropriate and effective; and

3. The 90-day rule requirement has been met per [26.33 B. 1.];

4. The service should continue.

a. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed, or

b. The supervisor may refer the case back for further investigation.

F. The supervisor shall document the reasons for the decision and sign the record.

26.40 CASE PLANNING

The DCFS social worker shall develop a detailed culturally relevant case plan for each case remaining open beyond 90 days. The case plan requires either a written service agreement, developed and signed by the social worker and the family, or a current court order documented in the case record. Service agreements are the format for the DCFS Social worker and the parent, guardian or legal custodian of a child (referenced as the caretaker in this section) to agree about authorized services. Social workers shall negotiate service agreements and have them translated into the primary language of the child and the child's caretaker.

26.41 Service Agreements

A. The goal of a service agreement is to secure a shared understanding of:

1. Issues needing to be addressed;
2. Means of addressing them;
3. Behavioral objectives to be achieved;
4. Significant activities to be completed, and by whom;
5. Known or anticipated cost of services;
6. Who will be responsible for costs;
7. Significant dates and time frames for completion;
8. Goal/outcome expectations for successful/unsuccessful completions; and
9. Methods for verifying compliance and measuring outcomes.

B. Service agreements are formal, written and dated agreements signed by the:

1. Social worker currently assigned to the case;
2. Caretaker of the child; and
3. The child victim(s) age 13 or older who is a service participant or recipient.

C. Service agreements are not legally binding.

D. The social worker shall discuss factors relevant to the agreement with the caretaker to determine the level of compliance that can reasonably be expected. These levels of compliance and factors include:

1. Does the caretaker believe the child?

   a. High compliance; the caretaker supports the child in making a statement.

   b. Moderate compliance; the caretaker questions the child's understanding or accuracy.

   c. Low compliance; the caretaker challenges the accuracy or truthfulness of the child's statement.

2. Does the caretaker identify an incident as CA/N?

   a. High compliance; the caretaker reports or supports the need to report an incident.

   b. Moderate compliance; the caretaker questions or discounts the seriousness of reported CA/N.

   c. Low compliance; the caretaker denies there is a problem.

3. Is the caretaker willing to protect the child?

   a. High compliance; the caretaker responds appropriately and takes action to control or eliminate the opportunity for re-offense.

   b. Moderate compliance; the caretaker agrees to take protective action after discussion about the need to protect. The caretaker may be ambivalent about concerns for child and dependent on perpetrator.

   c. Low compliance; the caretaker disagrees that the child is in danger or agrees to protect the child as part of an effort to avoid involuntary intervention.

4. Is the caretaker able to protect the child?

   a. High compliance; the caretaker has support systems and resources to restrict perpetrator access.

   b. Moderate compliance; the caretaker recognizes appropriate protective concerns but is unable to mobilize without support and encouragement.

   c. Low compliance; the caretaker does not know what can be done to protect the child and does not believe that they can take effective action.

E. Caretakers who respond to the four factors in the high compliance range, with no more than one response in the moderate range, are good candidates for a voluntary service agreement. The social worker may monitor these agreements through telephone contacts and reports from providers.

F. Caretakers who indicate concerns in two or more moderate categories may support the service but will need a higher level of support and encouragement. The social worker shall include regular planned home visits and collateral supervision through providers, relatives or other persons involved with the family.

G. Caretakers who indicate concerns in two or more low compliance categories are poor candidates for voluntary service agreements. The social worker shall discuss alternative measures for high risk and imminent harm cases with the supervisor: e.g., dependency. These cases require:

(1) Regular unscheduled monitoring;

(2) Home visits with face to face contact; and

(3) Collateral supervision.

H. The social worker shall complete a service agreement for all voluntary services prior to beginning the service.

I. The social worker shall use the service agreement process to authorize interim services prior to the development of a case plan in the DSHS 15-209(X), Individual Service Plan or the DSHS 14-325(X), Summary Assessment. Record interim service agreements on the SER.

J. The social worker shall prepare a service agreement for all court ordered services. The social worker and the caretaker(s) will review the agreement for clarity and accuracy prior to signing.

K. The social worker shall obtain a release of information signed by the caretaker for each provider or information source.

L. The social worker may authorize court ordered services when the caretaker(s) refuses to sign the agreement. The social worker shall:

1. Forward by registered mail a copy of any unsigned agreement to the caretaker(s);

2. Forward copies of the service agreement to the court, the parties, and attorneys representing parties to the dependency;

3. Attach to all copies a cover letter, written to the caretakers, describing:

a. Purpose of the agreement;

b. Availability of services;

c. Willingness of the department to discuss issues relevant to the services or the agreement; and

d. Caretaker's option to discuss any issues with their attorney and request a court review.

M. Service agreements may be legibly printed or written in the SER, on the DSHS 15-209(X), Individual Service Plan, or, in Section V in the Summary Assessment Form (DSHS 14-325(X)). The social worker shall file all agreements not recorded in the current ISP or Summary Assessment and incorporate all current agreements into the case plan.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Child Protective Services may continue throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

a. Reason for referral;

b. Family's progress;

c. Participation in service; and

d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan,including permanency planning goals,when considered for transfer to another worker.

I. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

a. Further voluntary services are not available or accepted; and

b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. DCFS may close cases assessed to be low risk after the family is engaged in a service agreement with a community agency or provider. The social worker shall keep the case open in high and moderate risk cases and may keep low risk cases open for continued services subject to the limitations of the 90-day rule [26.33 B. 1.].

5. The social worker shall properly complete all forms and narrative recording. The supervisor shall review the file for accuracy and completeness and sign before closure or transfer [02.14] to another service.

26.50 SPECIAL PROCEDURES

26.51 Pre-Natal/Newborn, Drug/Alcohol Exposure

A. The use of alcohol and drugs by a pregnant woman can expose the fetus to harm, and increases the risk of birth defects, health and developmental problems, addiction and other toxic reactions for the infant at birth. The Division of Children and Family Services recognizes the need to work in partnership with other DSHS divisions and with the health care community to promote prenatal care and substance abuse treatment for women and to reduce the risk of harm to the infant.

1. CPS shall accept referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.

2. CPS shall refer all prenatal referrals to the local Economic and Medical Field Services (EMFS) or contracted First Steps social worker for determination of eligibility for the First Steps program. EMFS and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. CPS will accept and open for investigation referrals made by the CSO or contracted First Steps case manager, on women believed to be within four (4) weeks of delivery, who are using substances (as defined above). Accepted referrals must also meet one or more of the following conditions: (NOTE: Earlier CPS intervention may occur based on the decision of a joint CPS/EMFS case staffing.)

   a. Refuses to get prenatal care and/or has made no provisions for the baby;

   b. Refuses to enter substance abuse treatment;

   c. Is mentally ill or seriously emotionally disturbed;

   d. Without a social and financial support system;

   e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated; or

   f. Is under the age of eighteen (18) and lacks a place to live.

4. Cases referred directly from the community to CPS on women believed to be within four (4) weeks of delivery that meet one of the above criteria, will be referred to the CSO for First Steps eligibility determination. CPS will open these cases for investigation. When a case is open to CPS and CSO First Steps, the social work case managers shall coordinate services to avoid duplication or gaps in service.

5. The assigned CPS social worker will conduct a culturally responsive investigation to assess case planning options at birth. The social worker shall have face-to-face contact with the client. The social worker shall document in the file all attempts to locate the client.

6. The purpose of prenatal CPS involvement is to:

   a. Allow adequate time prior to birth to assess the parent(s) ability to provide safe and adequate care for the child at birth;

   b. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care;

   c. Encourage the parent(s) to participate in treatment; and

   d. Advise of possible CPS action at birth.

7. DCFS will not file pre-natal dependency petitions except when DCFS believes it to be necessary to assume immediate custody of the infant at birth. DCFS will file pre-natal petitions only in consultation with department legal counsel.

B. Child Protective Services shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals will include, but not be limited to, infants with a positive drug screen at the time of birth. Other factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS.

1. The DCFS supervisor shall assign these referrals for investigation.

2. The social worker will conduct a culturally relevant investigation following the risk assessment model. The assessment will focus on the ability of the parent(s) to protect and care for the infant and will include consultation with the referring source. DCFS shall refer cases to law enforcement or to the prosecutor's office per local agreement [26.62].

3. The social worker, when completing an assessment, shall specifically address the following factors:

   a. History and pattern of parental substance abuse;

   b. Parental mental health and physical condition;

   c. Home environment, including presence of other substance abusers or transiency of parent(s);

   d. Physical condition and medical needs of the child;

   e. Support available to the parent(s);

   f. History of previous allegations of child abuse or neglect by parents; and

   g. Chemical dependency testing (UA, etc.) and monitoring of parent(s), when available within existing resources.

4. The social worker shall develop a culturally responsive case plan which shall reflect one of the following outcomes:

   a. Voluntary (signed) CPS service plan;

   b. Court-ordered, DCFS supervised plan with the child in the home;

   c. Culturally and ethnically appropriate out-of-home placement;

   d. Case closure with referral to community resources.

5. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan documents specific safeguards to ensure the child's protection. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

6. The social worker shall monitor the service plan for compliance when the infant remains in the home. Parental failure to comply with the service plan will result in immediate re-assessment of the need for court involvement or out-of-home placement.

26.52 Placement of Children

Children's homes are considered their best ongoing support. Social workers will develop case plans which strengthen the family and enhance parenting skills to safely maintain children in their own homes whenever possible.

Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050 and should be culturally relevant. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b).

See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

A. A DCFS social worker may place a child under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department currently has custody of the child through a previous court order.

3. The social worker has a current Voluntary Placement Agreement, DSHS 09-004B(X), signed by the person(s) legally responsible for the child.

4. A child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. Supervisors shall review and approve the need for placement prior to any non-emergent out-of-home placement. Emergent placements are subject to supervisory review on the first working day following the placement. The supervisor shall evaluate:

1. The opportunity to maintain the child in the home with intensive services;

2. The availability of in-home services;

3. The services and permanency planning needs which will reduce the length of time a child needs to be in out-of-home placement;

4. The cultural needs of the child and how these will be addressed while in out-of-home care.

C. The DCFS social worker shall assess the need for continuing out-of-home placement including emergent placement decisions made by law enforcement and/or a doctor or hospital administrator.

D. Continuing placement decisions shall be based on:

1. Cumulative impact - when a pattern of CA/N exists which has resulted in serious damage to a child's physical, mental or emotional development and reasonable efforts to reduce or eliminate CA/N have failed.

2. Risk of imminent harm - when a child has suffered and/or it is reasonable to assume a child will suffer serious physical or emotional injury in the near future as a result of CA/N and resources are not available to protect the child in their own home.

E. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody [RCW 26.44.030(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The social worker may return the child to the parent's home when:

a. The assessment indicates placement is not necessary to the child's protection; and

b. The social worker's determination is supported by the opinion of a second licensed physician.

F. The social worker shall refer for review by DCFS regional management and the local child protection team all CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home. All DCFS offices shall use culturally competent child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases [RCW 74.14B.030].

G. The social worker shall secure either a Voluntary Placement Agreement (DSHS 09-004B(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order when child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays.

H. DCFS shall consider relatives as a primary placement resource for children. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable.

1. Relatives of specified degree, as listed below, are exempt per [RCW 74.15.020(4)(a)] from licensure:

a. Brother

b. Sister

c. Step-parent

d. Step-brother

e. Step-sister

f. Grandparent

g. Uncle

h. Aunt

i. First cousin

2. The social worker shall determine the character, suitability, and competence of the relative to provide care for the child prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

a. Notice includes:

(1) The reason for the interview;

(2) The time, date, and location of the interview;

(3) The interview outcome and/or probable next action; and

(4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

(1) Safety of the child; or

(2) Protection needs of the child; or

(3) Course of the investigation.

c. The social worker may give written, verbal or telephone notice and shall record it in the case record.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

a. Notice includes:

(1) The reasons why the child was taken into custody;

(2) Time, date, and type of placement;

(3) The telephone number and location of the DCFS office;

(4) Time, date and location of the Shelter Care Hearing; or

(5) The phone number where that information can be obtained.

b. The social worker shall give immediate notice:

(1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section is also given to any child victim over the age of 12 who is the subject of the filing.

B. DCFS shall notify any non-custodial parent as described in [26.52 A. 2. and 3.] above [RCW 26.44.120].

C. DCFS shall provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given by DCFS to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

26.54 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in Administrative Policy 8.02, Client Abuse, and DCFS Manual [26.13 A.] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-320 and WAC 15-134(5)], respectively.)

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." Reports of follow-up actions and/or dispositions are also to be made.

C. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

D. Alleged abuse by DSHS personnel.

1. Referrals are taken on a DSHS 14-260(X) per instructions in [Chapter 99]. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Consultation with the Office of Special Investigations (OSI) under Administrative Policy 6.01;

b. Referral to the Employee Services Director for possible investigation per Administrative Policy 6.01;

c. Designation of specific DCFS social work staff to conduct the investigation;

d. Making an initial incident report to the Regional Administrator;

e. Notification to law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW] see also [26.62 A.];

f. Notification to the facility head or designee that:

(1) A CPS referral has been made;

(2) A CPS investigation will follow; and

(3) No action be taken by the facility likely to interfere with the CPS investigation.

g. Assessment of the alleged perpetrator's access to the child victim or other potential child victims;

h. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs;

i. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation; and

j. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

a. Administrative Policy 6.01, Investigations of Potential Criminal Activity;

b. Personnel Policy 545, Investigations of Suspected Employee Misconduct; and

c. Personal Policy 546, Disciplinary and Corrective Action.

DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.

6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

E. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in D. 1-6. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See [WAC 388-73-036, 388-73-048, and 388-73-050].)

F. Alleged Medical Neglect in Health Care Facilities

DCFS shall investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose;

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The person reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

In addition to the responsibilities listed in [26.54 E.1-6], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98 B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

      (2) The department has final responsibility for determining whether further intervention or court referral is necessary.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee;

      (2) The attending physician;

(3) CPS worker;

(4) The DCFS medical consultant (as necessary); and

(5) Others as appropriate.

b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

c. Ensure that treatment includes the provision of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

(2) Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33 D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) The social worker may refer unresolved issues to the Attorney General's Office or their designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

G. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. Where to Report

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the DSHS 14-260(X) with the notation in Section D, "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

(e) The intake supervisor will notify staff/ supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will keep the facility advised of the investigation time frames, progress, and findings.

26.55 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with [26.44, 13.32A RCW], and [74.13 RCW] as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [23.54 and 26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor under contract with the Attorney General. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract, available to the CPS supervisor through the Attorney General's Division for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker shall be familiar with local court policy and procedures.

26.56 Child Protective Service Alerts

A. Alert Procedures

1. All DCFS supervisors may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by writing the Division of Children and Family Services at DSHS, DCFS, MS:5710/OB-41, and providing information in the following format:

   a. Identification:

      (1) Name and birthdate of child at risk;

      (2) Names and birth dates of persons presently caring for the child;

      (3) Current legal status of the child.

   b. Problem:

      Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

   c. Contact:

      Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, and must be submitted in typed memo form to DSHS, DCFS, Mail Stop 5710/OB-41, Attention: CPS Program Manager.

4. Each DCFS office will develop a method for distribution of the alerts to suit its particular structure; copies of the alert may be provided to CSO and DCFS intake units.

5. The intake supervisor shall maintain alerts in either a chronological or alphabetical file at the office for 180 days after receipt. Alerts may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

26.57 Photographing Children

A. Each DCFS office with CPS responsibility shall have a 24-hour capability for photographing children, preferably with a self-developing camera.

B. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child [RCW 26.44.050].

26.58 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department shall continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-1043. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

a. Foster Home/Day Care/Group Home licensers investigating the character of licensure applicants or their employees.

b. Department staff investigating child placement under Interstate Compact.

c. Department staff reviewing the suitability or competence of a relative or other person to provide care for a child.

d. Department staff who receive or investigate referrals of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.59 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to supervision are:

1. Assigns, reviews, and prioritizes work assignments.

   A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews case records to ensure appropriate documentation and cultural relevancy of all case activity.

7. Reviews levels of risk in cases of alleged abuse or neglect of children.

8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

11. Trains staff in gathering culturally accurate and complete information, organizing information and case decision-making.

12. Plans, organizes, and directs collaboration with community agencies and providers [26.16].

13. Develops culturally responsive resources and accesses resources directly associated with DCFS programs.

14. Conducts culturally competent recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. Supervisory review and approval is an essential element of the social work process in CPS cases. The supervisor shall document in the record their review and approval of:

1. The intake decision [26.31 D.] including:

a. The determination of sufficiency;

b. The risk tag and; and

c. The level of response.

2. The initial summary assessment and subsequent updates of the summary assessment.

3. The culturally responsive case plan [27.35 B.].

4. Review any out-of-home placement for cultural relevancy [26.38 F.].

5. Any termination of placement or termination of hospital/physician emergency hold where a child is returned home [26.13 M.].

6. The cost and appropriateness of service authorizations to support the case plan.

7. Decisions to keep a case open in exception to the 90-day rule.

D. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

3. Procedures related to service delivery.

26.60 COMMUNITY COLLABORATION

26.61 Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse and the preservation of families.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;
2. Statutory changes affecting abused and neglected children; and
3. The parameters of the CPS program.

C. DCFS social workers are encouraged to attend and participate in:

1. Community groups;
2. Cultural responsive training;
3. Service boards;
4. Committees;
5. Multidisciplinary teams; and
6. Projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

E. DCFS supervisors and line staff shall allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

1. Law enforcement agencies;
2. Juvenile courts;
3. Schools;
4. Ethnic/minority communities;
5. The medical community; and

6. Appropriate social service agencies.

F. DCFS Regional Administrators shall establish and maintain one or more culturally diverse and responsive multidisciplinary child protection teams in each region. The teams shall be utilized for consultation on all cases where there is risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate [RCW 74.14B.030].

G. CPS service guidelines for on-post military families shall be resolved administratively with the base commander or commander's designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for off-post families.

26.62 Law Enforcement

A. Mandatory reports to law enforcement:

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. DCFS staff shall report to the appropriate law enforcement agency any reported incident of:

a. Death;

b. Sexual abuse;

c. Nonaccidental physical injury of a child; or

d. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

3. DCFS staff shall report to law enforcement within 24 hours of receipt of a report by the department in emergency cases when the child is believed to be at risk of imminent harm or other emergent conditions exist. In all other cases the department shall notify law enforcement within 72 hours of:

a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

   a. DCFS may release referent identification information to law enforcement in all cases when the referent has not requested confidentiality.

   b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

   c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

   d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

   e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

   f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in Chapter 03 and 99. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in it's catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

F. DCFS records are confidential and shall not be disclosed other than as described above. Law enforcement or the Prosecutor may subpoena other information from the DCFS record per Chapter 01.03 and 02.13.

26.70 CASE RECORDS

26.71 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files. (See CAMIS instructions for CAMIS record establishment and history checks. All forms and reports listed in this section may be substituted by their CAMIS equivalent as soon as offices are operating on CAMIS.)

B. The social worker shall establish a case file for all child victims or families of child victims passing the sufficiency screen.

C. The CPS record shall contain the following minimal information:

1. DSHS 02-305(X), Service Episode Record

2. DSHS 14-024(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Summary Assessment Form (Not needed for cases receiving the low standard of investigation.)

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

D. Content of CPS Records

1. The intake social worker shall complete the DSHS 14-260(X), Report of Child Abuse and Neglect or CAMIS referral, on any CPS referral. The supervisor shall maintain referrals that do not pass the sufficiency screen in a retrievable file. Social workers shall log all other calls to CPS requesting information or consultation.

2. The social worker will complete a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document on the DSHS 02-305(X) all activities and responses to the referral as well as the basis for the assignment of risk.

E. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by custodial parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

a. The name of any confidential referent;

b. Confidential reports:

(1) Reports identified for limited disclosure;

(2) HIV testing or results [RCW 70.24.105];

(3) Family planning; e.g., contraceptive or abortion information or services; and

(4) Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause, including but not limited to:

   a. The requestor is not a person entitled to disclosure.

   b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

   c. Disclosure may present a substantial danger to the child victim or others.

   d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The DCFS Social Worker shall provide, subject to the constraints of [26.71 D.], a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.

4. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

5. The social worker shall offer language interpreter services to clients who are unable to read the case record information.

F. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

   a. Pursue new information or leads which might resolve the conflict; and/or

   b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

G. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

   a. The information has been found to be untrue in a juvenile court proceeding on the matter; or

   b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; and

   c. There is a written request for expungement from the party who is the subject of the erroneous statement.

2. The supervisor shall note and document the reasons for expungement in the record.

3. The supervisor shall destroy, discard or delete expunged information from an existing report or document.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 00-035	Criminal/Arrest History Request Form
DSHS 02-305(X)	Service Episode Record
DSHS 09-004B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Summary Assessment Form
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parent's Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity (to the maximum extent possible) consistent with the safety and permanency needs of the child.

CPS shall provide services which are consistent with diverse populations. CPS is a priority program which is available in all geographic areas of the state of Washington on a 24-hour basis.

26.11 Service Description

A. The purpose of CPS is to:

1. Assess risk of abuse or neglect to children;

2. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and neglect (CA/N); and

3. Develop culturally responsive case plans which:

   a. Prevent or remedy CA/N in the shortest reasonable time,

   b. Prevent or reduce the need for out-of-home placement, and

   c. Provide a safe, permanent and culturally relevant home for a child.

B. CPS social workers:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive culturally responsive assessment of the range of factors influencing the likelihood of CA/N.

2. Develop and implement culturally responsive case plans consistent with the risk assessment model designed to reduce the risk of CA/N to children including:

   a. Arranging for family and/or individual assessment, counseling, education, or other culturally consistent community intervention.

   b. Arranging for family preservation services to prevent the need for placement.

   c. Arranging for legal intervention when appropriate.

   d. Providing information and referral, including both DCFS and community resources.

   e. Advocating for children and families within the context of their culture.

   f. Monitoring and coordinating service delivery by the Division of Children and Family Services (DCFS) and other agencies to active CPS families, while collaborating with community agencies.

   g. Providing services in the clients' primary language.

3. Provide permanency planning for children with cases opened for services.

4. Provide culturally responsive placement in appropriate cases.

5. Provide information to the community in the appropriate language and setting about CA/N, the CPS process and available resources within the community.

6. Develop community relationships as defined in [26.61].

7. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families meet their needs and care for their children according to community standards, cultural context and legal statute.

26.12 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge ethnic group differences in CA/N assessment and intervention. In addition to the policies and guidelines for Indian Children [Indian Child Welfare Manual, Chapter 5] and Limited English Proficient (LEP) clients [DCFS Manual, Chapter 4], DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand cultural differences, practices, and norms. (See [26.13], Definitions.)

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method. Consult with agency or community recognized cultural experts to obtain the acceptable community standard.

C. Develop resources assuring that social workers communicate effectively with the members of various cultural groups and involve them in case planning.

These resources may include:

1. Cultural Relevancy Specialist/Regional Administrator;

2. Multi-cultural review teams;

3. Community consultants;

4. Staff training;

5. Community network.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training;

4. Resources and resource gaps.

DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 on determining the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement.) The social worker shall document in the CAMIS Service Episode Record (SER) the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33] and the Indian Child Welfare Manual.)

26.13 Definitions

Case Plan: A written statement by the social worker of the anticipated activities, including service agreements, which are planned in the conduct of the case.

Community Network: Working relationships between DCFS, Cultural Consultants, Key Informants (Lay/Professional Person) Natural Helpers (extended families, Folk Healers), and other agencies to develop cultural responsiveness.

Cultural Competence: A set of congruent behaviors, and attitudes that enables a professional to learn about the cultural context of a present problem and to integrate that knowledge into a professional assessment, diagnosis and intervention.

Cultural Consultants: Culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

Cultural Diversity: The distinguishable differences in life styles, values, traditions, religions, etc.

Culturally Responsive: A pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

Culture: The integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

Ethnic: A group designated by customs, characteristics, language, common history and/or racial affiliation.

Ethnographic Interviewing: Defined as communication with a member of another culture to identify the;

1. Key cultural differences; and

2. Meaning of those cultural practices and norms.

Service Agreement: A formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

A. Child abuse and neglect means [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

   d. Impairment of physical or emotional health; or

   e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

   a. Genitals;

   b. Anus; or

   c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

   a. Food;

   b. Shelter;

   c. Clothing;

   d. Supervision; or

   e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

   a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

5. Toddler - a child age one but less than six years.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person the courts grant parental status, rights, and privileges for a child.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designating a parent's right to the child's custody which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Step-parent - a person, not the child's parent, who is currently married to the child's parent.

5. Caretaker - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are acts or omissions which may be considered as indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

b. Dangerous acts, i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking a child under age three.

(14) The reckless use of lethal weapons in a child's proximity.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

(1) Torture of a child.

(2) Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a child's face with feces-filled or urine-soaked diaper.

(2) Submerging a child's head in a toilet bowl.

(3) Using electric shock on a child.

(4) Restraining a child by using handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and/or fluids for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline." Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.13 E. (1)(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.13 E. (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action, or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cause for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

(1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

(2) Feeding a child a diet which results in a dangerous loss of weight.

(3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

(4) Failure to provide food for pre-school child.

(5) Providing a diet which consistently lacks nutritional value.

(6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

(1) No heat in cold weather.

(2) Inoperable plumbing.

(3) Animal or human feces on floor.

(4) Fleas, mice, rats, bed bugs, or other vermin in the house.

(5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

(6) Fire hazards in/around the house.

(7) Toxic materials in house.

(8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, resulting in pain for the child.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services when a child is a danger to himself or others.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

(1) Leaving infant or toddler alone.

(2) Leaving child with a caretaker incapable of providing adequate care.

(3) Caretaker asleep while toddler plays in the home.

(4) Locking child in house in lieu of obtaining caretaker.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has previously abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using adequate child restraint devices in vehicles.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Rash or other skin disorder resulting from not changing baby's diaper.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Genital - Anal contact.

f. Genital - Genital contact.

g. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

h. Encouraging or forcing a child to engage in sexually explicit conduct.

i. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.

j. Promoting prostitution by minors.

k. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

(1) Parents or others engaging in sexual intercourse.

(2) Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

(1) Chronic ridicule, belittling, or humiliation of a child.

(2) Scapegoating a child as part of a family system.

(3) Treating the adolescent like a young child ("infantilizing").

(4) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(5) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(6) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Refusing to engage in child-focused activities.

(5) Failing to comfort, cuddle or hold an infant.

(6) Failing to respond to a child's pain.

(7) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.20 INTAKE

26.21 Eligibility for Child Protective Service

The CPS program is oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be utilized as a means of strengthening and supporting parenting skills and family functioning.

A. CPS shall receive referrals from any source, including one made anonymously. (See WAC 388-15-132(1).)

B. The DCFS Regional Administrator (RA) shall refer all allegations of CA/N by DCFS employees or volunteers to a different local office unit for CPS investigation. Use incident report procedures to alert the RA.

C. DCFS shall accept all referrals alleging CA/N but shall assign referrals when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is a (see [26.20 D.]):

   a. Child's parent/caretaker;

   b. Person acting in loco parentis; or

   c. Third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.13 A.]; or

4, Risk factors exist which present the significant possibility or likelihood that a child shall be sexually abused or seriously, physically or emotionally injured in the near future, i.e., risk of imminent harm (as defined in [26.22 K. and L.]).

D. CPS shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to:

   a. Parents (custodial and noncustodial),

   b. Stepparents,

   c. Guardians, and

   d. Legal custodians.

2. The child's sibling;

3. The parent's paramour or other person residing with and having caretaking responsibilities for the child;

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW;

6. A person providing in-home child care services and paid by the department;

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A DCFS employee.

E. DCFS does <u>not</u> generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the child's parent, guardian or legal caretaker is unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those responsible for the child's welfare: e.g., parent, caretaker or other person acting in loco parentis. (See D. above.)

3. CA/N that is reported after the victim has reached age 18.

4. Child custody determinations in conflictual family proceedings or marital dissolutions.

5. Cases in which no abuse or neglect as defined in [26.12 A.] is alleged to have occurred.

6. Allegations of violations of the school system's:

   a. Statutory Code;

   b. Administrative Code; or

   c. Statements regarding discipline policies.

F. Financial: CPS is provided without regard to income.

G. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

H. LEP Assessment: DCFS Intake shall assess and document in the referral the LEP needs including auxiliary aids for the sensory impaired.

26.22 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Case and Management Information System (CAMIS) intake program to conduct a comprehensive intake interview with any referent wishing to report CA/N. Include the following when recording information about the incident:

1. Specific allegations of CA/N;

2. Risk factors;

   a. Child characteristics; the emotional, mental and physical characteristics of the child.

   b. Severity of CA/N; the degree of injury or physical or emotional harm to a child.

   c. Chronicity of CA/N; any past history of CA/N, or child placement.

   d. Caretaker Characteristics:

      (1) Factors related to the physical, mental or emotional functioning of caretakers;

      (2) Information regarding parents/caretakers family of origin;

      (3) Information regarding substance abuse, domestic violence and/or ability to protect the child; and

      (4) Previous convictions for crimes against children.

   e. Parent/Child Relationship; information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct, and the child's role in the family.

   f. Environmental factors; information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

g. Perpetrator access; information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise or communicate with the child directly.

3. Referent and other collateral statements; and

4. Basis for intake risk assessment.

B. Social workers shall accept for CPS investigation a report meeting the sufficiency criteria specified on the Case And Management Information System (CAMIS) intake screen.

Referrals on open cases which contain a new allegation shall be counted as a new referral; these referrals shall be counted the same as referrals on families not currently open to DCFS.

The same allegation about the same victim from a new reporter shall not be counted as a new referral. Collateral contacts to support the information in a referral are not considered separate referrals.

A CPS referral may not be created when the information coming to an office leads to a request for services other than CPS (i.e., FRS, CWS, etc.).

C. The intake social worker shall conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information. The worker shall attach hard copy print-outs of the case referral history to the referral.

D. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

E. The social worker may request, but shall not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving.

F. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

G. The intake social worker shall contact collateral information sources and shall record such contacts in the CAMIS SER when:

1. Sufficient information is not available from the referent to determine if the referral should be accepted for investigation.

2. It is necessary to verify or clarify an allegation of CA/N.

3. Collateral sources have information which would be useful in arriving at the intake risk tag.

H. The low standard of investigation requires collateral contacts whenever possible.

I. Intake social workers shall make collateral contacts as soon as possible prior to making intake decisions unless:

1. An immediate response is required.

2. Sufficient information has been collected from the original referent.

NOTE: Response time begins at the time and date of referral. The intake process shall be completed within three working days.

J. Sufficiency Screen

The intake social worker shall complete the sufficiency screen and determine if:

1. There is sufficient information to locate the child; and

2. The alleged perpetrator is a caretaker of the child or acting in loco parentis, or the parent is negligent in protecting the child from further CA/N; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition; or

(In some cases a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen.) (Behavioral indicators, refer to [L].)

4. Risk factor(s) exist placing the child in danger of imminent harm.

K. Risk of Imminent Harm is defined as the significant possibility or likelihood that a child will suffer serious physical or emotional harm in the near future. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

Social workers in Child Protective Services shall assess a child's need for immediate protection from abuse or neglect as early as possible in the investigative process. Initial decisions regarding risk of imminent harm are intended to ensure a child's safety while the investigative process proceeds.

The following events and/or conditions provide a presumption that a child's safety is significantly endangered absent compelling evidence to the contrary:

1. A child has suffered serious physical injury or harm as a result of caretaker action or neglect and the child is either too young or too vulnerable to protect herself/himself from similar actions in the near future.

2. A parent or caretaker either does not or is not capable of adequately supervising a child five years or younger.

3. The child has been sexually abused by a parent or caretaker or person acting in loco parentis and the perpetrator continues to have access to the child or the child is being pressured to recant a disclosure of sexual abuse.

4. The child has been threatened with extreme harm if she/he discloses physical or sexual abuse.

5. A known child molester who, upon release from prison or juvenile institution, is or will be, residing with a minor child.

6. Child is almost totally dependent on a parent or caretaker for food, shelter, clothing, supervision, and medical care due to age and/or disability and the parent has consciously failed to meet one or more of these basic needs.

7. A parent or caretaker is acutely mentally ill and is unable to care for him/herself, recognize danger, and/or communicate with others.

8. A parent or caretaker has threatened a child's life or safety and has displayed an intention to carry out the threat.

9. The parent has lost other children through termination action based on CA/N and the parent has failed to effect any significant change in the interim.

10. The parent has committed a dangerous act which places a child at risk of impairment or loss of bodily functions, i.e., choking a child, shaking an infant or young child.

11. A parent or caretaker has a history of extreme violence towards a child.

12. The parent or caretaker has caused the death of another child as a result of CA/N or is under investigation for causing or contributing the fatality of another child.

The list is not inclusive of all events or conditions which place children at risk of imminent harm.

DCFS may accept referrals on the basis of risk of imminent harm even though the parent or child is in a protective setting at the time of referral, e.g., hospital, relative's home, jail. Intake staff may determine that a child will be at imminent risk of harm as soon as the child or parent leaves the protective setting. These cases pass the sufficiency screen despite the lack of allegations of CA/N.

L. Intake social workers shall accept CPS referrals which contain information regarding indicators of CA/N, but lack specific information regarding incidents, events, or conditions defined in DCFS policy as CA/N. Referrals are screened in when there is reasonable cause to believe that a child is being abused or neglected and the risk factors place the child at risk of imminent harm.

Intake staff must exercise judgment based on their knowledge of child abuse and neglect to decide if behavioral indicators of CA/N are comprehensive and cogent enough to pass the sufficiency screen. CA/N is not inherent in risk factors and cases shall not be opened solely on the basis of a single risk factor. The more complete the list of indicators of physical abuse, physical neglect, sexual abuse, the more likely it is that a child is being abused or neglected. One or two indicators of abuse and neglect will rarely be sufficient to warrant CPS investigation. This is especially so in regard to child behaviors which may be caused by factors other than CA/N.

The intake social worker shall complete the allegation section of the intake when information regarding indicators of abuse and neglect is sufficient to provide reasonable cause to believe that a child has been abused or neglected or that the child is at risk of imminent harm. The questions in the sufficiency screen, "Is there a specific allegation of child abuse and neglect which meets the legal and/or WAC definition of child abuse and neglect?" shall be answered "YES."

The intake supervisor shall review CPS referrals containing information regarding behavioral indicators of child abuse and neglect but lacking any description of incidents or events of CA/N prior to screening decisions.

M. The intake supervisor shall review, and may change the screening decision when:

1. Additional information supporting the change is obtained; or

2. The supervisor determines that the screening decision made by the intake social worker is incorrect based on program guidelines.

N. The supervisor must document the reason(s) and initial the change on the CAMIS referral form.

O. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision in CAMIS:

a. Information only. Referral does not meet sufficiency criteria and referral is screened out.

b. Accepted for investigation. Referral meets sufficiency criteria and referral is screened in.

c. Third party report (when the perpetrator is not a caretaker or acting in loco parentis). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.

P. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation. The six point scale for risk assessment is: 0 - No risk; 1 - low risk; 2 - moderately low risk; 3 - moderate risk; 4 - moderately high risk; and 5 - high risk.

a. Classify the severity of the allegation(s) of CA/N from low risk to high risk utilizing section II, severity section of the Risk Factor Matrix Manual. Establish a baseline risk level; e.g.; an initial classification of the allegations of CA/N based on the most serious allegation.

b. Evaluate risk factor information noted on the referral form regarding:

(1) Child characteristics;

(2) History of prior agency contact;

(3) Parental functioning;

(4) Environmental factors; and

(5) Perpetrator access.

c. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N. Moderately low and moderately high risk are ratings to be used when case information falls between low and moderate risk categories or between moderate and high risk categories. These ratings are used to accommodate borderline situations at intake.

(1) The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk of CA/N.

(2) The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.

(3) Cases screened in as risk of imminent harm shall be tagged high risk.

d. Complete the Basis for Intake Risk Assessment. This section provides the rationale for the risk tag decision.

e. The intake process shall be completed within three working days from the date of referral unless an immediate response is requested.

2. The intake supervisor may change the risk tag decision under the following circumstances:

a. Additional information supporting the change is obtained; or

b. The supervisor determines that the risk tag made by the intake social worker is incorrect based upon program guidelines.

3. The intake supervisor shall document the reasons and initial the CAMIS referral form.

Q. The intake supervisor shall forward all referrals indicating physical injury, sexual abuse, death or other crimes against a child to law enforcement per [26.62 A.].

R. Screened Out Referrals

1. The intake supervisor shall retain and make accessible to intake staff referrals that are screened out (do not pass the sufficiency screen).

2. The intake supervisor shall maintain a log of all screened out referrals. [RCW 26.44.030(11)]

26.30 ASSESSMENT/INVESTIGATION

26.31 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations and performance standards. The DCFS social worker shall initiate LEP assessment and provide appropriate services from the entry level of service throughout the continuum of care. Social workers shall utilize culturally relevant interviewing techniques with ethnic children and their families.

A. Response Time

The supervisor and assigned social worker shall consider as maximum limits the time frames defined in this section for CPS response. Cases may require a quicker CPS response than the time lines defined in this section.

1. **Response time** begins at the referral date and time.

2. **Referral date and time** begins when a referral is initiated by the referent through contact with the intake worker.

3. **Emergent response** begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

4. **Non-emergent response** begins within ten calendar days from the referral date and time. The standard of investigation may be high or low.

B. Risk Levels

1. High risk means the high likelihood of severe CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

2. Moderate risk means the likelihood of serious CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard of investigation for all referrals given moderately low to high risk tags at intake except when a supervisor has approved in writing the use of the low standard. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within 10 working days from date of referral.

   a. All involved child victims in the report must be interviewed.

   b. Interview all alleged child victims at the earliest possible time but not later than 10 working days from the referral date.

   c. Face-to-face contact within 10 working days of the referral shall be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being non-verbal; or

      (6) Other limiting conditions.

3. **Make a home visit** in all cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

4. **Notify the parents, guardian or legal custodian** (including the non-custodial parent) of a child alleged to be victim of CA/N per instructions in [26.53 A. and B.].

5. **Interview all alleged perpetrators and other appropriate adults**

   The social worker will interview individually and face-to-face, all alleged perpetrators, who are reasonably available and willing, and the child's caretaker(s). Initial contact with the alleged perpetrators may be coordinated with law enforcement agencies as per written interagency agreements.

   The social worker will make reasonable efforts to interview persons identified by the parents or the alleged perpetrator as having relevant and/or direct knowledge of an incident.

   The social worker shall document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

6. **Notify law enforcement** (RCW 26.44.030(3) and 74.14.031(3)). The social worker shall ensure that notification has been made to law enforcement per instructions in [26.62 A.].

7. **Request the assistance of law enforcement to:**

   a. Assure the safety of the child(ren) or staff;

   b. Observe evidence;

   c. Take child(ren) into protective custody;

   d. Enforce a court order; or

   e. Assist with the investigation.

8. **Evaluate the child's safety needs and the safety of the home environment**

9. **Secure Medical Evaluation and/or Treatment**

   The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

   The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

10. **Professional Consultation**

The social worker shall seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

11. **Interview Key Collateral**

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are reported to have or, the social worker believes may have first-hand knowledge of the incident, the injury, or the family's circumstances.

12. **Contact Other Collateral**

The social worker may interview other persons having knowledge of the child and family's functioning.

13. **Response to Referents**

The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child.

D. Low Standard for Investigation

The low standard of investigation may be used when intake staff and/or the supervisor assess referrals as low risk of CA/N. (Referrals with moderate low, moderate, moderate high, or high risk tags at intake use the high standard of investigation except when a supervisor has approved in writing the use of the low standard.) These cases do not require an immediate or detailed investigation. These referrals may be responded to in any of the following ways within 10 calendar days from the date of referral:

1. Cases may be referred to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

2. The social worker may send a letter to the family, make a phone call to the caretaker(s) or, make a brief home visit to provide the following information:

   a. Notification that CPS has accepted a referral for investigation.

   b. Information included in the referral regarding allegations of CA/N.

   c. The local DCFS telephone number/contact.

   d. Community resources which may be available to address the condition; i.e., information and referral.

   e. Notice that no further investigation will take place in response to this referral.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.31(C)(D)].

Interviewing Children

A. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

   1. On school premises;

   2. In day care facilities;

   3. In the child's home; or

4. In other suitable locations.

B. The social worker shall determine if the child wishes a third party to be present during the interview. The social worker shall make a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

C. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

D. The social worker shall consider other elements including:

1. The child's characteristics;

2. Parental functioning;

3. Parent/child relationships;

4. Environmental factors;

5. Perpetrator access; and

6. Child's statement to others.

E. In each case the social worker needs to:

1. Assess what culturally relevant interviewing tools to use:

a. Dolls;

b. Puppets;

c. Games; or

d. Drawings.

2. Document the reasons for the choice(s) made:

a. Child's developmental level;

b. Comfort level; and

c. Availability of tool.

F. The social worker shall coordinate the detailed fact gathering interview of the child victim with other investigating professionals. Information obtained by this interview may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

G. Social workers shall help the child to understand:

1. The reasons for the interview;

2. The process of investigation; and

3. How to obtain protection from further CA/N.

H. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker completes the following to increase their comfort and skill levels:

1. Read these DCFS guidelines and discuss them with the supervisor.

2. Observe two or more sex abuse interviews with children conducted by another experienced social worker.

3. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

4. Read three or more contemporary books on child sexual abuse.

I. All social workers who do sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse; The Disclosure Interview" or its replacement equivalent within three months of assignment to interview children in cases of alleged sexual abuse.

26.33 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of referral.

B. Service outcomes for cases receiving the high standard of investigation:

1. The social worker shall achieve one of three outcomes within 90 days from the date of referral:

a. A written voluntary service agreement (language appropriate) with the family signed by the participants (see [26.41 B.]); or

b. A dependency action filed in juvenile court; or

c. Closure of the case.

2. The social worker may refer cases which are classified as low risk after CPS investigation to an Alternate Response Service (ARS) or send a letter of information about available services to the family per [26.31 D.] and close the case with supervisory approval [26.33 C.].

3. The social worker shall complete a CAMIS Summary Assessment form which includes:

   a. Section 1, a listing of risk factors included on the risk factor matrix.

   b. A narrative account of important risk factors and how these factors contribute to or reduce the risk of CAN.

   c. Periodic reassessment of the overall level of risk based on the following guidelines:

      (1) Risk factors identified in the CPS investigation may justify elevating or decreasing the baseline level of risk.

      (2) Factors which are extremely intense or of long duration, or which have environmental support, should be given added weight when making an overall assessment of risk.

      (3) Risk of CA/N is a product of the interaction of factors rather than the presence or absence of any one single factor.

      (4) Level of risk may change several times over the life of a case depending on changes in:

         (a) Family functioning;

         (b) Child behavior;

         (c) Environmental stress or circumstances; or

         (d) Perpetrator access.

   d. Disposition; e.g., a description of DCFS case status.

   e. The social worker shall record case findings regarding alleged abuse or neglect.

      (1) Founded means, based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been abused or neglected by a parent or caretaker.

(2) Unfounded means based on the CPS investigation there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue and that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected.

(3) Inconclusive means; there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected.

f. Service Plan (ISP).

4. The social worker shall complete the CAMIS, Summary Assessment form as follows:

a. Cases Closed Within 90 Days Without Services

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	(Note: In cases closed out immediately after investigation, the summary assessment form will serve as a closure document and may substitute for other narrative documentation.)
Findings	
Overall Risk	

b. Cases Closed Within 90 Days With Services

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	

Complete the following section prior to services starting:

Service Plan	(Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement

Complete the following sections prior to having the parent sign the service agreement. Complete again a case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	
Service Plan	(Note: This section shall be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action

Complete Section I, Risk Matrix, of the Summary Assessment: 1) by the 30th day from assignment; 2) before returning a child home; and 3) at case transfer/closure.

Complete Section IV, Findings, of the Summary Assessment: 1) before returning a child home; and 2) at case transfer/closure.

Note: The SER on placement/dependency cases shall include documentation of important observations, events and collateral contacts. As well as dates of contact with parents, children, foster parents, and service providers. The case record shall also include the visitation record.

e. CWS Instructions for Completing Risk Assessment Summary Assessment Form

Sections I and IV of the Summary Assessment Form are to be completed by staff: 1) before returning a child home; 2) at case closure; and 3) case transfer.

(1) Before Returning A Child Home

Complete the following section:

Section I	Risk Matrix

(2) Case Closure

Section I	Risk Matrix
Disposition	
Findings	
Overall Risk	

(3) Case Transfer

Section I Risk Matrix
Disposition
Findings
Overall Risk

D. Service outcomes for cases receiving the low standard of investigation:

1. Referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall have a case folder created when a referral is made to an Alternative Response System and the case is open in DCFS.

2. All other referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall be opened and closed on CAMIS.

   a. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.

3. If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) shall be printed and included in the case file.

E. The supervisor shall review all cases open to CPS for 90 days to determine if:

1. The case record and CAMIS file are complete;

2. The service is appropriate and effective; and

3. The 90-day rule requirement has been met per [26.33 B. 1.];

4. The service may continue.

   a. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed, or

   b. The supervisor may refer the case back for further investigation.

F. The supervisor shall document the reasons for the decision in the CAMIS SER and sign the record.

26.40 CASE PLANNING AND SERVICE AGREEMENTS

26.41 Service Delivery

Social workers shall develop a case plan with each family when services are provided. Social workers shall complete a case plan on the summary assessment form at the time a service is offered. Social workers shall negotiate service agreements with the family and outline the steps that are to be taken to achieve the case plans. Service agreements shall be translated in the primary language of the child and the child's caretaker.

A. The Process of Case Planning

1. Plan with parents rather than around them; use empowerment strategies.

2. Identify and build on parental strengths when formulating plans.

3. Provide parents with regular feedback about progress.

B. Purpose and Content of Service Agreements

A service agreement is a written agreement between the social worker and the parents that emerges from the case plan. Elements to be included in a service agreement are:

1. Service agreements provide the family and social worker with an organized, realistic method of seeing the logical connection between a problem and how to resolve or lessen that problem.

2. Service agreements result in services that are prioritized, targeted to address major parenting problems and family concerns, and build on the strengths and resources of the family.

3. Service agreements address the key patterns associated with CA/N.

4. Service agreements clearly define expectations for both the social worker and the family.

5. Service agreements are dated and signed by the:

   a. Social worker currently assigned to the case; and

   b. Caretaker of the child.

C. The Development of a Service Agreement

1. The first priority in the development of a services agreement is protection of the child.

2. Services are chosen based on the assessment of the problem, identification of the strengths and resources of the family and the community and the likelihood that the service will reduce or eliminate risk of harm to the children.

3. Use concrete services to supplement treatment/counseling.

4. Evaluate outcomes by standard of risk reduction.

D. Elements of Service Agreements

1. Issues needing to be addressed;

2. Means of addressing them;

3. Behavioral objectives to be achieved;

4. Significant activities to be completed, and by whom;

5. Known or anticipated cost of services;

6. Who will be responsible for costs;

7. Significant dates and time frames for completion;

8. Goal/outcome expectations for successful completion; and

9. Methods for verifying compliance and measuring outcomes.

E. Service agreements are not legally binding.

F. The social worker shall discuss factors relevant to the agreement with the caretaker to determine the level of compliance that can reasonably be expected. These levels of compliance and factors include:

1. Does the caretaker believe the child?

a. High compliance; the caretaker supports the child in making a statement.

b. Moderate compliance; the caretaker questions the child's understanding or accuracy.

c. Low compliance; the caretaker challenges the accuracy or truthfullness of the child's statement.

2. Does the caretaker identify an incident as CA/N?

a. High compliance; the caretaker reports or supports the need to report an incident.

b. Moderate compliance; the caretaker questions or discounts the seriousness of reported CA/N.

c. Low compliance; the caretaker denies there is a problem.

3. Is the caretaker willing to protect the child?

a. High compliance; the caretaker responds appropriately and takes action to control or eliminate the opportunity for reoffense.

b. Moderate compliance; the caretaker agrees to take protective action after discussion about the need to protect. The caretaker may be ambivalent about concerns for child and dependent on perpetrator.

c. Low compliance; the caretaker disagrees that the child is in danger or agrees to protect the child as part of an effort to avoid involuntary intervention.

4. Is the caretaker able to protect the child?

a. High compliance; the caretaker has support systems and resources to restrict perpetrator access.

b. Moderate compliance; the caretaker recognizes appropriate protective concerns but is unable to mobilize without support and encouragement.

c. Low compliance; the caretaker does not know what can be done to protect the child and does not believe that they can take effective action.

G. Caretakers who respond to the four factors in the high compliance range, with no more than one response in the moderate range, are good candidates for a voluntary service agreement. The social worker may monitor these agreements through telephone contacts and reports from providers.

H. Caretakers who indicate concerns in two or more moderate categories may support the service but will need a higher level of support and encouragement. The social worker shall include regular planned home visits and collateral supervision through providers, relatives or other persons involved with the family.

I. Caretakers who indicate concerns in two or more low compliance categories are poor candidates for voluntary service agreements. The social worker shall discuss alternative measures for high risk and imminent harm cases with the supervisor: e.g., dependency. These cases require:

1. Regular unscheduled monitoring;

2. Home visits with face to face contact; and

3. Collateral supervision.

J. The social worker shall incorporate service agreements into the service plan. The criteria listed in this section for service agreements shall be addressed in the case plan on the ISP for court ordered and placement cases and, in Section V, Service Plan in the CAMIS Summary Assessment for voluntary services.

K. The social worker may authorize interim services prior to completing or updating the ISP or Summary Assessment. Interim service agreements may be developed for emergency or short term service needs. The social worker may use the service agreement process to authorize interim services. Record interim service agreements on the CAMIS SER. A print copy of the SER for all interim services shall be signed and filed in the case folder within 30 days of beginning the service. Interim service agreements shall be incorporated into the case plan on the ISP or Summary Assessment at the first renewal/development date.

L. The social worker shall obtain a release of information signed by the caretaker for each provider or information source.

M. The social worker may request an early dependency review by the court when the caretaker(s) refuses court ordered services.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Risk Assessment continues throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethnic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

   a. Reason for referral;

   b. Family's progress;

   c. Participation in service; and

   d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a non-offending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan,including permanency planning goals,when considered for transfer to another worker.

I. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

   a. Further voluntary services are not available or accepted; and

   b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. The social worker shall properly complete all forms and narrative recording within 30 days of a decision to terminate services and close a case. The supervisor shall review both CAMIS and the folder for accuracy and completeness and sign before closure or transfer [02.14] to another service.

26.50 SPECIAL PROCEDURES

26.51 Pre-Natal/Newborn, Drug/Alcohol Exposure

A. The use of alcohol and drugs by a pregnant woman can expose the fetus to harm, and increases the risk of birth defects, health and developmental problems, addiction and other toxic reactions for the infant at birth. The Division of Children and Family Services recognizes the need to work in partnership with other DSHS divisions and with the health care community to promote prenatal care and substance abuse treatment for women and to reduce the risk of harm to the infant.

1. CPS shall accept referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.

2. CPS shall refer all prenatal referrals to the local Economic and Medical Field Services (EMFS) or contracted First Steps social worker for determination of eligibility for the First Steps program. EMFS and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. CPS will accept and open for investigation referrals made by the CSO or contracted First Steps case manager, on women believed to be within four (4) weeks of delivery, who are using substances (as defined above). Accepted referrals must also meet one or more of the following conditions: (NOTE: Earlier CPS intervention may occur based on the decision of a joint CPS/EMFS case staffing.)

   a. Refuses to get prenatal care and/or has made no provisions for the baby;

   b. Refuses to enter substance abuse treatment;

   c. Is mentally ill or seriously emotionally disturbed;

   d. Without a social and financial support system;

   e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated; or

   f. Is under the age of eighteen (18) and lacks a place to live.

4. Cases referred directly from the community to CPS on women believed to be within four (4) weeks of delivery that meet one of the above criteria, will be referred to the CSO for First Steps eligibility determination. CPS will open these cases for investigation. When a case is open to CPS <u>and</u> CSO First Steps, the social work case managers shall coordinate services to avoid duplication or gaps in service.

5. The assigned CPS social worker will conduct a culturally responsive investigation to assess case planning options at birth. The social worker shall have face-to-face contact with the client. The social worker shall document in the file all attempts to locate the client.

6. The purpose of prenatal CPS involvement is to:

   a. Allow adequate time prior to birth to assess the parent(s) ability to provide safe and adequate care for the child at birth;

   b. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care;

   c. Encourage the parent(s) to participate in treatment; and

   d. Advise of possible CPS action at birth.

7. DCFS will not file pre-natal dependency petitions except when DCFS believes it to be necessary to assume immediate custody of the infant at birth. DCFS will file pre-natal petitions only in consultation with department legal counsel.

B. Child Protective Services shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals will include, but not be limited to, infants with a positive drug screen at the time of birth.

1. The DCFS supervisor shall assign these referrals for investigation.

2. The social worker will conduct a culturally relevant investigation following the risk assessment model. The assessment will focus on the ability of the parent(s) to protect and care for the infant and will include consultation with the referring source. DCFS shall refer cases to law enforcement or to the prosecutor's office per local agreement [26.62].

3. Factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS and may be considered for assignment.

4. The social worker, when completing an assessment, shall specifically address the following factors:

a. History and pattern of parental substance abuse;

b. Parental mental health and physical condition;

c. Home environment, including presence of other substance abusers or transiency of parent(s);

d. Physical condition and medical needs of the child;

e. Support available to the parent(s);

f. History of previous allegations of child abuse or neglect by parents; and

g. Chemical dependency testing (UA, etc.) and monitoring of parent(s), when available within existing resources.

5. The social worker shall develop a culturally responsive case plan which shall reflect one of the following outcomes:

a. Voluntary (signed) service agreement;

b. Court-ordered, DCFS supervised plan with the child in the home;

c. Culturally and ethnically appropriate out-of-home placement;

d. Case closure with referral to community resources.

6. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan documents specific safeguards to ensure the child's protection. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

7. The social worker shall monitor the service plan for compliance when the infant remains in the home. Parental failure to comply with the service plan will result in immediate re-assessment of the need for court involvement or out-of-home placement.

26.52 Placement of Children

Children's homes are considered their best ongoing support. Social workers will develop case plans which strengthen the family and enhance parenting skills to safely maintain children in their own homes whenever possible. Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050 and should be culturally relevant. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b).

See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

A. A DCFS social worker may place a child under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department currently has custody of the child through a previous court order.

3. The social worker has a current Voluntary Placement Agreement, DSHS 09-004B(X), signed by the person(s) legally responsible for the child.

4. A child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. The social worker shall pursue out-of-home placement when the abuse or neglect falls into either of the following categories:

1. Risk of Imminent Harm - There is a significant possibility or likelihood that a child will suffer serious physical or emotional injury as a result of CA/N in the near future, and resources are not available which will protect the child in her/his home.

2. Cumulative Impact - A pattern of CA/N exists which has resulted, over time, in serious damage to a child's physical, mental, or emotional development, and when reasonable efforts to eliminate or reduce CA/N have failed, the child shall be placed out of the home subject to the conditions of RCW if a placement resource exists which can reasonably be expected to promote the child's physical, mental and emotional development.

In both 1 and 2 out-of-home placement shall be utilized as a last resort when either a child cannot be protected from risk of imminent harm in his/her home or when reasonable efforts to remedy CA/N have failed and the child has suffered serious damage to her/his physical, mental or emotional development.

C. Supervisors shall review and approve the need for placement prior to any nonemergent out-of-home placement. Emergent placements are subject to supervisory review on the first working day following the placement. The supervisor shall evaluate:

1. The opportunity to maintain the child in the home with intensive services;

2. The availability of in-home services;

3. The services and permanency planning needs which will reduce the length of time a child needs to be in out-of-home placement;

4. The cultural needs of the child and how these will be addressed while in out-of-home care.

5. The availability of suitable relatives.

D. The DCFS social worker shall assess the need for continuing out-of-home placement including emergent placement decisions made by law enforcement and/or a doctor or hospital administrator.

E. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody [RCW 26.44.030(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The social worker may return the child to the parent's home when:

   a. The assessment indicates placement is not necessary to the child's protection; and

   b. The social worker's determination is supported by the opinion of a second licensed physician.

F. The social worker shall refer for review by DCFS regional management and the local child protection team all CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home. All DCFS offices shall use culturally competent child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases [RCW 74.14B.030].

G. The social worker shall secure either a Voluntary Placement Agreement (DSHS 09-004B(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order when child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays.

H. DCFS shall consider relatives as a primary placement resource for children. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable.

   1. Relatives of specified degree, as listed below, are exempt per [RCW 74.15.020(4)(a)] from licensure:

      a. Brother

      b. Sister

      c. Step-parent

      d. Step-brother

      e. Step-sister

      f. Grandparent

      g. Uncle

      h. Aunt

      i. First cousin

   2. The social worker shall determine the character, suitability, and competence of the relative to provide care for the child prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order.

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice includes:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action; and

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. The social worker may give written, verbal or telephone notice and shall record it in the CAMIS SER.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

   a. Notice includes:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office;

      (4) Time, date and location of the Shelter Care Hearing; or

      (5) The phone number where that information can be obtained.

   b. The social worker shall give immediate notice:

      (1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section is also given to any child victim over the age of 12 who is the subject of the filing.

B. DCFS shall notify any non-custodial parent as described in [26.52 A. 2. and 3.] above [RCW 26.44.120].

C. DCFS shall provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given by DCFS to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

26.54 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in Administrative Policy 8.02, Client Abuse, and DCFS Manual [26.13 A.] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-320 and WAC 15-134(5)], respectively.)

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." Reports of follow-up actions and/or dispositions are also to be made.

C. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

D. Alleged abuse by DSHS personnel.

1. Referrals are taken using CAMIS intake. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Consultation with the Office of Special Investigations (OSI) under Administrative Policy 6.01;

b. Referral to the Employee Services Director for possible investigation per Administrative Policy 6.01;

c. Designation of specific DCFS social work staff to conduct the investigation;

d. Making an initial incident report to the Regional Administrator;

e. Notification to law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW] see also [26.62 A.];

f. Notification to the facility head or designee that:

(1) A CPS referral has been made;

(2) A CPS investigation will follow; and

(3) No action be taken by the facility likely to interfere with the CPS investigation.

g. Assessment of the alleged perpetrator's access to the child victim or other potential child victims;

h. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs;

i. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation; and

j. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

a. Administrative Policy 6.01, Investigations of Potential Criminal Activity;

b. Personnel Policy 545, Investigations of Suspected Employee Misconduct; and

c. Personal Policy 546, Disciplinary and Corrective Action.

DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.

6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

E. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in D. 1-6. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See [WAC 388-73-036, 388-73-048, and 388-73-050].)

F. Alleged Medical Neglect in Health Care Facilities

DCFS shall investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose;

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The person reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

In addition to the responsibilities listed in [26.54 E.1-6], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98 B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

      (2) The department has final responsibility for determining whether further intervention or court referral is necessary.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee;

      (2) The attending physician;

      (3) CPS worker;

      (4) The DCFS medical consultant (as necessary); and

      (5) Others as appropriate.

   b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

c. Ensure that treatment includes the provision of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

(2) Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33 D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) The social worker may refer unresolved issues to the Attorney General's Office or their designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

G. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. Where to Report

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the CAMIS referral with the notation "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

(e) The intake supervisor will notify staff/ supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will keep the facility advised of the investigation time frames, progress, and findings.

26.55 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with [26.44, 13.32A RCW], and [74.13 RCW] as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [23.54 and 26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor under contract with the Attorney General. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract, available to the CPS supervisor through the Attorney General's Division for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker shall be familiar with local court policy and procedures.

26.56 Child Protective Service Alerts

A. Alert Procedures

1. All DCFS supervisors may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by contacting the CAMIS Help Desk at SCAN 321-6534 or using CAMIS E-mail requesting acknowledgement, and providing information in the following format:

   a. Identification:

      (1) Name and birthdate of child at risk;

      (2) Names and birth dates of persons presently caring for the child;

      (3) Current legal status of the child.

   b. Problem:

      Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

   c. Contact:

      Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, and must be submitted in typed memo form to DSHS, DCFS, Mail Stop 5710/OB-41, Attention: CPS Program Manager.

4. Printed copies of the alert may be provided to CSO intake units.

5. The intake supervisor shall maintain a printed copy of all alerts in either a chronological or alphabetical file at the office for 180 days after receipt. Alerts may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

26.57 Photographing Children

A. Each DCFS office with CPS responsibility shall have a 24-hour capability for photographing children, preferably with a self-developing camera.

B. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child [RCW 26.44.050].

26.58 Central Registry of Incidents of Abuse/Neglect

A. The purpose of the Central Registry is to provide a listing of cases of CA/N for department personnel conducting central registry checks. The central registry enables department personnel to locate case file information regarding substantiated cases of abuse and neglect.

B. The statutory mandate for the department to maintain a central registry of reports of CA/N found in [RCW 26.44.070] was repealed by the 1987 Legislature.

C. The department shall continue to maintain the file of reports made prior to July 26, 1987, until expungement.

D. Reports are expunged from the registry when:

1. The supervisor of the reporting office requests expungement; or

2. Six years have elapsed from the time of the most recent report.

E. Retrieval of Information

1. Central Registry information is stored in MAPPER and is available to DCFS via terminal.

2. Supervisors may request user ID's for staff authorized to access the registry by calling the CPS Program Manager at SCAN 321-0686. This listing of user ID's must be kept updated as staff leave and new staff are hired. Staff who may access central registry information are:

a. Foster Home/Day Care/Group Home licensers investigating the character of licensure applicants or their employees.

b. Department staff investigating child placement under Interstate Compact.

c. Department staff reviewing the suitability or competence of a relative or other person to provide care for a child.

d. Department staff who receive or investigate referrals of abuse or neglect of a child, dependent adult, or developmentally disabled person.

26.59 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

   b. Agency policies;

   c. Agency procedures; and

   d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to supervision are:

1. Assigns, reviews, and prioritizes work assignments.

   A supervisor may assign cases accepted for investigation to any0 DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews case records to ensure appropriate documentation and cultural relevancy of all case activity.

7. Reviews levels of risk in cases of alleged abuse or neglect of children.

8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

11. Trains staff in gathering culturally accurate and complete information, organizing information and case decision-making.

12. Plans, organizes, and directs collaboration with community agencies and providers [26.16].

13. Develops culturally responsive resources and accesses resources directly associated with DCFS programs.

14. Conducts culturally competent recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. Supervisory review and approval is an essential element of the social work process in CPS cases. The supervisor shall document in the CAMIS SER their review and approval of:

1. The intake decision [26.31 D.] including:

   a. The determination of sufficiency;

   b. The risk tag and; and

   c. The level of response.

2. The initial summary assessment and subsequent updates of the summary assessment.

3. The culturally responsive case plan [27.35 B.].

4. Review any out-of-home placement for cultural relevancy [26.38 F.].

5. Any termination of placement or termination of hospital/physician emergency hold where a child is returned home [26.13 M.].

6. The cost and appropriateness of service authorizations to support the case plan.

7. Decisions to keep a case open in exception to the 90-day rule.

D. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

3. Procedures related to service delivery.

26.60 COMMUNITY COLLABORATION

26.61 Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse and the preservation of families.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;

2. Statutory changes affecting abused and neglected children; and

3. The parameters of the CPS program.

C. DCFS social workers are encouraged to attend and participate in:

1. Community groups;

2. Cultural responsive training;

3. Service boards;

4. Committees;

5. Multidisciplinary teams; and

6. Projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

E. DCFS supervisors and line staff shall allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

1. Law enforcement agencies;

2. Juvenile courts;

3. Schools;

4. Ethnic/minority communities;

5. The medical community; and

6. Appropriate social service agencies.

F. DCFS Regional Administrators shall establish and maintain one or more culturally diverse and responsive multidisciplinary child protection teams in each region. The teams shall be utilized for consultation on all cases where there is risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate [RCW 74.14B.030].

G. CPS service guidelines for on-post military families shall be resolved administratively with the base commander or commander's designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for off-post families.

26.62 Law Enforcement

A. Mandatory reports to law enforcement:

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. DCFS staff shall report to the appropriate law enforcement agency any reported incident of:

   a. Death;

   b. Sexual abuse;

   c. Nonaccidental physical injury of a child; or

   d. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

3. DCFS staff shall report to law enforcement within 24 hours of receipt of a report by the department in emergency cases when the child is believed to be at risk of imminent harm or other emergent conditions exist. In all other cases the department shall notify law enforcement within 72 hours of:

   a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

a. DCFS may release referent identification information to law enforcement in all cases when the referent has not requested confidentiality.

b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in Chapter 03 and 99. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in it's catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

F. DCFS records are confidential and shall not be disclosed other than as described above. Law enforcement or the Prosecutor may subpoena other information from the DCFS record per Chapter 01.03 and 02.13.

26.70 CASE RECORDS

26.71 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files. (See CAMIS instructions for CAMIS record establishment and history checks. All forms and reports listed in this section be substituted by their CAMIS equivalent as soon as offices are operating on CAMIS.)

B. The social worker shall establish a case file for all child victims or families of child victims passing the sufficiency screen.

C. The CPS record shall contain the following minimal information:

1. DSHS 02-305(X), Service Episode Record

2. DSHS 14-024(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Summary Assessment Form (Not needed for cases receiving the low standard of investigation.)

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

D. Content of CPS Records

1. The intake social worker shall complete the CAMIS referral on any CPS referral. Referrals that do not pass the sufficiency screen shall remain in CAMIS. Social workers shall log all other calls to CPS requesting information or consultation.

2. The social worker will complete a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document all activities and responses to the referral as well as the basis for the assignment of risk.

E. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by custodial parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

a. The name of any confidential referent;

b. Confidential reports:

(1) Reports identified for limited disclosure;

(2) HIV testing or results [RCW 70.24.105];

(3) Family planning; e.g., contraceptive or abortion information or services; and

(4) Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause, including but not limited to:

a. The requestor is not a person entitled to disclosure.

b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

c. Disclosure may present a substantial danger to the child victim or others.

d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The DCFS Social Worker shall provide, subject to the constraints of [26.71 D.], a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.

4. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

5. The social worker shall offer language interpreter services to clients who are unable to read the case record information.

F. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

a. Pursue new information or leads which might resolve the conflict; and/or

b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

G. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

   a. The information has been found to be untrue in a juvenile court proceeding on the matter; or

   b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; and

   c. There is a written request for expungement from the party who is the subject of the erroneous statement.

2. The supervisor shall note and document the reasons for expungement in the record.

3. The supervisor shall destroy, discard or delete expunged information from an existing report or document.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 00-035	Criminal/Arrest History Request Form
DSHS 02-305(X)	Service Episode Record
DSHS 09-004B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Summary Assessment Form
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parent's Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 41 (Issued 09/93)

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Note that revision number and date appear at the bottom of each page. Revised language can be located by reading sections with a vertical line in the margin next to the revision.

On Revision Control Sheet, note the date Revision 41 is entered.

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26.00 PROGRAM AUTHORITY

Federal: Public Law 93-247 and 45 Code of Federal Regulations, Part 1340; and 1357.20.

State: Chapter 74.13 RCW, Chapter 26.44 RCW, WAC 388-15-130 through 388-15-139, WAC 388-70-095, and WAC 388-15-010(1)(c).

26.10 POLICY

The goal of Child Protective Services (CPS) shall be to protect children from child abuse and/or neglect while preserving the family's integrity and cultural and ethnic identity (to the maximum extent possible) consistent with the safety and permanency needs of the child.

CPS shall provide services which are consistent with diverse populations. CPS is a priority program which is available in all geographic areas of the state of Washington on a 24-hour basis.

26.11 Service Description

A. The purpose of CPS is to:

1. Assess risk of abuse or neglect to children;

2. Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing child abuse and neglect (CA/N); and

3. Develop culturally responsive case plans which:

   a. Prevent or remedy CA/N in the shortest reasonable time,

   b. Prevent or reduce the need for out-of-home placement, and

   c. Provide a safe, permanent and culturally relevant home for a child.

B. CPS social workers:

1. Investigate referrals alleging CA/N or the risk of CA/N to:

   a. Determine the existence or absence of CA/N.

   b. Assess the degree of risk to children referred by performing a comprehensive culturally responsive assessment of the range of factors influencing the likelihood of CA/N.

2. Develop and implement culturally responsive case plans consistent with the risk assessment model designed to reduce the risk of CA/N to children including:

   a. Arranging for family and/or individual assessment, counseling, education, or other culturally consistent community intervention.

   b. Arranging for family preservation services to prevent the need for placement.

   c. Arranging for legal intervention when appropriate.

   d. Providing information and referral, including both DCFS and community resources.

   e. Advocating for children and families within the context of their culture.

   f. Monitoring and coordinating service delivery by the Division of Children and Family Services (DCFS) and other agencies to active CPS families, while collaborating with community agencies.

   g. Providing services in the clients' primary language.

3. Provide permanency planning for children with cases opened for services.

4. Provide culturally responsive placement in appropriate cases.

5. Provide information to the community in the appropriate language and setting about CA/N, the CPS process and available resources within the community.

6. Develop community relationships as defined in [26.61].

7. Perform other appropriate activities designed to prevent or reduce the risk of CA/N by helping families meet their needs and care for their children according to community standards, cultural context and legal statute.

26.12 Ethnic and Cultural Policy

DCFS shall recognize and acknowledge ethnic group differences in CA/N assessment and intervention. In addition to the policies and guidelines for Indian Children [Indian Child Welfare Manual, Chapter 5] and Limited English Proficient (LEP) clients [DCFS Manual, Chapter 4], DCFS social workers shall:

A. Use ethnographic interviewing techniques to better understand cultural differences, practices, and norms. (See [26.13], Definitions.)

B. Use the child's or family's cultural group to determine whether the parental behavior is an accepted child rearing method. Consult with agency or community recognized cultural experts to obtain the acceptable community standard.

C. Develop resources assuring that social workers communicate effectively with the members of various cultural groups and involve them in case planning.

These resources may include:

1. Cultural Relevancy Specialist/Regional Administrator;

2. Multi-cultural review teams;

3. Community consultants;

4. Staff training;

5. Community network.

D. Develop resources to assist staff in interventions with families of different cultures.

These resources may include:

1. Cultural resource teams;

2. Consultants; and/or

3. Staff training;

4. Resources and resource gaps.

DCFS shall follow the requirements of WAC 388-15-131 and WAC 388-70-095 on determining the reported child(ren) is American Indian. (See [01.04], American Indian Policy Statement.) The social worker shall document in the CAMIS Service Episode Record (SER) the steps taken. (See [Chapter 32], Child Foster Family Care, regarding the placement of Indian children in foster care, the special requirements, and working with the local Indian Child Welfare Advisory Committee. See also [23.28, 34.35, and 36.33] and the Indian Child Welfare Manual.)

26.13 Definitions

Case Plan: A written statement by the social worker of the anticipated activities, including service agreements, which are planned in the conduct of the case.

Community Network: Working relationships between DCFS, Cultural Consultants, Key Informants (Lay/Professional Person) Natural Helpers (extended families, Folk Healers), and other agencies to develop cultural responsiveness.

Cultural Competence: A set of congruent behaviors, and attitudes that enables a professional to learn about the cultural context of a present problem and to integrate that knowledge into a professional assessment, diagnosis and intervention.

Cultural Consultants: Culturally competent individuals recognized by the department and/or client as a resource to help assess and/or resolve problems relating to cultural issues.

Cultural Diversity: The distinguishable differences in life styles, values, traditions, religions, etc.

Culturally Responsive: A pattern of behaviors that incorporates and acknowledges the importance of cultures (competence), the assessment of cross-culture relations (literate), vigilance towards the dynamics that result from cultural difference (effective), the expansion of cultural knowledge and the adaptation of services to meet culturally unique needs (relevant).

Culture: The integrated pattern of human behavior including thought, communication, actions, customs, beliefs, values, institutions, of a racial, ethnic, religious or social group.

Ethnic: A group designated by customs, characteristics, language, common history and/or racial affiliation.

Ethnographic Interviewing: Defined as communication with a member of another culture to identify the;

1. Key cultural differences; and

2. Meaning of those cultural practices and norms.

Service Agreement: A formal written description of services to be provided or performed. Agreements are developed by the social worker with the parent and/or the court and any child over age 13 who is to receive or participate in services.

A. Child abuse and neglect means [WAC 388-15-130]:

1. Physical injury by other than accidental means which causes:

   a. Death;

   b. Disfigurement;

   c. Skin bruising;

   d. Impairment of physical or emotional health; or

   e. Loss or impairment of any bodily function.

2. Substantial risk of physical harm to a child's bodily functioning.

3. Sexual offense against a child as defined in the criminal code, or intentionally touching a child for other than hygiene or child care purposes, either directly or through the clothing, the following areas of a child:

   a. Genitals;

   b. Anus; or

   c. Breasts.

4. Acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline which demonstrate a disregard of a child's pain and/or mental suffering;

5. Assault or criminal mistreatment of a child as defined by the criminal code;

6. Failure to provide a child with:

   a. Food;

   b. Shelter;

   c. Clothing;

   d. Supervision; or

   e. Health care necessary to a child's health or safety.

7. Actions or omissions which:

   a. Result in injury to the child; or

b. Create a substantial risk to the child's:

(1) Physical health;

(2) Mental health; or

(3) Development.

8. Failure to take reasonable steps to prevent the occurrence of 1 through 7.

B. Life stages of a child referred to in this chapter are:

1. Adolescent - a child age 12 but less than 18 years.

2. Child - a born person less than 18 years.

3. Fetus - the unborn child.

4. Infant - a child from birth until one year of age.

5. Toddler - a child age one but less than six years.

C. Parenting statuses are referenced as:

1. Custodian - a person appointed by the parent, guardian, or court to provide care for a child.

2. Guardian - a person appointed by the court to provide care or to supervise a child.

3. Parent - is the prime person responsible for the care of a child and may include:

a. Adoptive parent - a person the courts grant parental status, rights, and privileges for a child.

b. Birth or natural parents - the persons, male and female, who conceived and gave birth to the child.

c. Custodial parent - the parent with whom the child resides:

(1) Legal - a current court order designating a parent's right to the child's custody which may include:

(a) Joint custody.

(b) Parenting plans.

(c) Shared custody.

(d) Sole custody to one parent.

(2) Physical - the parent(s) with whom the child resides or is found.

4. Step-parent - a person, not the child's parent, who is currently married to the child's parent.

5. Caretaker - a person who has actual physical supervision responsibility for a child and may include any of the above parenting statuses or a person appointed to provide physical custody.

D. The Operational Definitions of Child Abuse and Neglect, DSHS 22-614(X) provides a summary of operational definitions listed below. Operational definitions are acts or omissions which may be considered as indicators of possible CA/N.

1. The factors listed here are not exclusive or inclusive of all possible indicators and may vary by frequency, intensity, or severity.

2. The investigative social worker shall consider all factors in the context of the situation and their impact on the child.

E. The summary of operational definitions are:

1. Physical Abuse

a. Nonaccidental injury to a child which, regardless of motive, is inflicted or allowed to be inflicted by a caretaker. Examples of nonaccidental injuries which are instances of physical abuse include but are not limited to:

(1) Head injuries, e.g., skull fractures, cerebral edema, subdural hematoma, retinal hemorrhages, other eye injuries, loss of hair from scalp.

(2) Bruises, cuts, lacerations, abrasions, welts, scars, or petechia (a discoloration, breakage, or tear of skin tissue).

(3) Internal injury, i.e., damage to internal organs or tissue as indicated by x-ray, cat scan, ultrasound, other medical tests, physical exam, or behavioral dysfunction.

(4) Burns/Scalds: reddening, blistering, or tissue charring through heat application, e.g., fire, chemical substances, cigarettes, matches, electricity, scalding water, or friction.

(5) Injuries to bone, muscle, cartilage, ligaments, e.g., fractures, dislocation, sprains, hematomas, effusions, or other impairment which adversely affects function.

b. Dangerous acts, i.e., acts constituting a serious risk to a child's physical or mental health, safety, or welfare but which do not result in the child's injury. Examples of dangerous acts include, but are not limited to:

(1) Introducing into a child's body, unless under medical direction, any substance which temporarily or permanently impairs the functions of one or more organs or tissues. Examples include the inappropriate use of controlled substances, prescription medications, over-the-counter medications, and alcohol.

Also included is the reckless and/or negligent use, during the last month of pregnancy, of substances which are toxic to the fetus and may result in the birth of an infant with addictions or physical or neurological impairments.

(2) Feeding a child an inappropriate diet, e.g., adding excessive salt to milk, potentially harmful diets.

(3) Electric shock.

(4) Choking, gagging, or interfering with a child's breathing.

(5) Banging a child's head against walls or other objects.

(6) Kicking a child.

(7) Hair pulling.

(8) Throwing a child across a room or against a wall.

(9) Driving in an intoxicated condition with a child.

(10) Hitting a child with a closed fist, belt, stick, or other objects on the head, genitals, or soft tissue areas of the body.

(11) Forceful twisting or yanking of a child's bodily parts.

(12) Using physical discipline on an infant, e.g., slapping an infant.

(13) Shaking a child under age three.

(14) The reckless use of lethal weapons in a child's proximity.

(15) Bathing or washing a child with extremely hot water.

c. Cruel and inhumane acts; some parental actions are cruel and inhumane because of the physical and mental pain or injury suffered by children.

(1) Torture of a child.

(2) Infliction of physical or emotional pain as an end in itself.

Examples of cruel and inhumane acts which are physically abusive include, but are not limited to:

(1) Smearing a child's face with feces-filled or urine-soaked diaper.

(2) Submerging a child's head in a toilet bowl.

(3) Using electric shock on a child.

(4) Restraining a child by using handcuffs or ropes.

(5) Preventing a child from breathing for short periods of time.

(6) Denial of food and/or fluids for extended periods of time.

(7) Forcing a child to sit in a tub of cold water.

(8) Sleep deprivation.

(9) Forcing a child to stand in the corner for hours.

(10) Locking a child outside in very cold weather without warm clothing.

(11) Forcing a child to eat a nonfood item, e.g., a bar of soap, a cigarette or cigar.

(12) Locking a child in a dark closet for extended periods of time.

(13) Threatening a child with a deadly weapon.

d. Physical Discipline: Guidelines for Communication with Parents, Professionals, and Referents

RCW 26.44.030 was amended during the 1987 legislative session to read . . . "This subsection shall not be construed to authorize interference with child-raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety": And provided further "That nothing in this section shall be used to prohibit the reasonable use of corporal punishment as a means of discipline." Parents have statutory permission to use physical discipline with children so long as such discipline does not inflict injury or endanger the child.

It is DCFS policy that physical discipline of infants is a "dangerous act" placing these children at risk of serious harm. Corporal punishment of any child which meets the criteria for dangerous acts, nonaccidental injury, or other similar harm to a child is not reasonable discipline.

The limited use of belts, sticks, switches, paddles, etc., on children may be objectionable but is not illegal. In communicating with parents, DCFS staff shall discourage these forms of discipline and suggest alternatives without defining these acts as abusive.

In general, physical discipline is "reasonable" when:

(1) Physical discipline is used to educate and/or correct a child.

(2) The parent's use of physical discipline is limited in degree and frequency.

(3) Physical discipline is not used on vulnerable parts of the body and does not result in "nonaccidental injury" [26.13 E. (1)(a)].

(4) The parent(s) disciplining the child have control of their own behavior and emotions.

(5) The method of discipline does not constitute a "dangerous act" [26.13 E. (1)(b)].

(6) The child has the intellectual capacity to understand the disciplinary act as a response to the child's misbehavior.

(7) The disciplinary act is not injurious to the child's health, welfare, or safety.

2. Physical Neglect

Physical neglect is an act, omission of action, or a pattern of care by the child's caretaker which fails to meet a child's basic physical needs and harms a child or places a child at risk of harm. A child's basic physical needs include need for food, shelter, clothing, medical care, protection, and hygiene. Poverty and homelessness or substandard housing are not cause for intervention on that factor alone. The DCFS social worker shall consider these factors in the context of the family's circumstances and the condition of the child. The presence of a factor may or may not indicate CA/N.

A family's lifestyle, belief system, and/or culture, however unusual, should not be viewed as grounds for a referral of neglect unless the parents' behavior harms or poses a substantial risk of harm to the child's health, safety, or welfare.

Physical neglect includes but is not limited to:

a. Failure to provide nutritionally sound food in adequate amounts to maintain a child's health and development. Examples include:

(1) Feeding an infant a diet of water, soda pop, and/or skim milk in lieu of formula.

(2) Feeding a child a diet which results in a dangerous loss of weight.

(3) Deliberately limiting a child's intake of food to a level below minimum nutritional needs.

(4) Failure to provide food for pre-school child.

(5) Providing a diet which consistently lacks nutritional value.

(6) Making no attempt to make food available for a child capable of self feeding.

b. Failure to provide adequate and safe shelter. Shelter must provide protection from the elements and be free from health hazards both in the dwelling and on the surrounding property. ("Dirty house" referrals must identify factors which place the child at risk.) Examples include:

(1) No heat in cold weather.

(2) Inoperable plumbing.

(3) Animal or human feces on floor.

(4) Fleas, mice, rats, bed bugs, or other vermin in the house.

(5) Nails, glass, other sharp objects on floor, sticking out of walls, cabinets.

(6) Fire hazards in/around the house.

(7) Toxic materials in house.

(8) House strewn with rotting garbage.

(9) Exposed wiring.

c. Failure to provide and maintain adequate and suitable clothing appropriate to climate and development of the child. Examples include:

(1) Failure to provide warm clothing in cold weather.

(2) Failure to provide child with shoes that fit and protect the feet.

(3) Child's clothing is smelly, dirty, ragged, ill-fitting, and in extreme disrepair.

d. Refusal or failure to obtain and maintain those treatment services necessary for a child's continued health, welfare, and development. Examples include:

(1) Failure to give prescribed medication when such failure places child's life or health at risk.

(2) Recurrent ear infection not treated.

(3) Teeth showing obvious lack of care, resulting in pain for the child.

(4) Attempting to set broken limb in lieu of seeking professional help.

(5) Recurrent pneumonia due to lack of follow-up treatment.

(6) Failure to obtain drug or alcohol treatment services.

(7) Failure to obtain mental health treatment services when a child is a danger to himself or others.

e. Failure to provide adequate supervision, thus placing child at risk of physical injury or emotional harm. Examples include:

(1) Leaving infant or toddler alone.

(2) Leaving child with a caretaker incapable of providing adequate care.

(3) Caretaker asleep while toddler plays in the home.

(4) Locking child in house in lieu of obtaining caretaker.

f. Failure to provide protection from harm. Examples include:

(1) Allowing others to submit a child to CA/N.

(2) Allowing access to a child by a person who has previously abused the child.

(3) Allowing child to be in the care of someone known to be violent or physically assaultive.

(4) Not using adequate child restraint devices in vehicles.

(5) Allowing child to play with guns or other dangerous objects.

(6) Allowing child to experiment with dangerous drugs. (Note: This example does not refer to adolescent experimentation with drugs which parents may not be able to control.)

g. Failure to provide for child's needs for appropriate hygiene. Examples include:

(1) Rash or other skin disorder resulting from not changing baby's diaper.

(2) Not treating head lice after problem is diagnosed.

(3) Unwashed soiled clothing and bedding.

(4) Not making provisions for child to bathe or brush teeth.

(5) Child smells strongly of urine/feces.

(6) Not providing for child who is menstruating.

3. Sexual Abuse/Exploitation

Sexual abuse/exploitation of a child by a caretaker includes, but is not limited to:

a. Sexual Intercourse: Has its ordinary meaning and occurs upon any penetration, however slight. "Sexual intercourse" also means:

(1) Any penetration of the vagina or anus, however slight, by any object except when such penetration is accomplished for medically recognized treatment or diagnostic purposes; and

(2) Any act of sexual contact between persons involving the sex organs of one person and the mouth or anus of another, oral - genital/anal contact.

b. Sexual Contact: Any touching of the sexual or other intimate parts of the body done for the purpose of satisfying the sexual desire of either party. Includes touching through clothing.

c. Exposure: The act of exposing one's sexual organs in a manner that, considering the surrounding circumstances, is offensive, sexually suggestive, or otherwise inappropriate.

d. Inappropriate Touching: Intentional touching, either directly or through the clothing, of the genitals, anus, or breasts of a child for other than legitimate hygiene or child care purposes.

e. Genital - Anal contact.

f. Genital - Genital contact.

g. Encouraging or forcing a child to engage in sexual activity with any person or with animals.

h. Encouraging or forcing a child to engage in sexually explicit conduct.

i. Engaging in activities related to child pornography including permitting, encouraging, or forcing a child to participate in sexually explicit conduct knowing that the conduct will be photographed or be part of a live performance.

j. Promoting prostitution by minors.

k. Permitting, encouraging, or forcing a child to watch sexual activities of others, e.g.:

(1) Parents or others engaging in sexual intercourse.

(2) Watching pornography.

m. Allowing or encouraging others to sexually abuse/exploit a child.

4. Emotional Abuse and Neglect

A pattern of acts or omissions by the caretaker which result in injury or substantial risk of injury to a child's psychological or emotional health or development. The investigative social worker shall assess these factors in the context of the family's circumstances and the child's condition. The presence of a factor may or may not be indicative of CA/N.

Emotional abuse and neglect includes but is not limited to:

a. Rejecting: Behaviors which communicate abandonment or condemnation; the parent refuses to acknowledge the child's worth and the legitimacy of the child's needs.

Specific examples include:

(1) Chronic ridicule, belittling, or humiliation of a child.

(2) Scapegoating a child as part of a family system.

(3) Treating the adolescent like a young child ("infantilizing").

(4) Displaying obvious preference for one child over another so that a child is consistently treated unfairly.

(5) Labelling a child's behavior as vengeful towards the parent and/or possessed by the devil.

(6) Punishing a child for positive normal behavior such as smiling, mobility, exploration, vocalization and manipulation of objects.

b. Terrorizing: Behaviors which create a climate of fear; the parent threatens the child with extreme or vague but sinister punishment, or sets unreasonable expectations and punishes the child for not meeting them.

Specific examples include:

(1) Threatening to harm the child, or other family members, or engaging in destructive or violent acts directed towards the child's possessions or pets.

(2) Exposing the child to or forcing participation in frightening activities.

(3) Repeatedly exposing the child to family violence.

(4) Frequently raging at the child, alternated with periods of artificial warmth.

c. Ignoring: The parent is psychologically unavailable to the child, is preoccupied with self and unable to respond to the child's behaviors.

Specific examples include:

(1) Not noticing or responding to developing competence in an infant.

(2) Refusing to engage in conversation with the child for long periods of time.

(3) Showing no interest in discussion of the child by teachers or other adults.

(4) Refusing to engage in child-focused activities.

(5) Failing to comfort, cuddle or hold an infant.

(6) Failing to respond to a child's pain.

(7) Failing to protect the child from assault by siblings or other family members.

d. Isolating: Behaviors that prevent the child from taking advantage of normal opportunities for social relationships.

Specific examples include:

(1) Prohibiting the child from playing with other children.

(2) Withdrawing the child from school.

(3) Prohibiting the teen from joining clubs, after school programs, and sports teams.

(4) Punishing the child for engaging in normal social experiences.

(5) Instilling in the child a fear of persons outside the family.

e. Exploitive/Corrupting: Behaviors which encourage the child to engage in anti-social or deviant activities, particularly in the areas of aggression, sexuality, or substance abuse, or imposing a role on the child for the parent's self-interest that is beyond the child's capability.

Specific examples include:

(1) Forcing or allowing a child to engage in prostitution, begging, drug trafficking or employment illegally.

(2) Expecting the child to assume on a regular or extended basis the parent's responsibility for meal preparation and caretaking of younger siblings.

(3) Forcing the child to dress in clothing that is inappropriate for sex or age.

(4) Exposing the child to pornography or involving the child sexually with adults.

(5) Rewarding the child for assaulting other children.

(6) Creating drug dependency.

26.20 INTAKE

26.21 Eligibility for Child Protective Service

The CPS program is oriented around assessment of risk of child maltreatment rather than substantiation of specific allegations of CA/N. Investigation of specific alleged instances of CA/N, and findings related to such investigations, shall be utilized as a means of strengthening and supporting parenting skills and family functioning.

A. CPS shall receive referrals from any source, including one made anonymously. (See WAC 388-15-132(1).)

B. The DCFS Regional Administrator (RA) shall refer all allegations of CA/N by DCFS employees or volunteers to a different local office unit for CPS investigation. Use incident report procedures to alert the RA.

C. DCFS shall accept all referrals alleging CA/N but shall assign referrals when:

1. Information is sufficient to allow DCFS staff to locate the child at risk of CA/N; and

2. The alleged perpetrator is a (see [26.20 D.]):

   a. Child's parent/caretaker;

   b. Person acting in loco parentis; or

   c. Third party and the parent is negligent in protecting the child from further CA/N.

3. The allegations meet the definition of CA/N in [26.13 A.]; or

4. Risk factors exist which present the significant possibility or likelihood that a child shall be sexually abused or seriously, physically or emotionally injured in the near future, i.e., risk of imminent harm (as defined in [26.22 K. and L.]).

D. CPS shall only be available to a child alleged to have been abused by:

1. The child's parent or a person acting "in loco parentis." Such persons include, but are not limited to:

   a. Parents (custodial and noncustodial),

   b. Stepparents,

   c. Guardians, and

   d. Legal custodians.

2. The child's sibling;

3. The parent's paramour or other person residing with and having caretaking responsibilities for the child;

4. A person licensed or certified under [Chapter 74.15 RCW]. Such persons include, but are not limited to:

   a. Day care providers;

   b. Foster/group care providers;

   c. Employees of licensed/certified agencies; and

   d. Volunteers of licensed/certified agencies.

5. A person subject to licensure/certification under Chapter 74.15 RCW;

6. A person providing in-home child care services and paid by the department;

7. A person alleged to have committed CA/N in an institutional setting. Such institutions include, but are not limited to:

   a. Residential care and treatment facilities for children;

   b. Juvenile detention facilities; and

   c. Hospitals.

8. A DCFS employee.

E. DCFS does <u>not</u> generally accept for investigation referrals of: [RCW 74.13.031(3)]

1. Abuse of dependent adults or persons 18 years of age or older. Such services are provided by the Adult Protective Services (APS) section. (See [Manual G, Chapter 44], Adult Protective Services.)

2. Third-party abuse unless the child's parent, guardian or legal caretaker is unable or unwilling to protect the child. Third-party abuse is CA/N committed by persons other than those responsible for the child's welfare: e.g., parent, caretaker or other person acting in loco parentis. (See D. above.)

3. CA/N that is reported after the victim has reached age 18.

4. Child custody determinations in conflictual family proceedings or marital dissolutions.

5. Cases in which no abuse or neglect as defined in [26.12 A.] is alleged to have occurred.

6. Allegations of violations of the school system's:

   a. Statutory Code;

   b. Administrative Code; or

   c. Statements regarding discipline policies.

F. Financial: CPS is provided without regard to income.

G. Medical Eligibility: Children are eligible for state-paid medical services under the conditions listed in [WAC 388-82]. Eligibility for CPS does not assure eligibility for medical services. Authorization by legally responsible caretakers or the court for medical services does not assure DSHS medical eligibility.

H. LEP Assessment: DCFS Intake shall assess and document in the referral the LEP needs including auxiliary aids for the sensory impaired.

26.22 Intake/Assessment Guidelines and Rules

A. The DCFS intake social worker shall utilize the Case and Management Information System (CAMIS) intake program to conduct a comprehensive intake interview with any referent wishing to report CA/N. Include the following when recording information about the incident:

1. Specific allegations of CA/N;

2. Risk factors;

a. Child characteristics; the emotional, mental and physical characteristics of the child.

b. Severity of CA/N; the degree of injury or physical or emotional harm to a child.

c. Chronicity of CA/N; any past history of CA/N, or child placement.

d. Caretaker Characteristics:

(1) Factors related to the physical, mental or emotional functioning of caretakers;

(2) Information regarding parents/caretakers family of origin;

(3) Information regarding substance abuse, domestic violence and/or ability to protect the child; and

(4) Previous convictions for crimes against children.

e. Parent/Child Relationship; information regarding the attachment between the child and caretakers; information regarding parental response to the child's misconduct, and the child's role in the family.

f. Environmental factors; information regarding the family's social relationships and/or economic status; information regarding stressors on the family.

g. Perpetrator access; information regarding the capacity of the person(s) alleged to have committed CA/N to contact, supervise or communicate with the child directly.

3. Referent and other collateral statements; and

4. Basis for intake risk assessment.

B. Social workers shall accept for CPS investigation a report meeting the sufficiency criteria specified on the Case And Management Information System (CAMIS) intake screen.

Referrals on open cases which contain a new allegation shall be counted as a new referral; these referrals shall be counted the same as referrals on families not currently open to DCFS.

The same allegation about the same victim from a new reporter shall not be counted as a new referral. Collateral contacts to support the information in a referral are not considered separate referrals.

A CPS referral may not be created when the information coming to an office leads to a request for services other than CPS (i.e., FRS, CWS, etc.).

C. The intake social worker shall conduct a CAMIS person search for all persons, victims, perpetrators, parents, and family members listed in the referral information. The worker shall attach hard copy print-outs of the case referral history to the referral.

D. Individuals making referrals may be told that if requested, a referent's name shall not be revealed during the investigation. See [WAC 388-15-134(5)].

However, DCFS may disclose the name of any referent for:

1. Court testimony;

2. Fair hearings proceedings;

3. Criminal investigations by law enforcement including malicious reporting; or

4. When the court orders disclosure.

E. The social worker may request, but shall not require, mandated reporters or relatives to tell parents of the report. The worker may encourage reporters to allow disclosure of their names in order to permit honest discussion with the family of alleged CA/N and to facilitate problem solving.

F. Referents reporting or testifying in good faith have immunity under RCW 26.44.060.

G. The intake social worker shall contact collateral information sources and shall record such contacts in the CAMIS SER when:

1. Sufficient information is not available from the referent to determine if the referral should be accepted for investigation.

2. It is necessary to verify or clarify an allegation of CA/N.

3. Collateral sources have information which would be useful in arriving at the intake risk tag.

H. The low standard of investigation requires collateral contacts whenever possible.

I. Intake social workers shall make collateral contacts as soon as possible prior to making intake decisions unless:

1. An immediate response is required.

2. Sufficient information has been collected from the original referent.

NOTE: Response time begins at the time and date of referral. The intake process shall be completed within three working days.

J. Sufficiency Screen

The intake social worker shall complete the sufficiency screen and determine if:

1. There is sufficient information to locate the child; and

2. The alleged perpetrator is a caretaker of the child or acting in loco parentis, or the parent is negligent in protecting the child from further CA/N; and

3. There is a specific allegation of CA/N meeting the legal and/or WAC definition; or

(In some cases a collection of behaviors imply an allegation of CA/N and may be considered an allegation for purposes of the sufficiency screen.) (Behavioral indicators, refer to [L].)

4. Risk factor(s) exist placing the child in danger of imminent harm.

K. Risk of Imminent Harm is defined as the significant possibility or likelihood that a child will suffer serious physical or emotional harm in the near future. In assessing risk of imminent harm, the overriding concern is a child's immediate safety.

Social workers in Child Protective Services shall assess a child's need for immediate protection from abuse or neglect as early as possible in the investigative process. Initial decisions regarding risk of imminent harm are intended to ensure a child's safety while the investigative process proceeds.

The following events and/or conditions provide a presumption that a child's safety is significantly endangered absent compelling evidence to the contrary:

1. A child has suffered serious physical injury or harm as a result of caretaker action or neglect and the child is either too young or too vulnerable to protect herself/himself from similar actions in the near future.

2. A parent or caretaker either does not or is not capable of adequately supervising a child five years or younger.

3. The child has been sexually abused by a parent or caretaker or person acting in loco parentis and the perpetrator continues to have access to the child or the child is being pressured to recant a disclosure of sexual abuse.

4. The child has been threatened with extreme harm if she/he discloses physical or sexual abuse.

5. A known child molester who, upon release from prison or juvenile institution, is or will be, residing with a minor child.

6. Child is almost totally dependent on a parent or caretaker for food, shelter, clothing, supervision, and medical care due to age and/or disability and the parent has consciously failed to meet one or more of these basic needs.

7. A parent or caretaker is acutely mentally ill and is unable to care for him/herself, recognize danger, and/or communicate with others.

8. A parent or caretaker has threatened a child's life or safety and has displayed an intention to carry out the threat.

9. The parent has lost other children through termination action based on CA/N and the parent has failed to effect any significant change in the interim.

10. The parent has committed a dangerous act which places a child at risk of impairment or loss of bodily functions, i.e., choking a child, shaking an infant or young child.

11. A parent or caretaker has a history of extreme violence towards a child.

12. The parent or caretaker has caused the death of another child as a result of CA/N or is under investigation for causing or contributing the fatality of another child.

The list is not inclusive of all events or conditions which place children at risk of imminent harm.

DCFS may accept referrals on the basis of risk of imminent harm even though the parent or child is in a protective setting at the time of referral, e.g., hospital, relative's home, jail. Intake staff may determine that a child will be at imminent risk of harm as soon as the child or parent leaves the protective setting. These cases pass the sufficiency screen despite the lack of allegations of CA/N.

L. Intake social workers shall accept CPS referrals which contain information regarding indicators of CA/N, but lack specific information regarding incidents, events, or conditions defined in DCFS policy as CA/N. Referrals are screened in when there is reasonable cause to believe that a child is being abused or neglected and the risk factors place the child at risk of imminent harm.

Child behaviors may be caused by factors other than CA/N. Intake staff must exercise judgment based on their knowledge of child abuse and neglect to decide if behavioral indicators of CA/N are comprehensive and cogent enough to pass the sufficiency screen. CA/N is not inherent in risk factors and cases shall not be opened solely on the basis of a single behavioral indicator. The more complete the list of indicators of physical abuse, physical neglect, sexual abuse, the more likely it is that a child is being abused or neglected. One or two indicators of abuse and neglect will rarely be sufficient to warrant CPS investigation.

The intake social worker shall complete the allegation section of the intake when information regarding indicators of abuse and neglect is sufficient to provide reasonable cause to believe that a child has been abused or neglected or that the child is at risk of imminent harm. The questions in the sufficiency screen, "Is there a specific allegation of child abuse and neglect which meets the legal and/or WAC definition of child abuse and neglect?" shall be answered "YES."

The intake supervisor shall review CPS referrals containing information regarding behavioral indicators of child abuse and neglect but lacking any description of incidents or events of CA/N prior to screening decisions.

M. The intake supervisor shall review, and may change the screening decision when:

1. Additional information supporting the change is obtained; or

2. The supervisor determines that the screening decision made by the intake social worker is incorrect based on program guidelines.

N. The supervisor must document the reason(s) and initial the change on the CAMIS referral form.

O. Intake Decision

1. The intake social worker reviews the referral information and records the intake decision in CAMIS:

a. Information only. Referral does not meet sufficiency criteria and referral is screened out.

b. Accepted for investigation. Referral meets sufficiency criteria and referral is screened in.

c. Third party report (when the perpetrator is not a caretaker or acting in loco parentis). Referral does not meet sufficiency criteria and referral is screened out. A referral is made to law enforcement and the date recorded on the intake form.

P. Screened in Referrals

1. The intake social worker shall assign a risk tag to referrals that are accepted for investigation. The six point scale for risk assessment is: 0 - No risk; 1 - low risk; 2 - moderately low risk; 3 - moderate risk; 4 - moderately high risk; and 5 - high risk.

a. Classify the severity of the allegation(s) of CA/N from low risk to high risk utilizing section II, severity section of the Risk Factor Matrix Manual. Establish a baseline risk level; e.g.; an initial classification of the allegations of CA/N based on the most serious allegation.

b. Evaluate risk factor information noted on the referral form regarding:

(1) Child characteristics;

(2) History of prior agency contact;

(3) Parental functioning;

(4) Environmental factors; and

(5) Perpetrator access.

c. Adjust the baseline risk level based upon the extent and degree of factors exacerbating or ameliorating the risk of CA/N. Moderately low and moderately high risk are ratings to be used when case information falls between low and moderate risk categories or between moderate and high risk categories. These ratings are used to accommodate borderline situations at intake.

(1) The baseline may be adjusted upward when the referral contains information about factors which are likely to increase the risk of CA/N.

(2) The baseline may be reduced when the referral contains information about factors which reduce the risk of CA/N.

(3) Cases screened in as risk of imminent harm shall be tagged high risk.

d. Complete the Basis for Intake Risk Assessment. This section provides the rationale for the risk tag decision.

e. The intake process shall be completed within three working days from the date of referral unless an immediate response is requested.

2. The intake supervisor may change the risk tag decision under the following circumstances:

a. Additional information supporting the change is obtained; or

b. The supervisor determines that the risk tag made by the intake social worker is incorrect based upon program guidelines.

3. The intake supervisor shall document the reasons and initial the CAMIS referral form.

Q. The intake supervisor shall forward all referrals indicating physical injury, sexual abuse, death or other crimes against a child to law enforcement per [26.62 A.].

R. Screened Out Referrals

1. The intake supervisor shall retain and make accessible to intake staff referrals that are screened out (do not pass the sufficiency screen).

2. The intake supervisor shall maintain a log of all screened out referrals. [RCW 26.44.030(11)]

26.30 ASSESSMENT/INVESTIGATION

26.31 Performance Expectations for Social Workers

Information contained in each DCFS case record will document compliance with appropriate program expectations and performance standards. The DCFS social worker shall initiate LEP assessment and provide appropriate services from the entry level of service throughout the continuum of care. Social workers shall utilize culturally relevant interviewing techniques with ethnic children and their families.

A. Response Time

The supervisor and assigned social worker shall consider as maximum limits the time frames defined in this section for CPS response. Cases may require a quicker CPS response than the time lines defined in this section.

1. **Response time** begins at the referral date and time.

2. **Referral date and time** begins when a referral is initiated by the referent through contact with the intake worker.

3. **Emergent response** begins no later than 24 hours from the referral date and time and requires a high standard of investigation. Emergent response is required for children who are at risk of imminent harm (significant possibility or likelihood that child may be seriously physically or emotionally injured in the near future).

4. **Non-emergent response** begins within ten calendar days from the referral date and time. The standard of investigation may be high or low.

B. Risk Levels

1. High risk means the high likelihood of severe CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

2. Moderate risk means the likelihood of serious CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

3. Low risk means the likelihood or possibility of minor CA/N as defined in Section II of the Risk Factor Matrix Manual, severity of CA/N.

C. High Standard of Investigation

DCFS shall use the high standard of investigation for all referrals given moderate to high risk tags at intake. The assigned social worker shall:

1. **Contact the referent** if the information is insufficient or unclear. Mandated referents may be provided information about the outcome of the case.

2. **Interview child victims** in face-to-face interview within ten working days from date of referral.

   a. All involved child victims in the report shall be interviewed by an investigator or professional skilled in evaluating the child or, condition of the child. Local protocol or the special needs of the child may dictate that someone other than the DCFS social worker assess the child.

   b. Interview all alleged child victims at the earliest possible time but not later than ten working days from the referral date.

   c. Face-to-face contact within ten working days of the referral shall be made with any child victim who is incapable of being interviewed by virtue of:

      (1) Age;

      (2) Emotional condition;

      (3) Physical condition;

      (4) Mental health status;

      (5) Being nonverbal; or

      (6) Other limiting conditions.

3. **Make a home visit** in all cases of child neglect and in other cases when a home visit is necessary to complete a risk assessment of the family.

4. **Notify the parents, guardian or legal custodian** (including the noncustodial parent) of a child alleged to be the victim of CA/N per instructions in [26.53 A. and B.].

5. **Interview all alleged perpetrators and other appropriate adults**

   The social worker will interview individually and face-to-face, all alleged perpetrators, who are reasonably available and willing, and the child's caretaker(s). Initial contact with the alleged perpetrators may be coordinated with law enforcement agencies as per written interagency agreements.

   The social worker will make reasonable efforts to interview persons identified by the parents or the alleged perpetrator as having relevant and/or direct knowledge of an incident.

   The social worker shall document in the record when the alleged perpetrator is unavailable or unwilling to be interviewed.

6. **Notify law enforcement** (RCW 26.44.030(3) and 74.14.031(3)). The social worker shall ensure that notification has been made to law enforcement per instructions in [26.62 A.].

7. **Request the assistance of law enforcement to:**

   a. Assure the safety of the child(ren) or staff;

   b. Observe evidence;

   c. Take child(ren) into protective custody;

   d. Enforce a court order; or

   e. Assist with the investigation.

8. **Evaluate the child's safety needs and the safety of the home environment**

9. **Secure Medical Evaluation and/or Treatment**

   The social worker shall consider utilizing a medical evaluation in cases when the reported, observable condition or the nature and severity of injury cannot be reasonably attributed to the claimed cause and a diagnostic finding would clarify assessment of risk. Social workers may also utilize a medical evaluation to determine the need for medical treatment.

   The social worker will make every effort to help the parent or legal guardian understand the need for, and obtain, necessary medical treatment for the child. The social worker will arrange for legal authority to secure necessary available treatment when the parent or legal guardian is unable or unwilling.

The social worker shall ask the parent to arrange for prompt medical evaluation of a child who does not require medical treatment, if indicators of serious child abuse or neglect exist. The social worker may seek legal authority for the medical exam if the parent does not comply with the request.

DCFS social work staff may contact the statewide Medical Consultation Network at 1-800-326-5300 whenever identification or management of CA/N would be facilitated by expert medical consultation.

10. **Professional Consultation**

The social worker shall seek professional and expert consultation and evaluation of significant issues. Examples include having the housing inspector or other local authority assess building safety or having the county sanitarian assess sewage and septic treatment issues.

11. **Interview Key Collateral**

The social worker shall interview, in-person or by telephone, professionals and other persons (physician, nurse, school personnel, day care, relatives, etc.) who are reported to have or, the social worker believes may have first-hand knowledge of the incident, the injury, or the family's circumstances.

12. **Contact Other Collateral**

The social worker may interview other persons having knowledge of the child and family's functioning.

13. **Response to Referents**

The social worker shall notify referents, when requested, whether the case will remain open for service. More specific case information may be shared with mandated reporters; e.g., the disposition of the referral information and the department activity to protect the child.

D. Low Standard for Investigation

The low standard of investigation may be used when intake staff and/or the supervisor assess a referral as low or moderate low risk of CA/N. Parameters for low standard of investigation include:

1. The low standard of investigation shall not be used when:

   a. The referral is tagged moderate to high risk;

   b. The child has suffered a significant or chronic injury;

c. The child evidences severe developmental delay attributed to CA/N; or

d. A parent or person acting in loco parentis has a felony conviction for a crime against a child or a history of sexual aggression.

2. Response within ten calendar days from the date of referral;

3. Referral to an Alternative Response System (ARS) or other community agencies which are willing to accept the referrals for services and/or monitoring.

4. The social worker may send a letter to the family, make a phone call to the caretaker(s) or, make a brief home visit to provide the following information:

a. Notification that CPS has accepted a referral for investigation.

b. Information included in the referral regarding allegations of CA/N.

c. The local DCFS telephone number/contact.

d. Community resources which may be available to address the condition; i.e., information and referral.

e. Notice that no further investigation will take place in response to this referral.

26.32 Investigation: Guidelines and Rules

The social worker shall gather information for risk assessment, family evaluation, and case planning rather than gather evidence for criminal prosecution. The social worker is not a law enforcement agent but shall work cooperatively with law enforcement. For standards of investigation see [26.31(C)(D)].

Interviewing Children

A. The DCFS social worker may interview the child victim outside the presence of the parents where the child is found:

1. On school premises;

2. In day care facilities;

3. In the child's home; or

4. In other suitable locations.

B. The social worker shall determine if the child wishes a third party to be present during the interview. The social worker shall make a reasonable effort to have the interview observed by a third party so long as the child does not object and the presence of the third party will not jeopardize the investigation.

C. The initial interview with the child may be critical to later dependency and/or criminal hearings. The social worker needs to make every effort to avoid saying or doing anything that could be construed as leading or influencing the child.

D. The social worker shall consider other elements including:

1. The child's characteristics;

2. Parental functioning;

3. Parent/child relationships;

4. Environmental factors;

5. Perpetrator access; and

6. Child's statement to others.

E. In each case the social worker needs to:

1. Assess what culturally relevant interviewing tools to use:

a. Dolls;

b. Puppets;

c. Games; or

d. Drawings.

2. Document the reasons for the choice(s) made:

a. Child's developmental level;

b. Comfort level; and

c. Availability of tool.

F. The social worker shall coordinate the detailed fact gathering interview of the child victim with other investigating professionals. Information obtained by this interview may be shared in order to limit the number of times a child must be questioned regarding allegations of CA/N.

G. Social workers shall help the child to understand:

1. The reasons for the interview;

2. The process of investigation; and

3. How to obtain protection from further CA/N.

H. Supervisors may assign sexual abuse cases to social workers who are not experienced in handling sexual abuse cases (which will involve interviews with children) only after the social worker completes the following to increase their comfort and skill levels:

1. Read these DCFS guidelines and discuss them with the supervisor.

2. Observe two or more sex abuse interviews with children conducted by another experienced social worker.

3. Do two or more joint interviews with an experienced social worker and receive feedback from the other worker.

4. Read three or more contemporary books on child sexual abuse.

I. All social workers who do sexual abuse interviews with children must attend the specialized DCFS training "Assessing Child Sexual Abuse; The Disclosure Interview" or its replacement equivalent within three months of assignment to interview children in cases of alleged sexual abuse.

26.33 Appropriate Program/Service Outcomes

A. The social worker shall complete all investigations of child abuse and neglect referrals within 90 days of the date of referral.

B. Service outcomes for cases receiving the high standard of investigation:

1. The social worker shall achieve one of three outcomes within 90 days from the date of referral:

a. A written voluntary service agreement (language appropriate) with the family signed by the participants (see [26.41 B.]); or

b. A dependency action filed in juvenile court; or

c. Closure of the case.

2. The social worker may refer cases which are classified as low risk after CPS investigation to an Alternate Response Service (ARS) or send a letter of information about available services to the family per [26.31 D.] and close the case with supervisory approval [26.33 C.].

3. The social worker shall complete a CAMIS Summary Assessment form which includes:

   a. Section 1, a listing of risk factors included on the risk factor matrix.

   b. A narrative account of important risk factors and how these factors contribute to or reduce the risk of CAN.

   c. Periodic reassessment of the overall level of risk based on the following guidelines:

      (1) Risk factors identified in the CPS investigation may justify elevating or decreasing the baseline level of risk.

      (2) Factors which are extremely intense or of long duration, or which have environmental support, should be given added weight when making an overall assessment of risk.

      (3) Risk of CA/N is a product of the interaction of factors rather than the presence or absence of any one single factor.

      (4) Level of risk may change several times over the life of a case depending on changes in:

         (a) Family functioning;

         (b) Child behavior;

         (c) Environmental stress or circumstances; or

         (d) Perpetrator access.

   d. Disposition; e.g., a description of DCFS case status.

   e. The social worker shall record case findings regarding alleged abuse or neglect.

      (1) Founded means, based on the CPS investigation, there is reasonable cause for the social worker to believe that either the allegations on the referral are true or that sufficient evidence exists to reasonably support the conclusion that the child has been abused or neglected by a parent or caretaker.

(2) Unfounded means based on the CPS investigation there is reasonable cause for the social worker to believe that the allegations on the CPS referral are untrue and that sufficient evidence exists to reasonably conclude that the child has not been abused or neglected.

(3) Inconclusive means; there is not significant evidence for the social worker to reasonably conclude that a child has or has not been abused or neglected.

f. Service Plan (ISP).

4. The social worker shall complete the CAMIS, Summary Assessment form as follows:

a. <u>Cases Closed Within 90 Days Without Services</u>

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	(Note: In cases closed out immediately after investigation, the summary assessment form will serve as a closure document and may substitute for other narrative documentation.)
Findings	
Overall Risk	

b. <u>Cases Closed Within 90 Days With Services</u>

Complete the following sections by the 90th day from assignment:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	

Complete the following section prior to services starting:

Service Plan	(Note: Parents are not required to sign the service plan if the case is closed by the 90th day.)

c. Cases Open With Voluntary Service Agreement

Complete the following sections prior to having the parent sign the service agreement. Complete again at case closure or transfer:

Section I	Risk Matrix
Section II	Summary Assessment Narrative
Disposition	
Findings	
Overall Risk	
Service Plan	(Note: This section shall be completed even if you choose to use another format for the written agreement between the parents and the social worker.)

d. Cases Open Due to Placement or Dependency Action

Complete Section I, Risk Matrix, of the Summary Assessment: 1) by the 30th day from assignment; 2) before returning a child home; and 3) at case transfer/closure.

Complete Section IV, Findings, of the Summary Assessment: 1) before returning a child home; and 2) at case transfer/closure.

Note: The SER on placement/dependency cases shall include documentation of important observations, events and collateral contacts. As well as dates of contact with parents, children, foster parents, and service providers. The case record shall also include the visitation record.

e. CWS Instructions for Completing Risk Assessment Summary Assessment Form

Sections I and IV of the Summary Assessment Form are to be completed by staff: 1) before returning a child home; 2) at case closure; and 3) case transfer.

(1) Before Returning A Child Home

Complete the following section:

Section I	Risk Matrix

(2) Case Closure

Section I	Risk Matrix
Disposition	
Findings	
Overall Risk	

(3) Case Transfer

Section I	Risk Matrix
Disposition	
Findings	
Overall Risk	

D. Service outcomes for cases receiving the low standard of investigation:

1. Referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall have a case folder created when a referral is made to an Alternative Response System and the case is open in DCFS.

2. All other referrals that are risk tagged at intake as low and receive the low risk standard of investigation shall be opened and closed on CAMIS.

   a. Collateral information in the form of additional documentation or correspondence shall be filed and maintained by each office.

3. If additional referrals are made on a family, and the risk is moderately low or higher, the low risk referral(s) shall be printed and included in the case file.

E. The supervisor shall review all cases open to CPS for 90 days to determine if:

1. The case record and CAMIS file are complete;

2. The service is appropriate and effective; and

3. The 90-day rule requirement has been met per [26.33 B. 1.];

4. The service may continue.

   a. The supervisor may consider transfer of cases to continuing CPS or ongoing CWS when the criteria above have been completed, or

   b. The supervisor may refer the case back for further investigation.

F. The supervisor shall document the reasons for the 90-day review decision in the CAMIS SER and sign the record.

26.40 CASE PLANNING AND SERVICE AGREEMENTS

26.41 Service Delivery

Social workers shall develop a case plan with each family when services are provided. Social workers shall complete a case plan on the summary assessment form at the time a service is offered. Social workers shall negotiate service agreements with the family and outline the steps that are to be taken to achieve the case plans. Service agreements shall be translated in the primary language of the child and the child's caretaker.

A. The Process of Case Planning

1. Plan with parents rather than around them; use empowerment strategies.

2. Identify and build on parental strengths when formulating plans.

3. Provide parents with regular feedback about progress.

B. Purpose and Content of Service Agreements

A service agreement is a written agreement between the social worker and the parents that emerges from the case plan. Elements to be included in a service agreement are:

1. Service agreements provide the family and social worker with an organized, realistic method of seeing the logical connection between a problem and how to resolve or lessen that problem.

2. Service agreements result in services that are prioritized, targeted to address major parenting problems and family concerns, and build on the strengths and resources of the family.

3. Service agreements address the key patterns associated with CA/N.

4. Service agreements clearly define expectations for both the social worker and the family.

5. Service agreements are dated and signed by the:

   a. Social worker currently assigned to the case; and

   b. Caretaker of the child.

C. The Development of a Service Agreement

1. The first priority in the development of a service agreement is protection of the child.

2. Services are chosen based on the assessment of the problem, identification of the strengths and resources of the family and the community and the likelihood that the service will reduce or eliminate risk of harm to the children.

3. Use concrete services to supplement treatment/counseling.

4. Evaluate outcomes by standard of risk reduction.

D. Elements of Service Agreements

1. Issues needing to be addressed;

2. Means of addressing them;

3. Behavioral objectives to be achieved;

4. Significant activities to be completed, and by whom;

5. Known or anticipated cost of services;

6. Who will be responsible for costs;

7. Significant dates and time frames for completion;

8. Goal/outcome expectations for successful completion; and

9. Methods for verifying compliance and measuring outcomes.

E. Service agreements are not legally binding.

F. The social worker shall discuss factors relevant to the agreement with the caretaker to determine the level of compliance that can reasonably be expected. These levels of compliance and factors include:

1. Does the caretaker believe the child?

a. High compliance; the caretaker supports the child in making a statement.

b. Moderate compliance; the caretaker questions the child's understanding or accuracy.

c. Low compliance; the caretaker challenges the accuracy or truthfullness of the child's statement.

2. Does the caretaker identify an incident as CA/N?

a. High compliance; the caretaker reports or supports the need to report an incident.

b. Moderate compliance; the caretaker questions or discounts the seriousness of reported CA/N.

c. Low compliance; the caretaker denies there is a problem.

3. Is the caretaker willing to protect the child?

a. High compliance; the caretaker responds appropriately and takes action to control or eliminate the opportunity for reoffense.

b. Moderate compliance; the caretaker agrees to take protective action after discussion about the need to protect. The caretaker may be ambivalent about concerns for child and dependent on perpetrator.

c. Low compliance; the caretaker disagrees that the child is in danger or agrees to protect the child as part of an effort to avoid involuntary intervention.

4. Is the caretaker able to protect the child?

a. High compliance; the caretaker has support systems and resources to restrict perpetrator access.

b. Moderate compliance; the caretaker recognizes appropriate protective concerns but is unable to mobilize without support and encouragement.

c. Low compliance; the caretaker does not know what can be done to protect the child and does not believe that they can take effective action.

G. Caretakers who respond to the four factors in the high compliance range, with no more than one response in the moderate range, are good candidates for a voluntary service agreement. The social worker may monitor these agreements through telephone contacts and reports from providers.

H. Caretakers who indicate concerns in two or more moderate categories may support the service but will need a higher level of support and encouragement. The social worker shall include regular planned home visits and collateral supervision through providers, relatives or other persons involved with the family.

I. Caretakers who indicate concerns in two or more low compliance categories are poor candidates for voluntary service agreements. The social worker shall discuss alternative measures for high risk and imminent harm cases with the supervisor: e.g., dependency. These cases require:

1. Regular unscheduled monitoring;

2. Home visits with face to face contact; and

3. Collateral supervision.

J. The social worker shall incorporate service agreements into the service plan. The criteria listed in this section for service agreements shall be addressed in the case plan on the ISP for court ordered and placement cases and, in Section V, Service Plan in the CAMIS Summary Assessment for voluntary services.

K. The social worker may authorize interim services prior to completing or updating the ISP or Summary Assessment. Interim service agreements may be developed for emergency or short term service needs. The social worker may use the service agreement process to authorize interim services. Record interim service agreements on the CAMIS SER. A print copy of the SER for all interim services shall be signed and filed in the case folder within 30 days of beginning the service. Interim service agreements shall be incorporated into the case plan on the ISP or Summary Assessment at the first renewal/development date.

L. The social worker shall obtain a release of information signed by the caretaker for each ongoing provider or treatment information source.

M. The social worker may request an early dependency review by the court when the caretaker(s) refuses court ordered services.

26.42 Continuing Service

The continuing service phase begins on completion of the investigative phase.

A. Risk Assessment continues throughout the life of a case from the initial CPS referral until the case is closed. Child Protective Services is defined by the type and goal of provided services and not limited by the organizational structure of local Children and Family Services offices.

B. Child Protective Service is a continuum of protection consisting of different but complementary functions. Intervention designed to protect children from CA/N must include permanency planning goals from the onset of the case and must be updated at 90-day intervals.

C. The social worker's primary goal in permanency planning is to maintain the family's cultural and ethnic integrity or, to return a child to the child's own family whenever feasible and consistent with the safety of the child. When this is not feasible, other options such as placement with relatives, adoption, and guardianship shall be considered [32.34].

D. DCFS shall employ the least intrusive intervention which engages the family in problem solving efforts provided the child is adequately protected. Services shall be based upon and designed to build upon assessed family strengths. The level of agency involvement with continuing service cases will be commensurate with the level of assessed risk.

E. DCFS supervisors shall ensure that information about and listings of agencies and services available to clients are available to staff. Social workers will refer client to appropriate available services necessary to alleviate the risk of CA/N.

F. Ongoing DCFS social worker case management functions include:

1. Case planning;

2. Regular reassessments of risk of CA/N;

3. Coordination of service delivery including assisting families and children in accessing DSHS and community resources;

4. Consulting with service providers regarding:

a. Reason for referral;

b. Family's progress;

c. Participation in service; and

d. Other case coordination needs.

5. Monitoring a child's safety;

6. Assessing and monitoring the ability of a nonoffending parent or caretaker to protect the child from further harm; and

7. Decision-making regarding the timing and goals of permanency planning.

G. The Division of Children and Family Services shall ensure continuity in case planning when Child Protective Service cases are transferred from one social worker to another. Continuity in case planning includes communication among DCFS staff having recently worked on the case as well as consideration of the effects of case transfer on permanency planning goals.

H. DCFS shall staff service plans for children in placement to ensure continuity of the case plan, including permanency planning goals, when considered for transfer to another worker.

I. Closure of continuing service cases

1. DCFS may close continuing service cases when the problems resulting in risk of CA/N identified in the Summary Assessment Form have been alleviated, and no new factors have been discovered which would increase the risk of further CA/N.

2. DCFS may close other cases in which there is a continuing risk of CA/N but which are not likely to be resolved through treatment efforts when:

   a. Further voluntary services are not available or accepted; and

   b. There is no plan to file a dependency petition.

3. DCFS shall not close cases for service while a dependency order is in effect or within six months of the time a child is returned to parental care as a result of a dependency order.

4. The social worker shall properly complete all forms and narrative recording within 30 days of a decision to terminate services and close a case. The supervisor shall review both CAMIS and the folder for accuracy and completeness and sign before closure or transfer [02.14] to another service.

26.50 SPECIAL PROCEDURES

26.51 Pre-Natal/Newborn, Drug/Alcohol Exposure

A. The use of alcohol and drugs by a pregnant woman can expose the fetus to harm, and increases the risk of birth defects, health and developmental problems, addiction and other toxic reactions for the infant at birth. The Division of Children and Family Services recognizes the need to work in partnership with other DSHS divisions and with the health care community to promote prenatal care and substance abuse treatment for women and to reduce the risk of harm to the infant.

1. CPS shall accept referrals which document the use, by a pregnant woman, of alcohol or controlled substances that are not medically prescribed and are teratogenic or known to potentially cause fetal toxicity or damage.

2. CPS shall refer all prenatal referrals to the local Economic and Medical Field Services (EMFS) or contracted First Steps social worker for determination of eligibility for the First Steps program. EMFS and First Steps shall be responsible for case management and treatment services funded under the Maternity Care Access Bill and the Drug Omnibus Act.

3. CPS will accept and open for investigation referrals made by the CSO or contracted First Steps case manager, on women believed to be within four (4) weeks of delivery, who are using substances (as defined above). Accepted referrals must also meet one or more of the following conditions: (NOTE: Earlier CPS intervention may occur based on the decision of a joint CPS/EMFS case staffing.)

   a. Refuses to get prenatal care and/or has made no provisions for the baby;

   b. Refuses to enter substance abuse treatment;

   c. Is mentally ill or seriously emotionally disturbed;

   d. Without a social and financial support system;

   e. Has a history of prior CPS involvement where other children are in out-of-home care or where parental rights have been terminated; or

   f. Is under the age of eighteen (18) and lacks a place to live.

4. Cases referred directly from the community to CPS on women believed to be within four (4) weeks of delivery that meet one of the above criteria, will be referred to the CSO for First Steps eligibility determination. CPS will open these cases for investigation. When a case is open to CPS <u>and</u> CSO First Steps, the social work case managers shall coordinate services to avoid duplication or gaps in service.

5. The assigned CPS social worker will conduct a culturally responsive investigation to assess case planning options at birth. The social worker shall have face-to-face contact with the client. The social worker shall document in the file all attempts to locate the client.

6. The purpose of prenatal CPS involvement is to:

   a. Allow adequate time prior to birth to assess the parent(s) ability to provide safe and adequate care for the child at birth;

   b. Explore relatives or other placement possibilities if it appears unlikely that the parent(s) will be able to provide care;

   c. Encourage the parent(s) to participate in treatment; and

   d. Advise of possible CPS action at birth.

7. DCFS will not file pre-natal dependency petitions except when DCFS believes it to be necessary to assume immediate custody of the infant at birth. DCFS will file pre-natal petitions only in consultation with department legal counsel.

B. Child Protective Services shall accept referrals from mandatory reporters on drug/alcohol-exposed newborns. These referrals will include, but not be limited to, infants with a positive drug screen at the time of birth.

1. The DCFS supervisor shall assign these referrals for investigation.

2. The social worker will conduct a culturally relevant investigation following the risk assessment model. The assessment will focus on the ability of the parent(s) to protect and care for the infant and will include consultation with the referring source. DCFS shall refer cases to law enforcement or to the prosecutor's office per local agreement [26.62].

3. Factors such as signs of infant or maternal drug withdrawal or evidence of current maternal substance abuse may result in referral to CPS and may be considered for assignment.

4. The social worker, when completing an assessment, shall specifically address the following factors:

a. History and pattern of parental substance abuse;

b. Parental mental health and physical condition;

c. Home environment, including presence of other substance abusers or transiency of parent(s);

d. Physical condition and medical needs of the child;

e. Support available to the parent(s);

f. History of previous allegations of child abuse or neglect by parents; and

g. Chemical dependency testing (UA, etc.) and monitoring of parent(s), when available within existing resources.

5. The social worker shall develop a culturally responsive case plan which shall reflect one of the following outcomes:

a. Voluntary (signed) service agreement;

b. Court-ordered, DCFS supervised plan with the child in the home;

c. Culturally and ethnically appropriate out-of-home placement;

d. Case closure with referral to community resources.

6. The social worker's first priority in case planning will be protection and safety of the child. For cases where the infant remains in parental care, the written case plan documents specific safeguards to ensure the child's protection. Participation by parents in substance abuse evaluation and treatment, though a necessary component of a service plan, does not in and of itself indicate protection for the child.

7. The social worker shall monitor the service plan for compliance when the infant remains in the home. Parental failure to comply with the service plan will result in immediate re-assessment of the need for court involvement or out-of-home placement.

26.52 Placement of Children

Children's homes are considered their best ongoing support. Social workers will develop case plans which strengthen the family and enhance parenting skills to safely maintain children in their own homes whenever possible. Temporary removal must meet the tests of RCW 13.34.050 or 26.44.050 and should be culturally relevant. Continuing out-of-home placement must meet the tests of RCW 13.34.130(1)(b).

See [Chapter 32 and 34] for specific guidelines and instructions regarding placement of children into foster care and group care.

A. A DCFS social worker may place a child under one or more of the following conditions:

1. There is a current court order directing DSHS to take a child into custody.

2. The department currently has custody of the child through a previous court order.

3. The social worker has a current Voluntary Placement Agreement, DSHS 09-004B(X), signed by the person(s) legally responsible for the child.

4. A child has been taken into limited custody by law enforcement under to [RCW 13.32A.050, 13.34.050, or 26.44.050].

5. A physician or hospital administrator has detained a child believed to be in imminent danger under [RCW 26.44.056].

B. The social worker shall pursue out-of-home placement when the abuse or neglect falls into either of the following categories:

1. Risk of Imminent Harm - There is a significant possibility or likelihood that a child will suffer serious physical or emotional injury as a result of CA/N in the near future, and resources are not available which will protect the child in her/his home.

2. Cumulative Impact - A pattern of CA/N exists which has resulted, over time, in serious damage to a child's physical, mental, or emotional development, and when reasonable efforts to eliminate or reduce CA/N have failed, the child shall be placed out of the home subject to the conditions of RCW if a placement resource exists which can reasonably be expected to promote the child's physical, mental and emotional development.

In both 1 and 2 out-of-home placement shall be utilized as a last resort when either a child cannot be protected from risk of imminent harm in his/her home or when reasonable efforts to remedy CA/N have failed and the child has suffered serious damage to her/his physical, mental or emotional development.

C. Supervisors shall review and approve the need for placement prior to any nonemergent out-of-home placement. Emergent placements are subject to supervisory review on the first working day following the placement. The supervisor shall evaluate:

1. The opportunity to maintain the child in the home with intensive services;

2. The availability of in-home services;

3. The services and permanency planning needs which will reduce the length of time a child needs to be in out-of-home placement;

4. The cultural needs of the child and how these will be addressed while in out-of-home care.

5. The availability of suitable relatives.

D. The DCFS social worker shall assess the need for continuing out-of-home placement including emergent placement decisions made by law enforcement and/or a doctor or hospital administrator.

E. The DCFS social worker shall file a dependency petition and obtain an emergency shelter care order when a case is referred by a physician in whose expert medical opinion, CA/N has occurred and the child will be endangered if returned to parental custody [RCW 26.44.030(7)].

1. The social worker shall assess whether out-of-home placement is necessary for the child's protection.

2. The social worker may return the child to the parent's home when:

   a. The assessment indicates placement is not necessary to the child's protection; and

   b. The social worker's determination is supported by the opinion of a second licensed physician.

F. The social worker shall refer for review by DCFS regional management and the local child protection team all CPS cases in which CA/N has been determined by expert medical opinion and the child has been left in the home or returned to the home. All DCFS offices shall use culturally competent child protection teams as a means of obtaining informed consultation on critical child abuse and neglect cases [RCW 74.14B.030].

G. The social worker shall secure either a Voluntary Placement Agreement (DSHS 09-004B(X)) or file a petition with the Juvenile Court and secure custody through an emergency shelter care order when child's protection needs require continued out-of-home care beyond 72 hours, excluding Saturday, Sunday, and holidays.

H. DCFS shall consider relatives as a primary placement resource for children. Children subject to [RCW 26.44 and 13.34] needing placement outside their own home shall be entitled to placement with a willing, responsible, adult relative of specified degree with whom the child has a relationship and is comfortable.

   1. Relatives of specified degree, as listed below, are exempt per [RCW 74.15.020(4)(a)] from licensure:

      a. Brother

      b. Sister

      c. Step-parent

      d. Step-brother

      e. Step-sister

      f. Grandparent

      g. Uncle

      h. Aunt

      i. First cousin

   2. The social worker shall determine the character, suitability, and competence of the relative to provide care for the child prior to placement by the division.

3. The Juvenile Court under [RCW 74.15.030(3)] may order the placement of a child into the home of a relative prior to completion of the criminal background history check. The DCFS social worker shall complete the criminal history check as soon as possible following the child's placement.

4. Relatives accepting placement must be able to support the court order and case plan as well as ensure the safety and security of the child. Failure to do so may result in removal of the child.

I. The social worker shall develop, with the parents of children in out-of-home placement, the Periodic Review Report/Individual Service Plan, DSHS 15-209(X), and file it in the case record within 30 working days of the placement. The assigned social worker shall review and update the DSHS 15-209(X) at six months of placement, and every six months thereafter. (See DCFS Chapter 23.)

J. DCFS may change the placement for a child subject to court supervision prior to court approval. The social worker shall, whenever possible, obtain prior notification and approval of the court. In emergent situations, the safety needs of the child are the primary consideration. Emergency placement and after-the-fact notification of the court is permitted under the following circumstances:

1. The child is released to the department for placement.

2. There is reason to believe a child's health, welfare, or safety is endangered by the placement.

3. The facility is unable or unwilling to provide further care for the child.

4. A relative with whom the court places a child is unwilling or unable to follow the case plan or court order. [RCW 13.34.130(3)].

K. The DCFS social worker shall return a child to home at the earliest opportunity consistent with the safety needs of the child. The social worker shall assess the willingness and ability of the family to participate in available home based family support services and/or to protect the child from further harm.

26.53 Notification Requirements

A. DCFS staff have a statutory responsibility to notify a child's parent, guardian, or legal custodian in the primary language of that person whenever:

1. A child alleged to be a victim of CA/N is interviewed by DCFS [RCW 26.44.030(1)].

   a. Notice includes:

      (1) The reason for the interview;

      (2) The time, date, and location of the interview;

      (3) The interview outcome and/or probable next action; and

      (4) An opportunity for the parent, guardian, or legal custodian to discuss the matter.

   b. The social worker shall give notice at the earliest point in the investigation that will not jeopardize:

      (1) Safety of the child; or

      (2) Protection needs of the child; or

      (3) Course of the investigation.

   c. The social worker may give written, verbal or telephone notice and shall record it in the CAMIS SER.

2. DCFS is notified that a child has been taken into custody pursuant to [RCW 13.34.050, 26.44.050 or 26.44.056].

   a. Notice includes:

      (1) The reasons why the child was taken into custody;

      (2) Time, date, and type of placement;

      (3) The telephone number and location of the DCFS office;

      (4) Time, date and location of the Shelter Care Hearing; or

      (5) The phone number where that information can be obtained.

   b. The social worker shall give immediate notice:

      (1) Regardless of time of day; and

(2) Based on the ability of the DCFS to locate and communicate with the parent, guardian, or legal custodian.

c. Notice is made by:

(1) Any means reasonably certain of notifying the parents; and

(2) Writing, by use of the Parents Guide to Child Protective Services, DSHS 22-484(X).

3. The department files a dependency action [RCW 26.44.105].

a. Notice includes:

(1) A statement of rights to include the right to:

(a) Be represented by an attorney in all proceedings;

(b) To introduce evidence;

(c) To be heard on his or her own behalf;

(d) To examine witnesses;

(e) To receive a decision based solely on the evidence;

(f) To an unbiased fact finder; and

(g) To have counsel appointed if the parent is indigent.

(2) A copy of the dependency petition.

(3) A copy of any court orders which have been issued.

b. Notice will be made as soon as possible consistent with the ability of the department to reasonably locate and communicate with the parent.

c. Notice will be in writing and includes A Parent's Guide to Child Protective Services, DSHS 22-484(X).

d. Special Note: Notice of a dependency filing as described in this section is also given to any child victim over the age of 12 who is the subject of the filing.

B. DCFS shall notify any noncustodial parent as described in [26.52 A. 2. and 3.] above [RCW 26.44.120].

C. DCFS shall provide notice to parents by completing A Parent's Guide to Child Protective Services, DSHS 22-484(X), when:

1. A child is taken into emergency custody by law enforcement, hospital administrator, or physician and placed in the custody of the department; and

2. No prior notification was given by DCFS to the parents; and

3. The DCFS is reasonably able to locate and communicate with the parent.

26.54 Institutional Abuse

A. Institutional abuse is any child maltreatment as defined in Administrative Policy 8.02, Client Abuse, and DCFS Manual [26.13 A.] occurring in any DSHS certified, licensed, or staffed child care facility. DCFS has a statutory role in handling alleged CA/N in institutional settings although the procedures are somewhat different than with family intervention. Public disclosure and referent confidentiality policy applies in all institutional abuse cases. ([WAC 388-74-320 and WAC 388-15-134(5)], respectively.)

B. The social worker shall report through the supervisor all incidents of alleged CA/N in DSHS staffed, licensed, or certified facilities to regional administration immediately as "Incident Reports." Reports of follow-up actions and/or dispositions are also to be made.

C. Institutional settings are divided into two categories:

1. Those staffed by DSHS personnel; and

2. Those certified or licensed by DSHS.

D. Alleged abuse by DSHS personnel.

1. Referrals are taken using CAMIS intake. Any supporting documents are attached.

2. All relevant material is put into a confidential file folder and brought immediately to the attention of the supervisor.

3. The supervisor shall brief the area manager and agree on a plan for independent investigations by DCFS staff which includes the following elements:

a. Consultation with the Office of Special Investigations (OSI) under Administrative Policy 6.01;

b. Referral to the Employee Services Director for possible investigation per Administrative Policy 6.01;

c. Designation of specific DCFS social work staff to conduct the investigation;

d. Making an initial incident report to the Regional Administrator;

e. Notification to law enforcement as required by statute [26.44.030(3) and 74.13.03 RCW] see also [26.62 A.];

f. Notification to the facility head or designee that:

(1) A CPS referral has been made;

(2) A CPS investigation will follow; and

(3) No action be taken by the facility likely to interfere with the CPS investigation.

g. Assessment of the alleged perpetrator's access to the child victim or other potential child victims;

h. The immediate treatment and protection needs of the child and willingness or ability of the agency to meet those needs;

i. Notification of the parents and/or person(s) normally having legal custody of the alleged victim and the facility head of the allegations and the results of the CPS investigation; and

j. Providing the written results of the investigation to the Division Director through the Regional Administrator on an incident report format.

4. CPS investigations conducted on individuals under this section may also be subject to investigations by other authorities as identified in:

a. Administrative Policy 6.01, Investigations of Potential Criminal Activity;

b. Personnel Policy 545, Investigations of Suspected Employee Misconduct; and

c. Personal Policy 546, Disciplinary and Corrective Action.

DCFS shall coordinate its investigation with these other activities.

5. The facility head or the person responsible for supervision of the facility head shall be responsible for any personnel action resulting from information brought to light by the investigation.

6. The assigned DCFS social worker and the supervisor will be responsible for the assessment of continued risk to the alleged victim.

E. Alleged Abuse in Facilities Required to be Certified or Licensed by DSHS

Certified and licensed facilities include foster homes, day care facilities, group homes, hospitals, CRCs and some juvenile detention facilities. CPS responsibility is the same as in D. 1-6. The licensing authority will be notified of the referral when it is made and of the results of the investigation when they are known. This information will be contained in the licensing file. Any plan for remedial action with the facility will be the responsibility of the licensing authority. Consultation between licensing and CPS social workers is appropriate at all stages. (See [WAC 388-73-036, 388-73-048, and 388-73-050].)

F. Alleged Medical Neglect in Health Care Facilities

DCFS shall investigate alleged incidents of medical neglect in a health care facility including the withholding of medically indicated treatment from a disabled infant with a life-threatening condition. As used in this section, withholding medically indicated treatment means: The failure to respond to a child's life-threatening conditions by providing treatment which, in the treating or consulting physician's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions.

There are three exceptions to the requirements that treatment be provided. Determination of exceptions is a medical responsibility. Exceptions are valid for cases in which:

1. The child is chronically and irreversibly comatose;

2. The provision of treatment would merely prolong dying or would not be effective in ameliorating or correcting all of the child's life-threatening conditions, or otherwise be futile in terms of survival of the child; or

3. The provision of such treatment would be virtually futile in terms of the survival of the child and the treatment itself under such circumstances would be inhumane.

Appropriate nutrition, hydration, and medication must be provided without exception. The person reviewing the medical decision shall not base consideration on the quality of life in later childhood and adulthood in determining whether an exception may be made.

In addition to the responsibilities listed in [26.54 E.1-6], CPS shall:

1. Promptly notify the individual designated by and within the health care facility of cases of alleged medical neglect.

2. Coordinate and consult with individuals designated by and within the health care facility throughout the ongoing investigation as outlined in [26.98 B.2].

3. Meet with the individual designated by the facility to review the medical record.

4. Observe the child.

5. Consider the referral unfounded when:

   a. The child is not at risk; or

   b. The medical records indicate that the attending physician's plan to withhold medical treatment has been reviewed and concurred by two (2) consulting physicians or an infant care review committee (or similar institutional/medical review) which includes the concurrence two (2) consulting physicians.

      (1) Provided that at any time the department may review any decision with the Medical Consultation Network, telephone 1-800-326-5300, or other consulting physician as may be designated by the department, in determining the need for CPS intervention.

      (2) The department has final responsibility for determining whether further intervention or court referral is necessary.

6. The social worker shall:

   a. Request that a meeting be scheduled as soon as possible with appropriate hospital/medical staff to review the decision to withhold treatment when it is not clear or documented that the conditions in 5 above exist. Such a meeting should include:

      (1) The hospital or facility designee;

      (2) The attending physician;

      (3) CPS worker;

      (4) The DCFS medical consultant (as necessary); and

      (5) Others as appropriate.

   b. Pursue remedies, including initiating a dependency action in juvenile court as may be necessary to prevent the withholding of medically indicated treatment from disabled children with life threatening conditions.

c. Ensure that treatment includes the provision of appropriate nutrition, hydration, and medication regardless of the child's condition or prognosis.

7. Hospitals/health care facilities involved in the care of children are an important reporting and monitoring resource for DCFS. Local DCFS offices will maintain and update annually agreements with each facility that should include the following elements:

a. Procedure must specify that DCFS promptly contact the facility to obtain the name, title, and telephone number of the individual(s) designated by such facility for the purpose of coordination, consultation, and notification of child protective services involving the facility.

b. CPS referral procedures consistent with the intent of [RCW 26.44] that facilitate direct referral by the person observing the risk situation.

c. Arrangements for preliminary interviews of children by DCFS before notification of parents when such notification of parents would interfere with the appropriate collection of information.

d. Arrangements for allowing access to medical records by the DCFS social worker involved in a CPS investigation.

e. Procedure for the placing of a child in temporary protective custody by a hospital administrator or physician as specified by [RCW 26.44.056].

f. Procedure for the investigation of alleged incidents for medical neglect by the facility including the alleged withholding of medically indicated treatment from a disabled infant. Such a procedure may include:

(1) Continuation of medically necessary treatment upon notification that DCFS has received a referral. When necessary to maintain medical treatment, the facility administrator shall take action to allow the initial CPS review to be completed.

(2) Notification to parents regarding the review of the decision to withhold treatment shall be deferred to the facility when the facility is willing to accept that responsibility.

(3) Agreement and procedures for the meeting as specified in [26.33 D.6.] of the case including as necessary the contracted medical consultant designated by DCFS.

(4) The social worker may refer unresolved issues to the Attorney General's Office or their designee for consideration of grounds for dependency to assure the continuation of medically necessary treatment.

G. Referrals to CPS from Residential Facilities When Alleged Abuse Occurred Prior to Placement

1. Department response when a child in a residential treatment facility, institution, or group home discloses past sexual or physical abuse which did not occur in the facility shall include:

a. Where to Report

(1) CPS intake in the office currently authorizing or supervising the placement of the child (placing office) has primary responsibility to receive a report regarding previous CA/N.

(2) Intake serving the area in which the facility is located shall take the referral when:

(a) The child is not a DCFS related placement.

(b) The facility is unable to contact the placing office.

b. CPS Response to Reports

(1) When CPS in the local office servicing the area where the facility is located receives a call, they shall:

(a) Obtain the following information as necessary to identify the case and the placing office.

(i) A brief description of the information;

(ii) The name, birthdate, and case number (if any) of the child;

(iii) The name and address of the child's parent(s) or other caretaker;

(iv) The name of the family's caseworker, if any; and

(v) The name and phone number of the reporter.

(b) Call CPS intake in the placing office. If this can be done with the facility on hold, then you need only connect the facility when you have the placing office on line. If the facility is not on hold, the above information will be given to CPS intake at the placing office.

(c) Be available to provide coordination and facilitation of the referral, e.g., interview the child victim or other facility staff when requested by the placing office.

(d) Provide consultation and assistance to facilities in their area regarding what constitutes CA/N and what are the reporting requirements.

(2) The placing office shall coordinate the:

(a) Investigation including the interview of the child;

(b) Reports to law enforcement; and

(c) Other activities as necessary.

(3) The placing office shall:

(a) Have CPS intake conduct the intake interview;

(b) Complete the CAMIS referral with the notation "This is a residential facility" and screen the referral for sufficiency;

(c) Inform the referent of the initial decision and reason.

(i) If accepted, nonemergent response is most likely unless the child is returning to the home of the alleged offender (visit, discharge, and etc.).

(ii) If screened out when the case is already open to DCFS, the referral will be sent to the assigned worker, for information, possible non-CPS follow-up or other action as may be necessary.

(d) Assign cases accepted for investigation and notify the facility of the worker identity within three working days. The supervisor and the social worker shall make every effort to expedite responses when the facility requests earlier assignment for the security or emotional health of the child. The supervisor may assign an emergent response time.

(e) The intake supervisor will notify staff/ supervisors for open cases and forward a copy of the referral to the currently assigned placement worker.

(f) The investigating worker will keep the facility advised of the investigation time frames, progress, and findings.

26.55 Juvenile Court Activity

A. The statutory authority for juvenile court activity on behalf of dependent children is contained in [13.34 RCW]. The social worker must be familiar with the requirements of this statute and with [26.44, 13.32A RCW], and [74.13 RCW] as well as other related statutes.

B. The procedures for juvenile court actions are contained in [Chapter 23]. Requirements for DCFS notification of parties are found in [23.54 and 26.38 C.3.].

C. DCFS receives legal representation in dependency actions by either the AAG or the County Prosecutor under contract with the Attorney General. Each DCFS unit shall establish clear guidelines and time frames for communicating with its legal representation. In those offices having contracted services from the county prosecutor, a copy of the contract, available to the CPS supervisor through the Attorney General's Division for reference.

D. Individual courts may have unique rules or procedures which differ from those outlined in DCFS Manual, Chapter 23. The social worker shall be familiar with local court policy and procedures.

26.56 Child Protective Service Alerts

A. Alert Procedures

1. All DCFS supervisors may initiate statewide or interstate CPS alerts when it is important that a child at risk be located. The alert system generates a computer printout containing essential information for each local office within the state and, when necessary, provides for referral to liaison persons in other states. The system is only available for open and assigned CPS cases.

2. Alerts within the state are initiated by contacting the CAMIS Help Desk at SCAN 321-6534 or using CAMIS E-mail requesting acknowledgement, and providing information in the following format:

   a. Identification:

      (1) Name and birthdate of child at risk;

      (2) Names and birth dates of persons presently caring for the child;

      (3) Current legal status of the child.

   b. Problem:

      Describe why the child is at risk, the degree of risk, and if known the probable destination. Historical, legal, or other identifying information may be added here, but should be brief and relevant.

   c. Contact:

      Name of assigned social worker and complete mail and phone contact instructions.

3. Interstate alerts follow the above format, and must be submitted in typed memo form to DSHS, DCFS, Mail Stop 5710/OB-41, Attention: CPS Program Manager.

4. Printed copies of the alert may be provided to CSO intake units.

5. The intake supervisor shall maintain a printed copy of all alerts in either a chronological or alphabetical file at the office for 180 days after receipt. Alerts may be destroyed after that time. Alerts may be renewed by the originating office after 180 days.

26.57 Photographing Children

A. Each DCFS office with CPS responsibility shall have a 24-hour capability for photographing children, preferably with a self-developing camera.

B. An investigating social worker may photograph any child on whom a CPS referral has been made for the purpose of providing documentary evidence of the physical condition of the child [RCW 26.44.050].

26.58 Central Registry

Deleted

26.59 Supervisory Responsibilities

A. The primary functions of the supervisor within the Division of Children and Family Services are:

1. Case consultation;

2. Culturally competent training;

3. Social work decision-making;

4. Ensuring the delivery of quality services consistent with:

   a. Good social work practice;

b. Agency policies;

c. Agency procedures; and

d. Applicable legal requirements.

5. The supervisor shall recognize the emotional impact of CPS on staff members and provide supportive consultation to assist staff in dealing with their own personal responses to stress unique to CPS practice.

B. Responsibilities and activities related to supervision are:

1. Assigns, reviews, and prioritizes work assignments.

   A supervisor may assign cases accepted for investigation to any DCFS social worker trained in risk assessment including staff who do not usually investigate CA/N referrals. The social worker and the social worker's supervisor shall discuss the assignment of a new referral on an open case. Actions to be taken in response to the referral must be decided, including who has responsibility for follow-up.

2. Plans, organizes, staffs, and directs the activities of the work unit.

3. Sets expectations for performance of line staff.

4. Seeks resolution of problems and conflicts both internal and external at the lowest possible level.

5. Implements and interprets policy and procedure at the case level.

6. Reviews case records to ensure appropriate documentation and cultural relevancy of all case activity.

7. Reviews levels of risk in cases of alleged abuse or neglect of children.

8. Ensures that levels of agency intervention match levels of assessed risk to children and consider permanency needs.

9. Reviews and monitors all decisions related to the placement of children into agency alternative care. Ensures that all compliance requirements related to P.L. 96-272 are followed.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

10. Assists staff to understand their professional responsibility and to carry out agency policy and comply with the laws governing children's services.

11. Trains staff in gathering culturally accurate and complete information, organizing information and case decision-making.

12. Plans, organizes, and directs collaboration with community agencies and providers [26.16].

13. Develops culturally responsive resources and accesses resources directly associated with DCFS programs.

14. Conducts culturally competent recruitment, hiring, and training of direct service staff and management of all related personnel functions, e.g., performance appraisals, corrective action, etc.

C. Supervisory review and approval is an essential element of the social work process in CPS cases. The supervisor shall document in the CAMIS SER their review and approval of:

1. The intake decision [26.31 D.] including:

   a. The determination of sufficiency;

   b. The risk tag and; and

   c. The level of response.

2. The initial summary assessment and subsequent updates of the summary assessment.

3. The culturally responsive case plan [27.35 B.].

4. Review any out-of-home placement for cultural relevancy [26.38 F.].

5. Any termination of placement or termination of hospital/physician emergency hold where a child is returned home [26.13 M.].

6. The cost and appropriateness of service authorizations to support the case plan.

7. Decisions to keep a case open in exception to the 90-day rule.

D. DCFS supervisors are responsible for other administrative functions associated with:

1. Direct service;

2. Assisting in development of policies; and

3. Procedures related to service delivery.

26.60 COMMUNITY COLLABORATION

26.61 Community Involvement

A. The Division of Children and Family Services expects social workers to utilize collaborative community efforts to improve the coordination of needed services for the prevention of child abuse and the preservation of families.

B. The DCFS supervisor shall keep local community agencies informed about:

1. The goals and purposes of CPS;

2. Statutory changes affecting abused and neglected children; and

3. The parameters of the CPS program.

C. DCFS social workers are encouraged to attend and participate in:

1. Community groups;

2. Cultural responsive training;

3. Service boards;

4. Committees;

5. Multidisciplinary teams; and

6. Projects focusing on prevention, identification, and treatment of CA/N.

D. DCFS social workers shall identify mutual training and consultation needs and assist in meeting those needs.

E. DCFS supervisors and line staff shall allocate time to the development and maintenance of written operating agreements and collaborative working relationships with:

1. Law enforcement agencies;

2. Juvenile courts;

3. Schools;

4. Ethnic/minority communities;

5. The medical community; and

6. Appropriate social service agencies.

F. DCFS Regional Administrators shall establish and maintain one or more culturally diverse and responsive multidisciplinary child protection teams in each region. The teams shall be utilized for consultation on all cases where there is risk of serious harm to a child and where there is dispute over whether out-of-home placement is appropriate [RCW 74.14B.030].

G. CPS service guidelines for on-post military families shall be resolved administratively with the base commander or commander's designee and the DCFS Regional Administrator or designee. Mutually developed written guidelines and procedures may include, but are not necessary for off-post families.

26.62 Law Enforcement

A. Mandatory reports to law enforcement:

1. The statutory authority for this policy is found in [26.44.030(3) and 74.13.031(3) RCW].

2. DCFS staff shall report to the appropriate law enforcement agency any reported incident of:

   a. Death;

   b. Sexual abuse;

   c. Nonaccidental physical injury of a child; or

   d. Incidents where the investigation reveals reasonable cause to believe that a crime against a child may have been committed.

3. DCFS staff shall report to law enforcement within 24 hours of receipt of a report by the department in emergency cases when the child is believed to be at risk of imminent harm or other emergent conditions exist. In all other cases the department shall notify law enforcement within 72 hours of:

   a. Receipt of a complaint alleging death, sexual abuse, or non-accidental physical injury of a child; or

b. Discovery of information which creates reasonable cause to believe that a child may have died, suffered sexual abuse or nonaccidental physical injury; or

c. Discovery of information during a CPS investigation which creates reasonable cause to believe that a crime has been committed against a child.

4. DCFS staff making an oral report to law enforcement shall, within five days of receipt of the referral, also report in writing. The person making the report shall file a copy in the department case record or in an administrative file when no case record exists. A CAMIS Law Enforcement Report or a legibly completed Report of CA/N, DSHS 14-260(X), may be used to comply with the requirement for a written referral.

a. DCFS may release referent identification information to law enforcement in all cases when the referent has not requested confidentiality.

b. The department may delete the name of the referent from reports sent to law enforcement pursuant to this policy when the referent requests confidentiality and no written agreement with law enforcement to honor that status exists.

c. The department may include the name of the confidential referent when the local written protocol with law enforcement and prosecutors contains the agreement to hold the name confidential.

d. The department shall, when contacted, accept information about third-party CA/N. This information shall be recorded and forwarded to law enforcement when it meets the statutory definition of what is to be reported.

e. The department may share information with law enforcement about CA/N referrals which are not required to be reported when law enforcement is investigating CA/N involving the subject child victim.

f. A report mailed by common carrier shall be considered to be made.

5. DCFS is not required by statute to report to law enforcement instances of CA/N where no criminal misconduct against children, death, physical injury or sexual abuse is reported or discovered. Parenting, child rearing practices, or other life circumstances which may be reported to the department for social assessment are not required to be reported to law enforcement when they do not indicate criminal misconduct against children.

B. Each DCFS office has access to criminal arrest and conviction information maintained by the Washington State Patrol Identification Section. Requests are made per instructions in Chapter 03 and 99. There must be documentation in the service record that the following conditions exist before the inquiry is requested.

1. The inquiry is about an alleged perpetrator in an open CPS case.

2. The alleged CA/N incident has been reported to law enforcement per [RCW 26.44.030].

3. The information being requested can reasonably be expected to help in assessing or reducing risk to the alleged victim as mandated in [RCW 26.44.050 and RCW 74.13.031].

Information gained will be subject to protection of DSHS public disclosure policy [43.43 RCW], and [10.97 RCW].

C. A DCFS social worker may request the assistance/accompaniment of a law enforcement officer in situations that may be dangerous to the worker or when the worker believes a child may need to be taken into protective custody.

D. A DCFS social worker may receive children taken into custody under [RCW 26.44.050] from law enforcement with a Child Custody Transfer, DSHS 10-157(X), or an equivalent emergency placement authorization signed by the authorizing law enforcement officer.

E. Each DCFS office shall develop a written working agreement with each law enforcement agency in it's catchment area. Such agreements will detail local mechanisms for handling A. through D. above.

F. DCFS records are confidential and shall not be disclosed other than as described above. Law enforcement or the Prosecutor may subpoena other information from the DCFS record per Chapter 01.03 and 02.13.

26.70 CASE RECORDS

26.71 CPS Service Record

A. A DCFS service record inquiry may be initiated by forwarding the Report of Child Abuse and Neglect to master files with sections A, B, and C completed. If no existing record is located, a new record will be initiated by master files. (See CAMIS instructions for CAMIS record establishment and history checks. All forms and reports listed in this section be substituted by their CAMIS equivalent as soon as offices are operating on CAMIS.)

B. The social worker shall establish a case file for all child victims or families of child victims passing the sufficiency screen.

C. The CPS record shall contain the following minimal information:

1. DSHS 02-305(X), Service Episode Record

2. DSHS 14-024(X), Face Sheet

3. DSHS 14-260(X), Report of Child Abuse and Neglect

4. DSHS 14-262(X), Summary Assessment Form (Not needed for cases receiving the low standard of investigation.)

5. Correspondence, special reports, documents, court orders and placements.

6. Child Custody Transfer, DSHS 10-157(X), or its local equivalent when a DCFS worker accepts custody of a child from law enforcement. If out-of-home placement or legal activity occurs see [Chapter 23], Juvenile Court Process, and [Chapter 32], Foster Care, for required forms.

D. Content of CPS Records

1. The intake social worker shall complete the CAMIS referral on any CPS referral. Referrals that do not pass the sufficiency screen shall remain in CAMIS. Social workers shall log all other calls to CPS requesting information or consultation.

2. The social worker will complete a Summary Assessment form on each case receiving the high standard of investigation at the conclusion of the investigation. The narrative recording, when required, will document all activities and responses to the referral as well as the basis for the assignment of risk.

E. Access to records

1. The local office public disclosure officer shall make DCFS files available for review by custodial parents, child victims, or their representatives upon written request under WAC 388-320. The DCFS supervisor shall review records to ensure against unauthorized disclosure of:

a. The name of any confidential referent;

b. Confidential reports:

(1) Reports identified for limited disclosure;

(2) HIV testing or results [RCW 70.24.105];

(3) Family planning; e.g., contraceptive or abortion information or services; and

(4) Any other counseling, psychological, psychiatric or medical services which a child has the right to receive without the consent of any person or agency.

c. Social studies or personal information which is not directly related to an incident of CAN.

2. The division may withhold access to case information for cause, including but not limited to:

a. The requestor is not a person entitled to disclosure.

b. There is reasonable cause to believe that the requestor may inappropriately disclose information.

c. Disclosure may present a substantial danger to the child victim or others.

d. The division in consultation with its attorney believes disclosure is not in the best interests of the family, caretaker or the child victim.

3. The DCFS Social Worker shall provide, subject to the constraints of [26.71 D.], a copy of all case file information, relevant to a court proceeding, to a child's parent(s), guardian, legal custodian or legal counsel. Information which the department reasonably expects to introduce to support the petition is considered relevant. The social worker will provide a copy, free of charge, within 20 days of a written request or prior to the Shelter Care Hearing, whichever is sooner.

4. The local office public disclosure officer shall notify persons denied access to information of their right to request an administrative hearing.

5. The social worker shall offer language interpreter services to clients who are unable to read the case record information.

F. Information subject to challenge

1. The DCFS social worker shall make reasonable efforts to review information about CA/N which is reported to DCFS and investigative findings which are challenged by parents or other parties to a case. The DCFS social worker shall:

a. Pursue new information or leads which might resolve the conflict; and/or

b. Interview additional persons identified as having relevant and direct knowledge about an incident.

2. A parent or other party to a case may provide a written statement about contested information. The DCFS social worker will file the written statement in the record in a proximate location to the contested information.

G. Expungement of information

1. The DCFS supervisor may expunge information from a case record when:

   a. The information has been found to be untrue in a juvenile court proceeding on the matter; or

   b. The area manager and the supervisor agree that sufficient information exists to show the case record to be inaccurate; and

   c. There is a written request for expungement from the party who is the subject of the erroneous statement.

2. The supervisor shall note and document the reasons for expungement in the record.

3. The supervisor shall destroy, discard or delete expunged information from an existing report or document.

26.99 REQUIRED FORMS AND INSTRUCTIONS

See Chapter 99, General Forms, for instructions on these forms:

DSHS 00-035	Criminal/Arrest History Request Form
DSHS 02-305(X)	Service Episode Record
DSHS 09-004B(X)	Voluntary Placement Agreement
DSHS 10-157(X)	Child Custody Transfer Form (10/82)
DSHS 14-260(X)	Report of Child Abuse and Neglect
DSHS 14-262(X)	Summary Assessment Form
DSHS 15-209(X)	Periodic Review Report/Individual Service Plan
DSHS 22-484(X)	A Parent's Guide to Child Protective Services
DSHS 22-484 A(X)	Notice to Parents
DSHS 22-484 B(X)	Child Placement Checklist

Mooney

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-13
ISSUED: 02/08/85

FROM: DIVISION OF CHILDREN/FAMILY SERVICES
Shirley Goins, Director

SECTIONS REVISED:
None

EFFECTIVE: On Receipt
FOR INFORMATION CALL:
Barry Fibel
Non-SCAN 753-0204 or
SCAN 234-0204

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: CRIMINAL HISTORY AND CENTRAL REGISTRY (RECORD)

Insert this notice in front of Chapter 26, DCFS Manual, and note on the Tan Notice Control Sheet the date Notice No. T-13 was entered.

BACKGROUND

A. The Washington State Patrol's Criminal Identification Section has informed us that the form which we have been using to request checks is no longer acceptable to them and that they need an updated listing of persons authorized to request and receive criminal history information.

B. House Bill 1526, with its provisions for criminal history/arrest record and Central Registry checks has a potential impact on most programs currently provided through the Division of Children and Family Services (DCFS), i.e. Adoption, Adoption Support, Child Protective Services, Day Care, Family Reconciliation Services, Crisis Residential Center's, Group Care, Indian Child Welfare, and Foster Care. The legislation requires these checks to be done when a placement is "authorized" by the department. DCFS with concurrence of the Assistant Attorney General has interpreted "authorizing a placement" as any situation where DCFS staff are called upon to make a recommendation about the suitability of a placement resource for a child. The legislation is divided into two groups: all applicants for licensure/relicensure and their employees and those not required to be licensed. When a record check is initiated, a separate check will be done for each adult member of the household.

POLICY

A. LICENSEES

Policy:

Criminal History/Arrest Record and Central Registry (Child Abuse and Neglect Register) Checks will be done by DCFS on all applicants seeking licensure/relicensure and their employees and for all new employees hired during the period of licensure.

B. THOSE NOT REQUIRED TO BE LICENSED: RELATIVES/OTHER RESPONSIBLE ADULTS/ADOPTIVE PARENT(S)

Policy:

DCFS staff will request a criminal history/arrest record and central registry check when the role of the department becomes one of making a placement or making a recommendation about the suitability of a proposed or existing placement resource. Some program specific clarifications are listed as follows:

1. Indian Children

A record check will be done prior to placement by DCFS of an Indian child in any unlicensed placement resource.

2. Family Reconcilation Services (FRS)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding temporary respite care of the child(ren). When the child is or will be residing outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision is actually made by the parents rather than the department.

If the placement agreement between the parent(s) and child breaks down, thereby necessitating the filing of an Alternative Residential Placement (ARP) petition with the court to continue the out of home placement, the child would be required by the court to remain in a DSHS approved placement pending resolution of the ARP.

If the DSHS plan is for the child to continue residing in the unlicensed home, previously agreed to by the parent(s), there is no need to move the child, but a record check should commence immediately. If record check reveals questionable information,

the worker shall initiate a supervisory consultation immediately, noting in the case record the reason for the decision to leave the child in the present home or move the child to a licensed placement.

3. Child Protective Services, (CPS)

When the child(ren) has been "placed" with a relative by the parent(s) prior to CPS involvement, do not move the child(ren) but assess the risk to the child(ren) and the ability of the caretaker(s) to protect the child(ren) from further abuse and neglect. A record check should be initiated immediately.

If record check reveals questionable information about the placement resource, the worker will initiate a supervisory consultation. The reasons for the decision to leave child(ren) in the present placement or move the child(ren) to a licensed home will be clearly noted in the case record.

Once CPS is involved, a record check must be done prior to placement with a relative.

4. Adoption

While adoptive families are approved they are not licensed. A record check would not be done as part of the approval, but would be completed prior to placement by DCFS or voluntary agencies of a child in an approved home.

5. Voluntary Foster Care Agencies

Unless DCFS is asked to make a recommendation about the suitability of the home as a placement resource, placements made by voluntary agencies in unlicensed homes will not require a record check.

6. Group Care

For the child ready to leave group care, where DCFS has established dependency and/or is currently making payment for the group home placement, DCFS will initiate a record check prior to making placement in unlicensed relative homes.

7. Crisis Residential Centers (CRC)

A record check will NOT be done when the role of DCFS staff is to facilitate a discussion regarding placement alternatives. When the child leaves the CRC and goes to reside outside the parental home pursuant to an agreement between the parent(s) and the child, the "placement" decision was made by the parent(s).

8. Day Care

A record check will be initiated whenever the department authorizes care by an in-home caretaker or by a relative.

HOME STUDY

This legislation also requires that the Department assess the character, suitability, and competence of persons authorized to care for children. When DCFS initiates a record check, a home study will also be completed, except for adoptive families where a home study is part of the approval. Guidelines for the areas to be covered are found in the Interstate Compact Materials, DCFS Manual Section 30.99, Suggested Outline for Summary of Prospective Family. This information will be filed in the child's case record. Part of the home study must also include a check of DCFS records.

PROCEDURE

A. All criminal history check requests should be on DSHS 14-239(X), WSP Identification Section Request for Criminal History Record Information (see attached). The form is to include, as a minimum, the name, birthdate, and social security number of the adult. A separate form is to be completed for each adult in the household. Forms from each office should be batched whenever possible.

B. All requests for information from the Washington State Patrol's Criminal Identification Section must bear the name of a person designated to request and receive such information (see attached listing).

C. The designee will authorize all DCFS requests to the State Patrol.

D. Because of gaps in the Washington State Patrol's files and the Central Registry, staff doing criminal history checks are encouraged to check with local law enforcement agencies, where possible. Children and Family Service Centers should explore with local law enforcement agencies methods of obtaining information from them.

E. Information obtained from the Washington State Patrol or another law enforcement agency shall be safeguarded in the same manner as the information in the child abuse central registry established in RCW 26.44.070.

F. A check of the central registry of child abuse and local DCFS office CPS files shall also be made for those persons for whom a criminal history record check is required. A central registry check shall be made either by telephoning SCAN 234-3453 or writing to:

Division of Children and Family Services
OB-41
Olympia, WA 98504
Attention: Central Registry

Children's Services Personnel Authorized to Request and Receive Criminal History Information

	Primary Contact Person	Back Up
Spokane Center Office S. 121 Arthur, Suite A Spokane, WA 99202 MS: B32-6	Dave Perkins SCAN 584-1249	Frankie McBroom SCAN 584-1546
Colfax/Pullman CSO P.O. Box 149 300 S. Main Colfax, WA 99111 MS: B38-1	Freda Posey SCAN 545-5050	Barbara Sanborn SCAN 545-5050
Davenport CSO P.O. Box 640 8th and Park Davenport, WA 99122 MS: B22-1	Will Berry SCAN 545-6116	Judy Krupke SCAN 545-6116
Moses Lake CSO P.O. Box 1399 1620 S. Pioneer Way Moses Lake, WA 98837 MS: B13-2	Carol Billesbach SCAN 282-2250	Loretta Lucas SCAN 282-2265
Wenatchee CSO P.O. Box 3088 325 N. Chelan Wenatchee, WA 98801 MS: B4-1	Gloria Eakles SCAN 565-0488	Judy Cain SCAN 565-0596
Okanogan CSO Rt. 1, Box 1234 S. 2nd Okanogan, WA 98840 MS: B24-1	Vivian Rooks SCAN 336-1011	Vicky Bergstrom SCAN 336-1011
Spokane North CSO P.O. Box TAF C-41 E.232 Lyons Spokane, WA 99220 MS: B32-4	John Dean SCAN 249-5600	Carmen Farley 249-5600

	Primary Contact Person	Back Up
Spokane East CSO P.O. Box TAF C-40 S. 121 Arthur Spokane, WA 99220 MS: B32-1	Elaine Tyrie SCAN 584-1219	Brian Barbour SCAN 584-1212
Spokane Southeast CSO P.O. Box TAF C-42 N. 1425 Washington 2nd Floor Spokane, WA 99220 MS: B32-2	Bob Doty SCAN 545-2195	Bob Biondi 545-2188
Spokane Central Support CSO P.O. Box TAF C-37 N. 1425 Washington Spokane, WA 99220 MS: B32-3	Kay Porta SCAN 545-2146	Joyce Wright SCAN 545-2090
Colville CSO 1100 S. Main Colville, WA 99114 MS: B33-1	Greg Colburn SCAN 574-1011	Barbara Pacerelli SCAN 574-1202
Newport CSO P.O. Box 570 4th and Warren Newport, WA 99156 MS: B26-1	Harry Sedies SCAN 545-3043	Janet Thomas SCAN 545-2290
Yakima Center Office P.O. Box 9428 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-6	Celeste Sunderland SCAN 558-2826	Betty Coles SCAN 558-2290
Ellensburg CSO P.O. Box 1183 525 Mountain View Ellensburg, WA 98926 MS: B19-1	Karla Smith SCAN 686-1111	Dave Gruber SCAN 686-1111
Yakima CSO P.O. Box 9788 2515 Main Street, Valley Mall Yakima, WA 98909 MS: B39-1	Janet Dahlin SCAN 558-2150	Bob Asbury 558-2207

	Primary Contact Person	Back Up
Toppenish CSO P.O. Box 470 306 Bolin Dr. Toppenish, WA 98948 MS: B50-1	Nancy Frenchette-Bagley SCAN 263-0100	Marilyn McGree SCAN 263-0100
Sunnyside CSO P.O. Box 818 208 S. 8th Street Sunnyside, WA 98944 MS: B54-1	Anita Schmidt SCAN 263-0100	Bill Rheinschmidt SCAN 263-0100
Pasco CSO P.O. Box 931 800 W. Court Pasco, WA 99301 MS: B11-1	Dwayne Upp SCAN 526-0100	Barbara Pepin SCAN 526-0100
Walla Walla CSO P.O. Box 517 206 W. Poplar Walla Walla, WA 99362 MS: B36-1	Vi Scott SCAN 629-4371	Ron Lindquist SCAN 629-4371
Clarkston CSO 720 - 6th Street Clarkston, WA 99403 MS: B2-1	Connie Murphy SCAN 545-5037	Dallas Hohnsbehn SCAN 545-5037
Everett Center Office 416 Central Building 1719 Hewitt Avenue Everett, WA 98201 MS: N31-9	John Troutner SCAN 265-5722	
Mountlake Terrace CSO 21309 - 44th Ave. West Mountlake Terrace, WA 98043 MS: N52-1	Carol Landeas SCAN 544-1011	Carol Northrup SCAN 544-1213
Mount Vernon CSO P.O. Box 310 1800 Continental Place Mount Vernon, WA 98273 MS: 29-1	Barbara Thompson SCAN 542-1400	Yvonne Messick SCAN 542-1438
Smokey Point CSO MS: B65-1 Route via N31-1	Helen Gamet	

	Primary Contact Person	Back Up
Oak Harbor CSO P.O. Box 909 2415 - 20th NW Oak Harbor, WA 98277 MS: B15-1	Dwayne Berg SCAN 542-1505	Phil Anderson SCAN 542-1505
Bellingham CSO P.O. Box 639 4101 Meridian Street Bellingham, WA 98226 MS: B37-1	Millie Mangels SCAN 738-2570	Dena Burton SCAN 738-2570
Everett CSO P.O. Box 527 2809 Grand Everett, WA 98206 MS: N31-1	Frank Coburn SCAN 265-8484	Karlen Carle 265-8484
Seattle Center Office Child Care Agency, Licensing Unit 2809 - 26th Avenue S. Seattle, WA 98144 MS: N56-1	Larry Levine SCAN 339-4080	Bettye Scott 339-4080
King Eastside CSO 15821 NE 8th Street Bellevue, WA 98008 MS: N40-1	Betty Cabaniss SCAN 658-7072	Pat Barnhart SCAN 658-7101
King South CSO P.O. Box 848 21851 - 84th Avenue So. Kent, WA 98031 MS: N43-1	Sophie Tersiisky SCAN 376-2663	Sue Browning SCAN 376-2653
Centralized Children's Services Office 2809 - 26th Ave. S. Seattle, WA 98144 MS: N56-6	Rosie Oreskovich SCAN 339-4224	Arlene Miletich SCAN 338-4224
King North CSO 907 NW Ballard Way Seattle, WA 98107 MS: N42-1	Blanche Simmons SCAN 428-7763	Eloise Valdez-Heald SCAN 428-7753

	Primary Contact Person	Back Up
Rainier CSO 3600 S. Graham Seattle, WA 98118 MS: N41-1	Gwenn McElland SCAN 339-4654	Rose Wentz SCAN 339-5702
Burien CSO 15811 Ambaum Blvd. S. Seattle, WA 98166 MS: N44-1	Betsy Pierce SCAN 381-1300	
Capitol Hill CSO 1700 Cherry Seattle, WA 98122 MS: N46-1	Sharon Kleinhen SCAN 576-7407	
Tacoma Center Office 1305 Tacoma Ave. S. Tacoma, WA 98402 MS: N27-5	Joan Rutherford SCAN 462-2761	Kristy Galt SCAN 462-2922
Pierce Centralized Services 1301 Tacoma Ave. S. Room 114 Tacoma, WA 98402 MS: N27-1	Louise Peele SCAN 462-2566	Robert Harris 462-2298
Bremerton CSO 4810 Auto Center Way Bremerton, WA 98312 MS: B18-1	James Van Houton SCAN 356-4690	Nancy Carter SCAN 356-4690
Olympia Center Office P.O. Box 7489 Olympia, WA 98504 MS: KR-23	Steve Ennett SCAN 234-4148	
Aberdeen CSO P.O. Box 189 405 W. Wishkah Aberdeen, WA 98520 MS: B14-1	Gary Anderson SCAN 325-1263	Richard Englund SCAN 325-1280
Chehalis CSO P.O. Box 359 Chehalis, WA 98532 MS: S21-1	Gordon Sincock SCAN 332-1011	Jim O'Neal 332-1202

	Primary Contact Person	Back Up
Kelso CSO P.O. Box 330 711 Vine Kelso, WA 98626 MS: S8-1	Carol Sande SCAN 239-2194	Ann Watkins SCAN 239-2160
Olympia CSO P.O. Box 1816 5000 Capitol Blvd. Olympia, WA 98504 MS: KR-11	Mariam Madison SCAN 234-5981	Jean Lott 234-5981
Port Angeles CSO 716 South Chase Port Angeles, WA 98362 MS: B5-1	Eileen Gatlin SCAN 632-1223	Betty Warder SCAN 632-1236
Port Townsend CSO P.O. Box 554 802 Sheridan Port Townsend, WA 98368 MS: B 14-1	Dennis Kelley SCAN 632-1254	
Shelton CSO P.O. Box 1127 110 W. "K" Street Shelton, WA 98584 MS: B23-1	Lu Nichols SCAN 745-1136	Tom Wingard 745-1155
South Bend CSO P.O. Box 87 South Bend, WA 98586 MS: B25-1	Jack Gray SCAN 325-1236	Brandon Harnisch SCAN 325-1236
Vancouver CSO P.O. Box 751 Vancouver, WA 98666 MS: S6-1	Marian Gilmore SCAN 476-6167	Ken Nichols SCAN 476-6188
White Salmon CSO P.O. Box 129 White Salmon, WA 98672 MS: B20-1	Marcie Danielson SCAN 476-6583	Jeff Schriner (Stevenson Office) SCAN 476-6522 Mary Lou Orthman (Goldendale Office) SCAN 476-6636

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

WASHINGTON STATE PATROL

IDENTIFICATION SECTION

REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION

PLEASE TYPE OR CLEARLY STAMP THE ADDRESS TO WHICH OUR RESPONSE IS TO BE MAILED. (A RETURN ENVELOPE WOULD BE APPRECIATED.)

_____
_____
_____

USE THIS FORM WHEN REQUESTING CRIMINAL HISTORY RECORD INFORMATION FROM THE WASHINGTON STATE PATROL IDENTIFICATION SECTION. MAIL YOUR REQUEST TO P.O. BOX 2527, OLYMPIA, WA 98504.

FOR OUR SEARCH PURPOSES, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE IN THE SPACE BELOW:

WA STATE IDENTIFICATION NUMBER (SID): WA1 _____

NAME: _____
LAST FIRST MIDDLE

ALIAS/MAIDEN NAME: _____

DOB: _____ SEX: _____ RACE: _____ EYES: _____ HAIR: _____

SOCIAL SECURITY NUMBER: _____

FBI NUMBER: _____

_____ _____
NAME AND TITLE OF PERSON MAKING REQUEST DATE

DSHS 14-239(X) 7/84 (Formerly DSHS 0-36) QX A-198

DSHS 14-239(X) (07/84), WASHINGTON STATE PATROL IDENTIFICATION SECTION
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION (cont.)

CRIMINAL/ARREST HISTORY REQUEST FORM

Instructions

General

This form is used to request computer file information from the State Patrol Identification Section regarding both the arrest and conviction histories of alleged perpetrators of CA/N applicants for a child care license, or persons with whom a child will be placed.

Future plans are for this information to be requested via local law enforcement computer terminal. Since information requests must be hand processed for the present, it is important that they be batched where possible and that the name and address of the person designated to receive the information be clearly printed.

Items

Washington State Identification Number: Optional item. This is the number assigned to each name in the file. If know, it can save search time.

Name: Include name of subject.

Alias/Maiden Name: Provide, if possible.

Date of Birth: Should be provided.

Physical Descriptions: Include if possible.

Social Security Number: Provide.

FBI Number: Include if known.

Address: Hand processing of these requests makes a correct return address essential.

Mowry

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-31
ISSUED: 8/29/85

FROM: Gerald E. Thomas, Assistant Secretary
HEALTH & REHABILITATION SERVICES

SECTIONS REVISED:
15-70(X)

EFFECTIVE: On Receipt
FOR INFORMATION CALL:
Ruth Carnevali
SCAN 234-4215 or
Non-SCAN 753-4215

IF NOT DELIVERABLE, RETURN TO: MANUAL PRODUCTION UNIT MS OB-16

SUBJECT: NEW REPORTING (CONTROL) NUMBERS FOR REPORTING VOLUNTEER AND ADVISORY COMMITTEE MEMBER HOURS

Insert this notice in front of Chapter 62 of the DCFS Manual and note on the DCFS Manual Control Sheet the date Notice No. T-31 was entered.

I. BACKGROUND

The DSHS 15-70(X) is a monthly report submitted to the Office of Citizen Participation. New reporting (control) numbers have been issued to accommodate new offices and advisory committees.

II. ACTION REQUIRED

A. Submit the monthly report by the 20th day of the following month to the Office of Citizen Participation (OCP) with the new reporting number written in; e.g.,:
FROM: | | | | _____
CTL NO. NAME OF FACILITY

B. A list of new control numbers is attached.

C. If a staff person or CRC coordinates volunteer services for both DCFS and the CSO, two reports should be submitted. If a volunteer works for both, count the volunteer in both reports and the hours donated in each office.

COMMUNITY VOLUNTEER ACTIVITY REPORTING UNITS
CONTROL NUMBER ASSIGNMENTS

REV. 6-1-85 QX A-220

(Use on form DSHS 15-70(X), Rev. 7/82)

Div. Children & Family Svcs.

001 1	CENTER ONE DCFS
002 1	SPOKANE CENTRAL DCFS
003 1	COLFAX/PULLMAN DCFS
004 1	TRI-COUNTY DCFS
005 1	GRANT/ADAMS DCFS
006 1	OKANOGAN DCFS
007 1	WENATCHEE DCFS
008 1	SPOKANE EAST DCFS
009 1	SPOKANE NORTH DCFS
010 1	SPOKANE SOUTHWEST DCFS
026 2	CENTER TWO DCFS
027 2	CLARKSTON DCFS
028 2	ELLENSBURG DCFS
029 2	PASCO DCFS
030 2	SUNNYSIDE DCFS
031 2	TOPPENSIH DCFS
032 2	WALLA WALLA DCFS
033 2	YAKIMA DCFS
051 3	CENTER THREE DCFS
052 3	BELLINGHAM DCFS
053 3	EVERETT DCFS
054 3	MT. VERNON DCFS
055 3	MOUNTLAKE TERRACE DCFS
056 3	OAK HARBOR DCFS
057 3	SMOKEY POINT DCFS
076 4	CENTER FOUR DCFS
078 4	KING EASTSIDE DCFS
079 4	BURIEN DCFS
080 4	CAPITOL HILL DCFS
081 4	KENT DCFS
100 5	CENTER FIVE DCFS
101 5	BREMERTON DCFS
102 5	TACOMA AVENUE DCFS
126 6	CENTER SIX DCFS
127 6	ABERDEEN DCFS
128 6	CHEHALIS DCFS
129 6	KELSO DCFS
130 6	OLYMPIA DCFS
131 6	PORT ANGELES DCFS
132 6	SHELTON DCFS
133 6	VANCOUVER DCFS
134 6	WHITE SALMON DCFS

DJR

201 1	JUVENILE PAROLE - REGION I
202 2	JUVENILE PAROLE - REGION II
203 3	JUVENILE PAROLE - REGION III
204 4	JUVENILE PAROLE - REGION IV
205 5	JUVENILE PAROLE - REGION V
206 6	JUVENILE PAROLE - REGION VI
207 4	ECHO GLEN CHILDREN'S CENTER
208 6	GREEN HILL SCHOOL
209 6	MAPLE LANE SCHOOL
210 6	MISSION CREEK YOUTH CAMP
211 6	NASELLE YOUTH CAMP
212 1	CANYONVIEW GROUP HOME
213 4	OAKRIDGE GROUP HOME
214 2	PARKE CREEK GROUP HOME
215 2	RIDGEVIEW GROUP HOME
216 1	SUNRISE GROUP HOME
217 2	TWIN RIVERS GROUP HOME
218 4	WOODINVILLE, GROUP HOME

MHD

230 1	EASTERN STATE HOSPITAL
231 5	WESTERN STATE HOSPITAL
232 5	CHILD STUDY & TREATMENT CENTER
233 3	PORTAL

DDD

241 1	CASES SERVICES - REGION I
242 2	CASE SERVICES - REGION II
243 3	CASE SERVICES - REGION III
244 4	CASE SERVICES - REGION IV
245 5	CASE SERVICES - REGION V
246 6	CASE SERVICES - REGION VI
247 4	FIRCREST SCHOOL
248 5	FRANCES HADDON MORGAN
249 1	INTERLAKE SCHOOL
250 5	RAINIER SCHOOL
251 1	LAKELAND VILLAGE
252 2	YAKIMA VALLEY SCHOOL
253 6	SCHOOL FOR BLIND/TRUSTEES
254 6	SCHOOL FOR THE DEAF/TRUSTEES
255 6	ADVISORY CO. ON DEAFNESS
256 6	DD PLANNING COUNCIL

DVR

270 6	CENTRAL OFFICE - VOC. REHAB./ADV.
271 1	REGION I - VOC. REHAB.
272 2	REGION II - VOC. REHAB.
273 3	REGION III - VOC. REHAB.
274 4	REGION IV - VOC. REHAB.
275 5	REGION V - VOC. REHAB.
276 6	REGION VI - VOC. REHAB.

HEALTH SVCS.

280 6	HEALTH SERVICES/STATE BD. OF HEALTH
281 6	TECHNICAL REVIEW ADVISORY COMMITTEE
282 6	DIABETES CONTROL ADVISORY COMMITTEE
283 6	STATE HEALTH COORD. COUNCIL
284 6	WATER SUPPLY ADVISORY COMMITTEE
285 6	RADIATION ADVISORY COMMITTEE
286 6	W/WASTER-WATER CERT. BD. OF EXAM.
287 6	FAMILY PLANNING ADVISORY COMMITTEE
288 6	SENTINEL BIRTH DEFECTS ADV. COMMITTEE
289 6	EMERGENCY MED. SERVICES ADV. COMMITTEE

COMMUNITY SERVICES

600 1	REGIONAL OFFICE I
601 1	COLFAX/PULLMAN CSO
602 1	COLVILLE CSO
603 1	MOSES LAKE CSO
604 1	OKANOGAN CSO
605 1	WENATCHEE CSO
606 1	SPOKANE/LINCOLN CSO
625 2	REGIONAL OFFICE II
626 2	CLARKSTON CSO
627 2	ELLENSBURG CSO
628 2	PASCO CSO
629 2	SUNNYSIDE CSO
630 2	TOPPENISH CSO
631 2	WALLA WALLA CSO
632 2	YAKIMA CSO
633 2	BENTON-FRANKLIN CSO
650 3	REGIONAL OFFICE III
651 3	BELLINGHAM CSO
652 3	EVERETT CSO
653 3	MT. VERNON CSO
654 3	MOUNTLAKE TERRACE CSO
655 3	SMOKEY POINT CSO
675 4	REGIONAL OFFICE IV
678 4	KING EASTSIDE CSO
679 4	BURIEN CSO
680 4	CAPITOL HILL CSO
681 4	KENT CSO
682 4	KING NORTH CSO
683 4	RAINIER CSO
685 4	LONG-TERM CARE
690 4	INDOCHINESE CENTER
700 5	REGIONAL OFFICE V
701 5	BREMERTON CSO
702 5	PIERCE EAST CSO
703 5	PIERCE SOUTH CSO
704 5	PIERCE WEST CSO
705 5	TACOMA AVENUE CSO
706 5	PIERCE CENTRAL CSO
725 6	REGIONAL OFFICE VI
726 6	ABERDEEN CSO
727 6	CHEHALIS CSO
728 6	KELSO CSO
729 6	OLYMPIA CSO
730 6	PORT ANGELES CSO
731 6	SHELTON CSO
732 6	SOUTHBEND CSO
733 6	VANCOUVER CSO
734 6	WHITE SALMON CSO

750 6	AGING & ADULT SERVICES
751 6	BASA - ALCOHOL/DRUG ABUSE ADV.
753 6	NURSING HOME AFFAIRS
754 6	REFUGEE ASSISTANCE
770 6	MEDICAL ASSISTANCE/DRUG FORMULARY ADV.
771 6	INCOME ASSISTANCE
772 6	MENTAL HEALTH
773 6	ADMINISTRATION & PERSONNEL
774 6	COMPTROLLER/VENDOR RATES ADV. CO.

OTHERS

901 6	OIS-APPLICATIONS
902 6	AUDIT DIVISION/OPS. REVIEW
903 6	CITIZEN PARTICIPATION/SAC
905 6	GOV. JUVENILE JUSTICE ADV. CO.
906 6	JUVE. JUSTICE DISP. STANDARDS COMM.
907 6	PUBLIC AFFAIRS
908 6	EXECUTIVE DIVISION

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-58
Issued: 04/06/87

FROM: CHILDREN, YOUTH, AND FAMILY SERVICES
Audrey Fetters, Assistant Secretary

SECTIONS REVISED
26.38 C & E, 26.99

EFFECTIVE: 04/15/87
FOR INFORMATION CALL:
Sue Browning
Non-SCAN 586-0253 or
SCAN 321-0253

FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION UNIT AT MS OB-16. IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM, MS FB-11

SUBJECT:
1. PERIODIC REVIEW REPORT/INDIVIDUAL SERVICE PLAN FORM REQUIREMENTS
2. REVISION OF POLICY REGARDING TIME-FRAMES FOR ISP'S
3. PERMANENCY PLANNING CODE FOR ALL CHILDREN IN SUBSTITUTE CARE

Place this notice in front of the DCFS Manual, Chapter 26, and note on the Tan Notice Control Sheet the date Notice No. T-58 was entered.

A. BACKGROUND

A recent federal audit of Washington State's compliance with P.L. 96-272 identified the need to develop a statewide ISP for all children in substitute care.

A statewide committee has developed a form, the DSHS 15-209(X), Periodic Review Report/Individual Service Plan to meet all case plan requirements for compliance with P.L. 96-272. The DSHS 15-209(X) shall be developed within 30 days of the beginning of a placement episode, at six months of a placement episode and every six months thereafter.

B. ACTION REQUIRED

1. Revise Section 26.38, Placement and Transportation of Children. Delete 26.38 C and substitute:

   C. For children in out-of-home placement (receiving care, family foster care, group care, relative placement) an individual service plan shall be developed within thirty days of the begin date of a placement episode, utilizing the DSHS 15-209(X), Period Review Report/Individual Service Plan. The DSHS 15-209(X) shall be revised at six months of a placement episode, and every six months thereafter.

   The DSHS 15-209(X) is to be developed following procedures described in Chapter 32.

2. Delete Section 26.38 E, Planning, and substitute:

   "E. Planning

      1. The fact that most children enter foster care via CPS makes understanding of permanency planning principles by CPS workers essential. Permanency plans shall be developed within 30 days of the begin date of a placement of a child in out-of-home care, and shall be revised at six months of a placement episode and every six months thereafter. Primary consideration for permanency planning is the earliest possible return to his or her own family with necessary supports and services to prevent the reoccurrence of CA/N. When this is not feasible, a plan to achieve another permanent plan for the child shall be developed. Procedures for development of this plan are described in Chapter 32. The permanency planning service code 3258 must be opened for all children at the time of the child's entry into a placement episode. (See Chapter 32 for further description of these procedures.)"

3. Add to 26.99, Required Forms and Instructions as follows:

   DSHS 15-209(X), Periodic Review Report/Individual Service Plan

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

TO: HOLDERS OF DCFS MANUAL

NOTICE NO.: T-80
Issued: 09/12/88

FROM: Katharine Briar, Assistant Secretary
Children, Youth and Family Services

SECTIONS REVISED: 32.61
(Also add to Chapters 24, 26, and 34)

EFFECTIVE: July 1, 1988
FOR INFORMATION CALL:
Dick Anderson
SCAN: 234-0240
Non-SCAN: 753-0240

IF NOT DELIVERABLE, RETURN TO: DSHS STOCKROOM MS FB-11
FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY OFFICE OF STAFF SERVICES AT MS OB-22.

SUBJECT:
1. SOCIAL WORKERS ROLE IN DETERMINING ELIGIBILITY FOR FEDERAL FUNDING FOR CHILDREN IN OUT-OF-HOME CARE
2. REVISED APPLICATION PROCEDURES FOR OTHER FINANCIAL BENEFITS ON BEHALF OF CHILDREN IN OUT-OF-HOME CARE
3. USE OF ELIGIBILITY ACTION REFERRAL, DSHS 14-279
4. USE OF FAMILY FACE SHEET, DSHS 14-24
5. USE OF FINANCIAL RESOURCES DATA SHEET, DSHS 14-281
6. USE OF FINANCIAL RESOURCES REDETERMINATION DATA SHEET, DSHS 14-280

Place this notice in front of DCFS Manual Chapters 24, 26, 32, 34, and note on the Tan Notice Control Sheet the date Notice T-80 was entered.

A. BACKGROUND

Recent federal audits have identified problems in the current methods of determining eligibility for federal financial participation in the state's foster care program. In order to assure that the state makes maximum use of federal resources in financing its program of providing foster care and adoption support, new procedures are being introduced.

These policies and procedural changes meet the following objectives:

1. Enhance federal financial participation in the foster care program.

2. Ensure that all other benefits for which children are eligible are claimed on their behalf.

3. Streamline the role of the Social Worker in accomplishing such tasks as data collection, eligibility determination, referral for other financial benefits, and enumeration procedures.

4. Specialize the function of eligibility determination by placing responsibility for this activity with staff trained in this function.

The revised eligibility process and accompanying forms were developed in conjunction with recommendations received from State IV-B/IV-E Coordinators, Work Environment Action Committee (WEAC), and numerous social services staff in DCFS offices.

In the past, Title IV-E eligibility determinations have been made by social workers who completed the DSHS 14-140(X) forms. With the development of these new procedures, the social worker's primary role is to collect data from the child's family regarding their available financial resources. In addition, the revised procedures are designed to identify other financial resources for which the child and/or parents may be eligible.

B. POLICY STATEMENT

DCFS shall review the circumstances of every child placed in foster care to determine the child's eligibility for Title IV-E and/or other financial benefits.

The DCFS Social Worker shall review each case when the child first enters care and every six months thereafter if necessary. The role of the Social Worker is to collect data regarding the family's social and financial circumstances.

The Eligibility Specialist shall analyze the data, make eligibility determinations, apply for other financial benefits, and notify appropriate parties of the results of these actions.

C. ELIGIBILITY PROCEDURES FOR CHILDREN WHOSE PLACEMENT IS SUPERVISED BY DSHS

1. The DCFS Social Worker shall take the following actions on each initial placement:

a. Authorize payment within five working days of placement. Indicate state funds (code 5) as the initial source of funds on the SSPS Social Services Authorization, DSHS 14-154(X).

b. Complete/obtain the following items within thirty (30) days of placement.

(1) Family Face Sheet, DSHS 14-24(X);

(2) Financial Resources Data Sheet, DSHS 14-281, on all children whose placement is supervised by DSHS, including those in private agency care if DSHS is the supervising agency;

(3) The Child Placement and Legal History, DSHS 15-192;

(4) Social Services Authorization, DSHS 14-154(X);

(5) ITIS Clearance (if already available);

(6) Notification to Financial Services, DSHS 14-226(X); and

(7) The Voluntary Placement Agreement or petition and court order leading to the initial removal from the home.

c. Transmit a copy of the above items to the Eligibility Specialist using the Eligibility Action Referral, DSHS 14-279, as a cover memo. The Social Worker completes Part I of this form indicating which of the above listed items are attached.

d. Request the Eligibility Specialist determine the child's IV-E eligibility. Complete Part II of the Eligibility Action Referral, DSHS 14-279.

e. Request the Eligibility Specialist assist in applying for benefits to which the child may be entitled. The application procedures for benefits which require efforts in addition to the completion of forms (such as personal office visits for SSI benefits), will continue to be conducted by the Social Worker. Since local office procedures vary throughout the state, the roles of the Eligibility Specialist and Social Worker in applying for other financial benefits may vary accordingly. It shall be the responsibility of each region to define these roles according to local practice.

f. Change the DSHS 15-159 to show the correct source of funds after notification is received from the Eligibility Specialist as described in the next section.

2. The Eligibility Specialist shall take the following action upon notification of each placement:

a. Receive the Eligibility Action Referral, DSHS 14-279, and accompanying packet of materials from the Social Worker.

b. Determine IV-E eligibility for the child.

c. Notify the Social Worker of the correct source of funds via the color coded forms; Notification of Funding Category for Placement, DSHS 2-501, 2-501A, and 2-501B.

NOTE: In addition to notifying the Social Worker of the correct source of funds, some regions may elect to have the Eligibility Specialist also enter the change on SSPS. The IV-E Coordinator in each region will determine this responsibility.

d. Assist the Social Worker in the application for other benefits such as SSI, SSA, Veteran's benefits, etc.

e. Make referrals to the Office of Support Enforcement and Provider Services if the child has other medical insurance.

3. Six-Month Eligibility Redetermination Process

Children who are eligible for Title IV-E funding must have their eligibility redetermined every six months.

a. Four weeks prior to the redetermination month, the Eligibility Specialist will notify the Social Worker by sending the Financial Resources Redetermination Data Sheet, DSHS 14-280.

b. The Social Worker completes the Redetermination Data Sheet and returns it to the Eligibility Specialist within 20 days. Include an updated copy of the DSHS 15-192, Child Placement and Legal History.

c. The Eligibility Specialist completes the review and advises the Social Worker via the color coded DSHS 2-501, 2-501A, or 2-501B if the child continues to be eligible for IV-E or if the source of funds should be changed.

4. Purpose of Forms

The Family Face Sheet, Financial Resources Data Sheet, and Financial Resources Redetermination Data Sheet are used to:

a. Function as a face sheet for all children receiving DSHS services.

b. Serve as a data collection instrument on the family and child(ren)'s social and financial circumstances.

c. Provide information for the Eligibility Specialist at the time of the Title IV-E semi-annual redetermination.

d. Provide information for referral to the Office of Support Enforcement.

e. Provide information for Provider Services in claiming third party liability medical insurance.

f. Provide information for WIN referral.

g. Provide information relative to other benefits for which the child might be entitled.

h. Provide information necessary to file a social security number application.

i. Serve as the source document to validate claims for Title IV-E federal funds in the foster care program.

D. PROCEDURES FOR CHILDREN WHOSE PLACEMENT IS SUPERVISED BY A CHILD PLACING AGENCY (CPA)

1. The CPA shall take following action:

a. Complete pages 1 and 2 of the Source of Funds Application, DSHS 14-140(X). This form serves as the face sheet instead of the DSHS 14-24(X).

b. Submit the DSHS 14-140(X) to the appropriate DCFS office along with the ISP and legal authority to place.

2. The DCFS Social Worker shall take the following action:

a. Authorize payment within five working days for children whose placement they have approved. Indicate source of funds as state (code 5).

b. Submit copies of the following items to the Eligibility Specialist within 30 days of placement.

(1) Eligibility Action Referral Form;

(2) DSHS 14-140(X);

(3) Social Services Authorization, DSHS 14-154(X);

(4) Notification to Financial Services, DSHS 14-226(X); and

(5) Placement Authorization and Acknowledgement, DSHS 9-04(X), or court order authorizing placement.

3. The Eligibility Specialist shall take the following action:

a. Refer the case to the Office of Support Enforcement or Provider Services, if appropriate.

b. Review for potential benefits from other sources such as SSI or SSA.

c. Inform the Social Worker if there are benefits to which the child may be entitled and assist in the application process.

E. PLACEMENTS NOT REQUIRING A IV-E DETERMINATION

The following types of placements do not require a referral to the Eligibility Specialist for a IV-E determination.

1. Placements lasting less than 72 hours (excluding weekends, holidays).

2. Relative placements where no foster care payment is made because the relative elects to receive AFDC benefits. A referral is required should the child be later removed and placed in a home where a foster care payment is made.

JULE M. SUGARMAN
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

January 4, 1989

TO: Administrative Regulations and Control Section
OB33-G

FROM: Joyce Hopson, Director
Division of Children and Family Services

SUBJECT: DCFS MANUAL, CHAPTER 26

Attached is the revision of Chapter 26 DCFS Manual. Review and comment has been completed and all recommendations considered and/or incorporated.

Please review and forward for publication.

cc: Rick Winters

Jeff, DK
much better than it was but not all comments incorporated
Joe

JULE M. SUGARMAN
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

January 9, 1989

TO: Joyce Hopson, Director
Children & Family Services OB-41

FROM: Troyce Warner, Chief
Office of Issuances, OB-33H

SUBJECT: REVIEW AND APPROVAL FOR ISSUANCE #638

The Administrative Regulations and Control Section has reviewed the proposed revision of Chapter 26 in the DCFS Manual and has determined that it is in compliance with the standards in the Paperwork Management Manual.

Please sign the attached and indicate your approval or non approval in Box 27 of the DSHS 2-03(X) form and return to the Administrative Regulations and Control Section.

Attachment

Done
Thank you
Rick Winters

RICHARD J. THOMPSON
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

December 14, 1989

TO: Katharine Briar, Assistant Secretary for Children, Youth and Family Services, OB-44A

FROM: Troyce Warner, Chief
Office of Issuances, OB-33G

SUBJECT: REVIEW AND APPROVAL FOR ISSUANCE #1828
CHILD PROTECTIVE SERVICES,
REGULAR MANUAL REVISION

We have completed the department's final review for the referenced manual revision. Administrative Regulations and Control Section (ARCS) notes Richard Winters did a remarkable job incorporating revisions to state law and updating federally required policy. He also inserted appropriate comments and suggestions received through the formal, review process. We recommend your approval for issuance.

If you agree with our recommendation, please note your approval, or non-approval, on the attached DSHS 2-03(X) form in Box 27, and add your signature. Please return the signed packet to ARCS at Mail Stop OB-33G.

Attachment

RICHARD J. THOMPSON
Secretary

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Olympia, Washington 98504-0095

RECEIVED
DSHS ASSISTANTS.
OCT 23 1991
CHILDREN, YOUTH & FAMILY SERVICES

October 23, 1991

TO: Yvonne Chase, Assistant Secretary
Youth, Children and Family Services, 5040/OB-44B

FROM: Troyce Warner, Chief
Office of Issuances, 5805/OB-33H

SUBJECT: REVIEW AND APPROVAL FOR ISSUANCE #3159
DCFS MANUAL - CHAPTER 26

The final review is completed for the referenced manual revision. The material complies with department paperwork management standards and we recommend your approval for issuance.

If you concur, please note your approval by checking box 27 of the attached Review and Approval for Issuance form DSHS 2-03(X) and add your signature. Please return the completed packet to the Administrative Regulations and Control Section at 5805/OB-33G.

Attachment

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 22 (Issued 01/89)

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MG-13. FOR MANUAL DISTRIBUTION CHANGES, PLEASE NOTIFY: MANUAL PRODUCTION, MS OB-16.

If you have questions about this revision, call or write Richard Winters, Program Manager, Division of Children and Family Service.

Telephone Number SCAN 586-1043 or (206) 586-1043
Mail Stop OB-41

DCFS Manual, Revision 22, contains 27 sheets of paper. Note that revision number and date appear at the bottom of each page.

On Revision Control Sheet, note the date Revision 22 was entered.

REMOVE	INSERT
Chapter 26 (Issued 07/84)	Chapter 26 (Rev. 22 - 01/89)
T-80, T-71, T-58 and T-13	----------
G-159 and G-150	----------

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 26 (Issued 12/89)

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Telephone Number SCAN 586-1043 or (206) 586-1043
Mail Stop OB-41

DCFS Manual, Revision 26, contains __ sheets of paper. Note that revision number and date appear at the bottom of each page.

On Revision Control Sheet, note the date Revision 26 is entered.

REMOVE	INSERT
Chapter 26 (Rev. 22 - 01/89)	Chapter 26 (Rev. 26 - 12/89)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 26 (Issued 12/89)

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If you have questions about this revision, call or write Richard Winters, Program Manager, Division of Children and Family Service.

Telephone Number SCAN 586-1043 or (206) 586-1043
Mail Stop OB-41

DCFS Manual, Revision 26, contains 28 sheets of paper. Note that revision number and date appear at the bottom of each page.

On Revision Control Sheet, note the date Revision 26 is entered.

REMOVE	INSERT
Chapter 26 (Rev. 22 - 01/89)	Chapter 26 (Rev. 26 - 12/89)

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington

DCFS Manual - Revision 38 (Issued 09/92)

IF NOT DELIVERABLE, RETURN TO: MANUAL DISTRIBUTION CENTER, MS 5807.
FOR DISTRIBUTION CHANGES, NOTIFY: MANUAL PRODUCTION, MS 5806.

If you have questions about this revision, call or write Rick Winters, CPS Program Manager, Children, Youth and Family Services.

Telephone Number SCAN 321-0686 or (206) 586-0686
Mail Stop 5710

Note that revision number and date appear at the bottom of each page.

On Revision Control Sheet, note the date Revision 38 is entered.

REMOVE	INSERT
Chapter 26 (Rev. 36 - 11/91)	Chapter 26 (Rev. 38 - 09/92)

NOTE: PLEASE RECYCLE OBSOLETE/OUTDATED MANUALS IN YOUR OFFICE PER MANUAL E, CHAPTER 6, SECTION 6.60.

1 update

48 Hours

opportunity, but in no case longer than ~~seven days~~ after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

(2) Any other person who has reasonable cause to believe that a child or adult developmentally disabled person has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department of social and health services as provided in RCW 26.44.040 as now or hereafter amended.

(3) The department upon receiving a report of an incident of abuse or neglect pursuant to this chapter, involving a child or adult developmentally disabled person who has died or has had physical injury or injuries inflicted upon him other than by accidental means or who has been subjected to sexual abuse shall report such incident to the proper law enforcement agency.

(4) Any law enforcement agency receiving a report of an incident of abuse or neglect pursuant to this chapter, involving a child or adult developmentally disabled person who has died or has had physical injury or injuries inflicted upon him other than by accidental means, or who has been subjected to sexual abuse, shall report such incident to the proper county prosecutor or city attorney for appropriate action whenever the law enforcement agency's investigation reveals that a crime has been committed. [1982 c 129 § 7; 1981 c 164 § 2; 1977 ex.s. c 80 § 26; 1975 1st ex.s. c 217 § 3; 1971 ex.s. c 167 § 1; 1969 ex.s. c 35 § 3; 1965 c 13 § 3.]

Severability——1982 c 129: See note following RCW 9A.04.080.

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

26.44.040 Reports——Oral, written——Contents. An immediate oral report shall be made by telephone or otherwise to the proper law enforcement agency or the department of social and health services and, upon request, shall be followed by a report in writing. Such reports shall contain the following information, if known:

(1) The name, address, and age of the child or adult developmentally disabled person;

(2) The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child or the residence of the adult developmentally disabled person;

(3) The nature and extent of the injury or injuries;

(4) The nature and extent of the neglect;

(5) The nature and extent of the sexual abuse;

(6) Any evidence of previous injuries, including their nature and extent; and

(7) Any other information which may be helpful in establishing the cause of the child's or adult developmentally disabled person's death, injury, or injuries and the identity of the perpetrator or perpetrators. [1977 ex.s. c 80 § 27; 1975 1st ex.s. c 217 § 4; 1971 ex.s. c 167 § 2; 1969 ex.s. c 35 § 4; 1965 c 13 § 4.]

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

26.44.050 Abuse or neglect of child——Duty of law enforcement agency or department of social and health services——Taking child into custody without court order, when. Upon the receipt of a report concerning the possible occurrence of abuse or neglect, it shall be the duty of the law enforcement agency or the department of social and health services to investigate and provide the protective services section with a report in accordance with the provision of chapter 74.13 RCW, and where necessary to refer such report to the court.

A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. Notwithstanding the provisions of RCW 13.04.130 as now or hereafter amended, the law enforcement agency or the department of social and health services investigating such a report is hereby authorized to photograph such a child or adult developmentally disabled person for the purpose of providing documentary evidence of the physical condition of the child or disabled person. [1981 c 164 § 3; 1977 ex.s. c 291 § 51; 1977 ex.s. c 80 § 28; 1975 1st ex.s. c 217 § 5; 1971 ex.s. c 302 § 15; 1969 ex.s. c 35 § 5; 1965 c 13 § 5.]

Effective dates——Severability——1977 ex.s. c 291: See notes following RCW 13.04.005.

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

Severability——1971 ex.s. c 302: See note following RCW 9.41.010.

26.44.053 Guardian ad litem, appointment——Examination of person having legal custody——Hearing——Procedure. (1) In any judicial proceeding in which it is alleged that a child has been subjected to child abuse or neglect the court shall appoint a guardian ad litem for the child: *Provided*, That the requirement of a guardian ad litem shall be deemed satisfied if the child is represented by counsel in the proceedings.

(2) At any time prior to or during a hearing in such a case, when the court finds upon clear, cogent and convincing evidence that an incident of child abuse or neglect has occurred, the court may, on its own motion, or the motion of the guardian ad litem, or other parties, order the examination by a physician, psychologist or psychiatrist, of any parent or child or other person having custody of the child at the time of the alleged child abuse or neglect, if the court finds such an examination is necessary to the proper determination of the case. The hearing may be continued pending the completion of such examination. The physician, psychologist or psychiatrist conducting such an examination may be required to testify in the dispositional hearing concerning the results of such examination and may be asked to give his opinion as to whether the protection of the child requires that he not be returned to the custody of his parents or other persons having custody of him at the time of the alleged child abuse or neglect. Persons so testifying shall be subject to cross-examination as are other witnesses. No testimony given at any such examination of the parent or any other person having custody of the child may be used against such person in any subsequent criminal

proceedings against such person or custodian concerning the abuse or neglect of the child.

(3) A parent or other person having legal custody of a child alleged to be a child subjected to abuse or neglect shall be a party to any proceeding that may as a practical matter impair or impede such person's interest in custody or control of his or her child. [1975 1st ex.s. c 217 § 8.]

26.44.056 Protective detention or custody of abused child——Reasonable cause——Notice——Time limits——Monitoring plan——Liability. (1) An administrator of a hospital or similar institution or any physician, licensed pursuant to chapters 18.71 or 18.57 RCW, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances or conditions of the child are such that the detaining individual has reasonable cause to believe that permitting the child to continue in his or her place of residence or in the care and custody of the parent, guardian, custodian or other person legally responsible for the child's care would present an imminent danger to that child's safety: *Provided*, That such administrator or physician shall notify or cause to be notified the appropriate law enforcement agency or child protective services pursuant to RCW 26.44.040. Such notification shall be made as soon as possible and in no case longer than seventy-two hours. Such temporary protective custody by an administrator or doctor shall not be deemed an arrest. Child protective services may detain the child until the court assumes custody, but in no case longer than seventy-two hours, excluding Saturdays, Sundays, and holidays.

(2) Whenever an administrator or physician has reasonable cause to believe that a child would be in imminent danger if released to a parent, guardian, custodian, or other person or is in imminent danger if left in the custody of a parent, guardian, custodian, or other person, the administrator or physician may notify a law enforcement agency and the law enforcement agency shall take the child into custody or cause the child to be taken into custody. The law enforcement agency shall release the child to the custody of child protective services. Child protective services shall detain the child until the court assumes custody or upon a documented and substantiated record that in the professional judgment of the child protective services the child's safety will not be endangered if the child is returned. If the child is returned, the department shall establish a six-month plan to monitor and assure the continued safety of the child's life or health. The monitoring period may be extended for good cause.

(3) A child protective services employee, an administrator, doctor, or law enforcement officer shall not be held liable in any civil action for the decision for taking the child into custody, if done in good faith under this section. [1983 c 246 § 3; 1982 c 129 § 8; 1975 1st ex.s. c 217 § 9.]

Severability——1982 c 129: See note following RCW 9A.04.080.

26.44.060 Immunity from civil or criminal liability——Confidential communications not violated——Actions against state not affected. (1) Any person participating in good faith in the making of a report pursuant to this chapter or testifying as to alleged child abuse or neglect in a judicial proceeding shall in so doing be immune from any liability arising out of such reporting or testifying under any law of this state or its political subdivisions.

(2) An administrator of a hospital or similar institution or any physician licensed pursuant to chapters 18.71 or 18.57 RCW taking a child into custody pursuant to RCW 26.44.056 shall not be subject to criminal or civil liability for such taking into custody.

(3) Conduct conforming with the reporting requirements of this chapter shall not be deemed a violation of the confidential communication privilege of RCW 5.60-.060 (3) and (4), 18.53.200 and 18.83.110. Nothing in this chapter shall be construed as to supersede or abridge remedies provided in chapter 4.92 RCW. [1982 c 129 § 9; 1975 1st ex.s. c 217 § 6; 1965 c 13 § 6.]

Severability——1982 c 129: See note following RCW 9A.04.080.

26.44.070 Central registry of reported cases of child abuse or abuse of adult developmentally disabled person——Confidentiality——Penalty. The department shall maintain a central registry of reported cases of child abuse or abuse of an adult developmentally disabled person and shall adopt such rules and regulations as necessary in carrying out the provisions of this section. Records in the central registry shall be considered confidential and privileged and will not be available except upon court order to any person or agency except (1) law enforcement agencies as defined in this chapter in the course of an investigation of alleged abuse or neglect; (2) protective services workers or juvenile court personnel who are investigating reported incidents of abuse or neglect; (3) department of social and health services personnel who are investigating the character and/or suitability of an agency and other persons who are applicants for licensure, registration, or certification, or applicants for employment with such an agency or persons, or under contract to or employed by an agency or persons directly responsible for the care and treatment of children, expectant mothers, or adult developmentally disabled persons pursuant to chapter 74.15 RCW; (4) department of social and health services personnel who are investigating the character or suitability of any persons with whom children may be placed under the interstate compact on the placement of children, chapter 26.34 RCW; (5) physicians who are treating the child or adult developmentally disabled person or family; (6) any child or adult developmentally disabled person named in the registry who is alleged to be abused or neglected, or his or her guardian ad litem and/or attorney; (7) a parent, guardian, or other person legally responsible for the welfare and safety of the child or adult developmentally disabled person named in the registry; (8) any person engaged in a bona fide research purpose, as determined by the department, according to rules and regulations, provided that information identifying the

persons of the registry shall remain privileged; and (9) any individual whose name appears on the registry shall have access to his own records. Those persons or agencies exempted by this section from the confidentiality of the records of the registry shall not further disseminate or release such information so provided to them and shall respect the confidentiality of such information, and any violation of this section shall constitute a misdemeanor. [1981 c 164 § 4; 1977 ex.s. c 80 § 29; 1975 1st ex.s. c 217 § 7; 1972 ex.s. c 46 § 1; 1969 ex.s. c 35 § 6.]

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

26.44.080 Violation——Penalty. Every person who is required to make, or to cause to be made, a report pursuant to RCW 26.44.030 and 26.44.040, and who knowingly fails to make, or fails to cause to be made, such report, shall be guilty of a gross misdemeanor. [1982 c 129 § 10; 1971 ex.s. c 167 § 3.]

Severability——1982 c 129: See note following RCW 9A.04.080.

26.44.900 Severability——1975 1st ex.s. c 217. If any provision of this 1975 amendatory act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected. [1975 1st ex.s. c 217 § 10.]

of such order, which notice shall be given by the department of social and health services at the time commitment to custody becomes effective under the order. [1982 c 35 § 195; 1979 c 141 § 35; 1955 c 272 § 6.]

Intent——Severability——Effective dates——Application——1982 c 35: See notes following RCW 43.07.160.

26.40.070 Petition by parent for rescission, change in co-custodians, determination of parental responsibility. The parents or parent upon whose petition an order for the commitment of a child to custody has been issued may, before such commitment becomes effective, petition the court for a rescission of the order or for a change in the co-custodians other than the state, or to determine that they are unable to continue parental responsibilities for the child, and the court shall proceed on such petition as on the original petition. [1955 c 272 § 7.]

26.40.080 Health and welfare of committed child——State and co-custodian responsibilities. It shall be the responsibility of the state and the appropriate departments and agencies thereof to discover methods and procedures by which the mental and/or physical health of the child in custody may be improved and, with the consent of the co-custodians, to apply those methods and procedures. The co-custodians other than the state shall have no financial responsibility for the child committed to their co-custody except as they may in written agreement with the state accept such responsibility. At any time after the commitment of such child they may inquire into his well-being, and the state and any of its agencies may do nothing with respect to the child that would in any way affect his mental or physical health without the consent of the co-custodians. The legal status of the child may not be changed without the consent of the co-custodians. If it appears to the state as co-custodian of a child that the health and/or welfare of such child is impaired or jeopardized by the failure of the co-custodians other than the state to consent to the application of certain methods and procedures with respect to such child, the state through its proper department or agency may petition the court for an order to proceed with such methods and procedures. Upon the filing of such petition a hearing shall be held in open court, and if the court finds that such petition should be granted it shall issue the order. [1955 c 272 § 8.]

26.40.090 Petition by co-custodians for rescission of commitment——Hearing. When the co-custodians of any child committed to custody under provisions of this chapter agree that such child is no longer in need of custody they may petition the court for a rescission of the commitment to custody. Upon the filing of such petition a hearing shall be held in open court and if the court finds that such petition should be granted it shall rescind the order of commitment to custody. [1955 c 272 § 9.]

26.40.100 Chapter does not affect commitments under other laws. Nothing in this chapter shall be construed as affecting the authority of the courts to make commitments as otherwise provided by law. [1955 c 272 § 10.]

26.40.110 Lease of buses to transport handicapped children. See RCW 28A.24.110 through 28A.24.112.

Chapter 26.44

ABUSE OF CHILDREN AND ADULT DEVELOPMENTALLY DISABLED——PROTECTION——PROCEDURE

Sections

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26.44.056 Protective detention or custody of abused child——Reasonable cause——Notice——Time limits——Monitoring plan——Liability.
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26.44.070 Central registry of reported cases of child abuse or abuse of adult developmentally disabled person——Confidentiality——Penalty.
26.44.080 Violation——Penalty.
26.44.900 Severability——1975 1st ex.s. c 217.

Child abuse, investigation: RCW 74.13.031.

Council on child abuse and neglect: Chapter 43.121 RCW.

26.44.010 Declaration of purpose. The Washington state legislature finds and declares: The bond between a child and his or her parent, custodian, or guardian is of paramount importance, and any intervention into the life of a child is also an intervention into the life of the parent, custodian, or guardian; however, instances of nonaccidental injury, neglect, death, sexual abuse and cruelty to children by their parents, custodians or guardians have occurred, and in the instance where a child is deprived of his or her right to conditions of minimal nurture, health, and safety, the state is justified in emergency intervention based upon verified information; and therefore the Washington state legislature hereby provides for the reporting of such cases to the appropriate public authorities. It is the intent of the legislature that, as a result of such reports, protective services shall be made available in an effort to prevent further abuses, and to safeguard the general welfare of such children: *Provided*, That such reports shall be maintained and disseminated with strictest regard for the privacy of the subjects of such reports and so as to safeguard against arbitrary, malicious or erroneous information or actions:

Provided further, That this chapter shall not be construed to authorize interference with child raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare and safety.

Adult developmentally disabled persons not able to provide for their own protection through the criminal justice system shall also be afforded the protection offered children through the reporting and investigation requirements mandated in this chapter. [1977 ex.s. c 80 § 24; 1975 1st ex.s. c 217 § 1; 1969 ex.s. c 35 § 1; 1965 c 13 § 1.]

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

26.44.020 Definitions. For the purpose of and as used in this chapter:

(1) "Court" means the superior court of the state of Washington, juvenile department.

(2) "Law enforcement agency" means the police department, the prosecuting attorney, the state patrol, the director of public safety, or the office of the sheriff.

(3) "Practitioner of the healing arts" or "practitioner" means a person licensed by this state to practice podiatry, optometry, chiropractic, nursing, dentistry, osteopathy and surgery, or medicine and surgery. The term "practitioner" shall include a duly accredited Christian Science practitioner: *Provided, however*, That a person who is being furnished Christian Science treatment by a duly accredited Christian Science practitioner shall not be considered, for that reason alone, a neglected person for the purposes of this chapter.

(4) "Institution" means a private or public hospital or any other facility providing medical diagnosis, treatment or care.

(5) "Department" means the state department of social and health services.

(6) "Child" or "children" means any person under the age of eighteen years of age.

(7) "Professional school personnel" shall include, but not be limited to, teachers, counselors, administrators, child care facility personnel, and school nurses.

(8) "Social worker" shall mean anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support or education of children, or providing social services to adults or families, whether in an individual capacity, or as an employee or agent of any public or private organization or institution.

(9) "Psychologist" shall mean any person licensed to practice psychology under chapter 18.83 RCW, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

(10) "Pharmacist" shall mean any registered pharmacist under the provisions of chapter 18.64 RCW, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

(11) "Clergy" shall mean any regularly licensed or ordained minister, priest or rabbi of any church or religious denomination, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

(12) "Child abuse or neglect" shall mean the injury, sexual abuse, sexual exploitation, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed thereby. An abused child is a child who has been subjected to child abuse or neglect as defined herein: *Provided*, That this subsection shall not be construed to authorize interference with child raising practices, including reasonable parental discipline, which are not proved to be injurious to the child's health, welfare, and safety.

(13) "Child protective services section" shall mean the child protective services section of the department.

(14) "Adult developmentally disabled persons not able to provide for their own protection through the criminal justice system" shall be defined as those persons over the age of eighteen years with developmental disabilities who have been found legally incompetent pursuant to chapter 11.88 RCW or found disabled to such a degree pursuant to said chapter, that such protection is indicated: *Provided*, That no persons reporting injury, abuse, or neglect to an adult developmentally disabled person as defined herein shall suffer negative consequences if such a judicial determination of incompetency or disability has not taken place and the person reporting believes in good faith that the adult developmentally disabled person needs the protection offered by this chapter.

(15) "Sexual exploitation" includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes as those acts are defined by state law by any person.

(16) "Negligent treatment or maltreatment" means an act or omission which evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the child's health, welfare, and safety. [1982 c 129 § 6; 1981 c 164 § 1; 1977 ex.s. c 80 § 25; 1975 1st ex.s. c 217 § 2; 1969 ex.s. c 35 § 2; 1965 c 13 § 2.]

Severability——1982 c 129: See note following RCW 9A.04.080.

Purpose——Intent——Severability——1977 ex.s. c 80: See notes following RCW 4.16.190.

26.44.030 Reports——Duty and authority to make——Duty of receiving agency. (1) When any practitioner, professional school personnel, registered or licensed nurse, social worker, psychologist, pharmacist, or employee of the department has reasonable cause to believe that a child or adult developmentally disabled person has suffered abuse or neglect, he shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040. The report shall be made at the first