	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Introduction to Special Investigations		
<b>Policy Number:</b>	6.0	<b>Previous Policy #:</b>	5.19	

### CODES/REFERENCES

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
O.C.G.A. § 20-2-730 Policies and Regulations on the Use of Corporal Punishment  
O.C.G.A. § 20-2-731 When and How Corporal Punishment May Be Administered  
Adoptions and Safe Families Act of 1997  
Title IV-E of the Social Security Act Section 471(a) (9)  
Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews (CFSR) 79 FR 61241  
CFSR Technical Bulletin #8

### DISCUSSION

As the designated child welfare agency in Georgia, the Division of Family, and Children Services (DFCS) is legally mandated to investigate reports of known or suspected instances of child abuse and neglect, including physical or mental injury, sexual abuse or exploitation, or negligent treatment or maltreatment under circumstances that indicate that the child's health or welfare is threatened. Federal and state laws also mandate Child Protective Services (CPS) Investigations that extend beyond the traditional parent/child domain. In Georgia, such investigations are handled as a Special Investigations and include reports involving:

1. A child death, near fatality or serious injury (CD/NF/SI).
2. A child who is in DFCS custody (foster care).
3. An approved DFCS or Child Placing Agency (CPA) foster or adoptive home.  
**NOTE:** This applies regardless if there are children in DFCS custody currently placed in the home.
4. The children of an approved DFCS placement resource.
5. An Approved Relative/Non-Relative Placement.
6. Residential facilities that provide full-time care for children under 18 years of age, including Child Caring Institutions (CCI), Psychiatric Residential Treatment Facilities (PRTF), Youth Detention Centers (YDC) or Regional Youth Detention Centers (RYDC).
7. Non-residential facilities including camps, day care settings, or private residences that provide less than full-time care for children (under the age of 18) outside their own home.
8. Public or private non-residential schools.

### Objectives of a Special Investigation

The basic tenets of Georgia's practice model must be utilized during a Special Investigation.

This provides the Social Services Case Manager (SSCM) with a consistent framework for conducting the assessment while focusing on safety outcomes. Prioritizing partnerships with caregivers' in the development of pragmatic solutions to everyday problems can assist in achieving positive safety outcomes for children. Special Investigations must be completed within 45 calendar days of the receipt of the intake report.

## **Caregivers**

Throughout this chapter, the general term “caregiver” is used to collectively refer to any person providing a residence for a child or any person legally obligated to provide or secure adequate care for a child including his/her parent, guardian or legal custodian; other adult that continually or at regular intervals live in the home; a foster parent; an employee of a public or private residential facility, childcare institution, day- or childcare facility; school personnel.

## **Maltreatment In Care (MIC)**

Intake reports involving known or suspected abuse or neglect of a child in DFCS custody, regardless of whom the alleged maltreater is in relation to the child (DFCS agent, parent, person responsible for the care of a child) is alleged maltreatment in care and should be assigned as a special investigation. . See policy 3.3 Intake: Intakes Involving Special Investigations and Policy Violations for specific examples.

## **Rights of Children and Caregivers During a Special Investigation**

1. Children have a right to be safe and secure, to be with their families, associated with their culture, and to experience the least trauma or interference in their lives as is possible.
2. Caregivers and children have the right to family, integrity, privacy, and due process.
3. Caregivers have the right to be informed about the investigation process and involved in decisions about the care of their children.
4. Foster Parents have the right to the extent allowed under federal and state law to have an advocate present at all portions of investigations of abuse or neglect for which an accused foster parent is present.


## **Types of Facilities, Homes or Programs**

1. **DFCS Foster Homes:** DFCS Foster homes provide temporary homes for children in foster care. They work in partnership with birth families and act as parenting mentors whenever possible to safely teach, support, nurture, discipline, care for, or guide children.
2. **Relative Foster Homes:** Relative foster parents provide the same temporary home for children in foster care, however they are related to the children placed in their home by blood, marriage, or adoption; Relative foster homes follow the same approval process as regular DFCS foster homes and have the same benefits and responsibilities as regular foster parents.
3. **Relative/Non-Relative Placements-** Relatives/non-relative placements are not foster homes however they are approved for the placement of children in DFCS custody through a relative/non-relative care assessment process. Relatives are considered

related by blood, marriage or adoption. Non-relatives are either fictive kin or other committed individuals who have demonstrated an ongoing committed to the child and with whom the child has a significant relationship.

4. **Adoptive Parents** are “forever families” who make a lifelong commitment to a child. They serve children whose birth parents’ parental rights have been voluntarily surrendered or terminated by a court, thus making the children legally free for adoption.
5. **Child Placing Agency (CPA):** A CPA is an agency that places children in foster and adoptive resource homes for individualized care, supervision and oversight. The CPA’s employees and their foster and adoptive parents work as a team to provide a stabilizing and nurturing environment that promotes safety, permanency and well-being.
6. **Child Caring Institution (CCI):** A CCI is a private child care institution, or a public child care institution which accommodates no more than 25 children up to the age of 18 and is licensed by the State in which it is situated or has been approved by the agency of such State or tribal licensing authority. The children in CCI’s are residing outside of their own home environment. These facilities provide care, supervision, and oversight in a residential setting, including neighborhood-based group homes, campus-based arrangements, and self-contained facilities. The CCI’s human resources work as a team to provide a stabilizing and nurturing environment that breaks down barriers to support the child stepping down to a less restrictive environment Types of CCIs include parenting support programs (Second Chance Homes), maternity homes, children’s transition care centers, and outdoor child caring programs-specialty camps (see policy 16.0 Room Board and Watchful Oversight: Introduction to Room Board and Watchful Oversight [RBWO] and RBWO Minimum Standards.
7. Child Care Learning Center is any place operated by a person, society, agency, corporation, institution, or group wherein are received for pay for group care, for fewer than 24 hours per day without transfer of legal custody, 19 or more children under 18 years of age and which is required to be licensed. Child care learning center also includes any day care center previously licensed by the Department of Human Services and transferred pursuant to Code Section 20-1A-1 et seq.
8. Early Head Start Programs are the early education and care programs for low- income children ages birth to three years old and their families. It also offers social, emotional, health, mental health, dental, nutrition, and family services as well as special needs requirements to the families it serves.
9. Family Day Care Home is a private residence operated by any person who cares for at least three but no more than six children less than 18 years of age for pay, supervision, and care fewer than 24 hours per day. This receipt occurs without the transfer of legal custody and involves children who are not related to such persons and children whose parents or guardians are not residents in the same private residence.
10. Group Day Care Home is any place operated by any person(s), partnership, association, or corporation wherein a group of children under 18 years of age and numbering not less than seven or more than eighteen are received for pay and group care for less than 24 hours, and without a transfer of legal custody. Group day care homes are required to be licensed or commissioned by the Department.
11. Head Start Programs are the early education and care programs for low-income children ages three to mandatory school age and their families. It also offers social, emotional, health, mental health, dental, nutrition and family services as well as special needs requirements to the families it serves.
12. Pre-K is a child care center with licensed capacity for 22 four-year-old children.

13. Private Non-Residential Schools are not licensed, regulated, or certified by any public agency and do not have to meet the same state standards or laws governing public non-residential schools. Private non-residential school administrators set internal policies and discipline methods for private schools. When parents entrust the care of their child to a private non-residential school, they grant those administrators the same rights to discipline as the parent has.
14. Public and Non-Residential Schools are under the oversight of the Department of Education (DOE), but are administered by area, county, or independent boards of education. An area, county, or independent board of education may, upon the adoption of written policies, authorize any principal or teacher employed by the board to administer, in the exercise of his sound discretion, corporal punishment on any pupil or pupils placed under his supervision in order to maintain proper control and discipline (see O.C.G.A. § 20-2-731).
15. Psychiatric Residential Treatment Facility (PRTF) provides comprehensive mental health and substance abuse treatment to children, adolescents, and young adults ages 5-21 who, due to severe emotional disturbance, need quality, active treatment that can only be provided in an inpatient treatment setting. For these individuals, alternative, less restrictive forms of treatment have been tried and found to be unsuccessful or are not medically indicated.
16. Regional Youth Detention Centers provide temporary, secure care and supervision to youth who have been charged with offenses or who have been adjudicated delinquent and are awaiting placement.
17. Youth Development Campuses (YDC) provide secure care, supervision and treatment services to youth who have been committed to the custody of the Department of Juvenile Justice (DJJ).

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	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Preparing for a Special Investigation		
<b>Policy Number:</b>	6.1	<b>Previous Policy #:</b>	N/A	

### CODES/REFERENCES

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
Adoptions and Safe Families Act (ASFA)  
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67  
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), 472(a) (1), 472(f), and 475 (9)  
Child Abuse Prevention and Treatment Act (CAPTA)  
J.J. v. Ledbetter-Release of Information of Confidential Records  
Health Insurance Portability and Accountability Act (HIPAA)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Read and analyze the intake assessment to ensure a clear understanding of the maltreatment allegations.
2. Contact the reporter, if known, to clarify information or to obtain additional information related to child safety and the allegations of maltreatment.
3. Review DFCS history.
4. Conduct a supervisor staffing with the Social Services Case Manager (SSCM).

**EXCEPTION:** The review of DFCS history and staffing may be delayed when an immediate response is required to ensure child safety.

5. Notify the proper oversight authority of the intake assignment of a special investigation.
6. Complete the Child Death, Near Fatality, Serious Injury (CD/NF/SI) report on every case that is reported to DFCS involving a child death, near fatality, or serious injury.

**NOTE:** The CD/NF/SI report is required regardless of prior history or length of time since the last involvement with DFCS, or whether the case is assigned.

7. Document case activities in Georgia SHINES within 72 hours of the occurrence.

### PROCEDURES

The Social Services Supervisor (SSS) will:

1. Review the intake assessment and other documents received during the intake process to determine if the response time needs to be more immediate based:
  - a. Types of abuse or neglect reported;
  - b. Family functioning information obtained; including the behaviors reported; living conditions (if known); location and/or status of family members; and/or the existence of crisis or stressors within the family unit; and



- c. The analysis of DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
2. Assign the case to an Investigator in Georgia SHINES (see Practice Guidance).
3. Conduct a staffing with the assigned Social Services Case Manager (SSCM) and discuss the strategy for initiating the special investigation (see policy [19.6 Case Management: Supervisor Staffing](#)) including:
  - a. Having the SSCM identify:
    - i. The developmental stage(s) of the family (as applicable). (see policy [19.2 Case Management: Family Development Stages and Tasks](#)); and
    - ii. What specific task(s) or challenges the caregiver(s) may be facing or are having difficulty with. Focus the discussion on the situation(s) which created a developmental problem.
  - b. The SSCM's analysis of DFCS history and how it affects the task(s) the caregiver(s) may be having difficulty with;
  - c. What can be anticipated regarding the existing situation, caregiver and family members' response, and personal safety in the home or community;
  - d. Any effects or circumstances the child(ren) may be experiencing based on reported adult and/or child functioning;
  - e. The SSCM's plan for the initial visit;
  - f. Safety intervention strategies that can be used to control present danger situations (if identified) when initial contact occurs, including resources, oversight authorities, and other professional services or supports; and
  - g. Potential collateral contacts (see policy [19.16 Case Management: Collateral Contacts](#)).
4. Inform the SSCM of availability during the initial contact for consultation and guidance.
5. Ensure the property oversight authority is notified of the assignment of an intake involving a special investigation as outlined in policy [6.9 Special Investigations: Notifications in Special Investigations](#).

The SSCM will:

1. Thoroughly read the intake assessment and analyze the following information:
  - a. Allegations of maltreatment;
  - b. Present or impending danger safety threats indicated;
  - c. Assessments or other information received during the intake process; and
  - d. Results of safety screenings.
 

**NOTE:** Complete any safety screenings not completed during the intake assessment (see policy [19.9 Case Management: Safety Screenings](#)).
2. Contact the reporter to fill in any gaps and/or to obtain any other relevant, or clarifying information related to the reported maltreatment allegations, if the reporter is known. Confidentiality must be maintained.
3. Review and analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
 

**NOTE:** Investigations involving a daycare must also include an Enforcement Actions Search on the Georgia Department of Early Care and Learning (DECAL) website at <http://dec.al.ga.gov/EnforcementActions/Search.aspx> (see Practice Guidance: Enforcement Actions by the Georgia Department of Early Care and Learning (DECAL)).
4. Complete the Child Death, Near Fatality, Serious Injury (CD/NF/SI) report on every case

that is reported to DFCS involving a CD/NF/SI in accordance with [policy 6.10 Special Investigations: Reporting a Child Death, Near Fatality or Serious Injury](#).

**NOTE:** The CD/NF/SI report is required regardless of prior history or length of time since the last involvement with DFCS, or whether the case is assigned.

5. Based on the information available determine the developmental stage(s) of the family. What developmental issues might the family be facing based upon their developmental stage. Identify the specific task(s) the family is having difficulty with (see [policy 19.2 Case Management: Family Development Stages and Tasks](#)).

**EXCEPTION:** Family Developmental Stages and Tasks are not applicable during a special investigation involving a Residential or Non-Residential Facility or Public or Private Non-Residential School.

6. Develop a plan for the initial visit:
  - a. Determine the need for any joint initial response with law enforcement and other applicable oversight agencies (see [policy 6.9 Special Investigations: Notifications in Special Investigations for a list of oversight agencies](#));  
**NOTE:** Complete a joint response with law enforcement for serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, serious injury, child death, near fatality, and chronic severe neglect when possible, or as directed in the local county Child Abuse and Neglect Protocol.
  - b. Determine whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or neglect;  
**NOTE:** When physical/sexual abuse is alleged, make every effort possible to initially engage the child at a location away from the caregiver(s). This provides the child the opportunity to discuss the alleged abuse in a neutral setting.
  - c. Determine the interviewing technique and other information gathering approaches, including persons to be interviewed, order and location of interviews, and when interviews will occur;
  - d. Prepare a list of questions to ensure all issues/concerns are addressed;
  - e. Determine the need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is in another county/state; and
  - f. Identify potential child safety and family service needs.
  - g. If intimate partner violence/domestic violence (IPV/DV) is suspected or alleged, refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and tools for additional guidance.
  - h. If substance abuse is suspected or alleged refer to [policy 19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#) for additional guidance.
7. Obtain information regarding facility procedures if an interview will occur in a facility, including:
  - a. Contact and visitation;
  - b. Liaisons available to work with child welfare professionals;
  - c. Facility dress code; and/or
  - d. Types of contact allowable (e.g., physical touch, telephone, face-to-face).
8. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals (see [policy 1.5 Administration: Americans With Disability Act \[ADA\]](#)).
9. Identify possible collaterals (see [policy 19.16 Case Management: Collaterals Contacts](#)).

**NOTE:** The reporter is not considered a collateral contact.

10. Participate in a supervisory staffing to discuss strategies for initiating the special investigation.
11. Gather forms and other material required for initial contacts, including but not limited to:
  - a. Authorization for Release of Information;
  - b. Foster Parent Bill of Rights Brochure;
  - c. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (English/Spanish);
  - d. Safe Sleep for Your Baby educational resources;
  - e. Caregiver Request for Case Record Information;
  - f. Suggestions for Parents/Tip Sheet; and
  - g. Health Insurance Portability and Accountability Act (HIPAA) Privacy Practices and forms.
12. Notify the proper oversight authority of the assignment of an intake involving a special investigation as outlined in policy **6.9 Special Investigations: Notifications in Special Investigations**.

## PRACTICE GUIDANCE

### Joint Investigations with Law Enforcement

Law enforcement<sup>1</sup> is the criminal investigative agency in the community and often must investigate the same incident, involving the same people, as DFCS. In many communities, this involves a parallel investigation where DFCS and law enforcement must work as a team and in collaboration with one another. The team approach to these investigations is more desirable as it allows both law enforcement and CPS to avoid potential conflict and to improve investigative outcomes. Assistance or joint investigations with law enforcement is required for all serious and/or complex reports of abuse or neglect (including, but not limited to, sexual abuse, severe physical abuse, serious injury<sup>2</sup>, child death, near fatality<sup>3</sup>, and/or chronic, severe neglect) and should be conducted as outlined by the local Child Abuse Protocol. A joint investigation may include:

1. Developing a plan to complete the investigation;
2. Responding with law enforcement;
3. Frequent and open communication to discuss the status of the case; and
4. Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
  - a. Completion of interviews;
  - b. Filing a dependency petition;
  - c. Prior to the return of the child victim to the home at any time during the life of a case;
  - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case;
  - e. Reassessment of safety to include a change in the safety plan or change in placement; and

<sup>1</sup> The Role of Law Enforcement in the Response to Child Abuse and Neglect, U.S. Department of Health, and Human Services, 1992.

<sup>2</sup> Serious Injury means an injury such as bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

<sup>3</sup> Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion, then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.



- f. Disclosure of information about the criminal conduct.
- 5. Refrain from interviewing the alleged maltreater due to a criminal case  
**NOTE:** The SSCM should attempt to obtain a transcript of the interview conducted by law enforcement. Under no circumstances should the request concerning the interview of the alleged maltreater impact DFCS' assessment of child safety or timeliness for initiating the assessment.

The SSCM should consider a request for law enforcement officers to go with them based on the location of the visit, the time of day/night, or the history of the subjects involved. Often the presence of law enforcement during a case manager's visit with a family has a stabilizing effect and thus helps to ensure the safety of all parties involved. Additionally, law enforcement's authority is also much more widely accepted than CPS authority. Law enforcement officers are often called for assistance when it becomes necessary to remove children from their home; and law enforcement has general authority to take custody of children if the legal requirements are met.

DFCS must initiate an assessment within the assigned response time. If law enforcement is not able to respond jointly within the response time established by DFCS, explain to the law enforcement agency that DFCS must proceed with the assessment to ensure child safety.

### **Case Management**

Special Investigations are assigned to the investigations track directly from intake in Georgia SHINES to a point of contact in the County Department. The County Department is then responsible for assigning the special investigation to a SSCM to complete investigative activities.

### **Conflicts of Interest in Special Investigations**

To avoid any conflicts of interest when working with a placement resource or family with prior DFCS history during a special investigation an Investigator from the Special Investigations Unit (SIU) should conduct the special investigation. When it is not possible for SIU to accept the case, the special investigation should be conducted by a Child Protective Services (CPS) SSCM or SSS from outside the county in which the home or resource is located, or with primary case management responsibilities. It is permissible for the County Department where the resource/home is located; or for the county with primary case management responsibilities to meet the response time with the alleged victim child(ren) to ensure child safety when a SSCM from the SIU or other County Department is unavailable immediately.

### **Enforcement Actions by the Georgia Department of Early Care and Learning (DECAL)<sup>4</sup>**

DECAL staff use a variety of enforcement actions to encourage and support compliance with the Bright from the Start Rules for Child Care Learning Centers and Family Child Care Learning Homes. These enforcement actions include citations at regulatory visits, developing plans of improvement, providing technical assistance and training, and holding office conferences. If it is determined that serious or continued noncompliance exists, or a provider does not comply

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with a specific rule or law, such as the requirement to pay an annual license fee, another type of enforcement action may be taken. These enforcement actions are penalties that are allowed or directed by rules and/or laws that are issued to a provider.

Generally, enforcement actions, other than revocations, will remain on the website for five years after the mailing date as long as the facility remains open. Revocations remain permanently available for public viewing. Any action that is rescinded or reversed, including a revocation, will be removed from the website.

A detailed description of the types of enforcement actions DECAL implements may be found on the DECAL Enforcement Actions Descriptions List.

## **FORMS AND TOOLS**

[Authorization for Release of Information](#)

[Authorization for Release of Information - \(Spanish](#)


[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation](#)

[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation - Spanish](#)

[Caregiver Request for Case Record Information](#)

[Foster Parent Bill of Rights Brochure](#)

[HIPAA Privacy Practices](#)

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Purposeful Contacts In Special Investigations		
<b>Policy Number:</b>	6.2	<b>Previous Policy #:</b>	N/A	

### CODES/REFERENCES

O.C.G.A. § 19-7-5 Reporting of child abuse; when mandated or authorized; content of report; to whom made; immunity from liability; report based upon privileged communication; penalty for failure to report  
O.C.G.A. § 49-5-281 Bill of rights for foster parents; filing of grievance in event of violations  
Child and Family Services Improvement Act  
Child Abuse Prevention and Treatment Act (CAPTA)  
Health Information and Portability and Accountability Act (HIPAA)  
Preventing Sex Trafficking and Strengthening Families Act  
J.J. v. Ledbetter-Release of Information of Confidential Records

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage the family in a manner that is beneficial to establishing a partnership by:
  - a. Engaging from the viewpoint that families goes through developmental stages and encounter common challenges;
  - b. Normalizing the challenges the family identifies as difficult situations in their everyday life routine; and
  - c. Separating their intent from their actions.

**NOTE:** The term “family” shall include caregivers providing direct care and supervision to children in a facility/school setting.

3. Conduct purposeful contacts in coordination with law enforcement and/or the applicable oversight authority (see policy **6.9 Special Investigations: Notifications in Special Investigations**).
4. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-to-24-hour response time to assess and address child safety.
5. Use court intervention and/or request support from law enforcement to interview/observe a child in the legal custody of the caregiver, when prevented from doing so, and safety cannot be assured (see policy **17.1 Legal: The Juvenile Court Process**).
6. Inform the parent/legal guardian/legal custodian of an interview conducted with an alleged victim child not in DFCS custody and without prior caregiver notice immediately upon completion of the interview. It is not the responsibility of the child to notify the caregiver.
7. Conduct private face-to-face purposeful contact(s) with caregivers and the alleged maltreater(s) to discuss maltreatment allegations, assess safety and family functioning, and make a special investigation determination.

**NOTE:** In addition to private interviews, caregivers may be engaged together, as needed, to build consensus and develop solutions. Consider the type of allegations, type and setting of the special investigation, and safety concerns when deciding who should be engaged together.

8. Discuss motor vehicle safety precautions including not leaving children unattended in cars.
9. Conduct a visual assessment of all children:
  - a. Determine if any physical signs of maltreatment exist. Physical signs of maltreatment may include suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, lethargy, severe tooth decay, matted hair, pungent body odor, etc.; and
  - b. When the child is four years old and under; or, if there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure that children are not fully unclothed during the observation.
10. Observe the physical environment of the home/facility/school to determine if it is safe and appropriate to meet the needs of each child including:
  - a. Sleeping arrangements for each child; (if applicable)
  - b. Common areas of a facility/school where children may frequent; and
  - c. Area where the maltreatment occurred.
11. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home/facility (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
12. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, caregiver, adult household member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
13. Conduct a purposeful contact with any child that is seriously injured or has attempted self-injury or suicide within 24 hours of notification to assess for maltreatment, the child's current condition and future maltreatment needs.
14. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.
15. Immediately report any new known or suspected instances of child abuse or neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).
16. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
17. When substance abuse is suspected or alleged, see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
18. Refer to Forms and Tools: Intimate Partner Violence/Domestic Violence (IPV/DV) Guidelines and Protocol in forms and tools for additional guidance if IPV/DV is suspected or alleged.



19. Notify the foster or adoptive parents of the right, to the extent allowed under state and federal law, to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of abuse and neglect at which an accused foster parent is present (see policy [14.17 Resource Development: Foster Parent Bill of Rights and Grievance Procedure](#)).

**NOTE:** Do not delay assessing child safety due to the foster parent requesting to exercise his/her right to have an advocate present.

20. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

### Purposeful Contacts Preparation

The Social Services Case Manager (SSCM) will:

1. Coordinate purposeful contacts with law enforcement and the applicable oversight authority, when possible (see [6.9 Special Investigations: Notifications in Special Investigations](#) for a list of oversight authorities).
  - a. Determine strategies for engaging caregivers separately and as a group; and
  - b. Discuss information gathering approaches, persons to be engaged, order of interviews, and when contacts will occur; and
  - c. Consider factors such as subject matter, DV/IPV, substance abuse, sex trafficking, child safety, etc., when determining how or whether to convene the family together
2. Determine the need to contact another county/state to request additional SSCM's assist in meeting a response time or with completing interviews with a child(ren) or adult(s).
3. Prepare a list of questions to ensure all issues/concerns are addressed.
4. Identify potential child safety and family service needs.
5. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via [lepsi@dhs.ga.gov](mailto:lepsi@dhs.ga.gov). The use of family members as interpreters is not appropriate.
6. Gather forms and other material required for the contact, as applicable, including but not limited to:
  - a. Authorization for Release of Information;
  - b. Brochures:
    - i. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (English/Spanish);
    - ii. Safe Sleep For Your Baby;
    - iii. Helping Keep Children Safe; and/or
    - iv. Foster Parent Bill of Rights brochure;
  - c. Caregiver Request for Case Record Information;
  - d. HIPAA Notice of Privacy Practices; and
  - e. Suggestions for Parents/Tip Sheet.

### Child/Youth

The SSCM will:

1. Engage the child in a private face-to-face conversation as part of the assessment of child safety, permanency, and well-being. Use age and developmentally appropriate language and questions to assess and discuss:

- a. Each maltreatment allegation;
- b. The extent and circumstances of the maltreatment including the sequence of events that led up to and followed the incident that everyone is concerned (maltreatment) about, and including but not limited to the following:
  - i. Who was present during the incident;
  - ii. How the destructive behavior (i.e. child left home alone, the child was disciplined with an extension cord, etc.) occurred;
  - iii. When does this problem occur;
  - iv. Who was involved; Who was not involved;
  - v. Who did what and when;
  - vi. What usually occurs prior to the problem;
  - vii. What did the maltreater say about the problem after it occurred; what did others say about the problem after it occurred;
  - viii. How did he/she feel leading up to, during and following the problematic issue/event; and/or
  - ix. Have there been similar situations or events when the caregiver(s) or alleged maltreater (s) were able to manage without destructive behavior?
- c. Any needs, concerns, or fears of the child;
- d. Extracurricular activities or interests of the child;
- e. Involvement with absent parent(s)/non-custodial parent(s) and their families;
- f. Child's current living arrangement, including who resides in the home;
- g. Family relationships and role of each household member;
- h. Physical, educational, medical and mental health needs; and any services the child is receiving; and
- i. If the youth is identified as an Unaccompanied Homeless Youth:
  - i. Reason(s) for the homelessness and potential solutions;
  - ii. Level of parental care and supervision, and length of time without parental care and supervision;
  - iii. Other persons that may be providing support to the youth; and
  - iv. Youth's access to education.

**NOTE:** Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization. The determination whether to re-interview the child about the allegations should be made in consultation with the SSS. Consideration should be given to whether the interview is necessary to ensure child safety or resolve inconsistencies to make the maltreatment or safety determination.

2. Conduct a visual assessment of all children for physical signs of maltreatment If the child is four years old and under, or there is cause to believe that any child has been harmed:
  - a. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
  - b. Arrange for the caregiver or other adult to be present when possible (e.g. caregiver, non-offending parent or legal guardian, relative, foster parent, school nurse, daycare staff, etc.).
  - c. In the least invasive manner possible, observe areas of the body that are clothed:
    - i. If the child is four years old and under ask the caregiver to adjust one area at a time (e.g. raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.); Ask them to replace the clothing before proceeding to the next area of the body;
    - ii. If the child is older than four and is capable, ask the child to adjust their own

- clothing; and
- iii. Take pictures of any injuries noted.
- d. When the visual assessment of the child uncovers injuries or other signs of maltreatment:
  - i. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch? Does the child complain of discomfort or pain;
  - ii. Gather information around the circumstances surrounding the injury and the caregiver's knowledge and response to the injury by asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord, etc.). Describe the object used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, common room in a facility, cafeteria at a school, etc.);
  - iii. Evaluate and determine whether injuries to the child, or the condition of the child requires a medical or psychological evaluation or medical treatment.
  - iv. Obtain a medical exam for other children in the home under the age of four when the identified victim child has suspicious or unexplained injuries; and
  - v. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g. 24-hour nurse helpline, poison control center). If medical treatment is recommended from the consult, take a child in DFCS custody immediately to be examined by a medical professional. When the child is in parental custody insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
- 3. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, caregiver, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe.
  - a. When the child is in the legal custody of the caregiver(s):
    - i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan; or
    - ii. Initiate court/legal intervention.
  - b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see Practice Guidance: Removal of Children in DFCS Custody).  
**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe.
- 4. Inform the parent/legal guardian/legal custodian of an interview completed with a child not in DFCS custody and without prior caregiver notice:
  - a. Immediately upon completion of the interview with the alleged victim child(ren); and/or
  - b. Within five business days of completing an interview with a child who is a collateral/witness; not identified as an alleged victim of maltreatment, via the Caregiver Notification of a Child Interview in a School or Caregiver Notification of a Child Interview in a Facility letter.

**Parent (Custodial/Non-Custodial), Caregiver, Adult Household Member or Alleged Maltreater**

The SSCM will:

1. Engage each parent (custodial or non-custodial), caregiver, adult household member and alleged maltreater in a private face-to-face conversation to assess child safety, permanency and well-being.
  - a. Provide and explain the following forms and material, where applicable:
    - i. Caregiver's Guide to Child Protection Services (CPS);
    - ii. Caregiver Request for Case Record Information when the caregiver is a parent, guardian or legal custodian of a child;
    - iii. Foster Parent Bill of Rights brochure; and
    - iv. HIPAA Notice of Privacy Practices and obtain a signature on the notice.
  - b. Obtain demographic information regarding caregivers, household members, alleged maltreaters and absent/non-custodial parents; and
  - c. Assess and discuss with each parent, caregiver, adult household member and alleged maltreater:
    - i. Each maltreatment allegation;
    - ii. The extent and circumstances of the maltreatment including the sequence of events that led up to and following the problematic family incident:
      1. Who was present during the incident;
      2. When does this problem occur;
      3. Who was involved? Who was not involved;
      4. Who did what and when;
      5. What occurs prior to the problem;
      6. What did the maltreater(s) say about the problem after it occurred? What did others say about the problem after it occurred;
      7. How did he/she feel leading up to, during and following the problematic issue/event;
      8. What was he/she thinking leading up to, during and following the problematic issue/event;
      9. What was he/she doing leading up to, during and following the problematic issue/event; and
      10. What solutions were tried in the past to resolve the problem? Why does he/she believe those solutions have not been successful?
    - iii. Situations when the family was able to manage the challenges they identified within their everyday life routines and how they were able to successfully manage these challenges without leading to an unsafe situation or maltreatment;
    - iv. Family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day to day basis;
    - v. Family's pattern of disciplining their children;
    - vi. Adult functioning/physical adult patterns of behavior, including parents absent from the home and their involvement and role in the family;
    - vii. Child/youth development and functioning;
    - viii. Family support system and resources, including information on non-custodial parents, maternal and paternal relatives and other persons who have demonstrated an ongoing commitment to the child(ren);
    - ix. The whereabouts of household members not present during the visit and arrange for them to be interviewed prior to the conclusion special investigation; and
    - x. What specifically went wrong, if the special investigation is on an active CPS or Permanency case? Refer to the action plan(s), what tasks were supposed to



- occur and what tasks did and/or did not occur.
- d. When injuries or signs of maltreatment are discovered during the observation of the child discuss with the caregiver(s), alleged maltreater(s), and other adult household members:
    - i. When did the injury take place? Who was present during the incident that resulted in the injury;
    - ii. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord)? Describe the object that was used to cause the injury (example: black belt with studs)? Observe the object used to cause the injury;
    - iii. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.)? Observe the specific location in the home where the incident occurred;
    - iv. Document the observation of the object or location of where the incident and/or injury occurred by taking quality pictures and/or a detailed written description.
    - v. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought;
    - vi. Has the child suffered any other injuries or does the child have a history of injuries; and
    - vii. Whenever there is a question of whether a child needs to be examined by a medical professional have the caregiver seek a medical consultation (e.g. 24-hour nurse helpline or poison control center). If medical treatment is recommended from the consult, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.
  - e. Identify with the family the everyday life situation(s) that are challenging to manage and that make the child unsafe or put the child at risk for maltreatment.
  - f. Identify with the caregiver the personal issue(s) one or more caregiver has that makes caring for the children difficult as it relates to child safety and risk. Identify skills that the individual possesses that help to manage unwanted behavior.
2. Observe the family functioning and interactions around everyday tasks:
    - a. Parent/caregiver-child interaction:
      - i. How the caregiver(s) relates to the child;
      - ii. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident about parenting or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
      - iii. What the caregiver(s) communicates to the child non-verbally (e.g. looks, touches, and gestures).
    - b. Interactions of all household members; and
    - c. The caregiver's ability to meet the needs of all children under their care and supervision.
  3. Observe the physical home environment to determine if it is safe and appropriate to meet the needs of each child:
    - a. Observe the area where the alleged maltreatment occurred. Document detailed evidence that supports or refutes the allegations of maltreatment including environmental conditions, observed injuries, or physical signs of maltreatment by taking quality pictures, obtaining pictures from law enforcement/other mandated reporter, and completing a detailed written description.
    - b. Examine every room in the home for other present or potential environmental concerns or hazards. Take appropriate action to remedy environmental concerns or

hazards (i.e. loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving the home;

- c. Review the sleeping arrangements for all household members;
- d. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home/facility (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).

**NOTE:** A caregiver's willingness or unwillingness to address a safe sleep environment must be considered when evaluating caregiver protective capacities and documented in Georgia SHINES.

- e. Take pictures and/or document in writing the condition of the home when concerns or hazards are identified, this may include taking pictures on inside or outside the home, such as the yard, porch area, etc.
4. Discuss motor vehicle safety recommendations including hot car safety.
  5. Build a consensus with the caregiver(s) regarding the family and individual problem by summarizing how the old plan doesn't seem to be working very well and how it seems we need to help develop a new plan.
  6. Construct a genogram with the family when the special investigation involves a child in the legal custody of the caregiver(s) to identify the family's support system (see policy [19.19 Case Management: Genogram](#)).
  7. Request an Authorization for Release of Information (ROI) be signed when it is necessary to obtain information about family members and/or initiate referrals. Obtain the signature of the subject of whom you are requesting information or the custodian or guardian of the child whom you are requesting information. Blank ROI's should not be requested to be signed. ROI's should be completed related to a specific request for information at the time signatures are obtained.
  8. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, caregiver, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe.
    - a. When the child is in the legal custody of the caregiver(s):
      - i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan; or
      - ii. Initiate court/legal intervention.
    - b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see Practice Guidance: Removal of Children in DFCS Custody).  
**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe.
  9. Thoroughly explain what will happen next and answer any questions he/she may have in relation to the special investigation process.

### **Additional Steps in Foster/Adoptive Homes CPA Homes, or Relative Non-Relative Placements**

In addition to the general purposeful contact requirements outlined above the SSCM will:

1. Provide a Foster Parents Bill of Rights brochure to DFCS or Child Placing Agency (CPA) foster/adoptive parents. In addition, verbally notify the foster/adoptive parent of his/her

right to have an advocate present for support during all stages of the special investigation, and subsequent decisions regarding placement(s) and foster/adoptive home status. Document the notification in Georgia SHINES.

**NOTE:** Complete an Authorization for Release of Information containing the name of the advocate that will be in attendance when the foster/adoptive parent(s) elect to have an advocate present (see Practice Guidance for how foster parents can request an advocate).

2. Engage the foster parent, relative/non-relative caregiver, other adult household members, and/or alleged maltreater(s) in a private face-to-face conversation. In addition to general safety, permanency, and well-being questions discuss:
  - a. Adjustment of the child to the placement;
  - b. Special needs and/or behavioral issues, along with any support services being provided to address the well-being needs of the children placed/living in the home;
  - c. Relationship with the biological family of the child(ren);
  - d. What triggers behavioral outbursts in the alleged victim child and how this impacts classmates and/or children in the home;
  - e. How the child(ren) respond to returning to the home after a visit with his/her parent(s) and any stressors this triggers with the child and/or foster parent/relative/non-relative caregiver(s);
  - f. How the child gets along with other children placed in the home and/or the foster parent's/relative/non-relative caregiver(s) biological/adopted children;
  - g. Other caregivers used for respite;
  - h. Discipline of the foster child(ren); and
  - i. Other supports utilized by the foster parent/relative/non-relative caregiver(s), or services available to provide additional support.

### **Additional Steps in Residential/Non-Residential Facility or Public or Private Non-Residential Schools**

In addition to general purposeful contact procedures outlined above the SSCM will:

1. Engage the alleged maltreater(s) and other facility/school staff members with direct knowledge of the circumstances being investigated in a private face-to-face conversation. In addition to general safety, permanency, and well-being questions discuss:
  - a. Adjustment of the child to the placement/school;
  - b. Special needs and/or behavioral issues, along with any support services being provided to address the well-being needs of the children placed/living in/ or attending programs at the facility/school;
  - c. What triggers behavioral outbursts in the alleged victim child and how this impacts classmates and/or children at the facility/school;
  - d. How the child(ren) responds after a visit with his/her parent(s) and any stressors this triggers with the child;
  - e. How the alleged victim child gets along with other children at the facility/school;
  - f. Discipline techniques utilized with the alleged victim child(ren); and
  - g. Other supports, or services available at the facility/school.
2. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, staff member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe:

- a. Contact the legal custodian(s), Director/Principal/Designee of the facility/school, the Office of Provider Management (OPM), and/or other oversight authority and inform them of the safety determination. Gather information about plans to ensure immediate child safety (i.e. legal custodian picks child up from facility/school, move child to a different facility/school, staff changes etc.);  
**NOTE:** Safety Plans are not applicable in a facility/school investigation.
- b. When the child is in the legal custody of DFCS immediately remove the child from a placement.  
**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe

### **Additional Steps During a Child Death, Near Fatality, or Serious Injury (CD/NF/SI)**

In addition to the general purposeful contact procedures outlined above the SSCM will:

1. Engage the parent/caregiver, other adult household members, and/or alleged maltreater(s) in a private face-to-face conversation. In addition to general safety, permanency, and well-being questions discuss:
  - a. The timeline of events leading up to, and during a CD/NF/SI event. Obtain information and resolve any discrepancies concerning:
    - i. Each abuse or neglect allegation;
    - ii. Any eyewitness information related to the CD/NF/SI event;
    - iii. Who had access to the alleged victim child(ren), leading up to, and during to the CD/NF/SI event;
    - iv. Who was responsible for providing direct care and supervision for the alleged victim child(ren), leading up to and during the CD/NF/SI event; and
    - v. The caregiver(s)' condition at the time of a CD/NF/SI (e.g. was the caregiver under the influence of alcohol or drugs at the time of the event (legal [prescription or non-prescription], or illegal);
    - vi. Infant deaths related to unsafe sleeping environments:
      1. When, where, and how the caregiver(s) placed the infant to sleep, (e.g. was the infant put to sleep on the stomach, side, or back, etc.) was the caregiver (s) co-sleeping with the infant? Was the mother planning to breastfeed or was breastfeeding at the time of death;
      2. How often and the time(s) the caregiver(s) checked on the infant; What time did the caregiver(s) last checked on the infant and how long between this time and when he/she was found unresponsive;
      3. Who found the infant deceased and the infant's position when found unresponsive (e.g. on the back, stomach, under a blanket, etc.);
      4. Does the caregiver(s) or other household member(s) smoke tobacco products in the home and/or are there other possible contributing factors to the infant's death (see Infant Safe to Sleep Guidelines and Protocol in Forms and Tools).
      5. Conduct a visual assessment of the sleep environment of the infant. Take pictures and document the following:
        - a. Where the infant was placed prior to being found deceased (e.g. swing, bassinet, adult bed, etc.);
        - b. Were any pillows, soft bedding, blankets, or any other objects that were found near or on the infant at the time of death;
        - c. How was the infant was clothed or swaddled;



- d. Was co-sleeping involved; and
  - e. What was the condition and temperature of the home and the room where the infant was found deceased.
6. Verify any safe sleeping recommendations made to the caregiver by other agencies or professionals (see policy [19.16 Case Management: Collateral Contacts](#)).
  7. Gather information about the infant, including but not limited to:
    - a. Was the infant full term and of a normal birth weight;
    - b. The infant's general health;
    - c. Any diagnosed medical conditions such as colic or reflux;
    - d. Any recent illness such as a cold or fever;
    - e. Were immunizations up to date (if applicable).

### **Analyzing Information Obtained During the Purposeful Contact**

The SSCM will:

1. Review and analyze the information gathered during the interview(s). Identify inconsistencies or discrepancies.
2. Consult with the SSS and/or other subject matter experts (i.e. Permanency Consultants, Regional Adoption Coordinator, Field Program Specialist) for assistance as needed to make necessary safety decisions in response to information gathered during interviews and visual assessments.
3. Immediately report to the CICC any new known or suspected instances of child abuse, neglect and/or exploitation using the guidelines outlined in policy [3.15 Intake: Mandated Reporters](#).
4. If the information gathered indicates a child/youth is a known victim of sex trafficking, or red flags are indicated suggesting a child might be a sex trafficking victim:
  - a. Contact the Georgia Bureau of Investigation (GBI) immediately to within 24 hours to provide notification and to discuss next steps, if the information was not previously known or reported at Intake;
  - b. Follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools; and
  - c. Obtain sex trafficking specific services (see policy [19.17 Case Management: Service Provision](#)).
5. Obtain a signature of approval from the SSS on a safety plan developed with the family (if applicable).
6. Document purposeful contacts in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures, safety plans or documents to External Documentation.
7. Conduct safety screenings on additional household members or caregivers revealed during purposeful contacts who were not identified at intake (see policy [19.9 Case Management: Safety Screenings](#)).
8. Follow up on commitments made during the visit.
9. Identify areas for discussion and follow up during the next visit.

### **Supervisor's Role in Purposeful Contacts**

The SSS will:

1. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety and determine family functioning.
2. Use the following reports to track purposeful contacts:
  - a. Investigation Response Time Report (Georgia SHINES); and/or
  - b. Log of Contacts (Georgia SHINES).
3. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on the everyday life situations the family is having difficulty managing and safety, permanency and wellbeing.
4. Ensure he/she is accessible to provide guidance and consult with the SSCM in “real time” to discuss:
  - a. Information gathered concerning areas of family functioning (extent and circumstances concerning maltreatment, child development, and functioning, adult functioning and patterns of behavior, family choice of discipline, and family support system and resources);
  - b. Present danger situations or impending danger safety threats identified;
  - c. A safety determination (safe or unsafe);
  - d. The development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats; and/or
  - e. The sufficiency of the safety plan to manage safety threats.
5. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
6. Ensure purposeful contacts are documented timely in Georgia SHINES within 72 hours of the occurrence, including pictures and observations.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
  - a. Documentation meets guidelines as outlined in Documenting Purposeful Contacts in Practice Guidance;
  - b. Does the documentation support the purposeful contact(s) conducted provides sufficient information to assess child safety and current family functioning;
  - c. Is the information gathered sufficient to support the safety decision;
  - d. Was the family engaged in manner that is conducive to building a partnership;
  - e. Was the discussion with the family focused on the everyday life tasks the family is struggling with;
  - f. Are inconsistencies documented that need to be resolved; and
  - g. Are there any services that have been identified that need to be linked to the family?
8. When inconsistencies or follow up is needed based on the review of documentation provide feedback and guidance to the SSCM in order to resolve the inconsistencies and ensure service provision as necessary.

## **PRACTICE GUIDANCE**

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child’s safety, permanency and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to keep in mind when performing purposeful contacts include:

1. Recognizing the family providing care as a system - Each member of the family, including the child, has a role and responsibility within the family. If any one person is unable to fulfill their responsibilities, then the whole family is impacted.

2. Engagement and partnership building - purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth - Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their importance in ensuring the success of the family system.
4. Recognizing all members are individuals – Each family members will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness - Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, we must be respectful of all cultures involved and how they impact the functioning of the family.
6. Empathy, authenticity and transparency - During purposeful contact with family, we should be mindful of these three words: empathy, authenticity and transparency. When engaging we must be able to identify with their thoughts and feelings even though we may not always agree. We also must be genuine and open in our communication with all family members and recognize that we have some accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.
7. Remaining focused on safety, permanency and well-being throughout the process.

### **Minimizing Trauma to Children During an Investigation<sup>1</sup>**

Many children coming into the child welfare system have been traumatized by experiences of abuse or neglect. This trauma is often chronic and/or complex, meaning that it has been sustained over a period of time, started at a very young age (when the child is most vulnerable) and perpetrated by someone who the child depends on for protection and care. Trauma can have serious short-term and long-term effects on children's development such as attachment, cognition, mood regulation, behavior control, physiology, dissociation and self-concept. Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the traumatic event(s). This may reduce their capacity to master developmental tasks. The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Considering that children who enter the child welfare system may have already experienced trauma, it is especially important that they not be further traumatized by the system that seeks to help them and that they receive services as soon as possible to facilitate their recovery from the trauma they have experienced. The potential for children to be traumatized during the process of investigation is high, as these processes often involve conflictual interactions between professionals and family members and can evoke fear, resistance, and hostility.

In order to reduce the chance of further traumatizing children during an investigation the following are some Trauma Informed Practice Strategies (T.I.P.S.) for Caseworkers:

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<sup>1</sup> Product of "Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project" (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children's Justice Act Task Force at the Oregon Department of Human Services.

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise:
  - a. Slow down, plan out investigations and removals;
  - b. Let the family know an assessment is going on, that removal is a possibility, when applicable;
  - c. Suggest they keep a school aged child at home so the child doesn't have to be interviewed at school;
  - d. Work with the parents to identify support individuals for their children during the assessment and/or for placement resources – relatives, friends, etc. Ask the parent and the child, who does this child know and trust; and
  - e. Collaborate with other agencies, especially law enforcement. How can you better collaborate out in the field; clarify roles and expectations.
2. Try to keep things calm during the investigation, assessment and when necessary, removal. Engage the parents in helping the child:
  - a. Remain calm; move slowly;
  - b. Talk the parents down. Calm the parents to calm the child; and
  - c. Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
3. Empathize, connect, and try to understand the child's perspective:
  - a. Be open to listening if they want to talk;
  - b. Acknowledge their feelings and the difficulty of what they are going through; and
  - c. Acknowledge their love for their parents and their parents love for them.
4. Provide information to the child:
  - a. Explain what is happening;
  - b. Assure them this is not their fault, they are safe, and will be cared for; and
  - c. Don't make promises you can't keep.
5. Provide services aimed at healing and wellbeing as soon as possible, including trauma informed services:
  - a. Make sure the child has someone to talk to about what's happening that they feel comfortable with;
  - b. Obtain a mental health assessment; and when necessary
  - c. Obtain counseling and/or other trauma informed therapy for the child.

### **Visually Assessing Children for Physical Signs of Maltreatment**

Visually assessing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.



5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible arrange for a staff person of the same sex as the child to conduct the observation.

### **Assessing Injuries**

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e. skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

**NOTE:** Medical personnel are trained to detect signs of abuse or neglect that may otherwise go unnoticed. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g. 24-hour nurse helpline, poison control center). If medical treatment is recommended, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.

The SSCM also needs to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the incident or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

## **Deliberate Information Gathering (DIG)<sup>2</sup>**

Seek to understand the caregiver, his/ her point of view, story and experience. That means to dig deeper for the information needed in order to understand the person, the situation and how this helps explain both threats to child safety and caregiver protective capacities. The DIG idea is to be very deliberate in gathering information and seeking to understand while behaving very naturally. The following interpersonal techniques can be used while gathering information:

### **1. Attending Behavior**

Attending behavior refers to focusing attention on the caregiver rather than the SSCM's agenda or line of questioning. Attending behavior involves "matching" a caregiver's nonverbal behavior by consciously manipulating and controlling the SSCM's own nonverbal skills and responses. Primary attending behaviors include eye contact, facial expressions, body language, posturing and gesturing, following, reflecting and vocal qualities-tone and pace.

### **2. Open Questions**

Open questions help to remove the SSCM from the responsibility of "carrying" the interview by establishing a conversational quality to the interaction. Open questions cannot be answered "yes" or "no" or in just a few words. Open questions require the caregiver to elaborate with a wider range of responses. Open questions are the "what" and "how" type questions.

### **3. Closed Questions**

Closed questions should be used to restrict or narrow the focus of a caregiver's response. Closed questions should be used purposefully when precise detail and greater clarity is needed from the caregiver. As an exception, closed questions may be used more frequently when there are time constraints or when the SSCM is interviewing a caregiver who is very concrete or is not very verbal.

### **4. Paraphrasing**

The primary intent of paraphrasing is to facilitate the clarification of statements, issues, and concerns. Paraphrasing may involve the SSCM selecting and using a caregiver's own keywords. Paraphrasing involves formulating the essential message that the caregiver is conveying and then stating that message back to the caregiver in the SSCM's own words. When paraphrasing, check for accuracy of the statement by concluding the paraphrase with a simple question such as, "Is that correct?" or "Does that sound accurate?"

### **5. Encouraging**

This technique serves to keep people talking about a particular topic, issue or concern. Encouraging may be as simple as using a slight verbal prompt, such as "uh-huh", "I see", "go on", or "then what?"

### **6. Conversational Looping**

Conversational looping is a skill for gathering information that first involves the SSCM identifying some key general topic or area for discussion with a caregiver (e.g., approach to parenting, problem-solving, dealing with stress, etc.). Once a topic has been identified, begin the conversation with a broad non-threatening open question. As the conversation progresses related to the identified topic, continue with a line of questioning (primarily open-ended) based on previous caregiver responses that progressively moves the discussion toward a more specific and intimate inquiry. A key

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<sup>2</sup> Deliberate Information Gathering, November 2006 ACTION for Child Protection, Inc.

to effective conversational looping is the ability of the interviewer to maintain a caregiver's focus on a particular topic, which will then enable the interviewer to gather more detailed information from the caregiver about the issue, concern or topic inquiry.

Example: Parenting Approach

"So, how would you describe yourself as a parent?"

"Where do you learn parenting skills from?"

"What brings you the most satisfaction as a parent?"

"How does what you're saying relate to your feelings about being a single parent?"

The content areas that are explored through conversational looping or for any technique are the six family functioning areas.

#### 7. Reflective Listening Statements

Reflective listening statements involve the SSCM's attempts to interpret what a caregiver believes, thinks and/or feels, and then state the SSCM's interpretation back to the caregiver. The interpretation of what the caregiver is communicating is based on both verbal responses and nonverbal cues from the caregiver. A statement is used rather than a question because the statement is less likely to produce caregiver resistance, and, further, a statement triggers the caregiver to re-examine the accuracy of his/her perceptions and thoughts. Example:

Caregiver: "I may have a couple of beers every once in a while, with my friends, but I don't have a drinking problem."

SSCM: "For you, drinking is no big deal...it's just something you do socially with your friends?"

### **Separating Intentions from Actions**

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject "I would like to..., but I am scared". Individuals who may have caused harm to a child also experiences these conflicting feelings. "He deserved to be punished for not following the rules..., but I didn't mean to hurt him. "He just would not stop crying, I was exhausted and wanted to sleep...., but I didn't mean to shake him that hard."

Separating intentions from actions means joining in partnership with the part of the person's thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

#### 1. Normalizing Family Struggles

Normalizing is a form of empathy (understanding) that acknowledges the family's problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

For example, can you remember failing a test in college to only find out the majority of the class failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family's struggles can reduce the risk of defensive behavior by the family by attributing the family's problems to struggles associated with difficult life cycle stages.

<b>Problem</b>	<b>Normalizing Language</b>
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	"Teenagers today sometimes fail to understand the danger out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?"
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	"Single mothers say all the time how hard it is raising children alone, I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?"
A mother who (education) neglects her children.	"As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I'm sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the. Tell me when this began."
Foster mother spans a child in foster care in her home. (policy violation assessment)	"A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?"
Relative placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	"Relatives who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?"
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	"I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that."
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLP.	"Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let's talk about it, what things are you good at?"
Adoptive parents who are experiencing doubts about adopting a child.	"This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns."



A non-custodial parent who has a limited bond with the child wants to be a relative placement. (Relative care assessment)	"Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that."
A non-custodial parent who has a limited interaction with the child wants to be a relative placement. (Relative care assessment)	"I understand you were trying to get yourself financially established before engaging in your child's life because you wanted to have something to offer your child? Parents who are not involved in their child's life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this."

## 2. Externalizing the Problem Pattern

Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame and guilt. If one of the family members has an "anger" problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens up the opportunity for the SSCM to work with the family to address the problem.

For example, asking the individual, "How long have you struggled with the problem of controlling your temper?" "Has the anxiety problem been around for a while?" "Can you see how anxiety has limited your family from engaging in fun activities?" "If your family wasn't plagued with the anxiety problem, what kind of activities would your family enjoy?"

<b>Problem</b>	<b>Externalizing Language</b>
Mother who beats her child (prior abuse victim)	"Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations."
Stepfather who slapped his teenage stepdaughter	"When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter."
Mother who neglects her children due to depression	"This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you."
A mother who neglected her child due to drug use.	"When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children."

## Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than making contact with them inquiring as to their interest in having involvement with the child (ren). It requires making an effort to understand their situation and why they may feel the way they do. It is important to be aware

of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child (ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent's presence/engagement in the child's life, caregiving abilities, cooperative parenting and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent

### **Observing Parent/Guardian and Child Interaction**

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child's needs? Does the parent identify the child's needs and respond to them in a nurturing way? Does the child seem fearful of the parent? Parent-child interaction in the parents' home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e. counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never sufficient.

### **How to Tell When a Family Is Functioning Well**

Some characteristics identified with a well-functioning family include: support, love, mutual caring, feeling secure, feeling a sense of belonging, open communication, and making each person within the family feel valued. Some questions to consider when determining whether or not a family is functioning well include:

1. Does the family have fun together despite their daily demands? What activities do they do together? What were they doing the last time they laughed together as a family? Does the family sit down to meals together?
2. Are there clear family rules that apply equally to all members? Are these rules flexible enough to adapt to a change in the family dynamics/situation?
3. Are family members' expectations of each other realistic, mutually agreed upon, and usually met?

4. Do family members achieve their goals, and are their needs being met?
5. Do all the children in the home have the same opportunities to participate in extracurricular activities?
6. How does caregiver spend individual time with each child?
7. Is there genuine respect between the parents and children? How do they demonstrate love, trust, and concern for one another? Do they demonstrate these the same way even when disagreements occur?
8. How does the family adapt to change? Do household members get upset or unhappy with change?

### **Why to Make Contacts in the Home**

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning.

### **Announced or Unannounced Home Visits<sup>3</sup>**

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit. If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to "catch them doing something", but to act to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/ she must remember that courtesy and mutual respect is a core component of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

### **Purposeful Contacts When the Caregiver or Child Resides in Another County**

County A may request County B to conduct a purposeful visit with a caregiver or child who is

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<sup>3</sup> Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

### **Safe Sleeping Recommendations for Infants up to One Year of Age**

Caregivers of infants (birth to 12 months old) must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as “crib death”. At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the ‘ABCs’ of safe sleep:

1. **Alone** – The baby’s sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.
2. **Back** – Infants should always be placed on their back to sleep for naps and at night.
3. **Crib** – Place infants on a firm sleep surface, such as on a safety approved crib mattress, covered by a fitted sheet.

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in Forms and Tools.

### **Motor Vehicle Safety Recommendations**

Children are sensitive to heat as their body temperature can heat up three to five times faster than an adult’s. Children will die if their body temperature exceeds 107 degrees. Even at a temperature of 60 degrees outdoors, the temperature inside a car can exceed 110 degrees. The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) recommends the following precautions to take in order to avoid child heatstroke.

1. Never leave a child unattended in a vehicle – even if the windows are partially open or the engine is running, and the air conditioning is on;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child doesn't show up for care as expected;
4. Do things that serve as a reminder that a child is in the vehicle, such as placing a phone, purse or briefcase in the back seat to ensure no child is accidentally left in the vehicle or writing a note or using a stuffed animal placed in the driver's view to indicate a child is in the car seat;
5. Always lock your vehicle when not in use and store keys out of a child’s reach, so children cannot enter unattended. Teach children that a vehicle is not a play area;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

### **Pictures**

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

7. When taking pictures to document injuries, ensure the following:
  - a. The caregiver and the child are informed of the need for taking the pictures.
  - b. Each photograph should have one identifier present (i.e. piece of the child’s clothing), at least one photograph should include the child’s face and the clothing, to



- assure that the evidence collected demonstrates the series of pictures of the same child.
- c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
  2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.  
**NOTE:** If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.
  3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

### **Gathering and Assessing Information Obtained During Purposeful Contacts in Facility or School Special Investigations**

Special investigations involving staff members at a facility also offer a unique challenge when evaluating information gathered during purposeful contacts. Interviews with multiple children are usually necessary to assess the incident reported. Depending on the size of the facility and scope of the allegations being investigated, the number of interviews completed, and all the information obtained can be overwhelming. In these situations, the primary SSCM may request assistance with completing interviews. Should this be required, the lead SSCM maintains primary responsibility in ensuring all required information is gathered and any follow up is completed timely. Having a meeting to discuss and guide those helping in completing purposeful contacts is recommended. During this time the SSCM can advise those assisting on specific information needed from the interviews and provide any special instructions.

As always, the alleged victim child(ren) and witnesses to the incident must be interviewed. Other children who live in or attend programs at the facility should also be contacted to help establish patterns of behavior. Getting a different perspective from other children who were previously or are currently under the care of the alleged maltreater allows a more thorough evaluation of how the alleged maltreater functions as a caregiver both individually and when working in tandem with other facility staff members in providing care and supervision and identify tasks or situations which have become challenging for the individual.

Additionally, other staff members who work in the facility should also be interviewed to determine if there are any patterns of behavior exhibited by the alleged maltreater that support or refute allegations of maltreatment and/or impact child safety. By interviewing other staff members, it allows the SSCM to obtain information on how the facility functions day to day. For example, when discussing staffing patterns, the SSCM may discover that a child who has special needs is being cared for by a staff member who does not have required training to deal with those needs, or that there was a discrepancy in the ratio of staff members to children at the time the incident occurred. This type of information is important when making safety decisions and is something that must be addressed with the appropriate oversight authority and administration of the facility.

### **Gathering and Assessing Information Obtained During Purposeful Contacts in CD/NF/SI Investigations**

A thorough CD/NF/SI investigation involves teamwork with law enforcement and other members of the Multi-Disciplinary Team (MDT). Long before the investigation begins fostering relationships with members of the MDT team will be beneficial when investigating a CD/NF/SI since each member of the team will have a different perspective when conducting interviews. For DFCS, a good timeline of events leading up to the CD/NF/SI event and narrowing down who had access to, and/or was caring for the child during that window of time when the CD/NF/SI is believed to have occurred will be important in determining whether maltreatment occurred and by whom. Interviews with everyone in that window of time is crucial to confirm details and determine if there are any inconsistencies in information. Forensic interviews conducted by a trained interviewer are often the best way to obtain this information from children. The DFCS SSCM should be present at the interview when possible to provide information to the interviewer before and during the session.

Medical personnel can also provide a wealth of information, including first responders to the scene. Emergency Medical Services (EMS) personnel are often the first or second to arrive on the scene, behind a responding police officer. Interviewing these individuals and obtaining run reports and the responding officer's police report often provides details that were otherwise unknown or not disclosed by the caregivers when DFCS interviews them. This information provides valuable details about the state of mind and condition of the victim, the scene, and caregivers at the time the event was first reported. When possible, the SSCM should also visit and document the scene as soon as possible after notified of the CD/NF/SI event with law enforcement and document with pictures or drawings. This information can be used to confirm the caregiver's story of how the CD/NF/SI occurred and assist in making a safety and maltreatment determination.

In some situations, pictures taken by first responders, surveillance video, and/or 911 calls may also provide valuable information during a CD/NF/SI investigation and the SSCM should coordinate with law enforcement to obtain copies or view/listen to pictures and/or recordings when available.

Once the MDT team obtains information for his/her respective agency coming back together to staff the case is critical in making a sound decision. Comparing witness statements, notes, reports, records, etc. allows members of the team to determine if the story surrounding the CD/NF/SI is consistent, plausible, and whether further interviews, services, arrests, prosecution, etc. is warranted.

### **Documenting Purposeful Contacts**


All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the visit.
4. The purpose of the visit.
5. What was discussed.
6. Where the visit occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.

8. Summary of information (What happened at the visit):
  - a. The developmental stage of the family and the everyday life task in which the family is struggling;
  - b. Sequencing of the event/situation that is causing concern;
  - c. Safety, permanency and well-being issues discussed;
  - d. Consensus developed with the caregivers;
  - e. Child and parent's involvement in safety planning;
  - f. Safety determination (safe or unsafe);
  - g. Safety plan management; and
  - h. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

<b>FORMS AND TOOLS</b>
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Caregiver Notification of a Child Interview in a Facility  
Caregiver Notification of a Child Interview in a School

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Conducting Special Investigations in DFCS or CPA Foster or Adoptive Homes	<b>Previous Policy #:</b>	5.20

### CODES/REFERENCES

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
O.C.G.A. § 15-11-125 Venue  
O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody  
O.C.G.A. § 15-11-150 Authority to File Petition  
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties  
O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
O.C.G.A. § 49-5-183 Notice to Alleged Abuser  
Adoptions and Safe Families Act (ASFA)  
Indian Child Welfare Act (ICWA)  
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67  
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)  
Child Abuse Prevention and Treatment Act (CAPTA)  
Preventing Sex Trafficking and Strengthening Families Act  
McKinney- Vento Homeless Assistance Act Section 106(b) (2) (F)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation of the reported allegations of child abuse or neglect regarding a DFCS or child placing agency (CPA) foster/adoptive home within 45 calendar days of the receipt of the intake report to:
  - a. Thoroughly assess child safety;
  - b. Conduct a comprehensive assessment of family functioning by identifying, gathering, and analyzing information related to the areas of family functioning outlined in the Family Functioning Assessment (FFA);
  - c. Take action when present danger situations or impending safety threats are identified;
  - d. Determine if any violations of foster care policy occurred; and
  - e. Determine whether child abuse and/or neglect is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse or neglect (including, but not limited to sexual abuse, severe physical abuse,



serious injury<sup>1</sup>, child death, near fatality<sup>2</sup>, and chronic severe neglect) as outlined by the local Child Abuse Protocol.

4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality and Safeguarding Information](#)).
5. Contact the reporter (if known) to clarify information and/or to obtain additional information related to child safety, family functioning and the allegations of maltreatment.
6. Review and analyze DFCS history to weigh the significance of the history prior to initiating the investigation whenever possible, but always prior to making an investigative determination.
7. Engage the Resource Development staff or CPA staff assigned to the foster home regarding the allegations of maltreatment.

**NOTE:** The RD or CPA staff shall place the home on hold pending the outcome of the investigation.

8. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-to-24-hour response time to assess and address child safety.
9. Engage each household member privately, face-to-face, to discuss the maltreatment allegations and family functioning, to build consensus around the tasks or situations in their everyday life that they are having difficulty managing, and to develop solutions to address those challenging situations. This includes the following individuals:
  - a. Alleged victim child(ren);
  - b. Each caregiver;
  - c. All adult household members;
  - d. Other children in the home; and
  - e. The alleged maltreater(s).

**NOTE:** The alleged maltreater must be interviewed unless law enforcement has requested DFCS refrain from conducting such an interview due to a criminal case.

This includes alleged maltreaters identified as a person responsible for the care of a child, but do not reside in the home.

10. Inform the individual subject to a child abuse or neglect report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.

**NOTE:** The Social Services Case Manager (SSCM) must be certain he/she is speaking to the individual named in the report. If the SSCM is unable determine to whom they are speaking, do not discuss specific allegations in order to protect the confidentiality of the family. For instance, if the first contact is over the phone, and the SSCM is certain that the person to whom they are speaking is the person in the report, then the SSCM must advise him/her of the allegations of the report. If on the other hand, the SSCM cannot be sure to whom they are speaking, he/she shall not divulge the specific allegations.

11. Notify the foster/adoptive parents of the right, to the extent allowed under state and federal law, to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of abuse and neglect at which an

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1 Serious Injury means an injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

2 Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

how

accused foster parent is present (see policy [14.17 Resource Development: Foster Parent Bill of Rights and Grievance Procedure](#)).

**NOTE:** Do not delay assessing child safety due to the foster parent requesting to exercise his/her right to have an advocate present.

12. Conduct a visual assessment of all children and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
13. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
14. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
15. Use court intervention and/or request support from law enforcement to interview/observe a child in the legal custody of the foster/adoptive caregiver, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
16. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, foster/adoptive caregiver, adult household member, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
17. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
18. Engage individuals identified as collateral contacts who can provide relevant information for assessing child safety, family functioning and maltreatment allegations.  
**NOTE:** The school and/or daycare of each child must be engaged as a collateral contact. The reporter is not considered a collateral contact.
19. Review and analyze reports, assessments, and physical evidence gathered during the special investigation.
20. Complete the Family Functioning Assessment FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
21. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
22. Connect the family to formal and/or informal services when a need is identified.
23. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
24. Initiate a Plan of Safe Care for infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) as outlined in policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).
25. Submit a referral to Babies Can't Wait (BCW) via Children 1<sup>st</sup> to assess and meet the developmental needs of any child who meets the criteria outlined in policy [19.28 Case Management: Children's 1st and Babies Can't Wait](#).
26. Assess and address homelessness, potential caregiver resources, and education support through the McKinney-Vento liaison for the public-school system for any youth identified as an Unaccompanied Homeless Youth (see policy [19.17 Case Management: Service Provision](#)).
27. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours)

any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.

**EXCEPTION:** If the GBI was notified at the time of intake, a second report is not required.

28. Immediately report any new known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).
29. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
30. Determine if the child is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and follow policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#) to ensure that the child is afforded all rights under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families.
31. Make a safety and maltreatment determination at the conclusion of the special investigation in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#):
  - a. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer to discuss the case disposition, child safety, well-being, placement status, and recommendations regarding the status of a placement resource with the applicable oversight authority and/or individuals.
  - b. Discuss the special investigation determination with the caregiver, parent, guardian, legal custodian, and the alleged maltreater:
    - i. When allegations were substantiated the discussion shall also include that the substantiated maltreater's name will be included in the Child Protective Services Information System (CPSIS) (see policy [20.1 Child Protective Services Information System: CPSIS Inclusion and Notification to the Alleged Child Abuser](#));
    - ii. Limit the discussion with the alleged or substantiated maltreater who is not a caregiver, parent, guardian, or legal custodian to the specific allegation(s) of maltreatment that the individual was alleged to have committed; and
    - iii. When the substantiated maltreater is a minor (ages 13-17) the discussion of the special investigation determination should be conducted with the minor and the minor's caregiver, parent, guardian, or legal custodian.
32. Complete notifications at the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
33. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

The SSCM will:

1. Prepare for initiating the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Review DFCS history concerning the foster/adoptive caregiver and all children currently

placed in the home. Consider how the history of each child in the home and the foster/adoptive caregiver's DFCS history impacts the allegations of maltreatment and family functioning (see policy [19.10 Case Management: Analyzing DFCS History](#)).

3. Coordinate joint investigative activities with law enforcement (as applicable).
4. Contact the reporter, if known, to clarify information and/or obtain additional information related to child safety and the allegations of maltreatment.
5. Complete legitimate attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
  - a. Visiting the location where the child is believed to be; and/or
  - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, child care agencies, school system, law enforcement, and other agencies that may be involved with the family.

**NOTE:** As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to assigned response times to ensure child safety.
6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time to assess child safety (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
7. Inform the parent/legal guardian/legal custodian of an interview completed with a child not in DFCS custody and without prior caregiver notice immediately upon completion of the interview in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
8. Notify the alleged maltreater of the child abuse or neglect allegations during the initial contact with him/her via telephone or through face-to-face contact.

**NOTE:** Do not reveal confidential reporter information.
9. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
10. Engage each household member privately, face-to-face, in a purposeful contact to discuss the maltreatment allegations and explore family functioning, to build consensus around the tasks or situations in their everyday life that they are having difficulty managing, and to develop solutions to address those challenging situations. This includes the following individuals:
  - a. Alleged victim child(ren);
  - b. Each caregiver;
  - c. All adult household members;
  - d. Other children in the home; and
  - e. The alleged maltreater(s).

**NOTE:** Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
11. Conduct a visual assessment of all children and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
12. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.
13. Engage and assess noncustodial parents to further assess child safety and gather family functioning information (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
14. Make a safety determination in consultation with the SSS prior to concluding each



purposeful contact with the child, foster/adoptive caregiver, adult household member, and/or the alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe.

- a. When the child is in the legal custody of the foster/adoptive caregiver(s):
  - i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan; or
  - ii. Initiate court/legal intervention.

- b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see Removal of Children in DFCS Custody in Practice Guidance).

**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe.

15. Interview children previously placed in the foster/adoptive home to discuss any patterns of behavior related to supervision, discipline, and/or overall treatment of the children in foster care.
16. Interview collateral contacts that are knowledgeable about the allegations of abuse or neglect, child safety, and family functioning as outlined in policy [19.16 Case Management: Collateral Contacts](#). The school and/or daycare of each child must be engaged as a collateral contact.
17. Contact the Director/Designee of the CPA when the special investigation involves a CPA foster home and request to review:
  - a. Records on the CPA foster home, noting licensing and/or other violations;
  - b. Any records of the alleged victim child(ren) maintained by the CPA; and
  - c. Witness statements and/or videos related to the alleged maltreatment. Obtain copies when available.
18. Consult the Resource Development/Permanency/Adoption SSCM and the CPA case worker with primary case management responsibilities to discuss the allegations of maltreatment, child safety, and family functioning information.
19. Obtain, review and analyze pictures, reports, assessments, collateral statements and other physical evidence gathered during the special investigation.
20. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
21. Complete the FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
22. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
23. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
24. Engage the family in discussing the following upon approval of the special investigation determination by the SSS, as applicable:
  - a. The investigation disposition (safety and maltreatment determination);
  - b. The safety plan to address safety concerns for children in the legal custody of the foster/adoptive caregiver;
  - c. Any violations of foster care policy;  
**NOTE:** The Resource Development SSCM will be present to discuss violations of foster care policy with the family (see policy [14.22 Resource Development: Policy Violations](#)).
  - d. The reason(s) for foster/adoptive home closure, if applicable;

- e. Service provision for the family (see policy [19.17 Case Management: Service Provision](#)); and/or  
**NOTE:** Family Preservation Services (FPS) or Permanency cases may be opened to address safety issues for children in the legal custody of the foster/adoptive caregiver. A foster/adoptive resource may not be used for DFCS placements when there is an active safety threat, FPS case, or Permanency case. Consideration may be given on a case by case basis to achieve permanency for a child in DFCS custody via the waiver process (see policy [14.23 Resource Development: Home Closure](#)).
  - f. Inform the alleged maltreater(s) of the following if the child abuse or neglect allegation(s) are substantiated:
    - i. His/her name will be included in the Child Protective Services Information System (CPSIS) also known as the child abuse registry, when there is a substantiated maltreatment determination;
    - ii. The substantiated determination will be transmitted to the CPSIS upon the conclusion of the special investigation;
    - iii. He/she will receive the Notice of Inclusion into the CPSIS via certified mail (return receipt requested), upon his/her name being entered into CPSIS. The notice will also include the process for appealing the substantiated determination with the Office of State Administrative Hearings (OSAH); and
    - iv. If he/she decides to appeal the substantiated determination, such request for appeal to OSAH must be made within 10 calendar days of the receipt of the Notice of Inclusion into the CPSIS.
25. Prepare the written notifications of the special investigation outcome for the appropriate oversight authority and required individual(s) and provide it to the SSS for review and signature of approval (see policy [6.9 Special Investigations: Notifications in Special Investigations](#)).
26. Submit the special investigation for Supervisory approval within 45 calendar days of the receipt of the intake report.

The SSS will:

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Consult with the SSCM after each purposeful contact with child, foster/adoptive caregiver, adult household member, and/or the alleged maltreater to:
  - a. Make a safety determination (see policy [19.11 Case Management: Safety Assessment](#));
  - b. Discuss safety interventions to control any identified safety threats including safety planning; and
  - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment in Georgia SHINES and complete the supervisory section approving or rejecting the findings within 72 hours of submission by the SSCM.
4. Review the sufficiency of the safety plan for controlling or mitigating the present danger situation or impending danger safety threats (as applicable).
5. Assess the sufficiency of services recommended, when a need is identified.
6. Review documentation and professional assessments to provide guidance regarding the special investigation.
7. Make the special investigation determination in consultation with the SSCM in

accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).

8. Ensure multi-disciplinary staffing is conducted at least 48 hours prior to submitting the special investigation for closure/transfer as outlined in policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
9. Review the FFA and complete the supervisory section and make an approval decision.
10. Close or stage progress the special investigation in Georgia SHINES within 45 calendar days of receipt of the intake report. Stage progression may only occur in a special investigation if FPS or Permanency (Foster Care) will be addressing safety issues related to a child in the legal custody of the foster/adoptive caregiver(s) (see policy [19.4 Case Management: Case Transfer](#)).
11. Ensure written notifications of the special investigations outcome is provided to the appropriate oversight authority and required individual(s) within five calendar days of the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

## PRACTICE GUIDANCE

Foster care is a safety intervention used when children cannot remain safely in their own homes, with family or with other committed individuals. It is DFCS' mission to ensure their safety and well-being while placed in a foster or adoptive home.

### Foster Parents' Request for an Advocate

Foster parents have the right to ask for an advocate during all aspects of the investigation where the foster parent is present. Outlined below are steps foster parents can take to ask for an advocate:

1. DFCS foster or adoptive parents can request an advocate through the Adoptive and Foster Parent Association of Georgia (AFPAG) at [www.afpag.org](http://www.afpag.org) or call 1-877-804-6610.
2. CPA foster or adoptive parents, can find instructions on how to request an advocate through the Georgia Association of Homes and Services for Children at [www.gahsc.org](http://www.gahsc.org) or 404-572-6170.

### Helpful Hints in Foster or Adoptive Home Investigations

Foster or adoptive parents may often be surprised and hurt when notified about a report of alleged maltreatment. They are often not prepared for what the investigative process entails and may show reluctance in openly participating. The Resource Development SSCM and an advocate (if the foster or adoptive parent chooses to have one present) are resources available to provide support to the foster or adoptive parent during the investigative process.

The agency's close working relationship with foster and adoptive parents can present challenges when it comes to conducting objective investigations of such individuals. As with any other type of investigation, DFCS must conduct a thorough assessment that does not rely solely on information provided by the foster or adoptive parent. Without prejudice, statements, and other facts must be verified with collateral contacts (e.g., doctors, therapists, school personnel, etc.). DFCS must avoid prematurely drawing conclusions solely based on the age or behavioral/mental health history of the alleged victim. Every alleged victim deserves a thorough assessment to ensure his/her safety and well-being. This can be accomplished while

simultaneously treating the foster or adoptive parents involved with the same courtesy and respect afforded all families we encounter.

### **Removal of Children in DFCS Custody**

Removing a child from their parent's home can be traumatic for the child and may result in the emotional or behavioral challenges. Children in foster care should not be subjected to unnecessary placement moves as each placement disruption is traumatic to the child. It is the responsibility of DFCS to ensure that a child's needs are being met by his/her caregiver; however, children shall not remain in a home when safety threats are identified, when there is a substantiated case disposition, or a policy violation recommendation for home closure. In order to minimize unnecessary disruptions, any child who has a permanency plan of adoption or guardianship, or who is in the process of adoption, should not be removed from the home of the caregiver before the case is staffed with the Adoption Exchange State Permanency Unit unless present danger is indicated. Do not return a child removed from a placement unless a waiver for the child to be returned to the placement is approved by the State Office.

### **FORMS AND TOOLS**

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation](#)

[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation - Spanish](#)

[Caregiver Request for Case Record Information](#)

[Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Protocol](#)

[Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)

[Educational Programming Assessment & Consultation \(EPAC\) Web Portal](#)


[Foster Parent Bill of Rights Brochure](#)

[HIPAA Privacy Practices](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)



	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Conducting Special Investigations in Relative or Non-Relative Placements		
<b>Policy Number:</b>	6.4	<b>Previous Policy #:</b>	5.21	

### CODES/REFERENCES

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
O.C.G.A. § 15-11-125 Venue  
O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody  
O.C.G.A. § 15-11-150 Authority to File Petition  
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties  
O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
O.C.G.A. § 49-5-183 Notice to Alleged Abuser  
Adoptions and Safe Families Act (ASFA)  
Indian Child Welfare Act (ICWA)  
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67  
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)  
Child Abuse Prevention and Treatment Act (CAPTA)  
Preventing Sex Trafficking and Strengthening Families Act  
McKinney- Vento Homeless Assistance Act Section 106(b) (2) (F)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation of the reported allegations of child abuse or neglect regarding a relative/non-relative placement within 45 calendar days of the receipt of the intake report to:
  - a. Thoroughly assess child safety;
  - b. Conduct a comprehensive assessment of family functioning by identifying, gathering, and analyzing information related to the areas of family functioning outlined in the Family Functioning Assessment (FFA);
  - c. Conduct a comprehensive assessment of the allegations of child abuse or neglect;
  - d. Take action when present danger situations or impending safety threats are identified;
  - e. Determine if any violations of foster care policy occurred; and
  - f. Determine whether child abuse and/or neglect is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse or neglect (including, but not limited to sexual abuse, severe physical abuse,

serious injury<sup>1</sup>, child death, near fatality<sup>2</sup>, and chronic severe neglect) as outlined by the local Child Abuse Protocol.

4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality and Safeguarding Information](#)).
5. Contact the reporter (if known) to clarify information and/or to obtain additional information related to child safety, family functioning and the allegations of maltreatment.
6. Review and analyze DFCS history. Weigh the significance of the history prior to initiating the investigation whenever possible, but always prior to making an investigative determination.
7. Notify the appropriate oversight authority of the special investigation involving a relative/non-relative placement in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
8. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
9. Engage each household member privately, face-to-face, to discuss the maltreatment allegations and family functioning, to build consensus around the tasks or situations in their everyday life that they are having difficulty managing, and to develop solutions to address those challenging situations. This includes the following individuals:
  - a. Alleged victim child(ren)
  - b. Each caregiver
  - c. All adult household members
  - d. Other children in the home
  - e. The alleged maltreater(s)

**NOTE:** The alleged maltreater must be interviewed unless law enforcement has requested DFCS refrain from conducting such an interview due to a criminal case. This includes alleged maltreaters identified as a person responsible for the care of a child, but do not reside in the home.
10. Inform the individual subject to a child abuse or neglect report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.

**NOTE:** The Social Services Case Manager (SSCM) must be certain he/she is speaking to the individual named in the report. If the SSCM is unable determine to whom they are speaking, do not discuss specific allegations in order to protect the confidentiality of the family. For instance, if the first contact is over the phone, and the SSCM is certain that the person to whom they are speaking is the person in the report, then the SSCM must advise him/her of the allegations of the report. If on the other hand, the SSCM cannot be sure to whom they are speaking, he/she shall not divulge the specific allegations.
11. Conduct a visual assessment of all children and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)..
12. Observe the physical home environment, including every room in the home to determine

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1 Serious Injury means an injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

2 Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

if it is safe and appropriate to meet the needs of each child.

13. Assess and discuss safe sleep practices with any caregiver who has an infant (up to one year of age) in the home. Take action to remedy unsafe sleeping situations prior to leaving the home.
14. Use court intervention and/or request support from law enforcement to interview/observe a child in the legal custody of the relative/non-relative caregiver, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
15. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, relative/non-relative caregiver, adult household member, and/or alleged maltreater. Take immediate action to control the identified safety threats if the child is unsafe.
16. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
17. Engage individuals identified as collateral contacts who can provide relevant information for assessing child safety, family functioning and maltreatment allegations.  
**NOTE:** The school and/or daycare of each child must be engaged as a collateral contact.
18. Review and analyze reports, assessments, and physical evidence gathered that supports or refutes the allegations of abuse or neglect.
19. Complete the FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
20. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
21. Connect the family to formal and/or informal services when a need is identified.
22. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
23. Initiate a Plan of Safe Care for infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) as outlined in policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#)).
24. Submit a referral to Babies Can't Wait (BCW) via Children 1<sup>st</sup> to assess and meet the developmental needs of any child who meets the criteria outlined in policy [19.28 Case Management: Children's 1st and Babies Can't Wait](#).
25. Assess and address homelessness, potential caregiver resources, and education support through the McKinney-Vento liaison for the public-school system for any youth identified as an Unaccompanied Homeless Youth (see policy [19.17 Case Management: Service Provision](#)).
26. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.  
**EXCEPTION:** If the GBI was notified at the time of intake, a second report is not required.
27. Immediately report any new known or suspected instances of child abuse/neglect to the

CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).

28. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
29. Ensure that any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to removal, placement and/or any other legal action involving DFCS, is afforded all rights under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
30. Make a safety and maltreatment determination at the conclusion of the special investigation:
  - a. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer to discuss the case disposition, child safety, well-being, placement status, and recommendations regarding the status of a placement resource with the applicable oversight authority and/or individuals.
  - b. Discuss the special investigation determination with the caregiver, parent, guardian, legal custodian, and the alleged maltreater:
    - i. When allegations were substantiated the discussion shall also include the inclusion of the substantiated maltreater's name on the Child Protective Services Information System (CPSIS) (see policy [20.1 Child Protective Services Information System: CPSIS Inclusion and Notification to the Alleged Child Abuser](#)).
    - ii. Limit the discussion with the alleged or substantiated maltreater who is not a caregiver, parent, guardian, or legal custodian to the specific allegation(s) of maltreatment that the individual was alleged to have committed.
    - iii. When the substantiated maltreater is a minor (ages 13-17) the discussion of the special investigation determination should be conducted with the minor and the minor's caregiver, parent, guardian, or legal custodian.
  - c. Provide written notification of the special investigation outcome to the appropriate oversight authority and individual(s) within five calendar days of the completion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
31. Submit recommendations to close a relative/non-relative placement within 10 calendar days of the completion of the special investigation for review in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
32. Notify the DFCS Adoption Exchange State Permanency Unit within 10 calendar days of the completion of a special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#) when the investigation involves children with a permanency plan of adoption or guardianship with the caregiver who is the subject of the report.
33. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

The SSCM will:

1. Prepare for initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for a Special Investigation](#).



2. Review DFCS history concerning the relative/non-relative caregiver and all children currently placed in the home. Consider how the history of each child in the home and the relative/non-relative caregiver's DFCS history impacts the allegations of maltreatment and family functioning (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Coordinate joint investigative activities with law enforcement (as applicable).
4. Contact the reporter, if known, to clarify information and/or obtain additional information related to child safety and the allegations of maltreatment.
5. Complete legitimate attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
  - a. Visiting the location where the child is believed to be; and/or
  - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, child care agencies, school system, law enforcement, and other agencies that may be involved with the family.

**NOTE:** As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to assigned response times to assess child safety.
6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
7. Inform the parent/legal guardian/legal custodian of an interview completed with a child not in DFCS custody and without prior caregiver notice immediately upon completion of the interview in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
8. Notify the alleged maltreater of the child abuse or neglect allegations during the initial contact with him/her via telephone or through face-to-face contact.

**NOTE:** Do not reveal confidential reporter information.
9. Contact the parents of the child, if Termination of Parental Rights (TPR) has not been granted to inform of the abuse/neglect report and investigation.
10. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
11. Engage each household member privately, face-to-face, in a purposeful contact to discuss the maltreatment allegations and explore family functioning, to build consensus around the tasks or situations in their everyday life that they are having difficulty managing, and to develop solutions to address those challenging situations. This includes the following individuals:
  - i. Alleged victim child(ren)
  - ii. Each caregiver
  - iii. All adult household members
  - iv. Other children in the home
  - v. The alleged maltreater(s)

**NOTE:** Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
12. Conduct a visual assessment of all children and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
13. Observe the physical home environment, including every room in the home to determine if it is safe and appropriate to meet the needs of each child.

14. Engage and assess noncustodial parents to further assess child safety and gather family functioning information (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
15. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, relative/non-relative caregiver, adult household member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats, if the child is unsafe:
  - a. When the child is in the legal custody of the relative/non-relative caregiver(s):
    - i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan; or
    - ii. Initiate court/legal intervention.
  - b. When the child is in the legal custody of DFCS immediately remove the child from the placement (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).

**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe.
16. Interview collateral contacts that are knowledgeable about the allegations of abuse or neglect, child safety, and family functioning as outlined in policy [19.16 Case Management: Collateral Contacts](#). The school and/or daycare of each child must be engaged as a collateral contact.
17. Consult the Resource Development/Permanency/Adoption SSCM's with primary case management responsibilities to discuss the allegations of maltreatment, child safety, and family functioning information.
18. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
19. Obtain, review and analyze pictures, reports, assessments, collateral statements, and other physical evidence gathered during the special investigation.
20. Complete the FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
21. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
22. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
23. Engage the family in discussing the following as applicable when the special investigation determination is approved by the SSS:
  - a. The investigation disposition (safety and maltreatment determination);
  - b. The safety plan to address safety concerns for children in the legal custody of the relative/non-relative caregiver;
  - c. Any violations of foster care policy;

**NOTE:** The permanency SSCM will be present to discuss violations of foster care policy with the family (see policy [14.22 Resource Development: Policy Violations](#)).
  - d. The reason(s) for relative/non-relative placement closure, if applicable; and/or
  - e. Service provision for the family (see policy [19.17 Case Management: Service Provision](#)).

**NOTE:** Family Preservation Services (FPS) or Permanency cases may be opened to address safety issues for children in the legal custody of the relative/non-relative caregiver. A relative/non-relative resource may not be used for DFCS placements

when there is an active safety threat, FPS case, or Permanency case. Consideration may be given on a case by case basis to achieve permanency for a child in DFCS custody via the waiver process (see policy [14.23 Resource Development: Home Closure](#) for additional guidance on obtaining a waiver to allow a home to remain open).

- f. Inform the alleged maltreater(s) of the following if the child abuse or neglect allegation(s) are substantiated:
  - i. His/her name will be included in the Child Protective Services Information System (CPSIS) also known as the child abuse registry, when there is a substantiated maltreatment determination;
  - ii. The substantiated determination will be transmitted to the CPSIS upon the conclusion of the special investigation;
  - iii. He/she will receive the Notice of Inclusion into the CPSIS via certified mail (return receipt requested), upon his/her name being entered into CPSIS. The notice will also include the process for appealing the substantiated determination with the Office of State Administrative Hearings (OSAH); and
  - iv. If he/she decides to appeal the substantiated determination, such request for appeal to OSAH must be made within 10 calendar days of the receipt of the Notice of Inclusion into the CPSIS.
24. Prepare written notifications of the special investigation outcome for the appropriate oversight authority and individual(s) and provide it to the SSS for review and signature of approval (see policy [6.9 Special Investigations: Notifications in Special Investigations](#)).
25. Submit the special investigation in Georgia SHINES for Supervisory approval within 45 calendar days of the receipt of the intake report.

The SSS will:

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Ensure notifications of the receipt of the special investigation intake report involving a relative/non-relative placement is provided to the appropriate oversight authority as outlined in policy [6.9 Special Investigations: Notifications in Special Investigations](#).
3. Consult with the SSCM after each purposeful contact with child, foster/adoptive caregiver, adult household member, and/or the alleged maltreater to:
  - a. Make a safety determination (see policy [19.11 Case Management: Safety Assessment](#));
  - b. Discuss safety interventions to control any identified safety threats including safety planning; and
  - c. Discuss any inconsistencies identified and follow up needed.
4. Review the Safety Assessment in Georgia SHINES and complete the supervisory section approving or rejecting the findings within 72 hours of submission by the SSCM.
5. Review the sufficiency of the safety plan for controlling or mitigating the present danger situation or impending danger safety threats (as applicable).
6. Assess the sufficiency of services recommended, when a need is identified.
7. Review documentation and professional assessments to provide guidance regarding the special investigation.
8. Make the special investigation determination in consultation with the SSCM in

accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).

9. Ensure the multi-disciplinary staffing is conducted at least 48 hours prior to submitting the special investigation for closure/transfer as outlined in policy [6.2 Special Investigations: Making a Special Investigation Determination](#).
10. Review the FFA and complete the supervisory section and make an approval decision.
11. Close or stage progress the special investigation in Georgia SHINES within 45 calendar days of receipt of the intake report. Stage progression may only occur in a special investigation if FPS or Permanency (Foster Care) will be addressing safety issues related to a child in the legal custody of the foster/adoptive caregiver(s) (see policy [19.4 Case Management: Case Transfer](#)).
12. Ensure written notifications of the special investigations outcome is provided to the appropriate oversight authority and individual(s) within five calendar days of the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

## PRACTICE GUIDANCE

### **Removal of Children in DFCS Custody**

Removing a child from their parent's home can be traumatic for the child and may result in the emotional or behavioral challenges. Although relative/non-relative caregivers are usually familiar with the child placed in their home, child emotional and behavioral challenges can be difficult for relative/non-relative caregivers to manage. Additionally, because the child is now in foster care, the relative/non-relative caregiver is responsible for abiding by the policies and regulations governing children in the legal custody of DFCS.

Children in foster care should not be subjected to unnecessary placement moves as each placement disruption is traumatic to the child. It is the responsibility of DFCS to ensure that a child's needs are being met by his/her caregiver; however, children shall not remain in a home when safety threats are identified, when there is a substantiated case disposition, or a policy violation recommendation for home closure. In order to minimize unnecessary disruptions, any child who has a permanency plan of adoption or guardianship, or who is in the process of adoption, should not be removed from the home of the caregiver before the case is staffed with the Adoption Exchange State Permanency Unit unless present danger is indicated. Do not return a child removed from a placement unless a waiver for the child to be returned to the placement is approved by the State Office.

### **Helpful Hints in Relative/Non-Relative Caregiver Investigations**

Relative/non-relative caregivers may often be surprised and hurt when notified about a report of alleged maltreatment. They are often not prepared for what the investigative process entails and may show reluctance in openly taking part. The Permanency SSCM may be able to provide support to the relative/non-relative caregiver during the investigative process and assist the investigator in gaining cooperation.

DFCS partnership with the relative/non-relative caregiver can present challenges when it comes to conducting objective investigations. As with any other type of investigation, DFCS must conduct a thorough assessment that does not rely solely on information provided by the



caregiver. Statements must be verified with collateral contacts (e.g., doctors, therapists, school personnel, etc.). DFCS must avoid prematurely drawing conclusions solely based on the age or behavioral/mental health history of the alleged victim. This can be accomplished while simultaneously treating the caregiver with the same courtesy and respect afforded all families DFCS encounters.

## **FORMS AND TOOLS**

[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation](#)

[Caregiver's Guide to a Child Protective Services \(CPS\) Investigation - Spanish](#)

[Caregiver Request for Case Record Information](#)

[Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Protocol](#)

[Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)

[Educational Programming Assessment & Consultation \(EPAC\) Web Portal](#)


[Foster Parent Bill of Rights Brochure](#)

[HIPAA Privacy Practices](#)

[Infant Safe to Sleep Guidelines and Protocol](#)

[Intimate Partner Violence \(Domestic Violence\) Guidelines & Protocol](#)

DRAFT

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Conducting Special Investigations in Residential or Non-Residential Facilities		
<b>Policy Number:</b>	6.5	<b>Previous Policy #:</b>	5.22	

### CODES/REFERENCES

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
 O.C.G.A. § 15-11-125 Venue  
 O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody  
 O.C.G.A. § 15-11-150 Authority to File Petition  
 O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
 O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties  
 O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
 O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
 O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
 O.C.G.A. § 49-5-183 Notice to Alleged Abuser  
 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67  
 Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)  
 Child Abuse Prevention and Treatment Act (CAPTA)  
 Preventing Sex Trafficking and Strengthening Families Act  
 Adoptions and Safe Families Act (ASFA)  
 Indian Child Welfare Act (ICWA)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation of the reported allegations of child abuse or neglect regarding a residential or non-residential facility within 45 calendar days of the receipt of the intake report to:
  - a. Thoroughly assess child safety;
  - b. Conduct a comprehensive assessment of family functioning by identifying, gathering, and analyzing information related to the areas of family functioning outlined in the Family Functioning Assessment (FFA);  
**NOTE:** This includes a comprehensive assessment of how well facility staff members function as caregivers.
  - c. Take action when present danger situations or impending safety threats are identified;
  - d. Determine if any violations of foster care policy occurred; and
  - e. Determine whether child abuse and/or neglect is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse or neglect (including, but not limited to sexual abuse, severe physical abuse,

serious injury<sup>1</sup>, child death, near fatality<sup>2</sup>, and chronic severe neglect) as outlined by the local Child Abuse Protocol.

4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality and Safeguarding Information](#)).
5. Contact the reporter (if known) to clarify information and/or to obtain additional information related to child safety, family functioning and the allegations of maltreatment.
6. Review and analyze DFCS history. Weigh the significance of the history prior to initiating the investigation whenever possible, but always prior to making an investigative determination.
7. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
8. Engage individuals at the facility privately, face-to-face, to discuss the maltreatment allegations and family functioning. This includes the following individuals:
  - a. Alleged victim child(ren);
  - b. Other children who:
    - i. Reside in, or attend programs at the facility, and have information related to the alleged maltreater's pattern of care; and/or
    - ii. Witnessed the alleged maltreatment.
  - c. Staff members who:
    - i. Regularly provide care and supervision to the alleged victim child(ren);
    - ii. Have regular interaction with the alleged maltreater;
    - iii. Witnessed or possess knowledge related to the alleged maltreatment and/or patterns of behavior associated with the alleged maltreater's care and supervision of children at the facility; and
  - d. The alleged maltreater(s).

**NOTE:** The alleged maltreater must be interviewed unless law enforcement has requested DFCS refrain from conducting such an interview due to a criminal case.
9. Inform the individual subject to a child abuse or neglect report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.

**NOTE:** The Social Services Case Manager (SSCM) must be certain he/she is speaking to the individual named in the report. If the SSCM is unable determine to whom they are speaking, do not discuss specific allegations in order to protect the confidentiality of the family. For instance, if the first contact is over the phone, and the SSCM is certain that the person to whom they are speaking is the person in the report, then the SSCM must advise him/her of the allegations of the report. If on the other hand, the SSCM cannot be sure to whom they are speaking, he/she shall not divulge the specific allegations.
10. Conduct a visual assessment of all alleged victim children and other non-victim children (as necessary) and determine if any physical signs of injuries or maltreatment exist as in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).

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1 Serious Injury means an injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

2 Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

11. Observe the physical environment of the facility to determine if it is safe and appropriate to meet the needs of the child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
12. Assess and discuss safe sleep practices with facility staff acting as caregivers to an infant (up to one year of age). Take action to remedy unsafe sleeping situations prior to leaving the facility (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
13. Use court intervention and/or request support from law enforcement to interview/observe a child in parental custody when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
14. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, facility staff members, caregiver, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
15. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the child(ren).
16. Engage individuals identified as collateral contacts who can provide relevant information for assessing child safety, family functioning and maltreatment allegations.  
**NOTE:** The school and/or daycare of each child must be engaged as a collateral contact.
17. Review and analyze reports, assessments, and physical evidence gathered during the special investigation.
18. Complete the Family Functioning Assessment (FFA) in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
19. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
20. Connect the family to formal and/or informal services when a need is identified.
21. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
22. Initiate a Plan of Safe Care for infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) as outlined in policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).
23. Submit a referral to Babies Can't Wait (BCW) via Children 1<sup>st</sup> to assess and meet the developmental needs of any child who meets the criteria outlined in policy [19.28 Case Management: Children's 1st and Babies Can't Wait](#).
24. Assess and address homelessness, potential caregiver resources, and education support through the McKinney-Vento liaison for the public-school system for any youth identified as an Unaccompanied Homeless Youth (see policy [19.17 Case Management: Service Provision](#)).
25. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in Forms and Tools.  
**EXCEPTION:** If the GBI was notified at the time of intake, a second report is not required.



26. Immediately report any new known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).
27. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
28. Ensure that any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to removal, placement and/or any other legal action involving DFCS, is afforded all rights under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
29. Make a safety and maltreatment determination at the conclusion of the special investigation:
  - a. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer to discuss the case disposition, child safety, well-being, placement status, and recommendations regarding the status of a placement resource with the applicable oversight authority and/or individuals.
  - b. Discuss the special investigation determination with the caregiver, parent, guardian, legal custodian, and the alleged maltreater:
    - i. When allegations were substantiated the discussion shall also include the inclusion of the substantiated maltreater's name on the Child Protective Services Information System (CPSIS) (see policy [20.1 Child Protective Services Information System: CPSIS Inclusion and Notification to the Alleged Child Abuser](#)).
    - ii. Limit the discussion with the alleged or substantiated maltreater who is not a caregiver, parent, guardian, or legal custodian to the specific allegation(s) of maltreatment that the individual was alleged to have committed.
    - iii. When the substantiated maltreater is a minor (ages 13-17) the discussion of the special investigation determination should be conducted with the minor and the minor's caregiver, parent, guardian, or legal custodian.
31. Complete notifications at the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
32. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

The SSCM will:

1. Prepare for initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Review DFCS history concerning the alleged victim child(ren), the alleged maltreater(s), and other individual staff members (as necessary); along with any additional reports concerning abuse/neglect at the facility. Consider how the history impacts the allegations of maltreatment and how individuals function as caregivers (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Coordinate joint investigative activities with law enforcement (as applicable).
4. Contact the reporter, if known, to clarify information and/or obtain additional information related to child safety and the allegations of maltreatment.
5. Complete legitimate attempts to locate the alleged child victim(s) to assess child safety

within the assigned response time, including but not limited to:

- a. Visiting the location where the child is believed to be; and/or
- b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, child care agencies, school system, law enforcement, and other agencies that may be involved with the family.

**NOTE:** As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to assigned response times to assess child safety.

6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy **6.2 Special Investigations: Purposeful Contacts in Special Investigations**).
7. Inform the parent/legal guardian/legal custodian of an interview completed with a child not in DFCS custody and without prior caregiver notice immediately upon completion of the interview in accordance with policy **6.2 Special Investigations: Purposeful Contacts in Special Investigations**.
8. Notify the alleged maltreater of the child abuse or neglect allegations during the initial contact with him/her via telephone or through face-to-face contact.  
**NOTE:** Do not reveal confidential reporter information.
9. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
10. Contact the Director/Designee of the facility to:
  - a. Discuss the special investigation process including the need to interview staff members, the alleged maltreater, and other children that reside in, or attend programs offered; and
  - b. Request to review and obtain copies of the following (as applicable):
    - i. Any records of the alleged victim child(ren) maintained by the facility including incident and/or behavior reports;
    - ii. Witness statements related to the alleged maltreatment;
    - iii. Ratio of staff to children at the time of the incident and any staff logs or verification;
    - iv. Supervision plan for children in the facility, including the recommended type and level of supervision for the alleged victim child.
    - v. Any videos/recordings of the alleged maltreatment that are available;
    - vi. Disciplinary actions involving the alleged maltreater;
    - vii. The policy on the use of restraints or corporal punishment; and/or
    - viii. Training completed by the staff concerning the use of restraints and/or de-escalation techniques.
11. Engage individuals at the facility privately, face-to-face, in a purposeful contact to discuss the maltreatment allegations and explore family functioning:
  - a. Alleged victim children;
  - b. Other children who:
    - i. Reside in, or attend programs at the facility, and have information related to the alleged maltreater's pattern of care for children; and/or
    - ii. Witnessed the alleged maltreatment.
  - c. Staff members who:
    - i. Regularly provide care and supervision to the alleged victim child(ren);
    - ii. Have regular interaction with the alleged maltreater; and/or
    - iii. Witnessed or possess knowledge related to the alleged maltreatment and/or patterns of behavior associated with the alleged maltreater's care and

- supervision of children at the facility.
- d. The alleged maltreater(s).  
**NOTE:** Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
12. Conduct a visual assessment of all alleged victim children and other non-victim children (as necessary) and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
  13. Observe the physical environment of the facility to determine if it is safe and appropriate to meet the needs of the child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
  14. Engage and assess custodial and noncustodial parents to further assess child safety and gather family functioning information (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
  15. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, staff member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats, if the child is unsafe:
    - a. Contact the legal custodian(s), Director/Designee of the facility, the Office of Provider Management (OPM), and/or other oversight authority and inform them of the safety determination. Gather information about plans to ensure immediate child safety (i.e. custodian picks child up from facility, move child to different facility, staff changes etc.); or  
**NOTE:** Safety plans are not applicable in a facility investigation.
    - b. When the child is in the legal custody of DFCS immediately remove the child from the placement, if applicable.  
**NOTE:** Do not disrupt the placement unless the child is determined to be unsafe.
  16. Interview children previously placed in, or who attended programs offered by the facility to discuss any patterns of behavior related to supervision, discipline, and/or overall treatment of the children at the facility.
  17. Interview collateral contacts that are knowledgeable about the allegations of abuse or neglect, child safety, and family functioning as outlined in policy [19.16 Case Management: Collateral Contacts](#). The school and/or daycare of each child must be engaged as a collateral contact.
  18. Consult the CPS/Permanency/Adoption SSCM's with primary case management responsibilities to discuss the allegations of maltreatment, child safety, and family functioning information.
  19. Obtain, review and analyze pictures, reports, assessments, collateral statements, and other physical evidence gathered during the special investigation.
  20. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
  21. Complete the FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
  22. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
  23. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer in accordance with policy [6.9 Special Investigations:](#)

### Notifications in Special Investigations.

24. Engage the facility Director/Designee in discussing the following when the special investigation determination is approved by the SSS:
  - a. The investigation disposition (safety and maltreatment determination);
  - b. Any violations of foster care policy and the need for a corrective action plan to address tasks or situations staff are having difficulty handling; as applicable.  
**NOTE:** The Office of Provider Management (OPM) and/or permanency SSCM should discuss violations of foster care policy with the facility (see policy [14.22 Resource Development: Policy Violations](#)).
  - c. The reason(s) for suspension of DFCS placements;
25. Inform the alleged maltreater(s) of the following if the child abuse or neglect allegation(s) are substantiated:
  - a. His/her name will be included in the Child Protective Services Information System (CPSIS) also known as the child abuse registry, when there is a substantiated maltreatment determination;
  - b. The substantiated determination will be transmitted to the CPSIS upon the conclusion of the special investigation;
  - c. He/she will receive the Notice of Inclusion into the CPSIS via certified mail (return receipt requested), upon his/her name being entered into CPSIS. The notice will also include the process for appealing the substantiated determination with the Office of State Administrative Hearings (OSAH); and
  - d. If he/she decides to appeal the substantiated determination, such request for appeal to OSAH must be made within 10 calendar days of the receipt of the Notice of Inclusion into the CPSIS.
26. Engage the family to discuss any service needs identified (see policy [19.17 Case Management: Service Provision](#)).
27. Prepare written notifications of the special investigation outcome for the appropriate oversight authority and required individual(s) and provide it to the SSS for review and signature of approval (see policy [6.9 Special Investigations: Notifications in Special Investigations](#)).
28. Submit the special investigation in Georgia SHINES for Supervisory approval within 45 calendar days of the receipt of the intake report.

The SSS will:

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Consult with the SSCM after each purposeful contact with child, staff member, caregiver, adult household member, and/or the alleged maltreater to:
  - a. Make a safety determination (see policy [19.11 Case Management: Safety Assessment](#));
  - b. Discuss safety interventions to control any identified safety threats including safety planning; and
  - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment in Georgia SHINES and complete the supervisory section approving or rejecting the findings within 72 hours of submission by the SSCM.
4. Assess the sufficiency of services recommended, when a need is identified.
5. Review documentation and professional assessments to provide guidance regarding



the special investigation.

6. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
7. Ensure the multi-disciplinary staffing is conducted at least 48 hours prior to submitting the special investigation for closure/transfer as outlined in policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
8. Review the FFA and complete the supervisory section and make an approval decision.
9. Close or stage progress the special investigation in Georgia SHINES within 45 calendar days of receipt of the intake report. Stage progression may only occur in a special investigation if FPS or Permanency (Foster Care) will be addressing safety issues related to a child in the legal custody of the caregiver(s) (see policy [19.4 Case Management: Case Transfer](#)).
10. Ensure written notifications of the special investigations outcome is provided to the appropriate oversight authority and required individual(s) within five calendar days of the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

## PRACTICE GUIDANCE

DFCS is responsible for investigating allegations of abuse and neglect across many different settings outside of the traditional “home”. Residential facilities provide full-time care for children under 18 years of age, and may include Child Caring Institutions (CCIs), Psychiatric Residential Treatment Centers (PRTFs), Youth Detention Centers (YDCs) or Regional Youth Detention Centers (RYDCs). Non-residential facilities may include camps, day care settings or private residences that provide less than full-time care for children under the age of 18 years outside their own home. Federal and state laws authorize DFCS to conduct investigations in situations extending beyond the traditional parent/child domain.

### Collaboration in Special Investigations

DFCS may not have direct oversight of the facility being investigated and must notify the agency that maintains administrative authority. When a special investigation intake involving a residential or non-residential facility is accepted the Child Protection Services Intake Communications Center (CICC) provides the initial notification to the agency responsible for oversight of the facility (see policy [3.3 Intake: Intakes Involving Special Investigations and Policy Violations](#)). Upon assignment of special investigation, the DFCS SSCM Investigator should communicate and conduct a joint investigation with the oversight agency and law enforcement (when applicable). Working collaboratively provides DFCS a liaison to assist in facilitating interviews, obtaining reports, videos, history, etc. The cooperation between agencies and disciplines also allows for different perspectives when gathering facts, as often the caregiver will tell different agencies different information. Sharing information obtained by each agency provides an opportunity to conduct a fully informed assessment of the incident and how to address any safety issues that are identified in partnership with stakeholders.

Engaging other DFCS staff to assist in conducting interviews of multiple alleged victims, facility staff members, witnesses, reviewing documents, tapes etc. is also often required during large facility investigations. In this instance, the primary SSCM Investigator should maintain regular contact with both internal and external partners assisting in the investigation. When the

investigation involves a child with an open DFCS case, this will include the DFCS Permanency or Family Preservation (FPS) SSCM who has an established relationship with a child and/or family. History and assessment information can be obtained quickly and the SSCM can provide insight based on experience and direct knowledge about the child/family when making safety and maltreatment determinations. Facilitating an initial meeting to determine roles, responsibilities, investigative activities, benchmarks, and follow up for all parties involved is recommended so everyone is clear on timeframes and his/her responsibilities and minimizes confusion.

### **Assessing Protective Capacities, and Child Vulnerabilities in Facility Investigations**

Facility investigations demand that the SSCM evaluates family functioning information differently than the traditional “in home” setting. Evaluating the alleged maltreater requires the SSCM to determine if the individual exhibits the protective capacities needed to manage all children under his/her care. This means that not only are the vulnerabilities of the alleged victim child pertinent to the investigation, but other children under the care of the alleged maltreater must also be assessed to determine how their vulnerabilities impact the current situation. In addition, some facility settings use a team caregiving approach. In these situations, evaluating the alleged maltreater as a part of the caregiving team is also required.

Understanding how the parent/guardian/legal custodian functions in the home setting with the alleged victim child(ren) is also critical to making a safety and maltreatment determination in a facility investigation. It may necessary to engage household members to obtain additional information about child vulnerabilities and caregiver protective capacities. This information may show vast differences in child functioning or identify how a caregiver’s diminished protective capacities at the facility or in the home impact child safety and require further DFCS intervention independent of the facility investigation.

### **Placement Resource Operations Unit (PRO)**

The PRO team is a state office function within the Program and Practice Guidance Section that supports county staff in the identification of appropriate high-end Maximum Watchful Oversight (MWO) placements for youth identified as having serious to severe behavioral, emotional, and/or medical needs and developmental disorders. The PRO Team Specialists offer specialized consultation on complex cases or those that need additional support to facilitate and coordinate healthcare services, medical interventions, and placement and treatment resources. The PRO Team Specialists operate on a 24/7 schedule, including weekends and holidays. Special investigations involving a PRTF require the PRO team be notified, and when necessary, the PRO team can assist in placing a “hold” on DFCS placements in the facility and notifications to the Care Management Organization (CMO) (see policy [19.29 Case Management: Coordination of Care with Hospitals](#)).

<b>FORMS AND TOOLS</b>
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[Authorization for Release of Information](#)

[Authorization for Release of Information - Spanish](#)

[Caregiver Notification of Child Interview in a Facility](#)

[Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Protocol](#)

DRAFT

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Conducting Special Investigations in Public or Private Non-Residential Schools		
<b>Policy Number:</b>	6.6	<b>Previous Policy #:</b>	5.23	

### CODES/REFERENCES

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
O.C.G.A. § 15-11-125 Venue  
O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody  
O.C.G.A. § 15-11-150 Authority to File Petition  
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties  
O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 20-2-730 Policies and Regulations on Use of Corporal Punishment  
O.C.G.A. § 20-2-731 When and How Corporal Punishment May Be Administered  
O.C.G.A. § 20-2-732 When Principal or Teacher not Liable for Administering Corporal Punishment  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
O.C.G.A. § 49-5-183 Notice to Alleged Abuser  
Adoptions and Safe Families Act (ASFA)  
Indian Child Welfare Act (ICWA)  
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67  
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)  
Child Abuse Prevention and Treatment Act (CAPTA)  
Preventing Sex Trafficking and Strengthening Families Act

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete a special investigation of the reported allegations of child abuse or neglect regarding a public or private non-residential school within 45 calendar days of the receipt of the intake report to:
  - a. Thoroughly assess child safety;
  - b. Conduct a comprehensive assessment of family functioning by identifying, gathering, and analyzing information related to the areas of family functioning outlined in the Family Functioning Assessment (FFA);

**NOTE:** This includes a comprehensive assessment of how well school staff members function as caregivers.

- c. Take action when present danger situations or impending safety threats are identified;



- d. Determine if any violations of foster care policy occurred; and
- e. Determine whether child abuse and/or neglect is substantiated or unsubstantiated.
3. Conduct a joint investigation with law enforcement for all serious and/or complex reports of abuse or neglect (including, but not limited to sexual abuse, severe physical abuse, serious injury<sup>1</sup>, child death, near fatality<sup>2</sup>, and chronic severe neglect) as outlined by the local Child Abuse Protocol.
4. Keep the identity of the reporting source confidential (see policy [2.6 Information Management: Confidentiality and Safeguarding Information](#)).
5. Contact the reporter (if known) to clarify information and/or to obtain additional information related to child safety, family functioning and the allegations of maltreatment.
6. Review and analyze DFCS history. Weigh the significance of the history prior to initiating the investigation whenever possible, but always prior to making an investigative determination.
7. Conduct a private face-to-face purposeful contact with the alleged victim child(ren) within the immediate-24-hour response time to assess and address child safety.
8. Engage individuals at the school privately, face-to-face, to discuss the maltreatment allegations and family functioning. This includes the following individuals:
  - a. Alleged victim child(ren);
  - b. Other children who:
    - i. Attend the school, and have information related to the alleged maltreater's pattern of care for children; and/or
    - ii. Witnessed the alleged maltreatment.
  - c. Staff members who:
    - i. Regularly provide care and supervision to the alleged victim child(ren);
    - ii. Have regular interaction with the alleged maltreater;
    - iii. Witnessed or possess knowledge related to the alleged maltreatment and/or patterns of behavior associated with the alleged maltreater's care and supervision of children at the school; and
  - d. The alleged maltreater(s).

**NOTE:** The alleged maltreater must be interviewed unless law enforcement has requested DFCS refrain from conducting such an interview due to a criminal case.

9. Inform the individual subject to a child abuse or neglect report (alleged maltreater) of the allegations made against him/her at the time of initial contact. Initial contact may be face-to-face or telephone.

**NOTE:** The Social Services Case Manager (SSCM) must be certain he/she is speaking to the individual named in the report. If the SSCM is unable determine to whom they are speaking, do not discuss specific allegations in order to protect the confidentiality of the family. For instance, if the first contact is over the phone, and the SSCM is certain that the person to whom they are speaking is the person in the report, then the SSCM must advise him/her of the allegations of the report. If on the other hand, the SSCM cannot be sure to whom they are speaking, he/she shall not divulge the specific allegations.

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1 Serious Injury means an injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

2 Near Fatality means an act that, as certified by a physician, places the child in serious or critical condition in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

10. Conduct a visual assessment of all children and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
11. Observe the physical environment of the school, including the classroom(s) of each alleged victim child, common areas, and any area where the alleged maltreatment occurred to determine if it is safe and appropriate to meet the needs of each child.
12. Assess and discuss safe sleep practices with facility staff acting as caregivers to an infant (up to one year of age). Take action to remedy unsafe sleeping situations prior to leaving the facility (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol).
13. Use court intervention and/or request support from law enforcement to interview/observe a child in parental custody, when prevented from doing so, and safety cannot be assured (see policy [17.1 Legal: The Juvenile Court Process](#)).
14. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the child, facility staff members, caregiver, and/or alleged maltreater; and take immediate action to control the identified safety threats if the child is unsafe.
15. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the child(ren).
16. Engage individuals identified as collateral contacts who can provide relevant information for assessing child safety, family functioning and maltreatment allegations.  
**NOTE:** The school and/or daycare of each child must be engaged as a collateral contact.
17. Review and analyze reports, assessments, and physical evidence gathered during the special investigation.
18. Complete the Family Functioning Assessment (FFA) in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
19. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
20. Connect the family to formal and/or informal services when a need is identified.
21. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
22. Initiate a Plan of Safe Care for infants identified as being affected by substance abuse (illegal and/or legal), or withdrawal symptoms resulting from prenatal drug exposure; or a Fetal Alcohol Spectrum Disorder (FASD) as outlined in policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).
23. Submit a referral to Babies Can't Wait (BCW) via Children 1<sup>st</sup> to assess and meet the developmental needs of any child who meets the criteria outlined in policy [19.28 Case Management: Children's 1st and Babies Can't Wait](#).
24. Assess and address homelessness, potential caregiver resources, and education support through the McKinney-Vento liaison for the public-school system for any youth identified as an Unaccompanied Homeless Youth (see policy [19.17 Case Management: Service Provision](#)).
25. Immediately report to the Georgia Bureau of Investigation (GBI) (no later than 24 hours) any child or youth who the agency identifies as being a known or suspected victim of sex trafficking/sexual servitude; or red flags exist that suggest a child might be a sex trafficking/sexual servitude victim and follow the procedures outlined in the Commercial Sexual Exploitation/Domestic Minor/Sex Trafficking Case Management Protocol in

Forms and Tools.

**EXCEPTION:** If the GBI was notified at the time of intake, a second report is not required.

26. Immediately report any new known or suspected instances of child abuse/neglect to the CPS Intake Communications Center (CICC) as outlined in policy [3.15 Intake: Mandated Reporters](#).
27. Conduct efforts to locate a family when they cannot be located or have moved to an unknown location (see policy [19.21 Case Management: Unable to Locate](#)).
28. Ensure that any child who is a member of a federally recognized Indian Tribe, or eligible for membership and has a biological parent who is an enrolled member, and is subject to removal, placement and/or any other legal action involving DFCS, is afforded all rights under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families (see policy [1.6 Administration: Indian Child Welfare Act \(ICWA\) and Transfer of Responsibility for Placement and Care to a Tribal Agency](#)).
29. Make a safety and maltreatment determination at the conclusion of the special investigation:
  - a. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer to discuss the case disposition, child safety, well-being, placement status, and recommendations regarding the status of a placement resource with the applicable oversight authority and/or individuals.
  - b. Discuss the special investigation determination with the caregiver, parent, guardian, legal custodian, and the alleged maltreater:
    - i. When allegations were substantiated the discussion shall also include the inclusion of the substantiated maltreater's name on the Child Protective Services Information System (CPSIS) (see policy [20.1 Child Protective Services Information System: CPSIS Inclusion and Notification to the Alleged Child Abuser](#)).
    - ii. Limit the discussion with the alleged or substantiated maltreater who is not a caregiver, parent, guardian, or legal custodian to the specific allegation(s) of maltreatment that the individual was alleged to have committed.
    - iii. When the substantiated maltreater is a minor (ages 13-17) the discussion of the special investigation determination should be conducted with the minor and the minor's caregiver, parent, guardian, or legal custodian.
30. Complete notifications at the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
31. Document case activities in Georgia SHINES within 72 hours of the occurrence.

## PROCEDURES

The SSCM will:

1. Prepare for the initiating the special investigation as outlined in policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Review DFCS history concerning the alleged victim child(ren), the alleged maltreater(s), and other individual staff members (as necessary); along with any additional reports concerning abuse/neglect at the school. Consider how the history impacts the allegations of maltreatment and how individuals function as caregivers (see policy [19.10 Case Management: Analyzing DFCS History](#)).
3. Coordinate joint investigative activities with law enforcement (as applicable).

4. Contact the reporter, if known, to clarify information and/or obtain additional information related to child safety and the allegations of maltreatment.
5. Complete legitimate attempts to locate the alleged child victim(s) to assess child safety within the assigned response time, including but not limited to:
  - a. Visiting the location where the child is believed to be; and/or
  - b. Contacting persons that could help verify or help locate the child or family, including but not limited to family members, neighbors, child care agencies, school system, law enforcement, and other agencies that may be involved with the family.

**NOTE:** As other agencies, may have different timeframes for responding to such reports, DFCS staff must adhere to assigned response times to assess child safety.
6. Conduct a private face-to-face purposeful contact with each alleged victim child within the assigned response time (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
7. Inform the parent/legal guardian/legal custodian of an interview completed with a child not in DFCS custody and without prior caregiver notice immediately upon completion of the interview in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
8. Notify the alleged maltreater of the child abuse or neglect allegations during the initial contact with him/her via telephone or through face-to-face contact.

**NOTE:** Do not reveal confidential reporter information.
9. Complete the Safety Assessment in Georgia SHINES within 72 hours of completing the initial response with the alleged victim child(ren).
10. Contact the Principal/Designee of the school and:
  - a. Discuss the special investigation process including the need to interview staff members, the alleged maltreater, and other children that attend the school; and
  - b. Request to review and obtain copies of the following (as applicable):
    - i. Any records of the alleged victim child (ren) maintained by the school including incident and/or behavior reports;
    - ii. Witness statements related to the alleged maltreatment;
    - iii. Ratio of staff to children at the time of the incident and any staff logs or verification;
    - iv. Any videos/recordings of the alleged maltreatment that are available;
    - v. Disciplinary actions involving the alleged maltreater;
    - vi. The policy on the use of restraints or corporal punishment; and
    - vii. Training completed by the staff concerning the use of restraints and/or de-escalation techniques.
11. Engage individuals at the school privately, face-to-face, in a purposeful contact to discuss the maltreatment allegations and explore family functioning:
  - a. Alleged victim children;
  - b. Other children who:
    - i. Attend the school and have information related to the alleged maltreater's pattern of care for children; and/or
    - ii. Witnessed the alleged maltreatment.
  - c. Staff members who:
    - i. Regularly provide care and supervision to the alleged victim child(ren);
    - ii. Have regular interaction with the alleged maltreater; and/or
    - iii. Witnessed or possess knowledge related to the alleged maltreatment and/or patterns of behavior associated with the alleged maltreater's care and



- supervision of children at the facility.
- d. The alleged maltreater(s).  
**NOTE:** Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization. (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
12. Conduct a visual assessment of all alleged victim children and other non-victim children (as necessary) and determine if any physical signs of injuries or maltreatment exist as outlined in policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
  13. Observe the physical environment of the facility to determine if it is safe and appropriate to meet the needs of the child in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
  14. Engage and assess custodial and noncustodial parents to further assess child safety and gather family functioning information (see policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#)).
  15. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child, staff member, and/or alleged maltreater in accordance with policy [19.11 Case Management: Safety Assessment](#). Take immediate action to control the identified safety threats if the child is unsafe:
    - a. Contact the legal custodian(s), school Principal/Designee, and/or other oversight authority to inform of the safety determination. Gather information about plans to ensure immediate child safety (i.e. custodian picks child up from school, move child to different school, staff changes etc.); or  
**NOTE:** Safety Plans are not applicable in a school investigation.
    - b. When the child is in the legal custody of DFCS immediately remove the child from the school setting.
  16. Interview children who currently or formerly attended the school to discuss any patterns of behavior related to supervision, discipline, and/or overall treatment of the children at the school.
  17. Interview collateral contacts that are knowledgeable about the allegations of abuse or neglect, child safety, and family functioning as outlined in policy [19.16 Case Management: Collateral Contacts](#).
  18. Consult the CPS/Permanency/Adoption SSCM's with primary case management responsibilities to discuss the allegations of maltreatment, child safety, and family functioning information.
  19. Obtain, review and analyze pictures, reports, assessments, collateral statements, and other physical evidence gathered during the special investigation.
  20. Consult with subject matter experts as necessary (medical, behavioral health, DFCS staff, children's advocacy center, etc.).
  21. Complete the FFA in Georgia SHINES (see policy [19.13 Case Management: Family Functioning Assessment](#)).
  22. Make a special investigation determination in consultation with the SSS in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
  23. Conduct the multi-disciplinary staffing at least 48-hours prior to submitting the special investigation for closure/transfer in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).
  24. Engage the family in discussing the following when the special investigation determination is approved (as applicable):

- a. The investigation disposition (safety and maltreatment determination);
  - b. Service provision for the family (see policy [19.17 Case Management: Service Provision](#)); and
25. Engage the facility Principal/Designee in discussing the:
- a. Investigation disposition (safety and maltreatment determination); and
  - b. Any violations of foster care policy and the need for a corrective action plan to address tasks or situations staff are having difficulty handling; as applicable.
26. Inform the alleged maltreater(s) of the following if the child abuse or neglect allegation(s) are substantiated:
- a. His/her name will be included in the Child Protective Services Information System (CPSIS) also known as the child abuse registry, when there is a substantiated maltreatment determination;
  - b. The substantiated determination will be transmitted to the CPSIS upon the conclusion of the special investigation;
  - c. He/she will receive the Notice of Inclusion into the CPSIS via certified mail (return receipt requested), upon his/her name being entered into CPSIS. The notice will also include the process for appealing the substantiated determination with the Office of State Administrative Hearings (OSAH); and
  - d. If he/she decides to appeal the substantiated determination, such request for appeal to OSAH must be made within 10 calendar days of the receipt of the Notice of Inclusion into the CPSIS.
27. Prepare written notifications of the special investigation outcome for the appropriate oversight authority and required individual(s) and provide it to the SSS for review and signature of approval (see policy [6.9 Special Investigations: Notifications in Special Investigations](#)).
28. Submit the special investigation in Georgia SHINES for Supervisory approval within 45 calendar days of the receipt of the intake report.

The SSS will:

1. Assist the SSCM in preparing for the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Consult with the SSCM after each purposeful contact with child, caregiver, adult household member, and/or the alleged maltreater to:
  - a. Make a safety determination (see policy [19.11 Case Management: Safety Assessment](#));
  - b. Discuss safety interventions to control any identified safety threats including safety planning; and
  - c. Discuss any inconsistencies identified and follow up needed.
3. Review the Safety Assessment in Georgia SHINES and complete the supervisory section approving or rejecting the findings within 72 hours of submission by the SSCM.
4. Assess the sufficiency of services recommended, when a need is identified.
5. Review documentation and professional assessments to provide guidance regarding the special investigation.
6. Make the special investigation determination in consultation with the SSCM in accordance with policy [6.8 Special Investigations: Making a Special Investigation Determination](#).
7. Ensure the multi-disciplinary staffing is conducted at least 48 hours prior to submitting

the special investigation for closure/transfer as outlined in policy [6.2 Special Investigations: Making a Special Investigation Determination](#).

8. Review the FFA and complete the supervisory section and make an approval decision.
9. Close or stage progress the special investigation in Georgia SHINES within 45 calendar days of receipt of the intake report. Stage progression may only occur in a special investigation if FPS or Permanency (Foster Care) will be addressing safety issues related to a child in the legal custody of the caregiver(s) (see policy [19.4 Case Management: Case Transfer](#)).
10. Ensure written notifications of the special investigations outcome is provided to the appropriate oversight authority and required individual(s) within five calendar days of the conclusion of the special investigation in accordance with policy [6.9 Special Investigations: Notifications in Special Investigations](#).

## PRACTICE GUIDANCE

DFCS is responsible for investigating allegations of abuse and neglect across many different settings outside of the traditional “home”. Federal and state laws authorize DFCS to conduct investigations in situations extending beyond the traditional parent/child domain.

**Private Non-Residential Schools** are not licensed, regulated, or certified by any public agency and do not have to meet the same state standards or laws governing public non-residential schools. Private non-residential school administrators set internal policies and discipline methods for private schools. When parents entrust the care of their child to a private non-residential school, they grant those administrators the same rights to discipline as the parent.

**Public Non-Residential Schools** are under the oversight of the Department of Education (DOE) but are administered by area, county, or independent boards of education. An area, county, or independent board of education may, upon the adoption of written policies, authorize any principal or teacher employed by the board to administer, in the exercise of his sound discretion, corporal punishment on any pupil or pupils placed under his supervision in order to maintain proper control and discipline (see O.C.G.A. § 20-2-731).

### Collaboration in Special Investigations

Special investigations require collaborating with both internal and external partners. DFCS does not have direct oversight over the public and private schools being investigated and must notify the agency that maintains administrative authority. When a special investigation intake involving a public and private school is accepted the Child Protection Services Intake Communications Center (CICC) provides the initial notification to the agency responsible for oversight of the public and private school (see policy [3.3 Intake: Intakes Involving Special Investigations and Policy Violations](#)). Upon assignment of special investigation, the DFCS SSCM Investigator should communicate and conduct a joint investigation with the oversight agency and law enforcement (when applicable). Working collaboratively provides DFCS a liaison to assist in facilitating interviews, obtaining reports, videos, history, etc. The cooperation between agencies and disciplines also allows for different perspectives when gathering facts, as often the caregiver will tell different agencies different information. Sharing information

obtained by each agency provides an opportunity to make a fully informed assessment of the incident and how to address any safety issues that are identified in partnership with stakeholders.

Engaging other DFCS staff to assist in conducting interviews of multiple alleged victims, facility staff members, witnesses, reviewing documents, tapes etc. is also often required during large facility investigations. In this instance, the primary SSCM Investigator should maintain regular contact with both internal and external partners assisting in the investigation. When the investigation involves a child with an open DFCS case, this will include the DFCS Permanency or Family Preservation (FPS) SSCM who has an established relationship with a child and/or family. History and assessment information can be obtained quickly and the SSCM can provide insight based on experience and direct knowledge about the child/family when making safety and maltreatment determinations. Facilitating a meeting to determine roles, responsibilities, investigative activities, benchmarks, and follow up for all parties involved is recommended so everyone is clear on timeframes and his/her responsibilities and minimizes confusion.

### **Assessing Protective Capacities, and Child Vulnerabilities in School Investigations**

School investigations demand that the SSCM evaluates family functioning information differently than the traditional “in home” setting. Evaluating the alleged maltreater requires the SSCM to determine if school personnel exhibits the protective capacities needed to manage all children under his/her care. This means assessing not only the vulnerabilities of the alleged victim child, but also the vulnerabilities of other children under the care of the alleged maltreater at the school to determine the impact on the current situation.

Understanding how the parent/guardian/legal custodian functions in the home setting with the alleged victim child(ren) is also critical to making a safety and maltreatment determination in a school investigation. It may necessary to engage household members to obtain additional information about child vulnerabilities and caregiver protective capacities. This information may show vast differences in child functioning in different settings or with different caregivers. It may also identify how a caregiver’s diminished protective capacities at the school or in the home impact child safety. This may result in a new report to conduct an assessment independent of the school investigation.

### **Corporal Punishment**

No principal or teacher who administers corporal punishment to a pupil or pupils under his or her care and supervision and in conformity with the policies and regulations of the area, county or independent board of education employing him or her, and in accordance also with this subpart shall be held accountable or liable in any criminal or civil action based upon the administering of corporal punishment where the corporal punishment is administered in good faith and is not excessive or unduly severe.

Per Georgia law an area, county or independent board of education may, upon the adoption of written policies, authorize any principal or teacher employed by the board to administer, in the exercise of his sound discretion, corporal punishment on any pupil or pupils placed under his supervision in order to maintain proper control and discipline. Any such authorization shall be subject to the following requirements:



1. The corporal punishment shall not be excessive or unduly severe.
2. Corporal punishment shall never be used as a first line of punishment for misbehavior unless the pupil was informed beforehand that specific misbehavior could warrant its use; provided, however, that corporal punishment may be employed as the first line of punishment for those acts of misconduct which are so antisocial or disruptive in nature as to shock the conscience.
3. Corporal punishment must be administered in the presence of a principal or assistant principal, or the designee of the principal or assistant principal, employed by the board of education authorizing such punishment. The principal, assistant principal or designee of the principal or assistant principal must be informed beforehand and in the presence of the pupil of the reason for the punishment.
4. The principal or teacher who administered corporal punishment must provide the child's parent upon request a written explanation of the reasons for the punishment and the name of the principal or assistant principal or designee of the principal or assistant principal who was present, provided, however, that such an explanation shall not be used as evidence in any subsequent civil action brought because of the corporal punishment.
5. Corporal punishment shall not be administered to a child whose parents or legal guardian has upon the day of enrollment of the pupil filed with the principal of the school a statement from a medical doctor licensed in Georgia stating that it is detrimental to the child's mental or emotional stability.

## FORMS AND TOOLS

[Authorization for Release of Information](#)


[Authorization for Release of Information - Spanish](#)

[Caregiver Notification of Child Interview in a Public or Private School](#)

[Commercial Sexual Exploitation/Domestic Minor Sex Trafficking Protocol](#)

[Commercial Sexual Exploitation of Children \(CSEC\) Referral Form](#)

[HIPAA Privacy Practices](#)

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Conducting Special Investigations of a Child Death, Near Fatality, or Serious Injury		
<b>Policy Number:</b>	6.7	<b>Previous Policy #:</b>	5.25	

### CODES/REFERENCES

O.C.G.A. § 15-11-30 Rights and Duties of Legal Custodian  
 O.C.G.A. § 15-11-125 Venue  
 O.C.G.A. § 15-11-133 Removal of Child from the Home; Protective Custody  
 O.C.G.A. § 15-11-150 Authority to File Petition  
 O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
 O.C.G.A. § 16-12-100 Sexual Exploitation of Children; Reporting Violation; Forfeiture; Penalties  
 O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
 O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
 O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
 O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
 O.C.G.A. § 49-5-183 Notice to Alleged Abuser  
 Adoptions and Safe Families Act (ASFA)  
 Indian Child Welfare Act (ICWA)  
 45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(k), and 1356.67  
 Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), and 475 (9)  
 Child Abuse Prevention and Treatment Act (CAPTA)  
 Preventing Sex Trafficking and Strengthening Families Act  
 McKinney- Vento Homeless Assistance Act Section 106(b) (2) (F)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for the special investigation to direct and focus case management activities.
2. Complete the Child Death, Near Fatality, Serious Injury (CD/NF/SI) report on every case that is reported to DFCS involving a child death, near fatality, or serious injury.  
**NOTE:** The CD/NF/SI report is required regardless of prior history or length of time since the last involvement with DFCS, or whether the case is assigned.
3. Conduct a joint investigation with law enforcement in accordance with the local Child Abuse Protocol:
  - a. Review or attend the forensic interview with the Children’s Advocacy Center (CAC); and
  - b. Participate in the Multi-Disciplinary Team (MDT) meeting.
4. Complete a special investigation involving a CD/NF/SI in accordance with the corresponding policy based on the legal status and/or the placement setting of the victim child or where the incident occurred:
  - a. See policy [5.1 Investigations: Conducting an Investigation](#) when a special

investigation intake is received involving a CD/NF/SI of a child that is not in DFCS custody and the incident did not occur within a foster/adoptive home, relative/non-relative placement, residential/non-residential facility or a public/private school.

- b. See policy [6.3 Special Investigations: Conducting Special Investigations in DFCS or CPA Foster or Adoptive Homes](#) when a special investigation intake is received involving a CD/NF/SI in a DFCS or CPA foster or adoptive home;
  - c. See policy [6.4 Special Investigations: Conducting Special Investigations in Relative or Non-Relative Placements](#) when a special investigation intake is received involving a CD/NF/SI in a relative or non-relative placement;
  - d. See policy [6.5 Special Investigations: Conducting Special Investigations in Residential or Non-Residential Facilities](#) when a special investigation intake is received involving a CD/NF/SI in a residential or non-residential facility; or
  - e. See policy [6.6 Special Investigations: Conducting Special Investigations in Public or Private Non-Residential Schools](#) when a special investigation intake is received involving a CD/NF/SI in a public or private non-residential school.
5. Complete purposeful contacts in accordance with policy [6.2 Special Investigations: Purposeful Contacts in Special Investigations](#).
  6. Engage the medical staff who provided direct emergency and/or ongoing care to the alleged victim child(ren) as a collateral contact in the CD/NF/SI special investigation.
  7. Obtain and review the autopsy report when the special investigation involves a child death.

**NOTE:** Autopsy reports may not be available prior to closure of the investigation. Efforts to secure the autopsy report must continue regardless of case closure.

8. Substantiate neglect when evidence confirms that unsafe sleep practices were the cause or a contributing factor to the death of an infant (under the age of one) and case documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.
9. Participate in the CD/NF/SI Review Team staffing in accordance with policy [6.10 Reporting of a Child Death, Near Fatality or Serious Injury](#).
10. Maintain confidentiality in accordance with policy [2.6 Information Management: Confidentiality/Safeguarding Information](#) and
11. Notify the Regional Director and DHS Office of Communications of any media request concerning the CD/NF/SI in accordance with policy [2.7 Information Management: Contacts with the Media, Legislators, County Officials and Board Members](#)
12. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
13. Document case activities in Georgia SHINES within 72 hours of the occurrence.

**NOTE:** Special Investigations involving a CD/NF/SI must adhere to existing policy guidelines located in the Investigations and Special Investigations chapters in the Child Welfare Policy Manual. The type of special investigation conducted is based on the legal status of the alleged victim child (ex: in DFCS custody, in parental custody), and/or the setting where the alleged maltreatment occurred (ex: CPA foster home, residential facility, daycare, school). Due to the serious nature of a CD/NF/SI there are additional steps that must also be completed when conducting the CD/NF/SI investigation. This policy focuses on additional steps required when assessing child safety and allegations of maltreatment involving a CD/NF/SI.

## PROCEDURES

The Social Services Case Manager (SSCM) will:

1. Prepare for initiating the special investigation in accordance with policy [6.1 Special Investigations: Preparing for a Special Investigation](#).
2. Complete the Child Death, Near Fatality, Serious Injury report on every case that is reported to DFCS involving a CD/NF/SI in accordance with policy [6.10 Special Investigations: Reporting a Child Death, Near Fatality or Serious Injury](#).
3. Conduct a special investigation involving a CD/NF/SI in accordance with the corresponding policy based on the legal status and/or placement setting of the victim child or where the incident occurred:
  - a. [5.1 Investigations: Conducting an Investigation](#);
  - b. [6.3 Special Investigations: Conducting Special Investigations in DFCS or CPA Foster or Adoptive Homes](#);
  - c. [6.4 Special Investigations: Conducting Special Investigations in Relative or Non-Relative Placements](#);
  - d. [6.5 Special Investigations: Conducting Special Investigations in Residential or Non-Residential Facilities](#); and
  - e. [6.6 Special Investigations: Conducting Special Investigations in Public or Private Non-Residential Schools](#).
4. In addition to completing investigative requirements based on the legal status and/or placement setting of the victim child:
  - a. Respond to the site of the CD/NF/SI with law enforcement, when possible, to:
    - i. Gain accurate information concerning the events leading up to the CD/NF/SI;
    - ii. Obtain firsthand information; and
    - iii. Observe the scene where the CD/NF/SI occurred and document relevant findings via pictures and/or detailed descriptions in Georgia SHINES.
  - b. Engage the Emergency Medical Services (EMS) first responders and healthcare providers who provided emergency medical care to the alleged victim child in accordance with policy [19.16 Case Management: Collateral Contacts](#).
  - c. Obtain medical certification as to whether the case meets the criteria for a near fatality;
  - d. Interview everyone who had access to, and/or was acting as a caregiver for the child during the window of time the CD/NF/SI is believed to have occurred. Determine the condition and behaviors of the child and the caregivers during the time the child was with the individual (Ex: child was lethargic, sick; caregiver was intoxicated, sleeping etc.).
  - e. Engage the alleged victim child's routine healthcare provider(s) to gather information about the general well-being in accordance with policy [19.16 Case Management: Collateral Contacts](#).
  - f. Obtain medical reports related to the child's medical history;
  - g. Consult with subject matter experts (SME's) such as the, Georgia Bureau of Investigation's (GBI) Child Abuse Investigative Support Center, DFCS CD/NF/SI Review Team, Children's Healthcare of Atlanta (CHOA) Liaisons, etc.
  - h. Request and obtain pictures taken by first responders (emergency medical services (EMS), law enforcement, medical professionals, emergency department personnel) to use as evidence in the investigation.



- i. Gather the following information:
    - i. Forensic interviews (including a video when available);
    - ii. Police reports from the:
      1. Initial responding officer(s); and
      2. Detective(s)
    - ii. EMS run reports
  - j. Review the findings of the autopsy report (when applicable):
    - i. Determine additional action steps based on the results;
    - ii. Upload the final autopsy report to Georgia SHINES External Documentation and denote in the comments section if additional steps were taken;
5. Complete additional reporting requirements in accordance with policy **6.X Special Investigations: Reporting a Child Death, Near Fatality or Serious Injury**;
  6. Immediately make a new report to the CPS Intake Communications Center (CICC) in accordance with policy **3.15 Intake: Mandated Reporters** if the autopsy report indicates a different cause of death than initially suspected or predicted and is attributed to abuse or neglect.
  7. Make an investigation determination in accordance with policy **6.8 Special Investigations: Making a Special Investigation Determination**.

**NOTE:** The autopsy report may not be available prior to closure of the investigation. Efforts to secure the autopsy report must continue regardless of case closure. If the coroner or medical examiner (ME) refuses to release an autopsy report to DFCS concerning a child death investigation, the Supervisor should request the assistance of the Special Assistant Attorney General (SAAG).

### **Child Death Due to Unsafe Sleeping Environments**

When a child death is ruled or suspected to be the result of an unsafe sleeping environment, the SSCM will:

1. Interview the caregiver(s):
  - a. Develop a timeline of events including the days and hours leading up to the death of the child:
    - i. Determine when, where, and how the caregiver placed the infant to sleep, e.g. was the infant put to sleep on the stomach, side, or back, etc., was the caregiver co-sleeping with the infant? Was the mother planning to breastfeed or was breastfeeding at the time of death;
    - ii. How often did the caregiver check on the infant? At what time did the caregiver last check on the infant and how long following that period was the infant found unresponsive.
    - iii. Who found the child and what was the child's position when they were found unresponsive (e.g. on the back, stomach, under a blanket, etc.);
    - iv. Who provided care for the children within the previous three days (daycare, grandparents, etc.)
  - b. Gather information about the infant's health, including but not limited to:
    - i. Was the child full term and of a normal birth weight.
    - ii. Was the infant diagnosed with any medical conditions such as colic or reflux;
    - iii. Any recent illness such as a cold or fever;
    - iv. Were immunizations up to date (if applicable).

- c. Gather information about the caregiver and other household members, including but not limited to:
    - i. The caregiver's emotional, behavioral, and/or cognitive protective capacities based on interviews and observations;
    - ii. The caregiver(s) condition at the time of the child's death, e.g. was the caregiver under the influence of alcohol or drugs at the time of the child's death (prescription or non-prescription);
    - iii. Do the household members smoke tobacco in the home or are there other possible contributing factors (see Forms and Tools: Infant Safe to Sleep Guidelines and Protocol in Forms and Tools).
  - d. Determine the level of understanding the caregiver(s) has of safe sleep environments, when a child death is known or suspected to be a result of unsafe sleep practices including whether:
    - i. DFCS staff previously discussed and addressed the dangers of unsafe sleeping environments with the caregiver(s);
    - ii. The caregiver(s) received education from the birthing hospital about safe sleeping environments and the dangers to the infant;
    - iii. The caregiver(s) received information from other sources (e.g. hospital, lactation specialists, and pediatrician) who recommended co-sleeping or sleeping practices for purposes of breastfeeding, bonding, soothing, historical sleeping practices, etc. If so, who and what were the specific recommendations.
2. Observe the sleep environment of the infant and document the following:
    - a. Where the child was placed prior to being found deceased (e.g. swing, bassinet, adult bed, etc.);
    - b. Any pillows, soft bedding, blankets, or any other objects that were found near or on
    - c. the infant at the time of death;
    - d. How was the infant was clothed or swaddled;
    - e. If co-sleeping was involved; and
    - f. The condition and temperature of the home and the room where the child was found deceased.
  3. Take pictures of the sleep environment;
  4. Engage collateral contacts including individuals who can provide relevant information on the education the caregiver(s) has received regarding safe sleeping arrangements and verify recommendations made to the caregiver by other agencies or professionals (see policy [19.16 Case Management: Collateral Contacts](#)).
  5. Request copies of any reports, interviews, photos or video evidence that was obtained by law enforcement independent of DFCS.
  6. Review and analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
    - a. Does the documentation support that DFCS provided education and addressed safety sleep environment with the caregiver(s) including whether the caregiver(s) agreed to utilize safe sleep practices;
    - b. Is there a pattern of behavior showing that the caregiver allowed the infant to remain in an unsafe sleeping environment, or continued unsafe sleep practices after receiving education by DFCS; and
    - c. Was a safety plan implemented addressing unsafe sleeping practices in the current or a previous DFCS case; and whether the caregiver(s) adhere to the safety plan

with DFCS.

7. Participate in a supervisory staffing to determine if the evidence supports that DFCS staff provided education and addressed safe sleep environments with the caregiver(s)
8. Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to an infant (under the age of one) death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.

The Social Services Supervisor (SSS) will:

1. Assist the SSCM in preparing for the special investigation in accordance with policy **6.1 Special Investigations: Preparing for a Special Investigation**.
2. Ensure the Child Death, Near Fatality, Serious Injury report is completed and submitted in accordance with policy **6.10 Special Investigations: Reporting a Child Death, Near Fatality or Serious Injury**.
3. Adhere to the appropriate investigations or special investigations policy based on the legal status of the victim child and/or where the incident occurred when supervising a special investigation involving a CD/NF/SI.
4. Ensure healthcare providers are contacted as a collateral on a special investigation involving a CD/NF/SI.
5. Consult with SME's as necessary to assist in making an investigation determination.
6. Ensure an autopsy report is obtained (child death cases) or efforts continue beyond case closure to obtain an autopsy report. Assist the SSCM in obtaining the autopsy report when the coroner or ME denies access.
7. Assess the findings of the autopsy report and determine if further action is required.

## **PRACTICE GUIDANCE**

### **Serious Injury**

An injury such as a bodily injury that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ, or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones, and amputation.

### **Near Fatality**

An act that, as certified by a physician, places the child in serious or critical condition.

### **The Nature of Child Fatality Cases<sup>1</sup>**

Awareness of some basic dynamics and issues is critical to effective investigations of child fatalities. Research has shown that children are most at risk of dying of maltreatment during the first 4 years of life. In fact, 40 percent of children who are victims of fatal maltreatment are infants (younger than 1-year-old) and 75 percent are younger than 5 years old. The Center for

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<sup>1</sup> Investigating Child Fatalities, Lieutenant Bill Walsh (Retired); Crimes Against Children Unit, Special Investigation Division, Reserve Battalion, Dallas Police Department; Issued through the U.S. Department of Justice Office of Justice Programs and Office of Juvenile Delinquency Prevention, Portable Guides, August 2005

Disease Control and Prevention has reported that the chances of being murdered are greater on the day of birth than at any other point in a person's life.

Caring for children during their preschool years can be very stressful for parents and other caretakers. Faced with a young child's persistent problems with sleeping, feeding, and/or toilet training, a caretaker may lose control and assault the child in anger or may cause injury while punishing the child. Some inexperienced caretakers have unrealistic expectations about what is appropriate child behavior and what children are capable of doing in the early stages of development. Some caretakers become angry because they view a child's crying or bedwetting as an act of defiance rather than as normal behavior for a young child. The deadly combination of an angry adult and a physically vulnerable child can result in fatal or life-threatening injuries. When discussing child deaths related to maltreatment, the majority of child fatalities can be categorized as a variation of either acute or chronic maltreatment:

1. Acute Maltreatment - the child's death is directly related to injuries suffered as a result of a specific incident of abuse or act of negligence. Often in such cases, the child has not been previously abused or neglected.
  - a. In cases involving acute physical abuse, the caretaker may have fatally assaulted the child in either an inappropriate response to the child's behavior or a conscious act to hurt the child. Offenders in cases of Shaken Baby Syndrome (SBS), in which a child's brain is injured from violent shaking, often cite the child's crying as the "triggering event".
  - b. In cases of acute neglect, a caretaker's one-time failure to properly supervise the child may result in a fatal injury. A common example is a fatal drowning that occurs when a parent leaves an infant briefly unsupervised in a bathtub or when children sustain fatal gunshot wounds when caretakers fail to properly secure loaded firearms.
2. Chronic Maltreatment - In chronic maltreatment cases, the child's death is directly related to injuries caused by abuse and/or neglect occurring over an extended period. Battered Child Syndrome is an example of chronic physical abuse. Although the direct cause of death in a battering case is usually a single specific injury (often brain trauma), numerous indications of previous maltreatment—old and new injuries and possible signs of neglect—are usually present. Depriving a child of food for a significant period of time is a common form of chronic neglect. In cases of chronic abuse or neglect, a history of the child's previous maltreatment often will appear in either CPS or medical records.

### **Child Deaths and Joint Investigations with Law Enforcement and DFCS<sup>2</sup>**

Law enforcement is the criminal investigative agency in the community and often must investigate the same incident as DFCS. Conducting a parallel investigation where CPS and law enforcement collaborate and work as a team allows both law enforcement and CPS to avoid potential conflict and to improve investigative outcomes.<sup>3</sup> These joint investigations should be conducted as outlined by the local Child Abuse Protocol and may include:

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<sup>2</sup> Investigating Child Fatalities, Lieutenant Bill Walsh (Retired); Crimes Against Children Unit, Special Investigation Division, Reserve Battalion, Dallas Police Department; Issued through the U.S. Department of Justice Office of Justice Programs and Office of Juvenile Delinquency Prevention, Portable Guides, August 2005

<sup>3</sup> The Role of Law Enforcement in the Response to Child Abuse and Neglect, U.S. Department of Health, and Human Services, 1992



1. Developing a plan to complete the investigation.
2. Responding with law enforcement.
3. Frequent and open communication to discuss the status of the case.
4. Obtaining and sharing information in a timely manner, particularly at the following critical communication points:
  - a. Completion of interviews;
  - b. Filing a dependency petition;
  - c. Prior to the return of the child victim to the home at any time during the life of a case;
  - d. Prior to the return of an alleged maltreater to the home at any time during the life of a case;
  - e. Reassessment of safety including changes to the safety plan or changes in placement; and
  - f. Disclosure of information about criminal conduct.
5. Restrictions on interviewing the alleged maltreater due to a criminal case.

**NOTE:** The SSCM should attempt to obtain a transcript of the interview conducted by law enforcement. Under no circumstances should the request concerning the interview of the alleged maltreater impact DFCS' assessment of child safety or timeliness for initiating the assessment.

DFCS' role is different from law enforcement. The role of DFCS is to determine whether maltreatment was involved in the child's death, identify the responsible party, and then take appropriate action to protect any surviving siblings. The role of the law enforcement is to determine whether a crime has been committed and who is responsible. To be successful, law enforcement and DFCS need to coordinate their efforts and use their respective resources and skills collaboratively. Thus, it is imperative that law enforcement assumes the leadership role in the investigation. This is necessary because of the legal and practical issues involved in obtaining evidence and confessions. Only a law enforcement investigator has the training, expertise and legal mandate to execute search warrants, collect and evaluate evidence, interrogate suspects and file criminal charges. If a SSCM prematurely confronts an individual suspected of fatally abusing a child, law enforcement may find it more difficult, if not impossible, to successfully interrogate that same individual later.

### **Autopsy Reports**

An autopsy determines the cause, manner and underlying mechanism of death. This procedure also documents all of the significant pathologic conditions present in the body at the time of death. When the autopsy report is received, review the findings, and upload the report to Georgia SHINES External Documentation. Based on the findings determine any additional action steps that must be taken. Provided that all other investigative activities and services have been completed DFCS does not hold an investigation open for the sole purpose of waiting for an autopsy report. Although the investigation is closed, efforts to secure the autopsy results must continue.

### **Children's Advocacy Centers (CAC)<sup>4</sup>**

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<sup>4</sup> Copyright ©2014 National Children's Alliance

When police or child protective services believe a child is being abused, the child is brought to the CAC for a forensic interview. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask in a way that does not retraumatize the child. Then, a team that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals make decisions together about how to help the child based on the interview. CACs offer therapy and medical exams, plus courtroom preparation, victim advocacy, case management, and other services. This is called the MDT response and is a core part of the work of CACs. Without a CAC, the child may end up having to tell the worst story of his or her life over and over again, to doctors, cops, lawyers, therapists, investigators, judges, and others.

### **Forensic Interviews<sup>5</sup>**

Forensic interviewing is a first step in most CPS investigations that involve a CD/NF/SI. The interview is generally conducted at the local CAC by a professional specially trained in conducting forensic interviews with children. In addition to yielding the information needed to make a determination about whether abuse or neglect has occurred, this approach produces evidence that will stand up in court if the investigation leads to criminal prosecution. Properly conducted forensic interviews are legally sound in part because they ensure the interviewer's objectivity, employ non-leading techniques, and emphasize careful documentation of the interview.

### **Multi-Disciplinary Team (MDT)<sup>6</sup>**

Multidisciplinary teams represent a variety of disciplines that interact and coordinate their efforts to diagnose, treat, and plan for children and families receiving child welfare services. They may also be referred to as a "child protection team," "interdisciplinary team," or "case consultation team". Due to the complex nature of child abuse and neglect investigations and family assessments, MDTs are often used to enhance and improve investigations and responses for children and families.

### **Child Fatality Review Committees (CFRC)**

Each county shall participate as a member of the local multi-disciplinary CFRC that will review all deaths of children ages birth through age 17 years. County Departments must designate a representative to serve on the local CFRC based on the County's Child Abuse Protocol and CFRC requirements. The SSCM may be contacted by the local county DFCS representative of the CFRC and/or asked to participate in the meetings.

During the CFRC meetings, the SSS or designee may request an official copy of the death certificate or autopsy findings to include in the case record even after DFCS' investigation has been completed. When the autopsy report is received the SSS maintains a responsibility to verify that the report is consistent with the preliminary cause of death provided during the

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5 Children's Services Practice Notes for North Carolina's Child Welfare Social Workers; From the Division of N.C. Division of Social Services and Family and Children's Resource Program Vol. 8, No. 1, December 2002, © 2002 Jordan Institute for Families

6 U.S Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Child Welfare Information Gateway

investigation. See policy [1.10 Administration: Child Fatality Review](#) for additional information about the role of the CFRC.

### **Child Abuse Investigative Support Center<sup>7</sup>**

The Georgia Bureau of Investigation's (GBI) Child Abuse Investigative Support Center assists law enforcement, child protective services, and district attorneys with the investigation of physical and sexual abuse of children.

1. Forensic and Investigative Consultations

The Child Abuse Investigative Support Center provides forensic medical consultations in which the child's injuries are evaluated and medical records and the social/home environment are reviewed. An expert opinion is rendered and a letter detailing the accidental or inflicted nature of the injuries is provided. Expert testimony regarding the opinion is also available as needed.

2. Training

Training is offered free of charge to child welfare agencies and can be conducted at any location. Training is available on patterned injuries, forensic evidence in child homicides, drug-endangered children, profiles of child sex offenders, child abduction and homicide, and interviewing victims.

Services from the support center can be obtained by contacting the Child Abuse Investigative Support Center at:


Child Abuse Investigative Support Center  
GBI Headquarters  
3121 Panthersville Road  
Decatur, Georgia 30034  
404-270-8194  
FAX 404-270-8183

## **FORMS AND TOOLS**

[Frequently Asked Questions About Autopsies - GBI Medical Examiner's Office](#)

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<sup>7</sup> Georgia Bureau of Investigation, Medical Examiner's Office, The Child Abuse Investigative Support System PDF; [www.gbi.ga.gov](http://www.gbi.ga.gov)

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Making a Special Investigation Determination		
<b>Policy Number:</b>	6.8	<b>Previous Policy #:</b>	5.3	

**CODES/REFERENCES**

- O.C.G.A. §19-7-5 Reporting of child abuse
- O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
- O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions
- O.C.G.A. § 49-5-183 Notice to Alleged Abuser

**REQUIREMENTS**

- The Division of Family and Children Services (DFCS) shall:
1. Make the following determinations upon the conclusion of a special investigation:
    - a. Maltreatment determination (substantiated or unsubstantiated);
    - b. Safety determination (safe or unsafe); and
    - c. Whether a foster care policy violation occurred (when applicable).
  2. Complete a thorough review and analysis of the information gathered during the special investigation.
  3. Conduct a supervisor staffing to make a special investigation determination.
  4. Conduct a multi-disciplinary staffing at least 48 hours prior to submitting the special investigation for closure to discuss the case disposition, child safety, well-being, and placement, as well as recommendations regarding the status of a placement resource.
  5. Substantiate neglect when evidence confirms that unsafe sleep practices were the cause or a contributing factor to the death of an infant (under the age of one) and case documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment.
  6. When substance abuse is suspected or alleged, also see policy [19.26 Case Management: Case Management Involving Caregiver Substance Use or Abuse](#).
  7. Document the special investigation determination and the evidence to support the safety and maltreatment determination in Georgia SHINES on the Allegation Detail page and Investigation Conclusion page.

**PROCEDURES**

- The Social Services Case Manager (SSCM) will:
1. Document all investigative activities in Georgia SHINES including:
    - a. Interviews, observations, and collaterals;
    - b. Joint investigative activities and notifications to applicable oversight authorities;
    - c. Facts of the investigation observed and/or learned have been entered on the Contact and Summaries page; and
    - d. Upload into External Documentation reports, forms, medical reports, professional assessments, pictures, letters, etc.



2. Analyze information gathered and observation made relative to each area of family functioning:
  - a. Interviews and observations of all household members and/or alleged maltreater(s);
  - b. Observations of the home environment and/or the location in which the abuse/neglect occurred, including observation of objects that may have been named in the allegations of maltreatment
  - c. Collaterals, including the reporter;
  - d. Videos, assessments, forensic reports, police reports, medical reports, educational reports, pictures, etc.;
  - e. Records obtained from the applicable oversight authority of a foster/adoptive home, relative/non-relative placement, residential or non-residential facility, or public or private non-residential school concerning the alleged victim child(ren) and/or alleged maltreater(s);
  - f. Any other information relevant to the allegations of maltreatment and child safety.
3. Analyze and consider all DFCS history and how it relates to the current allegations (see policy [19.10 Case Management: Analyzing DFCS History](#)).
4. Consider the challenges the family is facing related to their developmental stage and tasks and any correlation to alleged child abuse and/or neglect.
5. Make additional contacts or obtain additional information to resolve and/or provide clarification of inconsistencies. (See Practice Guidance: Resolving Discrepancies and Conflicting Information)
6. Participate in a supervisor staffing to determine the disposition of the special investigation by making the following determinations:
  - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
  - b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;  
**NOTE:** When a child death is suspected to be a result of an unsafe sleep environment determine if evidence supports that DFCS staff provided education and addressed safe sleep environments with the caregiver(s), including whether the caregiver(s) agreed to utilize safe sleep practices. Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to the infant's death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.
  - c. Whether a foster care policy violation(s) occurred (see policy [14.22 Resource Development: Policy Violations](#));  
**NOTE:** Applicable only to special investigations involving DFCS approved caregivers (DFCS or CPA foster/adoptive, relative/non-relative or Child Caring Institution (CCI) caregivers) of children in the custody of DFCS.
  - d. Whether further DFCS intervention is required to ensure child safety; and
  - e. If services are needed to assist the family/caregiver/resource with managing the challenging situation(s).
7. Notify the following participants, as applicable, of the multi-disciplinary staffing at least 48-hours (two business days) prior to the staffing:
  - a. Permanency SSS and SSCM;
  - b. Resource Development SSS and SSCM;
  - c. Child Protective Services (CPS) SSS and SSCM (when there is an open CPS case prior to the receipt of the special investigation);

- d. Regional Adoption Coordinator;
  - e. Independent Living Coordinator;
  - f. Oversight authority as outlined in policy [6.9 Special Investigations: Notifications in Special Investigations](#); and
  - g. ICPC Unit when supervision is being provided for a child placed in Georgia from another state.
8. Conduct a multi-disciplinary staffing at least 48-hours prior to submitting a special investigation for closure and discuss at minimum:
    - a. The safety and maltreatment determinations;
    - b. Safety strategies needed and/or implemented for children in DFCS custody and/or the legal custody of the parent/guardian, foster/adoptive parent, or relative/non-relative placement;
    - c. Violations of foster care policy and recommendations for a Corrective Action Plan (CAP) (see policy [14.22 Resource Development: Policy Violations](#));
    - d. The reason for a change in the DFCS placement resource status (suspended, on hold, or closure, reopen) when applicable;
    - e. Autopsy findings, if available and applicable;
    - f. Medical diagnosis as a result of abuse or neglect
    - g. Any other well-being or permanency needs identified including any medical or behavioral health care the child is receiving; and/or
    - h. The transition plan for a child in DFCS custody that will involve a placement change, as applicable (see policy [10.3 Foster Care: Changes in Placement](#)).
  9. Document in Georgia SHINES the 48-hour staffing including who was present and any recommendations.
  10. Document the maltreatment determination on the Allegation Detail page in Georgia SHINES:
    - a. Verify the category/type of child abuse and maltreatment code is matched to the appropriate victim child;
    - b. Designate the appropriate individual(s) as the alleged maltreater for each applicable category/type of child abuse and corresponding maltreatment code;
 

**NOTE:** When the alleged maltreater is unknown and the evidence gathered during the investigation supports that child abuse occurred, the maltreatment determination must be substantiated.
    - c. Select “Substantiated” or “Unsubstantiated” for each child abuse allegation;
 

**NOTE:** If the category/type of child abuse and/or maltreatment code(s) is incorrect, unsubstantiate the allegation and add the correct of maltreatment category/type and corresponding maltreatment code(s). The addition of the category/type of maltreatment and corresponding code(s) must be related to the information reported at intake. If not related, a new intake report is required, unless cases are being merged (see Practice Guidance in policy [5.3 Investigations: Making an Investigation Decision](#)).
    - d. Complete the Evidence Summary section by documenting a detailed summary of evidence that supports each maltreatment determination (photos, videos observations, diagnoses, disclosures during interviews); and
    - e. Write a concise statement in the Justification of Findings (JOF) section that supports the maltreatment determination to include the type of child abuse being substantiated or unsubstantiated (for examples of JOFs see Practice Guidance: Allegation Detail Page and the Justification of Findings (JOF):

- i. Endangering a Child
- ii. Neglect
- iii. Physical Abuse
- iv. Sexual Abuse
- v. Sexual Exploitation

**NOTE:** The maltreatment determination and justification of findings must be made based on the definition of the category of child abuse investigated and not on the Georgia Maltreatment Codes. The Georgia Maltreatment Codes are used for reporting and service planning purposes. If the case is substantiated, specified case information will be transmitted to the Child Protective Services Information System (CPSIS) as outlined in policy [20.1 Child Protective Services Information System: CPSIS Inclusion and Notification to the Alleged Child Abuser](#).

- f. When a special investigation involving a child death, near fatality, serious injury (CD/NF/SI) is substantiated and the alleged abuse occurred during the period the child was in the legal custody of DFCS, classify the special investigation as:
    - i. Child Death-In Care;
    - ii. Near Fatality-In Care; or
    - iii. Serious Injury-In Care.
  - g. When a special investigation involving a CD/NF/SI is substantiated and the alleged abuse occurred during the period the child was not in the legal custody of DFCS, classify the special investigation as:
    - i. Child Death-Not in Care;
    - ii. Near Fatality-Not in Care; or
    - iii. Serious Injury-Not in Care.
11. Complete the Investigative Conclusion page in Georgia SHINES:
- a. Complete the mandatory fields in the Special Investigation Placement/Non-Placement Provider/Facility section:
    - i. Is this a special investigation;
    - ii. Is this maltreatment in care;
    - iii. Is this a policy violation, if so describe in the comments box;
    - iv. Notification to the foster parent of the right to have an advocate present, and if not notified, describe why in the comments box; and
    - v. Notifications to the state office of removal of children from the placement resource and date of the notification.
  - b. When the special investigation involves child(ren) in DFCS custody, expand the Placement/Non-Placement provider section:
    - i. Determine if the placement/non-placement provider was related in Georgia SHINES at intake. If related, the provider's information will display in the General Information section of the section; or
    - ii. Complete a search for the provider when not displayed and relate the provider name and resource ID to the special investigation.
  - c. Write an Investigation Conclusion Summary that includes (see Practice Guidance: Investigation Conclusion Page for examples of investigation conclusion summaries):
    - i. A detailed summary of evidence that supports the maltreatment and safety determination for each child abuse allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews),
    - ii. An analysis of DFCS history and how it affected the maltreatment and safety determination;

- iii. Whether consensus was achieved with the family;
- iv. Safety interventions in place (as applicable); and
- v. Recommendations for services.
- d. Select from the following case dispositions:
  - i. Substantiated: Open for CPS Services
  - ii. Substantiated: Open for Placement
  - iii. Substantiated: Closed for Services
  - iv. Unsubstantiated: Closed for Services
  - v. Unsubstantiated: Case Open for CPS Services
  - vi. Unsubstantiated: Case Open for Placement
  - vii. Unsubstantiated: Unable to Locate
  - viii. Opened in Error

The SSS will:

1. Conduct a supervisor staffing as outlined in policy [19.6 Case Management: Supervisor Staffings](#) to determine the disposition of the special investigation by making the following determinations:
  - a. Safety (safe or unsafe) for each alleged victim child in accordance with policy [19.11 Case Management: Safety Assessment](#).
  - b. Maltreatment (unsubstantiated or substantiated) for each alleged victim child;
 

**NOTE:** When a child death is suspected to be a result of an unsafe sleep environment determine if evidence supports that DFCS staff provided education and addressed safe sleep environments with the caregiver(s), including whether the caregiver(s) agreed to utilize safe sleep practices. Substantiate neglect when evidence confirms that an unsafe sleep practice was the cause or contributing factor to the infant's death and documentation supports that DFCS staff previously educated the caregiver(s) of the dangers of an unsafe sleep environment to child safety.
  - c. Whether a foster care policy violation(s) occurred (see policy [14.22 Resource Development: Policy Violations](#));
 

**NOTE:** Applicable only to special investigations involving DFCS approved caregivers (DFCS or CPA foster/adoptive, relative/non-relative or Child Caring Institution (CCI) caregivers) of children in the custody of DFCS.
  - d. Whether further DFCS intervention is required to ensure child safety; and
  - e. If services are needed to assist the family/caregiver/resource with managing the challenging situation(s).
2. Participate in the 48-hour staffing, ensure all required participants are notified, and recommendations are provided
3. Review the case record in Georgia SHINES to ensure the case determination is accurately reflected within 45 calendar days of receipt of the intake report:
  - a. Review Log of Contacts;
  - b. Allegation Detail Page:
    - i. Ensure the correct child abuse category and maltreatment code(s) correspond to the appropriate child victim and that the maltreatment determination of substantiated or unsubstantiated is correct;
    - ii. Confirm that the alleged maltreater identified is correct for each alleged victim child and maltreatment determination.



- iii. Review the Justification of Findings to ensure the statement supports the decision to substantiate or unsubstantiate the category/type of child abuse selected.
- c. Investigation Conclusion:
  - i. Confirm that the information in the Placement/Non-Placement provider/facility section has been completed correctly;
  - ii. Expand the Placement/Non-Placement provider section and verify that any provider acting as a DFCS agent has been related;
  - iii. Ensure the correct case disposition has been selected and it corresponds to the dispositions captured on the allegation detail page; and
  - iv. Ensure the Investigation Conclusion Summary supports the decisions made during the dispositional staffing including:
    1. A detailed summary of evidence that supports the maltreatment findings and safety determination for each allegation investigated (photos, videos, observations, diagnoses, disclosures during interviews, etc.);
    2. An analysis of DFCS history and how it affected the maltreatment and safety determination;
    3. Safety interventions in place (as applicable); and
    4. Recommendations for services.

## **PRACTICE GUIDANCE**

### **Resolving Discrepancies or Conflicting Information**

During the course of an Investigation, often there are discrepancies in information collected or there are conflicting accounts regarding the allegations of abuse and neglect. It is important to attempt to resolve discrepancies or conflicts to ensure that the information gathered accurately supports the investigation determination. Some ways to address these situations include but are not limited to:

1. Reviewing the information gathered again to determine what information is needed to resolve the issue(s).
2. Seeking supervisory assistance to review the information or develop a plan to resolve the issue(s).
3. Conducting additional interviews with the family members, reporter, collaterals, etc.
4. Engaging subject matter experts to assist in the review of evidence or to discuss the information via a staffing or consultation.
5. Requesting additional professional assessments or evaluations for the child(ren) or caregiver(s).

### **Maltreatment and Safety Determination**

The maltreatment determination is based on a preponderance of the evidence and considers whether the alleged child abuse occurred (i.e. the maltreatment is substantiated or unsubstantiated). Substantiated means the allegations of child abuse, as defined by Georgia statute, are supported by a preponderance of the evidence. A preponderance of evidence means that the greater the weight of the evidence makes it more probable than not that child abuse occurred. The substantiation determination depends on the answers to two questions: "Is the harm to the child severe enough to constitute maltreatment?" and "Is there sufficient evidence to support this being a case of child maltreatment?" When evidence supports

maltreatment occurred, regardless of whether the identity of the maltreater is known or unknown the case determination must be substantiated.

A substantiated maltreatment finding may result in:

1. Closure of a DFCS foster/adoptive home or discontinued use of a relative/non-relative placement.
2. A CPA foster or adoptive home no longer being used for placement of children in DFCS custody.
3. A CCI, PRTF, Daycare, etc. (facility) no longer being used for placement or services for children in DFCS custody.

**NOTE:** The Permanency SSCM must submit a waiver request to the State Office Permanency Unit for consideration of the placement resource to remain open for the purposes of achieving permanency.

Unsubstantiated is described as either there is no evidence of maltreatment or the evidence of maltreatment was not supported by a preponderance of the evidence as defined by Georgia statute and DFCS policy. However, it is also important to remember that even though a maltreatment determination regarding a specific "incident" may be unsubstantiated, due to the case lacking evidence, information should be documented since unsubstantiated reports may eventually show a pattern of behavior that over time that may be useful in decision-making.

An unsubstantiated maltreatment finding may result in:

1. No further action being taken.
2. A policy violation and the implementation of a Corrective Action Plan (CAP).
3. A resource placed "on hold" for placement of children in DFCS custody.
4. A resource no longer utilized for placement of children in DFCS custody.

The safety determination identifies the child as either safe or unsafe based on the safety assessment. See policy [19.11 Case Management: Safety Assessment](#) for information on how to make a safety determination. It is important to remember that the determination of the existence of maltreatment (substantiated or unsubstantiated), and whether a child is safe or unsafe are two separate determinations. A child may have been maltreated but could still be considered safe based on individual family circumstances and caregiver protective capacities.

### **Investigation Conclusion Page**

The Investigation Conclusion Page in Georgia SHINES is where the overall finding case disposition is recorded. Included on the Investigation Conclusion page is the Investigation Conclusion Summary. The purpose of this summary is to give a more detailed account of what occurred during the investigation from beginning to end in a summarized format. This does not mean that the Log of Contacts should be copied and pasted into this section. An Investigation Conclusion Summary should include:

1. What was alleged.
2. Evidence to support or refute the allegations. Evidence may include pictures, direct witness statements, observations, formal diagnosis, evaluations from licensed clinicians, disclosures by the alleged victim child or other children subject to the care of the alleged maltreater, interviews with the alleged maltreater, history that shows a pattern of behavior, or information obtained by collateral resources.
3. Family Functioning information relevant to the case determination.

4. Safety related information and interventions put in place during the Investigation.
5. The overall case determination including whether the case will be closed or stage progressed to Family Preservation Services or Foster Care.

#### Example of Substantiated-Open Investigation Conclusion

On 3/1/2017 a report was received indicating that the Lannister family moved from Florida to Georgia in December 2016. At the time of the move the family had an open CPS case in FL and failed to notify their case manager of the move to Georgia. The case was open due to medical neglect resulting from prescription substance abuse by the mother, Ms. Jane Lannister and her live-in paramour, John Baratheon.

Ms. Lannister and Mr. Baratheon have one child, Joffery, age 2. Joffery was born premature and has not been seen in the doctor's office since he was 9 months old. Joffery's pediatrician in FL indicated that Ms. Lannister missed several follow up appointments to treat a severe asthma condition. Ms. Lannister stated that she took Joffery to the doctor before leaving FL and was up to date on all well-checks and immunizations, however medical records verified this was untrue. Ms. Lannister also stated that she applied for Medicaid upon arriving in GA, however the application could not be located by Office of Family Independence (OFI). The sole income in the home is Mr. Baratheon's SSI, received for a chronic seizure condition that is currently untreated. Both caregivers admitted to spending the SSI money on purchasing illegal prescription medications.

The home was observed to be in disarray. Dirty dishes were piled up in the sink and all over the counter and food that appeared to be several days old was left on the table in dishes. Joffery was wandering around the home in a dirty diaper that had not been recently changed based on the amount of urine that saturated the diaper. He was also observed to be coughing and wheezing by the SSCM during the visit.

The drug screen results on both caregivers were positive for opiates and benzodiazepines. SSCM also noted that Ms. Lannister and Mr. Baratheon appeared to be under the influence of substances as evidenced by sleeping during the day, slurred words when talking, and dilated pupils. Prior medical conditions were cited as the basis for the prescription drug use, however neither caregiver could produce valid prescriptions from a medical provider. Results of a substance abuse assessment included several recommendations for follow up treatment for both caregivers.

Impending dangers were identified based on the caregivers' inability to control their behavior and complete daily life activities (cleaning, taking child to the doctor, etc.) due to the illegal use of prescription drugs and the inability of both caregivers to give a valid explanation as to why Joffery had not been taken to the doctor to deal with his severe asthma in both FL and GA.

A safety plan was completed to address the condition of the home, follow up on Joffery's medical care for observed respiratory issues, and to develop a plan for supervision of Joffery if Ms. Lannister or Mr. Baratheon are using prescription medications (legally or illegally) that affect their judgement and/or rendered them unable to care for the children. The home was cleaned on a follow up visit and Joffery was enrolled in daycare. An appointment was also made with a local pediatrician. Both caregivers indicate a willingness to attend substance abuse treatment based on the recommendations of the substance abuse assessments.

Neglect (Medical Neglect) is substantiated due to Ms. Lannister failing to provide adequate medical care for Joffery's continued respiratory issues and the case opened for FPS. Recommended initial services are:

- Ms. Lannister and Mr. Baratheon need to follow up on recommendations from the substance abuse assessment.
- Follow up medical care for Joffery

#### Example of Unsubstantiated-Closed Investigation Conclusion

On 3/2/17 DFCS received a report concerning Arya Stark stating that Arya was being abused by her father, Ned Stark. Arya was interviewed and stated that her father, Mr. Stark slammed her head into the head rest in the car. She also stated that Mr. Stark emotionally abuses her by calling her names.

Collateral contacts and interviews with Arya's siblings did not support Arya's statement of abuse. Arya did not have any marks/bruises and Arya's siblings (Sansa, Robb, and Bran) stated that Arya is not physically disciplined. Arya also could not remember important details of her account such as when the alleged incident happened or why Mr. Stark allegedly did it.

Arya has been seeing a therapist for approximately one year. The therapist reported that Arya never disclosed any abuse/neglect during the sessions. Arya did sustain an injury when Mr. Stark restrained her from running away, which was a minor bruise to the lip approximately a year and a half ago. Mr. Stark obtained therapy for Arya soon after the incident. Mr. Stark is a single parent, after losing his wife to cancer. The therapist indicated that there have been incidents of the family using name calling when they are angry, but she is doing both individual and family counseling with them to help work through these issues and feels that most of the problems are related to the family's grief. Mr. Stark has extended family support who assist him with the children. Other personal collateral contacts did not reveal any information that would indicate Mr. Stark was being abusive to his children. No impending dangers were noted. Allegations of physical abuse (bruises, welts, abrasions) are unsubstantiated. There is no CPS history and no further services are recommended.

#### **Allegation Detail Page and the Justification of Findings (JOF)**

The Allegation Detail page in Georgia SHINES is where the SSCM documents a disposition (substantiated or unsubstantiated) for each allegation of child abuse investigated. The JOF supports the decision to substantiate or unsubstantiate the allegations. It is a clear and concise description of facts and evidence gathered during the investigation and details a preponderance of credible evidence to support the findings concerning one of the five forms of child abuse investigated. When allegations are substantiated the JOF statement is sent to the Child Abuse Registry (CAR) and used by the Office of State Administrative Hearings (OSAH) during the appeal process.

The following sections provide justifications for each category of child abuse that can assist in documenting a JOF. The examples are provided as a guide and are not exhaustive.

### **I. Endangering a Child**

#### **1. Cruelty to Children**

Examples of Child Endangerment justifications:



- Mr. Moore is substantiated for child endangerment. He was the primary aggressor in a domestic violence incident in which he struck Ms. Moore repeatedly on her face and torso resulting in her having a substantially blackened eye and visible bruises on her chest and stomach. This was a battery which Mr. Moore intentionally allowed K.M., age 4, and C.M., age 7, to witness. The incident took place on or about September 6, 2016.
- Ms. Martin is substantiated for child endangerment. She was the primary aggressor in a forcible felony, specifically an aggravated assault, which she committed against John Johnson, her fifteen-year-old neighbor, by holding a knife to his throat and threatening to kill him. She committed these acts with knowledge that her children, A.M., age 10, and S.M., age 13, were present and could hear the assault. The incident took place on or about October 7, 2016.

## 2. Methamphetamine Exposure

Example of Child Endangerment justification due to methamphetamine exposure:

- Mr. Abrams and Ms. Smith are substantiated for child endangerment. Both of them permitted their children, S.A., age 2, and C.S., 11 months, to be present while methamphetamines were being manufactured on or about August 7, 2016.

## 3. Driving Under the Influence (DUI)

Example of Child Endangerment justification due to DUI:

- Ms. Cox is substantiated for child endangerment. On or about August 31, 2016, she drove a motor vehicle while under the influence of alcohol to the extent that it was less safe for her to drive while transporting A.C., age 12.

## 4. Prenatal Abuse

Example of a Child Endangerment justification due to Prenatal Abuse:

- Ms. Brown is substantiated for child endangerment as a result of prenatal abuse. Ms. Brown exposed S.B. to chronic abuse of a controlled substance, specifically cocaine. At the time of S.B.'s birth on September 15, 2016, a metabolite of cocaine was found in S.B.'s blood.

## II. Neglect

Example of a Neglect justification due to abandonment:

- For six months from approximately August 8, 2016, through February 14, 2017, Ms. Smith abandoned her two children, S.D. and M.D., age 13, by leaving them with their grandmother Ms. Scott, without provision for their support and without regularly visiting them.
- On September 4, 2016, Ms. Morris abandoned K.M., age 12, N.O., age 9 and P.Q., age 5 by leaving them alone in the home without supervision, creating a substantial risk of serious harm to the children, who were without sufficient food, and were without adult supervision during that time. (This situation could also have been substantiated as neglect by failure to provide proper care and control because, for the three-day period, the children were without parental care and control necessary for their physical, mental and emotional health and were without adequate supervision necessary for their well-being).

Examples of Neglect justifications based on inadequate supervision:

- On or about August 21, 2016, Mr. Hall neglected G.H. age 3, by failing to provide

adequate supervision, and, as a result, she was found wandering along Panola Road alone and without supervision.

- On or about August 16, 2016, Ms. Jackson neglected I.J., age 8 by failing to provide him with adequate supervision by leaving him alone at home while she was away from home at work for nine hours.

Example of a Neglect justification based on failure to provide proper parental care and control:

- On or about July 1, 2016, July 10, 2016, and August 5, 2016, Mr. Darcy neglected C.D. by failing to provide him with proper care and control necessary for his physical well-being by failing to take him for needed medical treatment for his congenital heart condition as requested by his physician, Dr. Dooley.

### **III. Physical Abuse**

Examples of justifications supporting Physical Abuse:

- A.C. was physically injured, on or about November 3, 2016, when Mr. Collins, her father, hit her repeatedly with an extension cord leaving marks and lacerations on her legs.
- D.J. was injured when Mary Jones, her caretaker, intentionally burned her with a cigarette, leaving burns and marks on her arms and chest during a two-week period in September 2016.

### **IV. Sexual Abuse**

Examples of Sexual Abuse justifications:

- Mr. Jones is substantiated for sexual abuse. On or about August 21, 2016, he had genital-genital sexual intercourse with A.B., age 13.
- Ms. Simmons is substantiated for sexual abuse. On or about October 12, 2016, she had physical contact in an act of apparent sexual stimulation with the clothed genitals of J.M., age 15. (Ms. Simmons is older than 19.)
- Mr. Davis is substantiated for sexual abuse. Over a three-month period from June 30, 2017, through September 30, 2017 he held A.D., age 15, in his home against her will and attempted to sell her to the highest bidder on a child pornography website. He also transported her to multiple locations where he required her to have oral-genital sex with various men in exchange for money on a total of more than five occasions. (Mr. Davis is older than 20.)

### **V. Sexual Exploitation**

Examples of Sexual Exploitation justifications:

- Mr. Smith is substantiated for sexual exploitation. During the months of August and September 2016, he encouraged, S.B., age 16 to engage in prostitution, specifically genital-genital sexual intercourse and oral-genital sexual intercourse with other individuals for money and clothes.
- Mr. Jackson is substantiated for sexual exploitation. During October 2016, he permitted S.W., age 13, to engage in sexually explicit conduct, specifically actual and simulated genital-genital and oral-genital sexual intercourse for the purpose of producing visual medium, including film and photographs of such activities.

## Policy Violations

In addition to making a maltreatment determination during the special investigation the SSCM may identify a policy violation. Policy Violations are actions performed by an approved caregiver (DFCS or CPA Family Foster Home, Relative/Non-Relative Placement, or CCI that may breach any DFCS Safety and Quality Standard, but do not constitute abuse or neglect. Policy violations generally fall into two categories:

1. Discipline or Serious policy violations: Acts or situations by the caregiver that pose an immediate or potential threat to the safety or well-being of the child in care. These may include, but are not limited to, inappropriate disciplinary measures (both physical/corporal and emotional), violations of supervision, or any other safety requirements.
2. Low risk policy violations: Actions or situations that do not pose a direct or immediate risk to the safety and well-being of the child. These may include the following or similar infractions:
  - a. Lack of required annual Continued Parent Development (CPD) hours;
  - b. Inappropriate utilization of an approved home (see policy [14.1 Resource Development: Safety and Quality Standards](#));
  - c. Lack of cooperation in assuming a partnership role with the agency in meeting the needs of the child;
  - d. Inappropriate disclosure of confidential information regarding the child;
  - e. Inappropriate use of *acceptable* disciplinary practices (e.g., extended periods of time out, etc.); and
  - f. Inappropriate assignment of chores or work responsibilities.

When a policy violation is identified during the special investigation the CPS SSCM must discuss the findings during the 48-hour staffing with:

1. The Permanency SSCM when it is a relative/non-relative placement.
2. Resource Development SSCM when it is a DFCS foster/adoptive parent.
3. OPM when it is a CPA/CCI.


The Permanency SSCM/Resource Development SSCM/OPM has the responsibility to notify the caregiver of the policy violation and address it with him/her, including but not limited to implementing a Corrective Action Plan (CAP) as outlined in policy [14.22 Resource Development: Policy Violations](#).

## Case Disposition of a Child Death Investigation

DFCS should not keep an investigation open beyond the standard 45-calendar-day timeframe. The preliminary cause of death pursuant to the autopsy report may be available from the coroner or medical examiner to assist with making a case determination. However, if the preliminary cause of death or the autopsy report is not available the case disposition will be made based on the available information. When there are other children in the home a determination must be made as to whether present or impending danger safety threats exist. If there is a determination that any child in the home is unsafe then DFCS must transfer the case to Family Preservation Services or Permanency within the standard 45-calendar-day timeframe for special investigations.

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	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
	<b>Policy Title:</b>	Notifications in Special Investigations		
<b>Policy Number:</b>	6.9	<b>Previous Policy #:</b>	N/A	

### CODES/REFERENCES

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records  
O.C.G.A. § 49-5-180 Central Child Abuse Registry Definitions  
O.C.G.A. § 49-5-183 Notice to Alleged Abuser

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Notify the proper oversight authority of the receipt of an intake involving a special investigation in accordance with policy [3.3 Intake: Intakes Involving Special Investigations and Policy Violations](#).
2. Notify and invite the proper oversight authority and/or appropriate stakeholders of a 48-hour multi-disciplinary staffing at least 24 hours prior to the meeting.
3. Provide written notification of the investigation findings within five calendar days of the conclusion of the special investigation to the:
  - a. Parent/legal guardian/legal custodian of the alleged victim child, if the parent/legal guardian/legal custodian is not named as the alleged or substantiated maltreater.  
**EXCEPTION:** If the victim child is in DFCS custody and Termination of Parental Rights (TPR) has occurred, notification to the parent/legal guardian/legal custodian is not required.
  - b. Alleged maltreater, if the allegations are unsubstantiated only.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the Child Protective Services Information System (CPSIS) (see policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser](#)).
4. Send the notification letter to the parent/legal guardian/legal custodian via first-class mail or hand delivery. If the notification is hand delivered, the parent/legal guardian/legal custodian must sign and date a copy of the letter indicating receipt.
5. Provide written notification of the investigation findings within five calendar days of the conclusion of the special investigation via the Mandated Reporter Investigation Outcome Letter to the:
  - a. School counselor for the school the child was attending at the time of the reported child abuse. If a school does not have a school counselor, such disclosure shall be made to the principal; or
  - b. Mandated reporter who made the intake report, upon request.**NOTE:** The mandated reporter may be notified via email, mail, or fax.

6. Provide written notification of the special investigation outcome via the Notification of Special Investigation Outcome Letter to the (as applicable):
  - a. Child Placing Agency (CPA);
  - b. Child Caring Institution (CCI);
  - c. Psychiatric Residential Treatment Facility (PRTF);
  - d. Public or Private Non-Residential School;
  - e. Proper oversight authorities; and
  - f. Interstate Compact on the Protection of Children (ICPC) Unit when supervision is being provided for a child placed in Georgia from another state.
7. Identify the child by initials only in any written notification of the special investigation outcome.
8. Have any written notification of the special investigation outcome approved by the Social Services Supervisor (SSS).
9. Notify the DFCS Adoption Exchange State Permanency Unit within 10 calendar days of the completion of a special investigation involving children with a permanency plan of adoption or guardianship with the caregiver who is the subject of the report.
10. Submit the special investigation within 10 calendar days of completion of the special investigation to the Caregiver Recruitment and Retention Unit (CRRU) for a concurrence review when there is a recommendation to close a DFCS foster/adoptive home or relative/non-relative placement based on a policy violation of DFCS Safety and Quality Standards (SQS).
11. Submit a recommendation to close a CPA foster or adoptive home to the Office of Provider Management (OPM) within 10 calendar days of the completion of the special investigation.
12. Notify the Caregiver Recruitment and Retention Unit (CRRU) of maltreatment and policy violations resulting in closure of a foster/adoptive home or relative/non-relative placement within 10 calendar days of completing a special investigation.
13. Notify the Office of Provider Management (OPM) of maltreatment and policy violations resulting in a recommendation to close a CPA foster/adoptive home within 10 calendar days of the completion of the special investigation.

<b>PROCEDURES</b>
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The Social Services Case Manger (SSCM) will:

1. Prepare all notifications of the investigation findings identifying the child by initials only.
2. Provide written notification of the investigation findings within five calendar days of the conclusion of the special investigation when the investigation involves a:
  - a. **DFCS foster/adoptive home or relative/non-relative placement:**
    - i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of Child Protective Services (CPS) Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.  
**EXCEPTION:** If the victim child is in DFCS custody and TPR has occurred, notification is not required.
    - ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS in accordance with policy

- [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser.](#)
- iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
  - iv. ICPC Unit at [ICPC\\_Consultation@dhs.ga.gov](mailto:ICPC_Consultation@dhs.ga.gov) when supervision is being provided for a child placed in Georgia from another state using the Notification of Special Investigation Outcome Letter.
- b. **CPA foster or adoptive home:**
- i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of CPS Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.
  - ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS in accordance with policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser.](#)
  - iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
  - iv. Director/Designee of the CPA via the Notification of CPS Investigation Outcome Letter;
  - v. ICPC Unit at [ICPC\\_Consultation@dhs.ga.gov](mailto:ICPC_Consultation@dhs.ga.gov) when supervision is being provided for a child placed in Georgia from another state using the Notification of Special Investigation Outcome Letter.
- c. **CCI:**
- i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of CPS Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.
  - ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS in accordance with policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser.](#)
  - iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
  - iv. Director/Designee of the facility via the Notification of CPS Investigation Outcome Letter;
  - v. ICPC Unit at [ICPC\\_Consultation@dhs.ga.gov](mailto:ICPC_Consultation@dhs.ga.gov) when supervision is being provided for a child placed in Georgia from another state using the Notification of Special Investigation Outcome Letter.
  - vi. The following oversight agencies using the Notification of Special Investigation

Outcome Letter:

1. RCC at [RCCReports@dhs.ga.gov](mailto:RCCReports@dhs.ga.gov) for CCI investigations involving an Outdoor Child Caring Program, Children's Transitional Care Center, or Maternity Home.
2. DJJ at [DJJDFACSAalerts@djj.state.ga.us](mailto:DJJDFACSAalerts@djj.state.ga.us) for CCI investigations involving a YDC or RYDC.

d. **PRTF:**

- i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of CPS Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.
- ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS in accordance with policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser](#).
- iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
- iv. Director/Designee of the PRTF via the Notification of Special Investigation Outcome Letter;
- v. ICPC Unit at [ICPC\\_Consultation@dhs.ga.gov](mailto:ICPC_Consultation@dhs.ga.gov) when supervision is being provided for a child placed in Georgia from another state using the Notification of Special Investigation Outcome Letter.
- vi. The following oversight agencies using the Notification of Special Investigation Outcome Letter:
  1. DBHDD at [DBHDDincidents@dbhdd.ga.gov](mailto:DBHDDincidents@dbhdd.ga.gov);
  2. PRO Team at [proteam@dhs.ga.gov](mailto:proteam@dhs.ga.gov);

e. **Child care facility:**

- i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of CPS Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.
- ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS in accordance with policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser](#).
- iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
- iv. Director/Designee of the facility via the Notification of Special Investigation Outcome Letter
- v. DECAL, Bright From the Start at [CCSComplaints@decals.ga.gov](mailto:CCSComplaints@decals.ga.gov) using the Notification of Special Investigation Outcome Letter.

f. **Non-Residential School:**



- i. Parent/legal guardian/legal custodian, who is not the maltreater, of the investigation findings via the Notification of CPS Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater Letter.
- ii. Alleged maltreater if the investigation is unsubstantiated via the Notification of Unsubstantiated CPS Investigation Outcome Letter to the Alleged Maltreater.  
**NOTE:** If the allegations were substantiated, notification of the findings will be sent to the substantiated maltreater from the CPSIS as outlined in policy [20.1 Child Protective Services Information System \(CPSIS\)/Child Abuse Registry: CPSIS Inclusion and Notification to Alleged Child Abuser](#)
- iii. School counselor (or principal if the school does not have a counselor) at the school the child attended when the report was made or upon request the mandated reporter who made the intake report via the Mandated Reporter Investigation Outcome Letter.
- iv. Principal/Designee via the Notification of Special Investigation Outcome Letter.
- g. **Support services provider (Homestead, Parent-Aide, CCFA, etc.)** via the Special Investigation Outcome Letter:
  - i. Well-Being Section, Support Services Unit at [supportservices@dhs.ga.gov](mailto:supportservices@dhs.ga.gov); and
  - ii. DFCS Contract Unit at-**PENDING EMAIL ADDRESS**
3. Upload the dated, signed, and approved notification letters in Georgia SHINES External Documentation within 72 hours of the occurrence.

**NOTE:** When notifying internal DFCS staff the Notification of Special Investigation Outcome Letter may be attached and sent in one email to all applicable parties.

The SSS will:

1. Review the notification letters and ensure:
  - a. The letters are accurate; and
  - b. Only the child's initials have been used as identification.
2. Verify the appropriate oversight authorities have been notified within the timeframe.
3. Ensure all notification letters are uploaded to Georgia SHINES External Documentation.

The Permanency/Resource Development SSCM's will:

1. Submit policy violation findings within 10 calendar days of the conclusion of the special investigation to the:
  - a. CRRU at [CRRU@dhs.ga.gov](mailto:CRRU@dhs.ga.gov) for DFCS foster/adoptive homes or relative/non-relative placements found to be in violation of DFCS Safety and Quality Standards (SQS) for a concurrence review including (as applicable):
    - i. A detailed outline of closure reasons;
    - ii. SQS policies violated;
    - iii. Corrective Action Plan (CAP) information; and/or
    - iv. Requests for the placement resource to remain open for the purposes of achieving permanency for the child.
  - b. OPM at [opmreports@dhs.ga.gov](mailto:opmreports@dhs.ga.gov) for CPA foster/adoptive homes found to be in violation of DFCS SQS; and

- c. Adoption Exchange State Permanency Unit at [adoption.mic@dhs.ga.gov](mailto:adoption.mic@dhs.ga.gov) involving children with a permanency plan of adoption or guardianship; (see policy [14.22 Resource Development: Policy Violations](#)).
2. Upload concurrence information received from CRRU in Georgia SHINES External Documentation upon receipt.

CRRU will:

1. Acknowledge receipt of the request.
2. Complete a concurrence review of the foster home closure recommendation due to SQS policy violations within 15 business days of receiving notification from Resource Development, which may include staffings, further contact with the field via email, or conference calls.
3. Provide a written response to the requestor, County Director, and Regional Director of the concurrence decision.

The Adoption Exchange Unit will:

1. Conduct a review of the foster care case within 10 business days of being notified of a special investigation.
2. Conduct a review of the special investigation within 2 business days of notification that the investigation was completed and make a recommendation regarding permanency of the child(ren) with the alleged maltreater/caregiver in both unsubstantiated and substantiated cases;
3. Review all waiver requests for the home to remain open for the purposes of adoption of a child in the home (see [policy XXXXXX](#))

## PRACTICE GUIDANCE

### **The Concurrence and Special Investigation Review Process**

Notifications to all applicable oversight agencies and/or parties of the outcome of the special investigation are required. At the end of the special investigation reviews of the case are also completed based on the type of resource investigated.

### **Caregiver Recruitment and Retention Unit**

The CRRU is responsible for the oversight of DFCS' foster/adoptive parent recruitment and retention. As part of their responsibilities the CRRU completes a concurrence review when a special investigation indicates maltreatment or policy violations exist resulting in a recommendation to close the resource. This review evaluates retention options for the resource, such as the completion of a Corrective Action Plan (CAP) and examines if any of the 23 Bill of Rights impacting foster parent grievances have been violated either directly or indirectly. Programs, practices, procedures, service provision, communication, and partnership between DFCS and the placement resource is incorporated into the review and written concurrence/non-concurrence with the recommendation to close the resource is provided to the County Department/Region upon completion.

### **Office of Provider Management**

OPM serves as the resource maintainer of CPA foster/adoptive homes and residential/non-residential facilities. When OPM is notified of a special investigation the resource is put “on hold” pending the outcome of the special investigation. OPM is responsible for completing all a corrective action plan with the provider when recommended as a part of the special investigation. OPM is also responsible for closure of the resource if the special investigation is substantiated or removing the resource from “on hold” status in Georgia SHINES if no policy violations or substantiations occur.

**Adoption Exchange State Permanency Unit**

This unit reviews all special investigations on children who have a permanency plan of adoption or guardianship to ensure the outcome is in the best interest of achieving permanency for each child on a case by case basis. In certain instances, waivers may be sought to achieve permanency regardless of the outcome of the special investigation (see policy XXXX

**Special Investigations Notification Matrix for Oversight Authorities**

Oversight Authority	DFCS OR CPA FOSTER HOMES	RELATIVE PLACEMENTS	RESIDENTIAL OR NON-RESIDENTIAL FACILITIES	SCHOOLS
Adoption Exchange	✓	✓	✓	✓
CCI Director			✓	
CPA Director	✓			
CRRU	✓			
DBHDD			✓	
DECAL			✓	✓
DJJ			✓	✓
HFRD/DCH			✓	
OPM	✓		✓	
PRTF Director			✓	
RCC	✓		✓	
School Principal				✓
PRO Unit			✓	

**FORMS AND TOOLS**

- Mandated Reporter Investigation Outcome Notification
- Notification of Child Protective Services (CPS) Investigation Outcome to the Parent/Legal Custodian Not Alleged as a Child Maltreater
- Notification of Unsubstantiated Child Protective Services (CPS) Investigation Outcome
- Notification of Special Investigation Outcome Letter

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## GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL

<b>Chapter:</b>	(6) Special Investigations	<b>Effective Date:</b>	TBD
<b>Policy Title:</b>	Reporting of a Child Death, Near Fatality or Serious Injury		
<b>Policy Number:</b>	6.10	<b>Previous Policy #:</b>	5.26

### CODES/REFERENCES

O.C.G.A. §19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. §19-15-3 County Multiagency Child Fatality Review Committee  
Child Abuse and Prevention Treatment Act (CAPTA)

### REQUIREMENT

The Division of Family and Children Services (DFCS) shall:

1. Complete a Child Death, Near Fatality, or Serious Injury (CD/NF/SI) notification and report on every case that is reported to DFCS involving a child death, near fatality, or serious injury (see Practice Guidance for applicable definitions).
  - a. Provide the initial notification to the CD/NF/SI mailbox at [cdsi@dhs.ga.gov](mailto:cdsi@dhs.ga.gov) **within 24 hours** of receiving an intake report or becoming aware of a CD/NF/SI that has occurred on an active case.
  - b. Complete and submit the CD/NF/SI report in Georgia SHINES **within 48 hours** of receiving an intake report or becoming aware of a child death, near fatality, or serious injury incident on an active case.  
**NOTE:** If a comprehensive CD/NF/SI report can be completed, approved, and submitted in Georgia SHINES **within 24 hours** of receiving the intake report, this can replace Requirement #1a for the initial notification to the CD/NF/SI mailbox.
  - c. Assess all available information regarding the event(s) that occurred leading up to the CD/NF/SI incident.
2. Complete a report for a child death that occurs following a previous near fatality or serious injury.
3. Document in Georgia SHINES any child death that occurred in a family currently involved with DFCS, if that death occurred within the 12 months prior to the start of the family's DFCS involvement, even if the circumstances of the child death were not related to maltreatment.
4. Participate in any scheduled CD/NF/SI follow-up inquiry or case review related to state office oversight.
5. Notify the DHS/DFCS Office of Communications immediately if contacted by the media concerning a child death, near fatality, or serious injury (see policy [6.7 Information Management: Contacts with the Media, Legislators, County Officials and Board Members](#)).

### PROCEDURES

#### Reporting

When the county department is notified of a new intake report involving a CD/NF/SI, or becomes aware of a CD/NF/SI on an active case, the County Director will:

1. Notify the Regional Director/Designee of the CD/NF/SI.
2. Report the incident within 24 hours of receiving the CD/NF/SI intake report or becoming aware of a CD/NF/SI on an active case by:
  - a. Providing initial notification in Situation-Background-Assessment-Recommendations (SBAR) summary format to the CD/NF/SI mailbox at [cdsi@dhs.ga.gov](mailto:cdsi@dhs.ga.gov) (see Practice Guidance for description of SBAR), or
  - b. Completing and submitting a comprehensive CD/NF/SI report in the applicable stage in Georgia SHINES. The CD/NF/SI report will be automatically submitted to the CD/NF/SI mailbox upon approval.

**NOTE:** If the SBAR summary report is provided with 24 hours, the CD/NF/SI report must be submitted within 48 hours.

**EXCEPTION:** Georgia SHINES does not generate a CD/NF/SI report for youth over the age of 18. In these circumstances, staff should complete an SBAR summary to provide notification of a CD/NF/SI of a youth over age 18 who is receiving foster care services (i.e. participating in Extended Youth Support Services (EYSS) or Post Foster Care (PFC)).
3. Gather and assess information regarding the event(s) that occurred leading up to the CD/NF/SI to include:
  - a. Reviewing the intake report, if one was completed;
  - b. Analyzing DFCS case history, if applicable;
  - c. Reviewing purposeful contacts;
  - d. Contacting law enforcement or other professionals who can provide direct information on the circumstances that occurred; and
  - e. Obtaining medical reports and evaluations to verify the circumstances and cause of the child's death from the attending medical provider.
4. Consult with the Social Services Supervisor (SSS) to discuss the circumstances of the case.
  - a. Determine if there are any maltreatment or safety threats identified.
  - b. Determine if there are any safety concerns for any child that remains in the home and take appropriate action to ensure child safety (see policy [19.12 Case Management: Safety Planning and Management](#)).
  - c. Ensure a new intake report is made if maltreatment is suspected and was not previously reported (see policy [3.15 Intake: Mandated Reporters](#)).
5. For a child death report, ensure the Person Detail page in Georgia SHINES has been updated with the child's date of death.
6. Ensure the Person ID is linked to the case history. All information will be merged immediately and pre-populated onto the report.
7. Ensure supplemental information (e.g., death certificates, medical records, law enforcement reports, etc.) is entered in Georgia SHINES within 48 hours of receipt.
  - a. Document new case information on the appropriate page in Georgia SHINES (e.g., Contact Detail, Person Detail, Health Detail, etc.).
  - b. Document any additional activities/steps/tasks completed in Contacts and Summaries in Georgia SHINES.
  - c. Upload to External Documentation in Georgia SHINES denoting in the comments if additional steps were taken based on the results of the information.
  - d. Complete a new intake report to open a child protective services case, if necessary.
8. Document in Georgia SHINES any child death that occurred in a family currently involved with DFCS, if that death occurred within the 12 months prior to the start of the

DFCS' involvement with the family, even if the circumstances of the child death were not related to maltreatment.

- a. Enter the deceased child's name, DOB and DOD in Georgia SHINES.
- b. Gather as much information as possible from the family about the child death.
- c. Complete and approve the child death report with the information available.
- d. An SBAR notification is not required. An intake report is not required if there is no suspected maltreatment.

**NOTE:** Although the circumstances of the death may have been unrelated to maltreatment, and the death was not reported to DFCS at the time, the circumstances may have some relevance to the open case.

### State Office Reviews

Upon receipt of a CD/NF/SI report, the Knowledge Management CD/NF/SI Review Team will:

1. Review the initial summary notification and CD/NF/SI report.
2. Review information in Georgia SHINES, as needed.
3. Determine, on a case by case basis, if a report requires additional state office oversight.
  - a. Additional clarifying information will be requested, as needed.
4. Identify and track trends:
  - a. Related to DFCS practice and performance; with a focus on systemic issues.
  - b. Within families who experience a CD/NF/SI; and who have DFCS history with five years of the fatality or three years of the serious injury or near fatality.
5. Report out on findings during the Quarterly Statewide CD/NF/SI Process and Practice Trends Call.

## PRACTICE GUIDANCE

### Purpose

The purpose of the CD/NF/SI reporting process is to:

1. Provide immediate notification to DFCS leadership of the child death/near fatality/serious injury of a child.
2. Ensure all appropriate steps are being taken to ensure the safety of the victim child and any child(ren) remaining in the home.
3. Initiate a process that will allow the Division to identify trends that may suggest changes needed to policy, practice, and procedure to improve safety for children.

The County Director is responsible for ensuring timely and accurate completion of all CD/NF/SI reports. The Regional Director is responsible for ensuring a second level review process is in place for all completed reports prior to submission to the state office.

### Reporting Format

Notification must be sent within 24 hours by either an SBAR Summary or the CD/NF/SI report. If the **completed** CD/NF/SI report is submitted within 24 hours of receiving the intake report or becoming aware of a CD/NF/SI on an active case, the initial notification (i.e. SBAR summary report) is not needed.

SBAR format must describe the Situation, provide Background in the form of pertinent history and circumstances, provide an Assessment to summarize the facts and what has occurred,

and describe Recommendations of next steps. The SBAR format is used to provide initial summary notification of a child death, near fatality, or serious injury, and to provide sole notification for a youth over the age of 18 if the youth is receiving foster care services (Georgia SHINES will not generate a CD/NF/SI report for a youth over the age of 18).

The subject line of the email used to send the SBAR report is utilized to indicate whether the family has history with Child Protective Services (CPS), whether there was an open and active case **prior to** the incident, whether the child is in DFCS custody, the type of report, and the county. The following examples demonstrate the information requested in the subject line on all SBAR notifications:

1. Child Death - J. Doe - Chatham/R12 - CPS Hx. - Open Inv. prior to death
2. Serious Injury - J. Doe – Dade/R1 - No CPS Hx
3. Near Fatality – J. Doe - Gwinnett/R13 - Open Foster Care prior to NF

### **Reporting a CD/NF/SI during an Open DFCS Case Related to a Previous Injury, Pre-Existing Medical Condition, or Expected Death**

Sometimes a serious injury or near fatality eventually leads to a death. When the death occurs following the previous serious injury or near fatality, an initial notification (e.g. SBAR summary) is not required within the 24-hour timeframe. However, the child death report must be completed and approved in Georgia SHINES within 48 hours of receiving notification of the death.

When a child dies or is seriously injured as the result of a documented pre-existing medical condition, or the death is expected and there are no additional allegations of abuse or neglect, it is not necessary to complete a new intake report. When there is documented evidence to support the pre-existing condition, the County Department must complete an evaluation of the circumstances that led up to the CD/NF/SI incident and complete the CD/NF/SI report in the applicable stage in Georgia SHINES within 48 hours of receiving the notification.

Natural deaths due to documented medical conditions are managed by the medical professional who has been caring for the child. At the time of death, the coroner may accept the opinion of the medical professional and use his/her medical findings for the death certificate or may take possession of the body and conduct a separate investigation and autopsy. In Georgia, the county coroner usually enlists the state medical examiner to perform pediatric autopsies. However, there are instances in which natural deaths will be noted by a physician signing the death certificate without an autopsy. When no autopsy is performed, it is critical that DFCS continue to assess the circumstances of the child's death, obtain a copy of the death certificate, and upload it into Georgia SHINES. This assessment will confirm that the death occurred resulting from a medical condition and was anticipated or expected, and that there were no allegations or suspicions of abuse or neglect related to the death.

### **State Office Reviews**

All Child Death, Near Fatality and Serious Injury (CD/NF/SI) reports are reviewed and tracked by the Knowledge Management CD/NF/SI Review Team. The team consists of DFCS staff with a high level of expertise in Child Protective Services with a focus on safety related practice. Tracking includes gathering detailed information, such as: age of caretaker (CT), prior type of

agency CPS history, length of time between the CD/NF/SI event and prior case closure, and outcomes of prior reports or current report. Risk factors identified may include: substance abuse, domestic violence, prenatal drug exposure, prematurity, special needs child or CT, mental health and criminal history of CT, etc.

Sometimes a more in-depth review of prior history may be warranted when there is no clear alleged maltreatment, even if the cause of death initially appears to be related to natural or accidental causes. Some benefits of the review process include:

1. Live-learning & involvement of others in case assessment;
2. Consulting and collaborating with internal and external partners;
3. Identifying critical child safety issues and brainstorming on needed safety measures;
4. Identifying trends, high risk indicators, and immediate safety needs;
5. Identifying systemic issues and needs that can improve agency practice (for example: coding clarity, lack of substantiation on physical abuse cases where clear and convincing evidence was obtained, safety resources, or screen outs when safety concerns exist);
6. Improving assessments; and
7. Agency accountability and oversight.

### **Reporting Supplemental Information Concerning a Child Death**

DFCS does not hold an investigation open for the sole purpose of waiting for an autopsy report. If all other investigative activities and services have been completed (see policy [6.07 Special Investigations: Conducting Special Investigations of a Child Death, Near Fatality, Serious Injury](#)), DFCS may close the case. Although the investigation may be closed, efforts to obtain the final autopsy results must continue. If the original case has been closed or there was no investigation, and the autopsy report generates new information indicating maltreatment that was not previously reported or investigated or identifies parental behavior that impacted the death which was previously unknown to DFCS, then a new intake report must be submitted.

### **Child Deaths Not Reported to DFCS**

Pursuant to O.C.G.A. § 19-7-5, a report must be made to DFCS when there is suspicion or reasonable cause to believe that abuse or neglect is occurring. If DFCS learns of a child death due to circumstances or events unrelated to abuse or neglect, no intake report is required. When DFCS learns of a child death through media reports or other sources in the community, and the death was not reported to the CPS Intake Communication Center (CICC) as a child abuse or neglect referral, it is not necessary to complete the CD/NF/SI report.

When DFCS becomes involved with a family and learns of a child death that occurred in the 12 months prior to the start of DFCS' involvement with the family, it is important to ask questions about the death, even if that death was unrelated to abuse or neglect. The circumstances of the death may have some relevance to the open case, and it will be helpful to understand the effect of that death on the family's functioning. It is critical to gather as much information as possible to accurately reflect information about prior child deaths within the family.



## **Child Fatality Review Committees**

The purpose of the Child Fatality Review Committee (CFRC) is to review the causes and circumstances of a child's death and make recommendations for prevention. DFCS County Departments must designate a representative to serve on the local CFRC. County Directors or their designee shall actively engage committee members and participate in meetings of the local review committee, and share requested data to inform the committee's findings (see policy [1.10 Administration: Child Fatality Review](#)).

If, during a CRFC meeting, it is determined that a child death was not previously reported to DFCS and maltreatment is suspected or alleged, the County Department representative may accept the committee's information as a new child abuse and neglect report and make an immediate report to CICC. A new intake report will then be generated in Georgia SHINES containing the committee's information and recommendations (see policy [3.1 Intake: Receiving Intake Reports](#)).

**Near Fatality** means an act that, as certified by a physician, places the child in serious or critical condition and must be recorded in accordance with CAPTA regulations. Once the child meets this criterion then the allegation of "near fatality" should be marked along with any other type(s) of maltreatment.

**Serious Injury** means an injury, such as a bodily injury, that involves substantial risk of death, extreme physical pain, disfigurement or prolonged loss or impairment of the function of a body part, organ or mental capability. Examples include burns, head trauma, blunt trauma, internal bleeding, multiple bruising and contusions, lacerations of organs, broken bones and amputation.

## **FORMS AND TOOLS**

[CDNFSI Reporting Protocol](#) **\*\*this should link to the Field SOP\*\***