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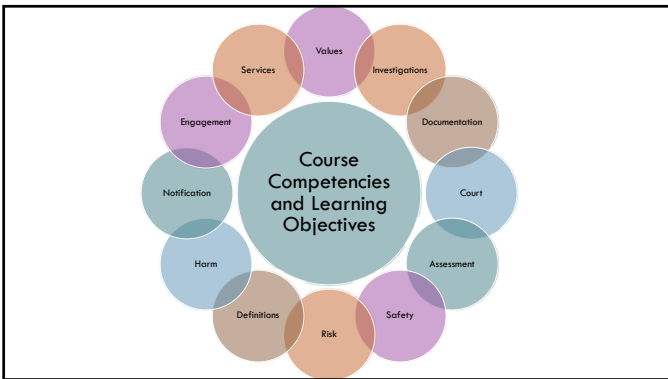
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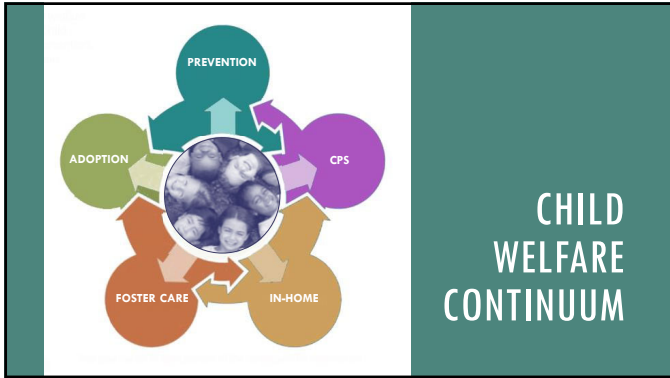
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## TRAININGS FOR NEW CPS WORKERS

CWS2000.1W – Child Protective Services New Worker Training  
CWS2011W – Intake, Assessment and Investigation  
CWS2021W – Sexual Abuse  
CWS2031W – Sexual Abuse Investigations

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## VIRGINIA CHILDREN'S SERVICES PRACTICE MODEL



1. All children and communities deserve to be safe.
2. Practice is family, child, and youth-driven.
3. Children do best when raised by families.
4. All children and youth need and deserve a permanent family.
5. Partnering with others is important to support child and family success in a system that is family-focused, child-centered, and community based.
6. How we do our work is as important as the work we do.

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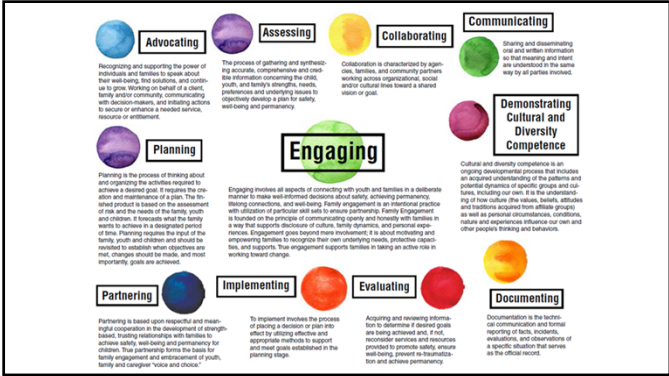
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Virginia Department of Social Services

ABUSE & NEGLECT   ASSISTANCE   CHILD SUPPORT   COMMUNITY SUPPORT   FOSTER CARE & ADOPTION   LICENSING

### Child Protective Services (CPS)

The goal of Child Protective Services (CPS) is to identify, assess and provide services to children and families in an effort to protect children, preserve families, whenever possible, and prevent further maltreatment. Child Protective Services is non-punitive in its approach and is directed toward enabling families to provide adequate care for their children.

Local departments of social services are responsible for receiving reports of abuse and neglect; conducting investigations to determine the validity of the CPS reports; and providing services that enhance child safety and prevent further abuse and neglect to families and children.

CPS also develops statewide public awareness and education programs and administers state and federal grants to prevent abuse and neglect.

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Virginia Department of Social Services

ABUSE & NEGLECT   ASSISTANCE   CHILD SUPPORT   COMMUNITY SUPPORT   FOSTER CARE & ADOPTION   LICENSING

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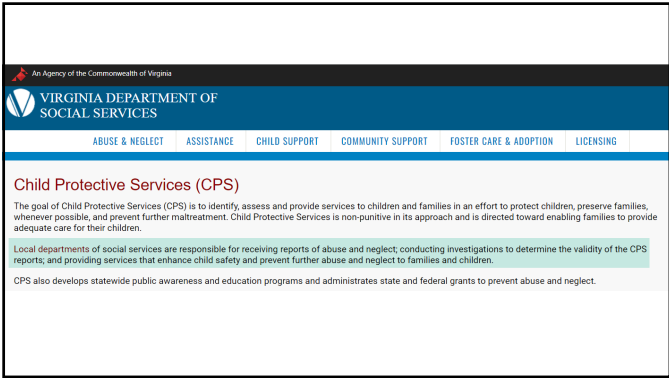
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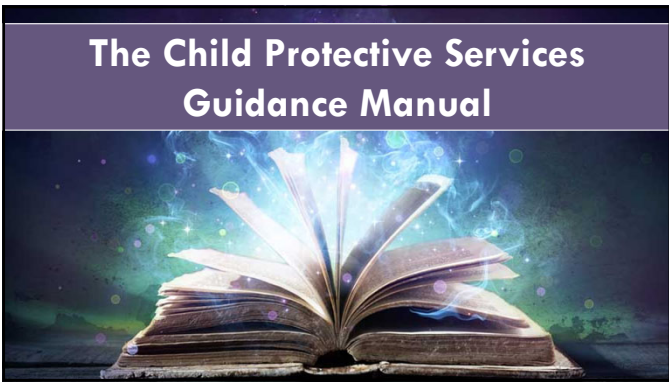
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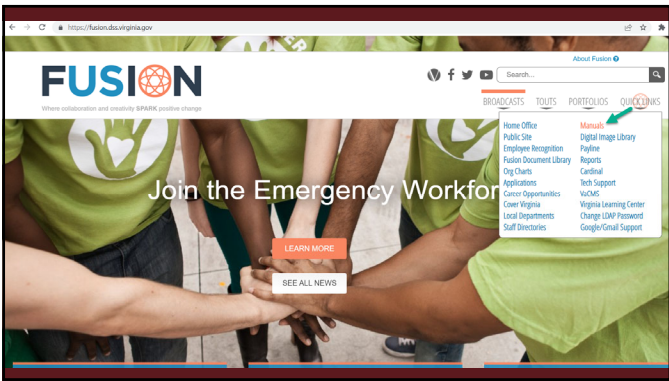
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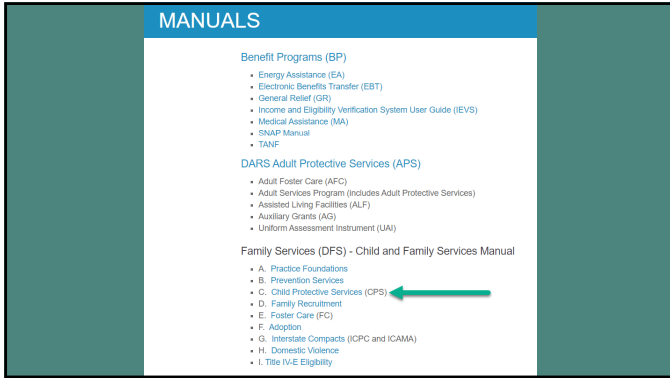
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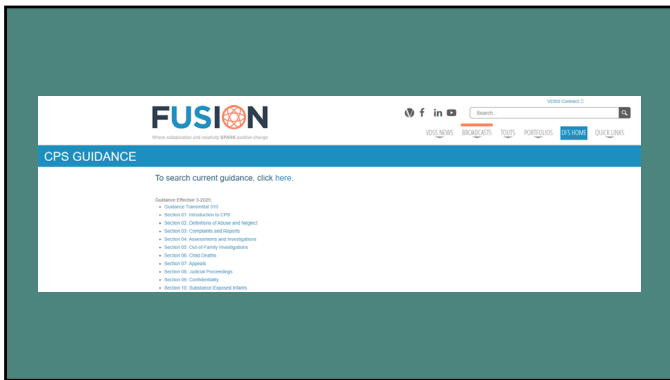
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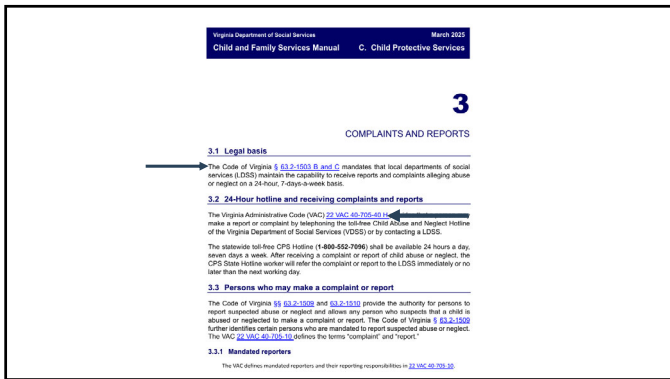
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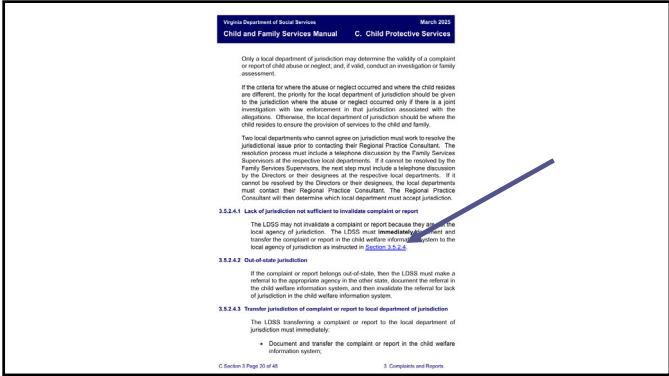
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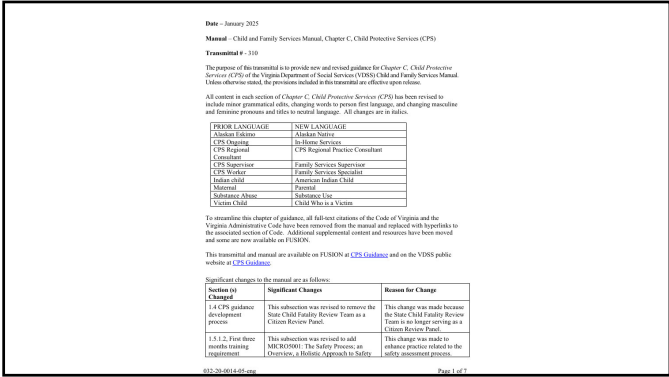
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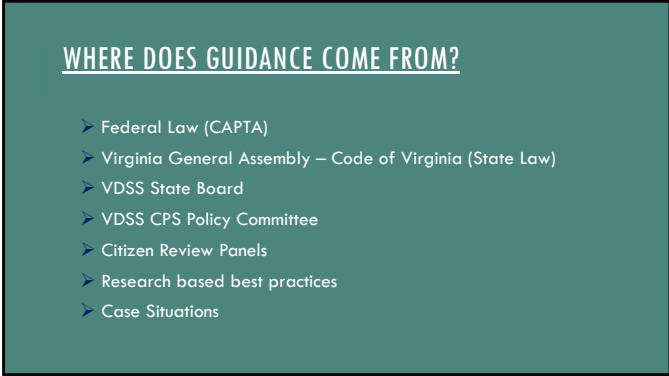
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CPS REGIONAL PRACTICE CONSULTANTS

Piedmont: **John King** (540) 589-3336  
[j.king@dss.virginia.gov](mailto:j.king@dss.virginia.gov)

Eastern: **Renee Rice** (757) 793-0240  
[renee.rice@dss.virginia.gov](mailto:renee.rice@dss.virginia.gov)

Central: **Monica Hockaday** (804) 517-9774  
[monica.hockaday@dss.virginia.gov](mailto:monica.hockaday@dss.virginia.gov)

Western: **Tammy Francisco** (276) 274-0697  
[tammy.francisco@dss.virginia.gov](mailto:tammy.francisco@dss.virginia.gov)

Northern: **Tammy Curl** (540) 216-1688  
[tammy.d.curl@dss.virginia.gov](mailto:tammy.d.curl@dss.virginia.gov)

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CPS CORE CONCEPTS

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DEFINITION OF CHILD PROTECTIVE SERVICES

**"Child protective services"** means the identification, receipt and immediate response to complaints and reports of alleged child abuse or neglect for children under 18 years of age.

It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected.

Section 1.2

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## DEFINITION OF CHILD PROTECTIVE SERVICES WORKER

**"Child protective services worker"** means one who is qualified by virtue of education, training and supervision, and is employed by the local department to respond to child protective services complaints and reports of alleged child abuse or neglect.

Section 1.2

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## BASIC ASSUMPTIONS



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## BASIC ASSUMPTIONS

1. CPS incorporates past, present, and future.
2. Abuse & Neglect assumes harm to the children, both real and threatened.
3. CPS should support the family.
4. People can and do change.
5. CPS services are available without regard to income.
6. Services can be provided preventively for at-risk families.

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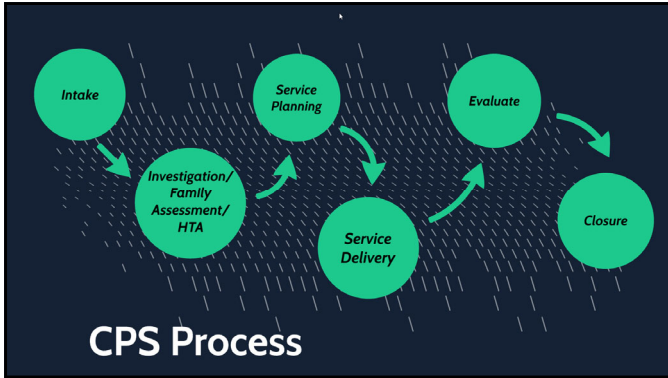
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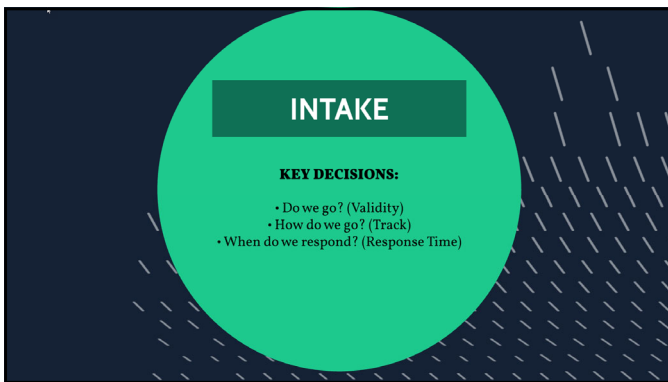
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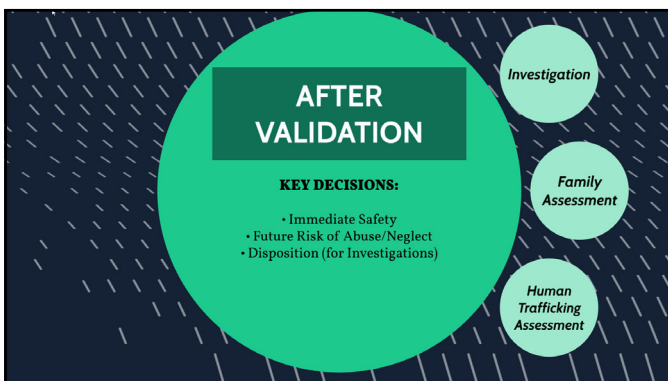
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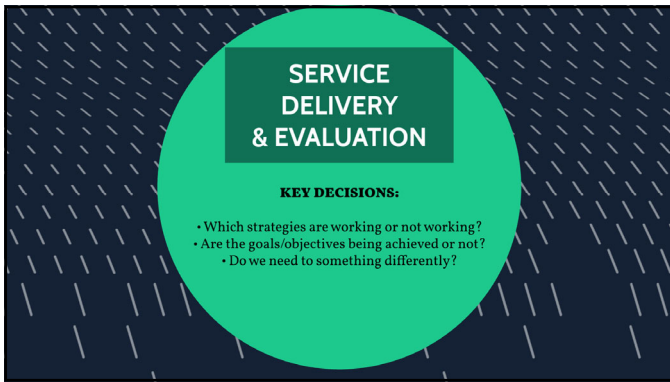
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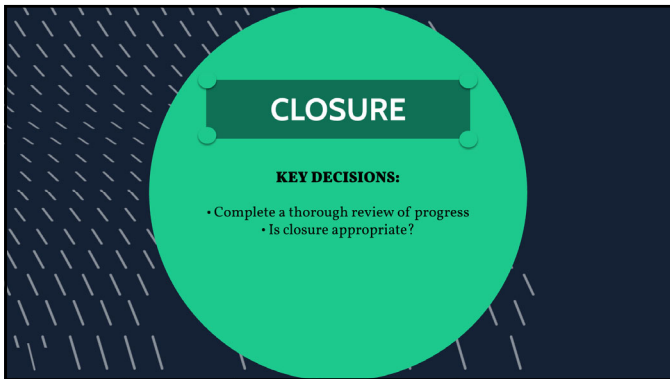
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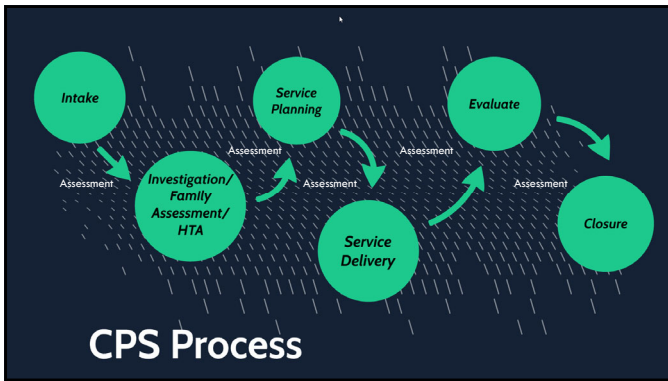
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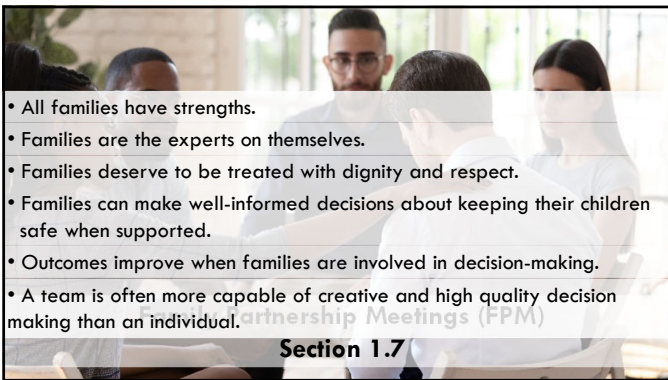
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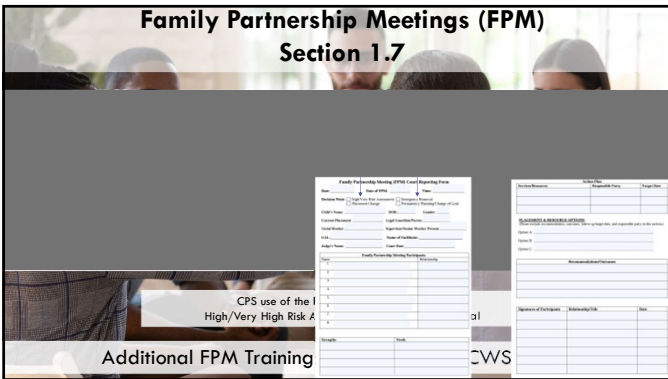
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## Structured Decision Making (SDM)

- A process that uses research and evidenced-based assessments to help workers make appropriate decisions throughout the life of a CPS case that are:
  - STRUCTURED
  - CONSISTENT
  - ACCOUNTABLE
- Virginia's SDM model was adopted from Children's Research Center (CRC) part of National Council on Crime and Delinquency (NCCD); 25+ years experience with research-based SDM models.



Section 1.8

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## Domestic Violence

Family Services Manual:  
Section H

DVS1001W: Understanding Domestic Violence  
DVS1031W: Domestic Violence and its Impact on Children

Section 1.9

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## Sex Trafficking:

Sex trafficking is defined in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7102) as the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sex act.

CWSE4000: Identifying Sex Trafficking in Child Welfare

Section 1.10

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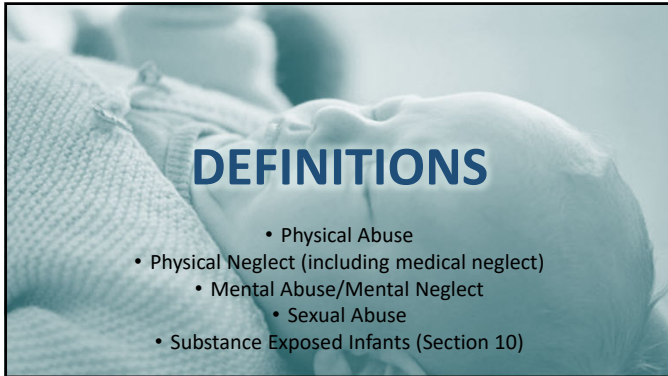
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## DEFINITIONS

- Physical Abuse
- Physical Neglect (including medical neglect)
  - Mental Abuse/Mental Neglect
  - Sexual Abuse
- Substance Exposed Infants (Section 10)

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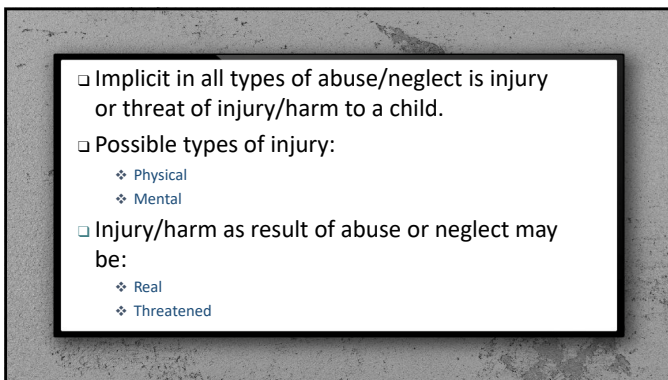
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- Implicit in all types of abuse/neglect is injury or threat of injury/harm to a child.
- Possible types of injury:
  - ❖ Physical
  - ❖ Mental
- Injury/harm as result of abuse or neglect may be:
  - ❖ Real
  - ❖ Threatened

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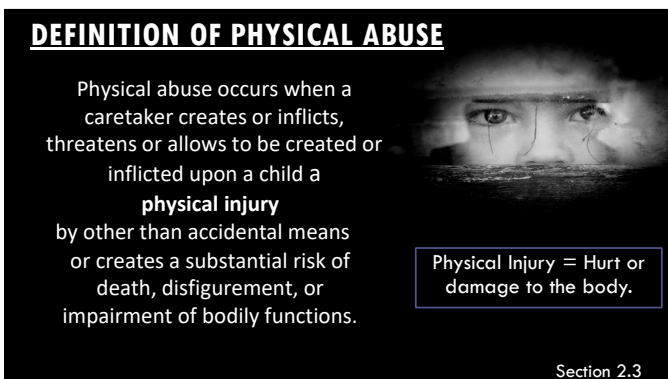
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## DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a **physical injury** by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.

Physical Injury = Hurt or damage to the body.

Section 2.3

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### DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.



**Other than Accidental =**

- Consider the act which precedes the injury.
- The result is unforeseen, unexpected, unusual.

Section 2.3

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### DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a physical injury by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.



**Substantial Risk of Death or Disfigurement =**

- Could it have killed the child?
- Could it have seriously injured the child?

Section 2.3

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### IS IT PHYSICAL ABUSE?

- Is there an injury?
- Was it accidental?
- Was there a threat of:
  - Death?
  - Disfigurement?
  - Impairment of Bodily Functions?

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## TYPES OF PHYSICAL ABUSE

- Asphyxiation
- Bone fracture
- Head Injuries
- Burns/Scalding
- Cuts, bruises, welts, abrasions
- Internal Injury
- Poisoning
- Sprains/Dislocations
- Gunshot Wound
- Strangulation
- Stabbing
- Bizarre Discipline
- Exposure to Manufacture/ Sale of Drugs
- Abusive Head Trauma
- Munchausen syndrome by proxy
- Battered Child Syndrome
- Other Physical Abuse

Section 2.3.2

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## PHYSICAL ABUSE: POISONING

... "any substance that interferes with normal physiological functions.

- Virtually ANY substance can be poisonous if consumed in sufficient quantity.

Section 2.3.2.7

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## PHYSICAL ABUSE: BIZARRE DISCIPLINE

Section 2.3.2.12

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**PHYSICAL ABUSE:  
ABUSIVE HEAD TRAUMA  
AND  
BATTERED CHILD SYNDROME**

Section 2.3.2.13

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**BROCHURE**

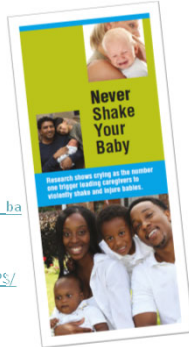
**Never Shake Your Baby**

Public Website:

[https://www.dss.virginia.gov/files/division/dfs/cps/shaken\\_baby\\_syndrome/brochures/B032-01-0007-04-eng.pdf](https://www.dss.virginia.gov/files/division/dfs/cps/shaken_baby_syndrome/brochures/B032-01-0007-04-eng.pdf)

State FUSION Website:

[https://fusion.dss.virginia.gov/Portals/%5Bdfsf%5D/Files/CPS/Publications/Never\\_Shake\\_Broch\\_Eng.pdf](https://fusion.dss.virginia.gov/Portals/%5Bdfsf%5D/Files/CPS/Publications/Never_Shake_Broch_Eng.pdf)



Section 2.3.2.13

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**PHYSICAL ABUSE:  
EXPOSURE TO SALE OR  
MANUFACTURE OF CERTAIN  
CONTROLLED SUBSTANCES**

- Exposure to sale or manufacture can pose a threat to a child's life
- You should not be the first responder to drug manufacturing allegations

Section 2.3.2.14

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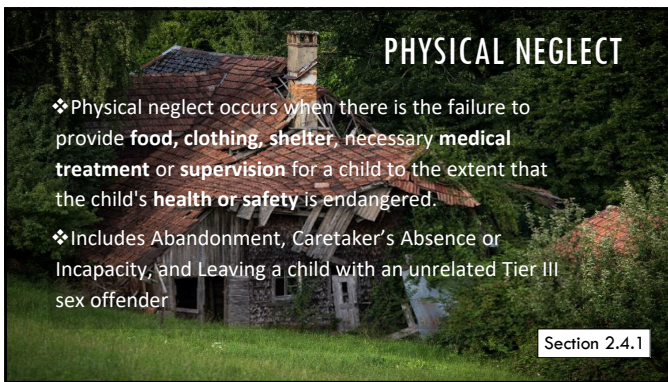
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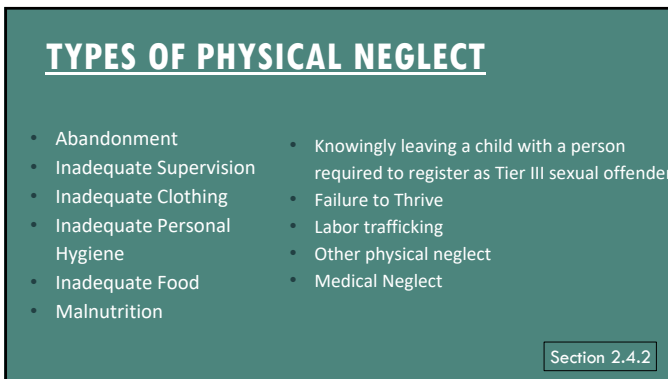
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# PHYSICAL NEGLECT

## Acts of OMISSION not COMMISSION

22VAC40-705-50. Types of abuse and neglect.

B. Physical neglect occurs when there is the failure to provide food, clothing, shelter, necessary medical treatment, or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent's or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2-100 of the Code of Virginia. This also includes a child under the age of 18 years whose parent or other person responsible for his care knowingly leaves the child alone in the same dwelling as a person, not related by blood or marriage, who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to § 9.1-902 of the Code of Virginia. In situations where the neglect is the result of family poverty and there are no outside resources available to the family, the parent or caretaker shall not be determined to have neglected the child; however, the local department may provide appropriate services to the family.

No child whose parent or other person responsible for the child's care allows the child to engage in independent activities without adult supervision shall for that reason alone be considered to be an abused or neglected child, provided that (i) such independent activities are appropriate based on the child's age, maturity, and physical and mental abilities and (ii) such lack of supervision does not constitute conduct that is so grossly negligent as to endanger the health or safety of the child. Such independent activities include traveling to or from school or nearby locations by bicycle or on foot, playing outdoors, or remaining at home for a reasonable period of time. Nothing in this subsection shall be construed to limit the provisions of § 16.1-278.4 of the Code of Virginia.

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# PHYSICAL NEGLECT: ABANDONMENT

Section 2.4.2.1

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# PHYSICAL NEGLECT: INADEQUATE SUPERVISION

Section 2.4.2.2

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**CONSIDERATIONS FOR BEING LEFT ALONE:**

- How long are they home alone? Is it day or night?
- What is the child's level of maturity/responsibility/behavior?
- Does the child have access to a charged phone, do they know how to use it, and is someone available to answer if a child calls?
- Does the child have access to a neighbor who is willing, able, and available to help?
- What does the child say they would do in the event of a fire? What would they do if they got hurt?
- Does the child have any special medical / mental health / developmental needs?

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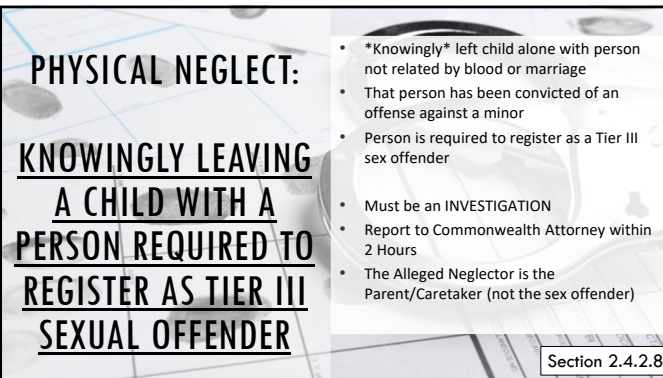
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**PHYSICAL NEGLECT:**

**KNOWINGLY LEAVING A CHILD WITH A PERSON REQUIRED TO REGISTER AS TIER III SEXUAL OFFENDER**

- \*Knowingly\* left child alone with person not related by blood or marriage
- That person has been convicted of an offense against a minor
- Person is required to register as a Tier III sex offender
- Must be an INVESTIGATION
- Report to Commonwealth Attorney within 2 Hours
- The Alleged Neglector is the Parent/Caretaker (not the sex offender)

Section 2.4.2.8

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**PHYSICAL NEGLECT:**

**OTHER PHYSICAL NEGLECT**

Section 2.4.2.11

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**NEGLECT DOES NOT INCLUDE:**

- Truancy
- Failure to wear seat belts
- No electricity/running water in the home\*
- Violating a custody order
- Poverty
- Reasonable Independent Activities

Section 2.4.3

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**MEDICAL NEGLECT**  
(a subcategory of Physical Neglect)

Failure by the caretaker to obtain and/or follow through with a complete regimen of medical, mental or dental care for a condition that if untreated could result in illness or developmental delays or withholding of medically indicated treatment.

Section 2.5.1

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**TYPES OF MEDICAL NEGLECT**

SERIOUS INJURY-BURNS, FRACTURES, LACERATIONS, INGESTION OF BLEACH, PILLS, TIDE PODS

EMERGENCY MEDICAL CARE OR TREATMENT

NECESSARY MEDICAL CARE OR TREATMENT

DIABETES, ASTHMA

NECESSARY MENTAL CARE OR TREATMENT

SUICIDAL THREATS

NECESSARY DENTAL CARE OR TREATMENT

ROTTING TEETH, ABSCESSES

Section 2.5.2.5: OTHER MEDICAL NEGLECT

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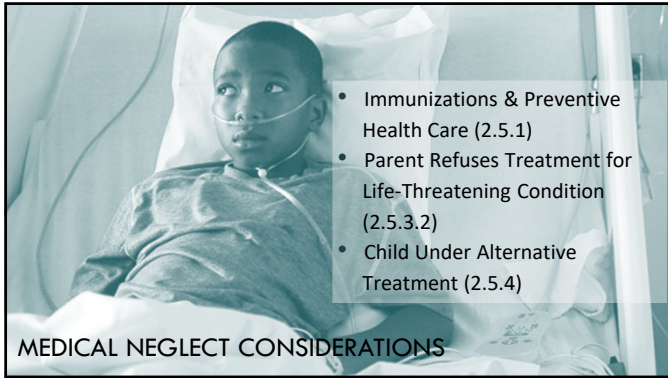
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### MENTAL ABUSE/NEGLECT

Caretaker creates, threatens, allows, or inflicts, a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions.

Includes acts or omissions resulting in harm to a child's psychological or emotional health or development.

Section 2.6.1

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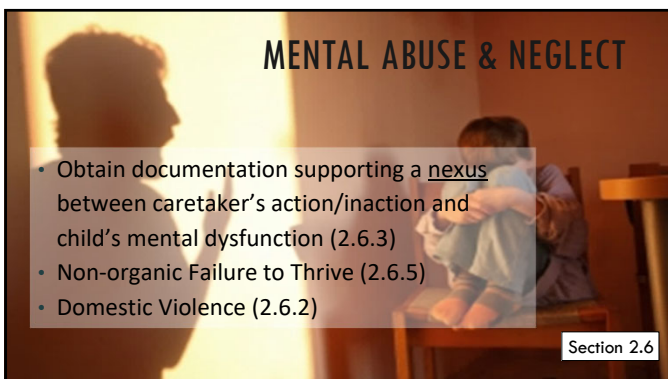
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## SEXUAL ABUSE

Caretaker commits or allows to be committed any act of sexual exploitation, including sex trafficking, or any sexual act upon a child in violation of the law.

Section 2.7.1

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## TYPES OF SEXUAL ABUSE

### Exploitation

Porn, Photos, Prostitution

### Molestation

Touching Intimate Parts

### Intercourse & Sodomy

Oral, Anal, Vaginal, Object

### Sex Trafficking

→ (Investigation or HTA)

Facilitating Commercial Sex

### Other

Exposing, Soliciting

Section 2.7.2

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## SEXUAL ABUSE — MINOR CARETAKERS

- Minor Caretakers (under 18 years) may be abusers
- Non-Caretaker ("Child on Child") is not Valid for CPS
- Refer ALL reports of Sexual Abuse to Law Enforcement

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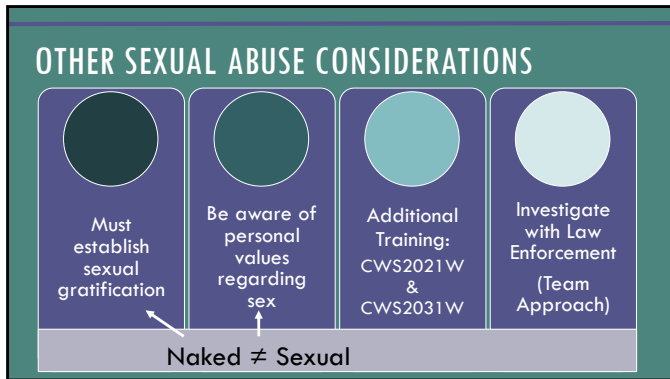
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**SUBSTANCE EXPOSED INFANTS**

The Code of Virginia § 63.2-1509B requires the local department of social services to accept as valid a report that a newborn infant may have been exposed to controlled substances prior to birth.

Section 10.1

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**SUBSTANCE EXPOSED INFANTS:**  
**Three Circumstances**

Section 10.4

A Health Care Provider finds or diagnoses one of these three circumstances:

- Circumstance 1
- Circumstance 2
- Circumstance 3

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**SUBSTANCE  
EXPOSED INFANTS:  
Three Circumstances**

**Circumstance 1**

Within six weeks of birth: the child was affected by substance abuse or experiencing withdrawal symptoms

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**SUBSTANCE  
EXPOSED INFANTS:  
Three Circumstances**

**Circumstance 2**

Within four years: the child has an illness, disease, or condition that is attributable to abuse of a controlled substance during pregnancy

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**SUBSTANCE  
EXPOSED INFANTS:  
Three Circumstances**

**Circumstance 3**

Within four years: child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol

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### SEI: OTHER CONSIDERATIONS

- SEI Decision Tree Tool
- Plan of Safe Care (10.5.2)
- Family Assessment track (10.5.1)
- Refer to Early Intervention (10.5.6)
- Collaborate with CSB

Section 10

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### BROCHURE

**Perinatal Substance Use:  
Promoting Healthy Outcomes**

Public Website:  
[www.dss.virginia.gov/files/division/dfs/mandated\\_reporters/cps/resources\\_guidance/Perinatal\\_Substance\\_Use\\_Promoting\\_Healthy\\_Outcomes.pdf](http://www.dss.virginia.gov/files/division/dfs/mandated_reporters/cps/resources_guidance/Perinatal_Substance_Use_Promoting_Healthy_Outcomes.pdf)

State FUSION page:  
[https://fusion.dss.virginia.gov/Portals/%5Bdfs%5D/Files/CPS/Publications/Perinatal%20Substance%20Use\\_Broch\\_Eng\\_7-17.pdf](https://fusion.dss.virginia.gov/Portals/%5Bdfs%5D/Files/CPS/Publications/Perinatal%20Substance%20Use_Broch_Eng_7-17.pdf)



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### FOLLOWING GUIDANCE HELPS US TO:

- Focus on the highest risk children
- Remain objective & avoid personal biases
- Preserve families' rights
- Be consistent across Virginia
- Support worker decisions

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COMPLAINTS  
AND  
REPORTS

Section 3



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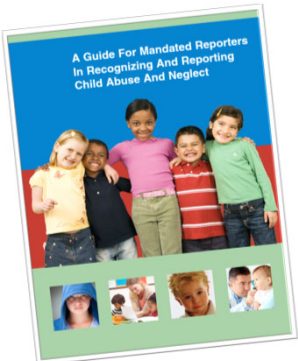
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GUIDE FOR  
MANDATED REPORTERS

[www.dss.virginia.gov/files/division/dfs/cps/intro\\_page/publications/general/032-02-0280-03-eng-07-19.pdf](http://www.dss.virginia.gov/files/division/dfs/cps/intro_page/publications/general/032-02-0280-03-eng-07-19.pdf)

Code of Virginia: §63.2-1509



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MANDATED REPORTERS

Any medical professional	Mental Health professionals	Athletic coaches or directors of any sports organization or team
Any staff at a hospital, institution, or facility where children are placed	Court Mediators	Staff at day camps, youth centers, and youth recreation programs
Social Workers and Family Services Specialists	CASA	Employees at institutions of higher education
Probation Officers	Anyone with DSS training regarding recognizing and reporting child abuse and neglect	Any person, 18 years of age or older, associated with or employed by any public or private organization responsible for the care, custody or control of children
Teachers and anyone employed in any type of school	All LDSS Employees	Clergy
Child Care Providers	Certified EMS providers	Any person who engages in the practice of behavior analysis
Law Enforcement	Animal Control	

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Mandated reporters are required to share information pertaining to the report even if they are **NOT** the complainant.

Section 3.3.1.3

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## BROCHURE

### Recognizing, Reporting and Preventing Child Abuse and Neglect in Virginia

Public Website:

[www.dss.virginia.gov/files/division/dfs/cps/intro\\_page/publications/general/B032-01-0036-04-eng\\_web\\_version.pdf](http://www.dss.virginia.gov/files/division/dfs/cps/intro_page/publications/general/B032-01-0036-04-eng_web_version.pdf)

State FUSION page:

[https://fusion.dss.virginia.gov/Portals/%5Bdfs%5D/Files/CPS/Publications/Recognizing\\_Reporting\\_Preventing\\_Broch\\_Eng\\_8-15.pdf](https://fusion.dss.virginia.gov/Portals/%5Bdfs%5D/Files/CPS/Publications/Recognizing_Reporting_Preventing_Broch_Eng_8-15.pdf)



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VaCPS: <https://vacps.dss.virginia.gov>

Virginia Department of Social Services

**Mandated Reporter Portal**  
Partnering to Protect Virginia's Children

**Call 911 if a child is in immediate danger.**

VaCPS is the Virginia Department of Social Services (VDSS) innovative and secure website which allows mandated reporters the ability to expedite the submission of a report of suspected child abuse or neglect directly to the VDSS State Hotline.

**Helpful Links**

- Information Needed to Make Report
- Responsibilities of Mandated Reporter
- Child Protective Services Overview
- VDSS Mandated Reporters-Training and Resources
- Recognizing and Reporting Abuse and Neglect
- Directory of LDSS in Virginia
- Allegations Against Individuals Unrelated to Child
- Substance-Exposed Infants (SEI)
- Decision Tree Tool

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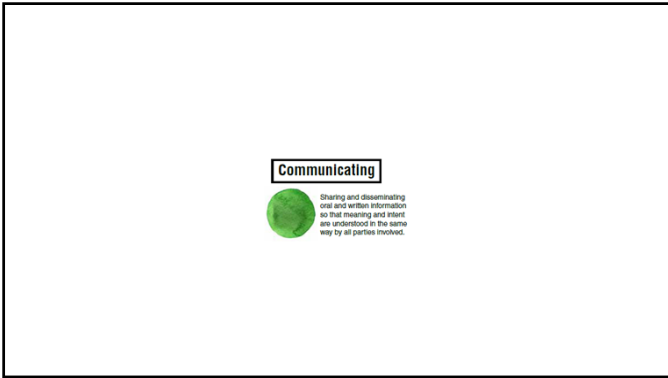
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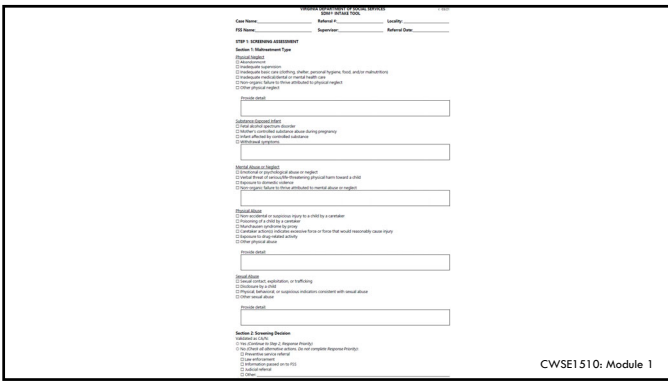
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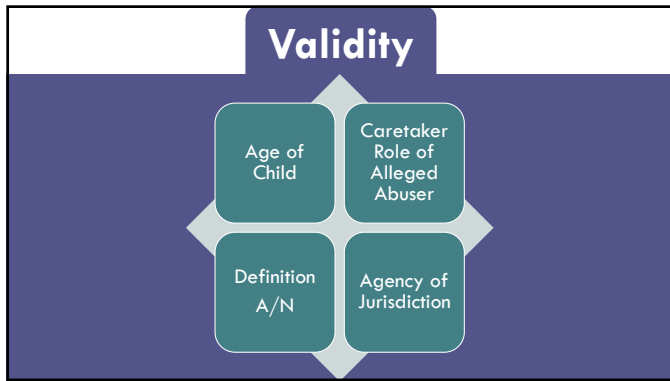
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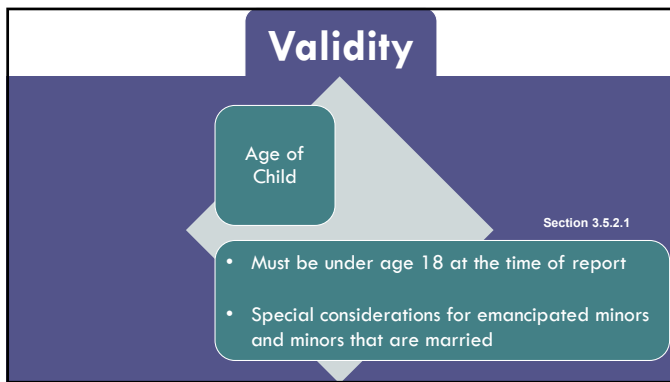
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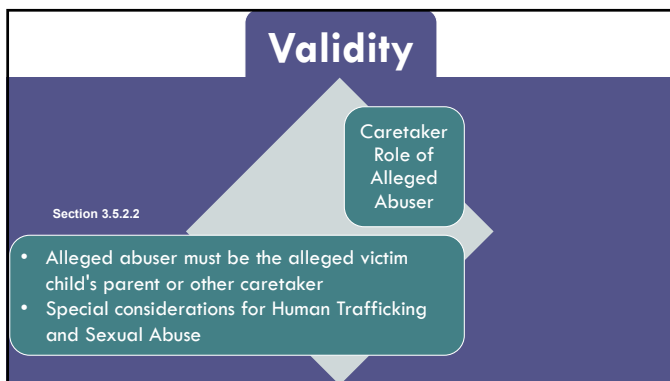
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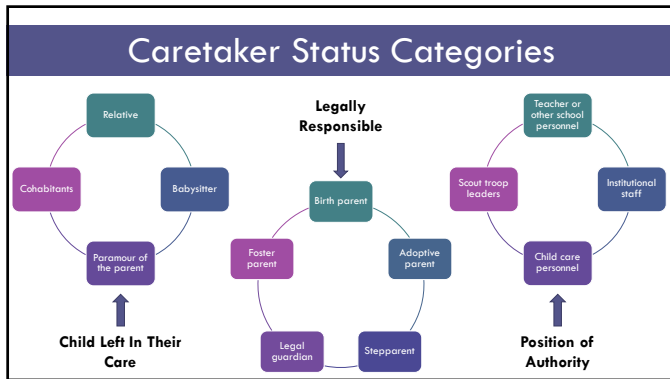
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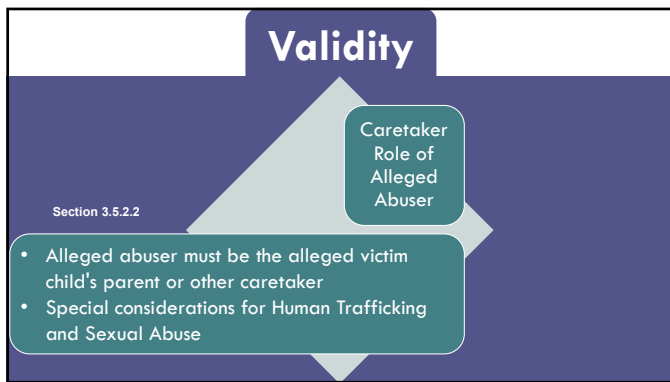
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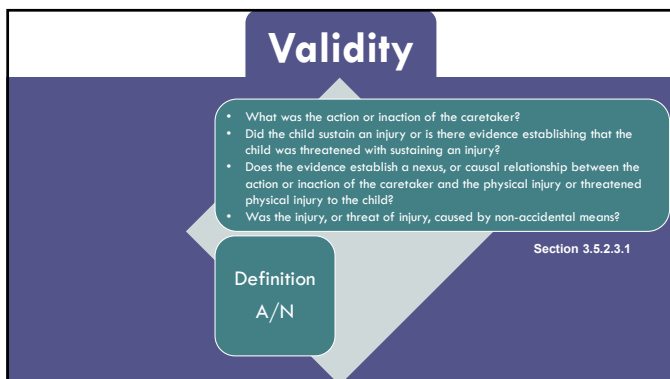
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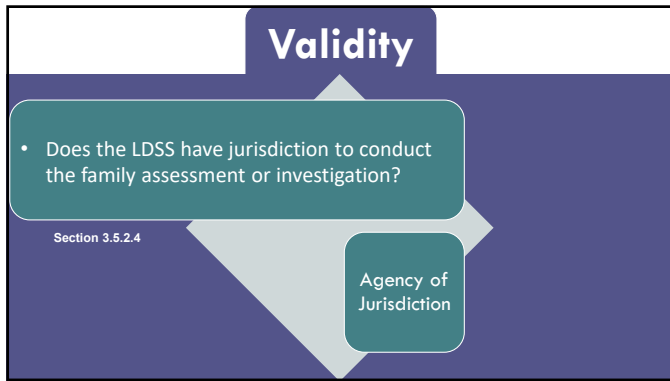
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**JURISDICTION: IS IT OURS?**



- Where the child resides
- Where the abuse/neglect is believed to have occurred
- Where the abuse/neglect was discovered

**All VALID complaints must receive a CPS Response.**

Section 3.5.2.4

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**JURISDICTION: IS IT OURS?**



If your agency does not have jurisdiction, **call first** before transferring the OASIS referral.

No referral should be screened out due to jurisdiction (unless jurisdiction is out of state).

\*Even if jurisdiction is out of state, you still must refer to the correct agency in the other state before closing the referral.\*

Section 3.5.2.4

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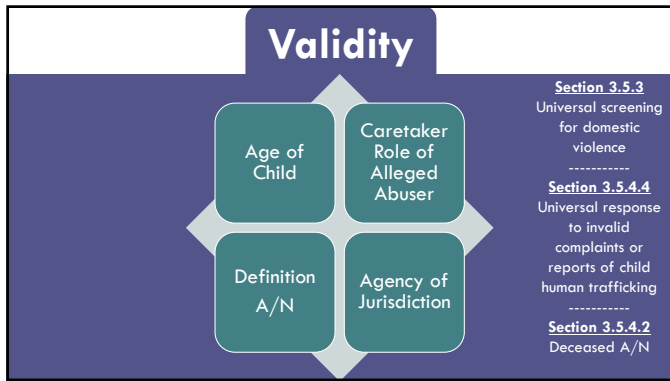
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**INVALID COMPLAINTS:  
NOTIFICATION REQUIREMENTS**

- Notify the complainant and document in OASIS
- Notify regulatory authority regarding concerns about child care or residential facilities
- Notify law enforcement of non-caretaker sexual abuse

Section 3.5.5

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Section 3.6.5  
  
Report military dependents to Family Advocacy Program

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## REQUIRED REPORTS TO THE COMMONWEALTH'S ATTORNEY AND LAW ENFORCEMENT

- Death of a child from abuse or neglect
- Injury or threatened injury to a child involving a felony or Class 1 misdemeanor
- Any sexual abuse, suspected sexual abuse, or other sexual offense involving a child in sexually explicit visual material, as defined in Code of VA Section 18.2-374.1
- Any abduction of a child
- Any felony or Class 1 misdemeanor drug offense involving a child
- Contributing to the delinquency of a minor in violation of Va. Code §18.2-371
- Child left alone with unrelated Tier III sexual offender

Notify IMMEDIATELY, but within 2 hours, of receipt of report.  
Written notification due within 2 Business Days – Section 3, Appendix C

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## REQUIRED REPORTS TO THE COMMONWEALTH'S ATTORNEY AND LAW ENFORCEMENT

### Child Fatality or Near Fatality:

- Regional Medical Examiner's Office
- Law Enforcement
- Commonwealth's Attorney
- CPS Regional Practice Consultant

Notifications are made IMMEDIATELY after receiving a report of Child Fatality or Near Fatality.

Section 3.6

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## ADDITIONAL INTAKE DECISIONS

How urgent is it?  
How quickly do we need  
to respond?

(Section 3.8)

Which Track is required or  
most appropriate - Family  
Assessment or  
Investigation?

(Section 3.9)

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[illegible][illegible]

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The diagram illustrates three levels of referral urgency, each represented by a colored circle with an arrow pointing to a text box. The circles are arranged vertically on the left side of the slide. The first circle is green and labeled 'R-1', the second is blue and labeled 'R-2', and the third is dark blue and labeled 'R-3'. Each circle has an arrow pointing to the right, towards a text box that specifies the time frame for the referral.

- R-1** → As soon as possible within 24 hours from the date and time of referral
- R-2** → As soon as possible within 48 hours from the date and time of referral
- R-3** → As soon as possible within 40 work hours from the date and time of referral

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**STEP 1: DIFFERENTIAL RESPONSE SECTION**  
 Select either investigation or assessment, and select all applicable reasons below.

**Investigation**

**Mandatory investigation reasons (if one or more apply, ALL must be assigned as mandatory)**

16 reasons

- ☐ Child leaving
- ☐ Section 47A per 18-2-271.1
- ☐ Child taken into custody due to child endangerment (CA/TA)
- ☐ Child taken into custody due to child sexual abuse
- ☐ Child taken into custody by private law enforcement
- ☐ Child taken into custody by law enforcement
- ☐ Child at large
- ☐ Child not located within 12 months
- ☐ Child has been left alone in the care of a sibling or person to whom the child is related by blood or marriage and who has been convicted of an offense against a child for which registration is required as a violent sexual offender per 18-6-101

**Suggested investigation reasons**

**Physical abuse**

- ☐ Injury is serious, but less serious than 18-2-271.1
- ☐ Injury requires medical evaluation, treatment, or hospitalization

**Mental abuse or neglect**

- ☐ Serious distress or impairment of child
- ☐ Emotional needs not met or severely threatened

**Physical neglect**

- ☐ Serious injury or illness due to lack of protection
- ☐ Injury or threat of injury due to exposure to harm
- ☐ Neglect requires, delays to times of relief at increased risk of harm
- ☐ Abuse/neglect
- ☐ Other \_\_\_\_\_

**Assessment**

**No Mandatory Investigation Circumstances Are Present (must be selected if Assessment is selected)**  
 Have there 20 or valid substance exposure/danger reasons, in which case is the only obligation

**Suggested Assessment Reasons**

**Physical abuse**

- ☐ No injury or injury that does not require medical treatment

**Mental abuse or neglect**

- ☐ Minor distress or impairment
- ☐ Emotional needs specifically met and behavioral indicators of impact
- ☐ Exposed to violence but no immediate threat of harm

**Physical neglect**

- ☐ Lack of supervision but child not in danger at time of report
- ☐ Exposure to safety results in no or minor injuries
- ☐ Other \_\_\_\_\_

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Family Assessment	Investigation
<b>Mandated by the Code of Virginia:</b> <ul style="list-style-type: none"> <li>Substance Exposed Infant</li> </ul>	<b>Mandated by the Code of Virginia:</b> <ul style="list-style-type: none"> <li>All sexual abuse allegations</li> <li>Any child fatality</li> <li>Abuse or neglect resulting in serious injury</li> <li>Child taken into agency custody</li> <li>Child taken into protective custody by physician or law enforcement</li> <li>All allegations regarding a caretaker in a designated out of family setting</li> <li>Child's being left alone with someone who has been convicted of an offense against a minor for which registration is required as a Tier III sexual offender</li> </ul>
<b>Policy mandate:</b> After a family has received two (2) valid CPS reports within 12 months, the <b>third</b> report involving the same alleged victim and/or alleged abuser/neglector must be an <b>investigation</b> .	<b>Policy mandate:</b> All allegations regarding a caretaker in an out of family setting of any kind, i.e. foster homes, day care, residential facilities.
*See Section 3.9.2 for suggestions of when a report may be best suited for a particular track*	

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### LET'S TRANSFER THE LEARNING

After class today, open the following handouts:

- Day 1 - SDM Intake Tool
- Day 1 - Intake Scenarios

Complete the **Intake Tool** for each of the 3 scenarios to determine:

- ☐ **Validity** (Valid or Invalid)
- ☐ **Maltreatment type** (Physical Abuse, Physical Neglect, etc)
- ☐ **Response Priority** (R1, R2, R3)
- ☐ **Differential Response** (Track: Family Assessment or Investigation)

Email your answers to:

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**TOL FORMAT EXAMPLE:**

You do not  
have to send  
the entire  
Intake Tool!

**Scenario 1:**

1. Valid
2. Sexual Abuse
3. R-3
4. Investigation

**Scenario 2:**

1. Valid
2. Medical Neglect
3. R-1
4. Family Assessment

**Scenario 3:**

1. Invalid, alleged victim is an adult

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**AGENDA: DAY TWO**

TOL Review

Final Intake Considerations

Authorities and Responsibilities

Assessing Safety

Transfer of Learning

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**INTAKE DECISIONS:**

1. Is it valid? If yes, what is the  
maltreatment type?

2. How quickly do we respond?

3. Family Assessment or Investigation?

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## IS IT A VALID COMPLAINT? (QUICK REVIEW)

1. The victim is a **child** (a person who is under 18) at the time of the complaint.
2. The person who causes the abuse or neglect is a **caretaker** (someone responsible for the care of the child in question)
3. The incident described meets the **definition** of abuse or neglect according Virginia law.
4. The local department of social services has **jurisdiction**.

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## MUST BE AN INVESTIGATION:

- Sexual abuse
- Child fatality
- Serious injury
- Child taken into custody
- Out-of-family
- Baby Doe
- Third valid report within 12 months
- Child left with a Tier III sexual offender

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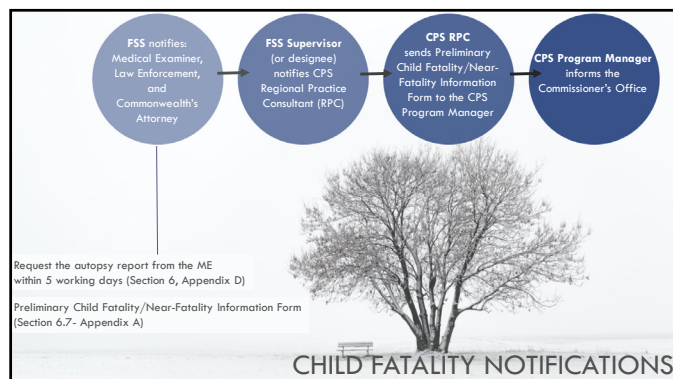
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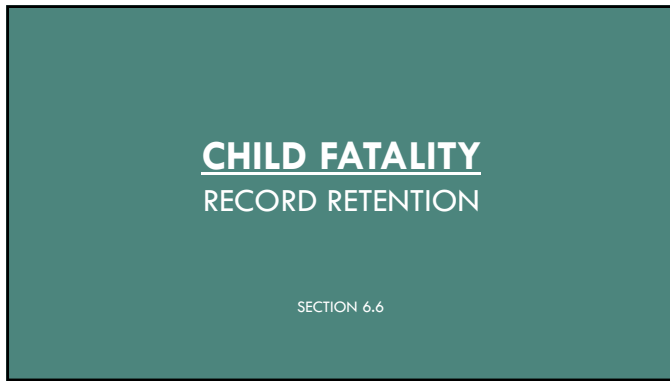
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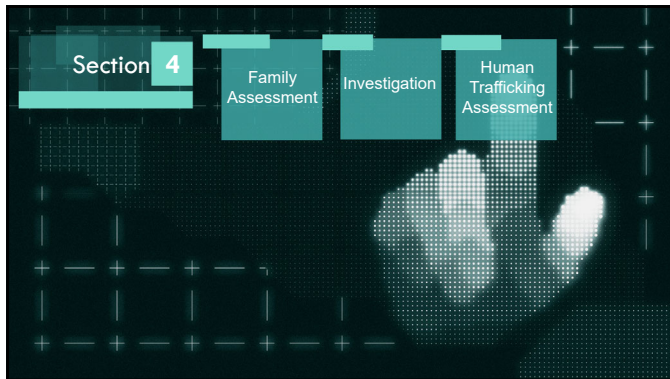
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## HUMAN TRAFFICKING ASSESSMENTS:

Allegations of sex or labor trafficking of a minor

- ❖ The HTA is focused on the CHILD & FAMILY, not the trafficker! Therefore:
  - The alleged trafficker does NOT need to be a designated caretaker
  - You do not need to interview the trafficker
  - You do not need to "prove" that the child was trafficked
  - The trafficker's name will not be listed on the central registry
- ❖ Instead, your focus should be on:
  - Ensuring immediate SAFETY for the child
  - Assessing any RISK factors with the family
  - Addressing SERVICE NEEDS with the child's family

❖ CWSE4000: Identifying Sex Trafficking in Child Welfare

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Section 4

Family Assessment

Investigation

Human Trafficking Assessment

Every valid report of abuse or neglect shall receive either a family assessment or an investigation. The goals of both responses are to:

- Assess child safety.
- Strengthen and support families by focusing on their strengths, supports and motivation to change.
- Engage families in services that could enable them to better parent their children.
- Prevent child maltreatment.

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AUTHORITIES OF FAMILY SERVICES SPECIALISTS

Section 4.3

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Section 4.3.1: Authority to interview children

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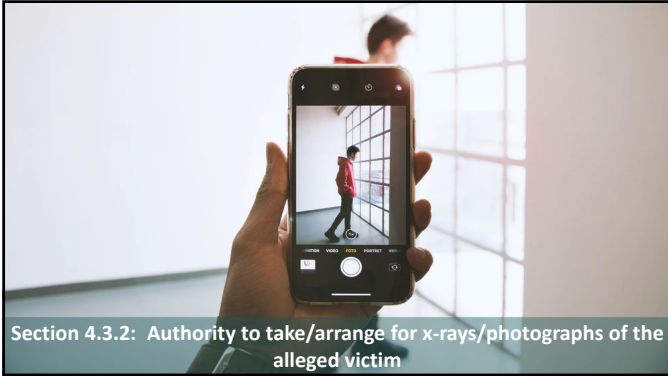
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## CONDITIONS FOR REMOVAL

For both the Emergency Removal Order and the Preliminary Removal Order, the agency must demonstrate that

**"... reasonable efforts have been made to prevent removal of the child from his home and there are no alternatives less drastic than removal of the child from his home which could reasonably protect the child's life or health ..."**

Planning

Section 4.3.3.4

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### Other requirements when assuming custody of a child:

**Section 4.3.3.8** - Child must be placed in an appropriate setting that will assure the child's safety

**Section 4.3.3.8.2** - Criminal background and CPS Central Registry checks must be completed

**Section 4.3.3.8.3** - Additional searches and procedures are necessary if a child is to remain in an emergency placement for more than three (3) days

**Section 4.3.3.8.4** - If the worker determines the child's safety to be in jeopardy or at risk of removal/out of home placement, an FPM should be scheduled within 24 hours

**Section 4.3.3.8.5** - Written notice must be given to all maternal and paternal grandparents and other adult relatives within 30 days (but ideally within 5 days) of a child's removal from the home

**Section 4.3.4** - Emergency Removal of an Indian Child

**Section 4.3.5** - Release Child's Location

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RESPONSIBILITIES OF FAMILY SERVICES SPECIALISTS

Section 4.4

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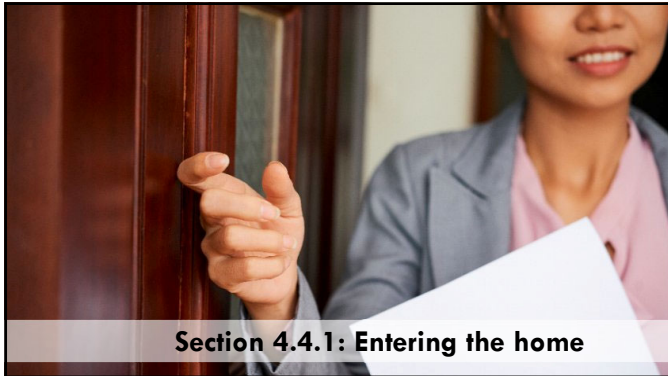
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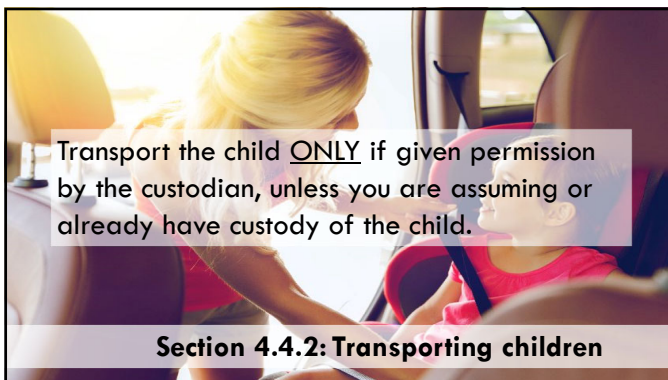
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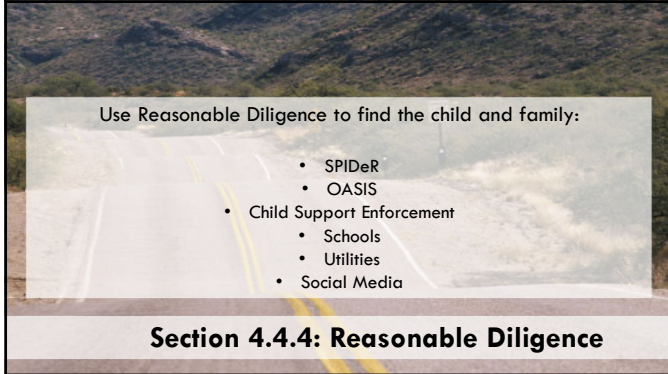
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Use Reasonable Diligence to find the child and family:

- SPIDeR
- OASIS
- Child Support Enforcement
- Schools
- Utilities
- Social Media

**Section 4.4.4: Reasonable Diligence**

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LDSS, in conjunction with the child's legal guardian, must:

- Give immediate verbal notification to law enforcement and the NCMEC within 24 hours
- Send subsequent written notification within 48 hours
- Ask law enforcement to add child's info to the FBI's NCIC
- Maintain regular communication with law enforcement and NCMEC

**Section 4.4.4.9: If missing child is at risk of being or is a victim of sex trafficking**

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Signs that a child is a victim of sex trafficking may include but are not limited to:

- History of emotional, sexual or other physical abuse;
- Signs of current physical abuse and/or sexually transmitted diseases;
- History of running away or current status as a runaway;
- Inexplicable appearance of expensive gifts, clothing, cell phones, tattoos or other costly items;
- Presence of an older boyfriend or girlfriend;
- Drug addiction;
- Withdrawal or lack of interest in previous activities; or
- Gang involvement.

**Section 4.4.5: Screen all children for sex trafficking**

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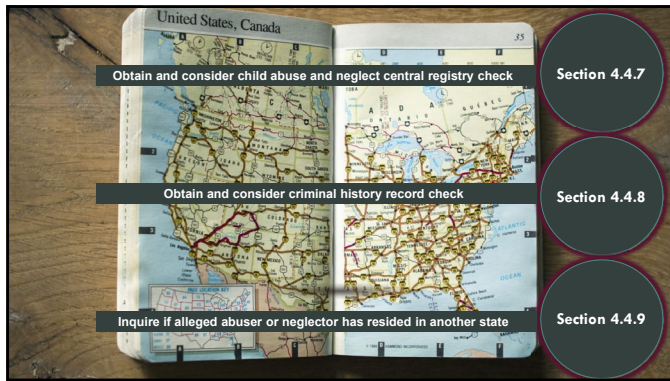
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### WHAT AM I **NOT** ALLOWED TO DO?

- Enter a home without permission
- Take photos inside a home without permission
- Transport a child without permission
- Violate a court order
- Give legal advice



Section 4.4

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## SAFETY ASSESSMENTS

- Assess whether any children are currently in immediate danger of serious physical harm that may require a protecting intervention.
- Determine what interventions should be maintained or initiated to provide appropriate protection.



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**SAFETY:**

Evaluates the immediate danger and necessary interventions to protect the child

VERSUS

**RISK:**

Evaluates the likelihood of future maltreatment of the child

**Safety** = the degree to which a child is secure from harm or serious harm now or in the very near future

Section 4, Appendix E

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SAFETY ASSESSMENTS

Assessing

Process

Document

CWSE1510, Module 2

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INITIAL SAFETY ASSESSMENT

- Completed at first meaningful contact
- Must be documented within 24 hours

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INITIAL SAFETY ASSESSMENT:

Whether the child has sustained a mental or physical injury warranting immediate attention or care

Whether an emergency or crisis situation exists meriting immediate action to protect the child

Whether the child is at risk of serious abuse or neglect in the near future

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INITIAL SAFETY ASSESSMENT:

- If the child has been injured or harmed, whether the family has the capabilities or capacity to protect the child from further harm
- Whether an emergency or crisis situation exists and the family's ability to cope
- Whether any other family members are at risk of harm or danger
- What are the family's capabilities to ensure the safety of the child / children in the near future?

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SAFETY ASSESSMENTS

SECTION 2: SAFETY RESPONSE- PLANNING CAPACITIES AND PROTECTING INTERVENTIONS

For each safety factor identified in Section 1, consider the resources available to the family and the community that might help to keep the child safe. Select each protecting intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protects) each child.

Planning Capacities

Document caretaker capacities if present for any caretaker based on information gathered (select all that apply).

☐ 1. Caretaker is capable of participating in a safety plan

☐ 2. Caretaker is willing to participate in a safety plan

☐ 3. Caretaker has at least one supporting safe adult who was not involved in the allegation and is willing and able to participate in a safety plan

☐ 4. Other

Protecting Interventions

Considering each identified safety threat and available planning capacities, determine which of the following protecting interventions will be implemented to control the safety threat. Protecting interventions will allow the child to remain in the home for the present time. A safety plan is required to systematically describe interventions and facilitate follow-through. If there are no available safety interventions that would allow the child to remain in the home, indicate by selecting item 9, and follow procedures for initiating court action to file for custody.

☐ 1. Monitoring or direct services by Family Services Specialist

☐ 2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan

☐ 3. Use of community agencies for safety services (specify agency or resource)

☐ 4. Alleged abuser/neglector left the home:

☐ Voluntarily

☐ In response to police intervention

☐ Legal action

☐ Other

☐ 5. Non-malevoling caretaker moved to a safe environment with child

☐ 6. Caretaker placed child outside the home with an alternate safe caretaker (specify)

☐ 7. Legal action initiated; child remains in the home (explain in summary)

☐ Restraint order

☐ Protective order

☐ Emergency custodial order

☐ Change in custody/visitation/guardianship

☐ Other, specify

☐ 8. Other intervention to allow child to remain in the home

☐ 9. Emergency removal was conducted to remove child from home due to immediate safety issue

1. SECTION 1:  
The following of serious has applies to all factors of the

2. SECTION 2:  
For each safety might help to Describe all intervention

3. SECTION 3:  
Identify your assessment to be selected

mediate danger if the factor present. The

community that lain below. plain how each

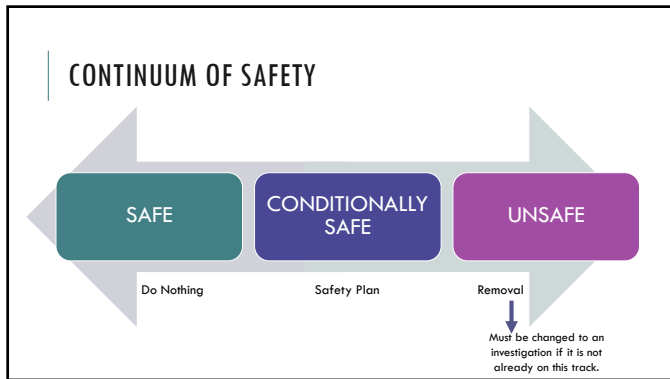
based on the ise. "Safe" should

situation for

it placement, order.

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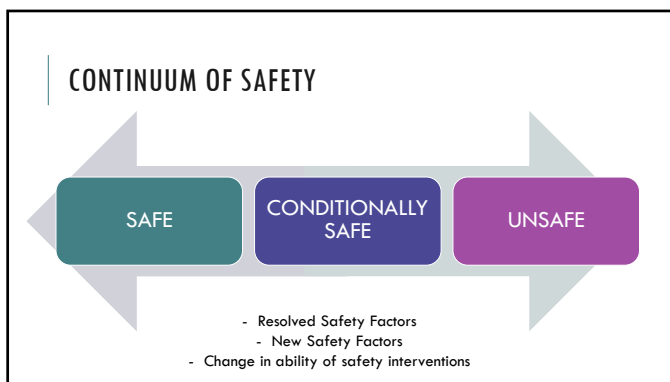
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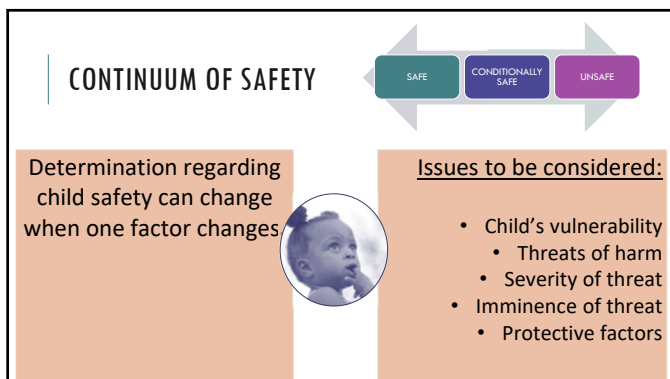
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## PRINCIPLES OF SAFETY ASSESSMENT

WHY?

\*CPS is responsible for assessing and working to assure safety of **all** children who are reported to have been abused or neglected.

WHICH CASES?

\*Safety Assessments must be conducted in **all** Investigations, **all** Family Assessments and **all** HTAs

HOW?

\*Safety Assessments must be planned, purposeful and timely.

WHEN?

\*Focus on child safety is **most critical at the first contact** as this may be the only opportunity for assessing safety.

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## PRINCIPLES OF SAFETY ASSESSMENT (CONTINUED)

WHO?

\*Safety must be determined for each child and the safety conclusion based on the **least safe child** if there is more than one child in the family.

HOW OFTEN?

\*Safety should be reassessed at **each** contact and whenever **new safety concerns** emerge.

AND...

\*Abuse or neglect can be substantiated and a child may still be safe.

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## PRINCIPLES OF SAFETY ASSESSMENT

What if I can't find the child or parent?

Safety of a child must **not** be assumed when there is missing information.

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# PRINCIPLES OF SAFETY ASSESSMENT



What if I assess that the child is NOT safe?

Once it is determined that a child's safety is compromised, the parent/caretaker is responsible for the development and implementation of a **safety plan** with facilitation by the CPS worker.

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# PRINCIPLES OF SAFETY ASSESSMENT



Ok, I made a safety decision. Now what?

**Documentation** of safety decision is required to support intervention or lack of intervention and to meet legal & ethical responsibilities.

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# SAFETY ASSESSMENT GROUP ACTIVITY



Day 2 Safety Assessment Scenarios  
Day 2 SDM Safety Assessment

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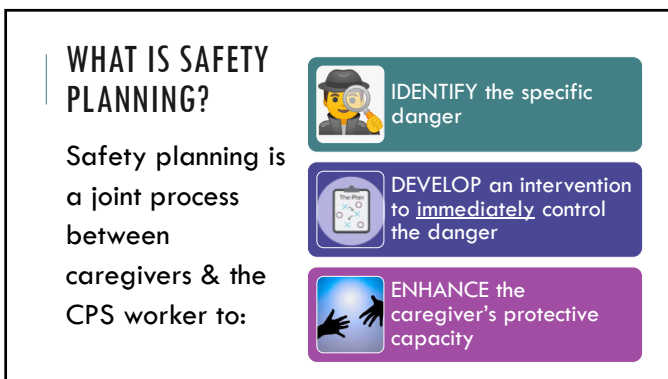
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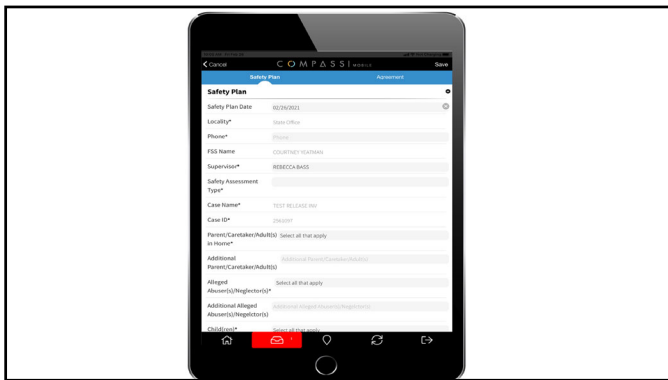
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## SAFETY PLAN CRITERIA

- The plan controls or manages immediate threats of danger.
- The safety plan must have an immediate effect in controlling threats. Strategies resulting in long term change, such as parenting education, do not belong in a safety plan.
- The FSS must assess the parent(s), guardian, or custodian and make a professional judgment as to their willingness and capability to agree to and abide by the terms of the safety plan.
- People and services identified in the safety plan must be accessible and available when threats are present.
- The safety plan should employ the least restrictive strategies possible while assuring child safety.

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If you selected "Yes" on any of these Safety Factors during the Safety Assessment, Compass will automatically begin to populate all of this information.

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## II. SAFETY RESPONSE

**Planning Capacities of Communities (interact all four aspects)**

• Caretaker is capable of participating in a safety plan	• Caretaker is willing to participate in a safety plan
• Caretaker has at least one supportive safe adult who was not involved in the allegations and is willing and able to participate in a safety plan	• Other Protecting Interventions (optional)

**Protecting Interventions (interact all four aspects)**

1. Monitoring or direct services by family services specialist  
Consenters must include Who, What and how long
2. Use of family resources, neighbors, or other individuals in the community in the development and implementation of a safety plan  
Consenters must include Who, What and how long
3. Use of community agencies or services as a safety resource (specific agency or resources)  
Consenters (include Who, What and how long)
4. Alleged offender left the house
  - Voluntarily
  - In response to police intervention
  - Legal action
  - Other (include Who, What and how long)
5. Protective caretaker moved to a safe environment with his/her child  
Consenters (include Who, What and how long)
6. Caretaker placed child outside the home (optional)  
Consenters (include Who, What, Where and how long)
7. Legal action initiated, child remains in the home (select all that apply):
  - Restrained Child
  - Protective Order
  - Emergency Court-ordered Order
  - Change in custody/visitation/paternalism

Consenters (include Who, What and how long)

5. Other intervention to allow child to remain in the home  
Consenters (include Who, What and how long)

**COMMENTS:**

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<b>III. SIGNATURES</b>	
<p>This plan was developed in partnership between the identified individuals and the Family Services Specialist to address the safety of the child(ren). All parties agree that it is in the best interest of the child(ren) to be safe and thus plan will remain in effect as specified above. If either party cannot or no longer wishes to participate in this safety plan, they will contact the other party before any action is taken. Please contact your worker at (     ) to further discuss this plan to identify alternate options if needed.</p>	
Parent/Caretaker	Date
Parent/Caretaker	Date
Other Responsible Party	Date
Other Responsible Party	Date
Family Service Specialist	Date
<p>The family verbally agreed but refused to sign.</p> <p>The family verbally agreed but unavailable to sign.</p>	
Additional Comments:	

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REPORT

3 year old Jeremiah Jones, dressed in only a diaper, was found two blocks from his home by someone driving home from work at 2:00 am. The police were able to locate where he lived by driving the child around in the police car. When they arrived at his home, the father was awakened by police. Mr. Jones did not know Jeremiah was missing. The father smelled strongly of alcohol but did not seem incapacitated. Mom works an overnight shift at 7/11. He stated she must have forgotten to lock the deadbolt when she left at 11 pm. He and Jeremiah were already asleep when she left.

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SAFETY PLAN

Date: August 1, 2022

Locality: Your Locality Phone: 555-555-5525

FSS: Your Name Supervisor: Your Supervisor

Case Name: Jones Referral #: 12345678

Parent/Caretaker/Adult in Home: Dennis Jones

Yes ☒ Child(ren) is engaged in safety plan process.

Alleged Abuser(s): Dennis Jones

Child(ren): Jeremiah Jones

Initial CPS Report: (Type of Maltreatment, select all that apply)

Physical Abuse	Mental Abuse/Neglect
<b>Physical Neglect</b>	Medical Neglect
Sexual Abuse	Substance Exposed Infant

Sub-Category Concern: **Inadequate Supervision**

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I. SAFETY CONCERNS FACTORS (If yes, indicate the caretaker action/inaction and the impact on the child(ren))

Yes ☐ No ☒ **SP1.** Caretaker caused or made plausible threat to cause physical harm.

Yes ☐ No ☒ **SP2.** Caretaker explanation is questionable or inconsistent and nature of injury suggests that the child's safety is immediate concern.

Yes ☐ No ☒ **SP3.** Mother used alcohol or other drugs during pregnancy and current circumstances suggest the infant's safety is of immediate concern.

Yes ☐ No ☒ **SP4.** Family refuses access or believe family is about to flee and available information suggest that child safety is of immediate concern.

Yes ☐ No ☒ **SP5.** Caretaker does not provide supervision necessary to protect child from potentially serious harm.

2 year old Jeremiah was able to leave home with no adult supervision and walk 2 blocks away. He could have been seriously hurt or abducted. The fence door was left unsecured allowing him to get out. CPS is worried that if Jeremiah is able to leave the home again unsupervised, he could be seriously harmed. The father was alerted that Jeremiah had escaped and said it had never happened before. Although the father smelled of alcohol, he seemed able to plan and supervise Jeremiah at this point.

Yes ☐ No ☒ **SP6.** Caretaker fails to protect child from serious physical harm or threatened harm to others.

Yes ☐ No ☒ **SP7.** Domestic violence exists in the home and circumstances suggest that child safety is of immediate concern.

Yes ☐ No ☒ **SP8.** Caretaker is unable to meet child's basic needs and this causes child to be in imminent danger.

Yes ☐ No ☒ **SP9.** Child's living conditions are hazardous and immediately threatening, based on child's age/developmental status.

Yes ☐ No ☒ **SP10.** Caretaker actions cause significant and excessive distress for the child and available information suggest that child safety is of immediate concern.

Yes ☐ No ☒ **SP11.** Child sexual abuse is suspected and circumstances suggest that child safety is of immediate concern.

Yes ☐ No ☒ **SP12.** Current situation, combined with information that the caretaker has or likely has recently contacted the child in the past, suggests that child safety is of immediate concern.

Yes ☐ No ☒ **SP13.** Other safety factors (explain):

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## Exception report

Effective Jan 1, 2025

A report must be filed *within 72 hours* anytime a child enters foster care into a **non-relative placement** or moves to a non-relative placement at any point in a foster care case.

The exception report is an electronic Qualtrics form, and the link can be found on Fusion.



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## SUMMARY

- Safety Assessment is completed in all case types
- Safety Assessment is completed with the family at the First Meaningful Contact
- Safety Assessment allows you to determine whether a child is Safe (No Intervention), Conditionally Safe (Safety Plan), or Unsafe (Foster Care)
- All SDM Tools are required, and must be completed in Compass

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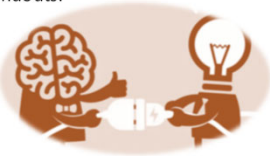
## LET'S TRANSFER THE LEARNING

After class today, open the following handouts:

- Day 2 - SDM Safety Assessment
- Day 2 - Safety Assessment Scenarios

Complete the **Safety Assessment** for Scenarios 2 and 3 to determine if the children are **Safe, Conditionally Safe, or Unsafe.**

Email your answers to:



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AGENDA: DAY THREE

TOL Review

The Family Assessment

The Investigation

Assessing Risk

Transfer of Learning

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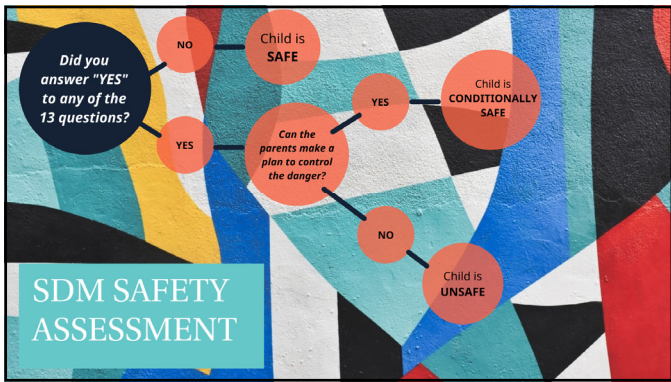
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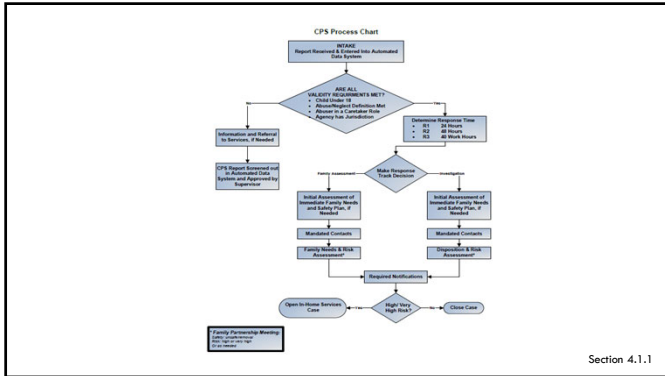
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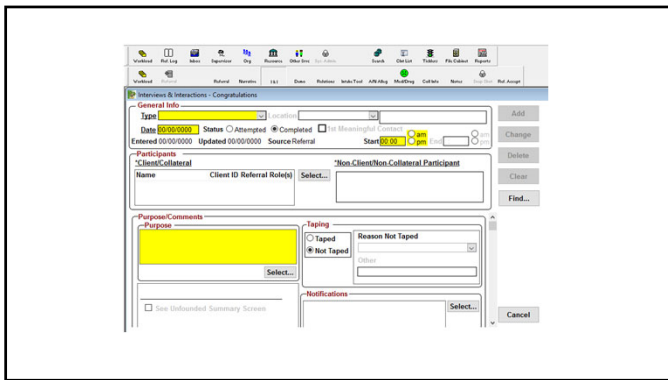
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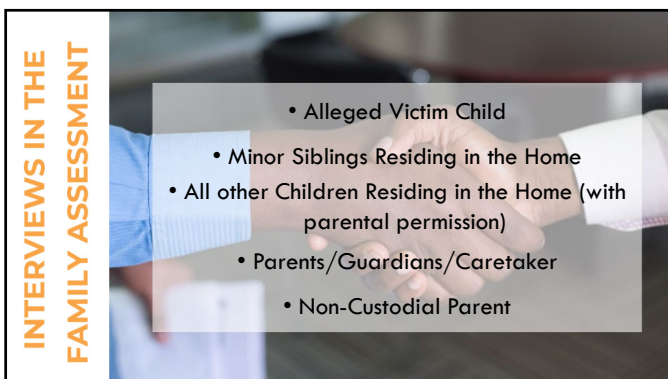
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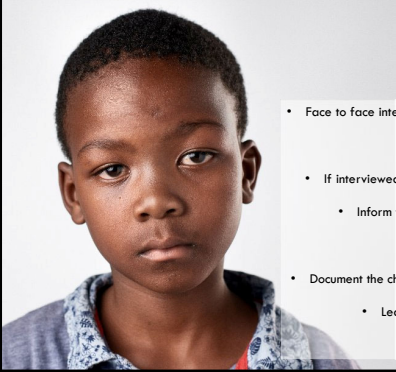
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### CHILD WHO IS A VICTIM

- Face to face interview within the response priority level assigned
  - Do not compromise safety
- If interviewed alone, explain to caregivers why it is important
  - Inform the child of what will occur with CPS intervention
  - Observe the child
- Document the child's recollection & perception of the allegations
  - Learn about the needs and capabilities of the child
  - Do not need to record

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### SIBLINGS/OTHER CHILDREN IN THE HOME

- Must interview and observe minor siblings in the home
- Do not compromise safety
- If a child is non-verbal, children should still be observed, including interactions with family members/environment
- Must interview other children living in the home as collaterals, but should get parent permission prior



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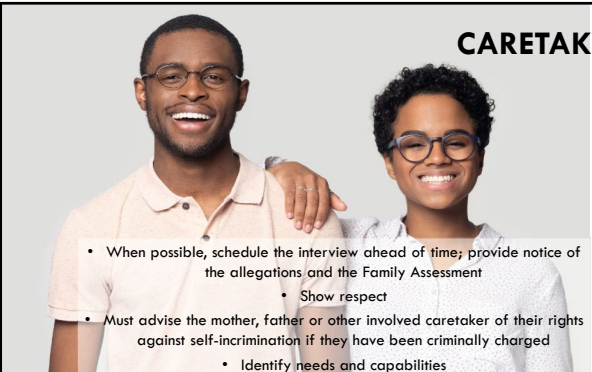
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### CARETAKERS

- When possible, schedule the interview ahead of time; provide notice of the allegations and the Family Assessment
  - Show respect
- Must advise the mother, father or other involved caretaker of their rights against self-incrimination if they have been criminally charged
  - Identify needs and capabilities

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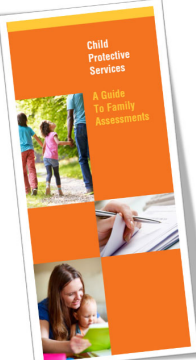
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### INITIAL NOTIFICATIONS

**You must notify the family:**

- Verbally and in writing (using this brochure) that a report of suspected abuse or neglect has been received
- That a Family Assessment will be conducted in response to the report
- What the possible benefits and consequences of having a Family Assessment conducted are
- What the process of the Family Assessment is

\*The non-custodial parent must be notified of the Family Assessment, as well.\*

**FAMILY ASSESSMENT NOTIFICATIONS**

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## VISITS

- Made when there is a concern for safety and/ or the child is perceived to be in imminent danger.
- Appropriate when phone calls are not returned or an appearance of non-compliance with scheduled meetings.
- Common in the investigation track due to presenting safety concerns and the need to gather evidence to make a dispositional assessment as to whether the abuse or neglect has occurred.
- Families can agree to unannounced visits as part of a safety plan.

**TAGES:**

- Illustrates respect.
- the message that we want them to understand.
- the family prepare for the visit and who they would want present.
- them a voice in scheduling.
- feels heard and recognized as a person.

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## Observe the family environment



Section 4.5.6.7

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Family Assessments are centered around the strengths and needs of the families and services to address them.



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The **Family Risk Assessment** must be completed during a Family Assessment.

- Assess the likelihood of recurrence/occurrence of abuse or neglect
- Does not predict recurrence, but does assess whether or not another incident of abuse or neglect is likely to occur without intervention by the agency



Section 4.5.15

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## ASSESSMENT SUMMARY SCREEN

Assessment Summary:

Assessment Completed Date: 06/08/2022  
Assessment Entered Date: 06/01/2022  
Purge Date: 06/08/2022

Child (includes Strengths and Needs) Factors

Parent/Caretaker (includes Strengths and Needs) Factors

Environment Factors

Services Needed

Type	Provided By	Status	Court	Select...

Buttons: Add, Change, Delete, Clear, Find..., Copy Risk Tool, Cancel

Sections 4.5.16 & 4.5.17

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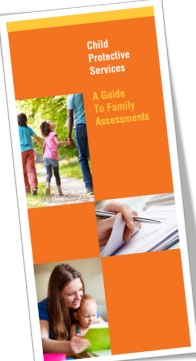
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Child Protective Services  
A Guide To Family Assessments

**FINAL NOTIFICATIONS**

- **To Family:** verbally and in writing summarizing the Family Assessment, recommendations for services, and reason for refusal if that applies; the length of time their name will be in the system; right to review information; conclusions of the assessment; notice regarding malicious complaints
- **To Complainant:** the complaint was assessed and necessary action was taken

FAMILY ASSESSMENT NOTIFICATIONS

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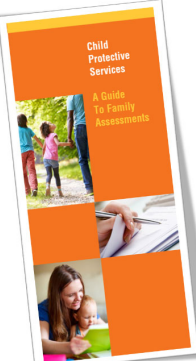
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Child Protective Services  
A Guide To Family Assessments

**FINAL NOTIFICATIONS**

- **Family Advocacy Program:** notice that active duty military family had a completed family assessment
- **Referral to Early Intervention Program:** child under age 3 who has developmental delay or is identified as affected by illegal substance abuse or withdrawal symptoms by prenatal exposure is to be referred to the local Infant and Toddler Connection of Virginia

FAMILY ASSESSMENT NOTIFICATIONS

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Why Family Assessments?

Why don't we just investigate all valid allegations?

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### **Changing the Family Assessment to Investigation**

#### **When:**

- ❖ If a child comes into foster care
- ❖ More serious allegations are received
- ❖ The initial safety assessment reveals more serious circumstances than reported.

#### **How:**

- ❖ Immediately notify the Alleged Abuser of the investigation
- ❖ Close the existing family assessment (became an investigation and requires supervisory approval)
- ❖ Enter a new referral and validate as an investigation (45 days starts over)

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### **INVESTIGATION**

#### **The collection of information to determine:**

1. Immediate safety
2. Service needs
3. Risk
4. Alternative plans
5. Has abuse or neglect occurred?
6. If so, who did it?
7. Founded or Unfounded?

Section 4.6

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### **INVESTIGATIVE TIMELINE**

## **45 Calendar Days**

#### **Three Exceptions:**

- Extra 15 days with written justification
- Extra 45 days if co-investigating with law enforcement
- Suspend as long as necessary if you are working a fatality or sexual abuse case, and waiting on records

Section 4.6.2

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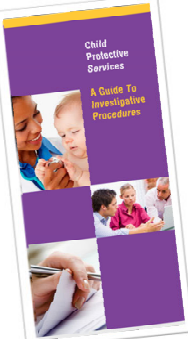
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**INITIAL NOTIFICATIONS**  
**You must notify the family:**

- Verbally and in writing (using this brochure) that a report of suspected abuse or neglect has been received
- That an Investigation will be conducted in response to the report

\*If the child is in the custody of another state, you must notify ICPC\*

\*The non-custodial parent must be notified of the Investigation, as well.\*

INVESTIGATION NOTIFICATIONS

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**MANDATED CONTACTS:**

- ☐ The alleged victim child
- ☐ The alleged abuser/neglector
- ☐ The victim's parents/guardians
- ☐ The victim's siblings
- ☐ Other children in the victim's home
- ☐ The victim's non-custodial parent
- ☐ Pertinent Collaterals

Section 4.6.5

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In an investigation, you must record the interview with the alleged victim.

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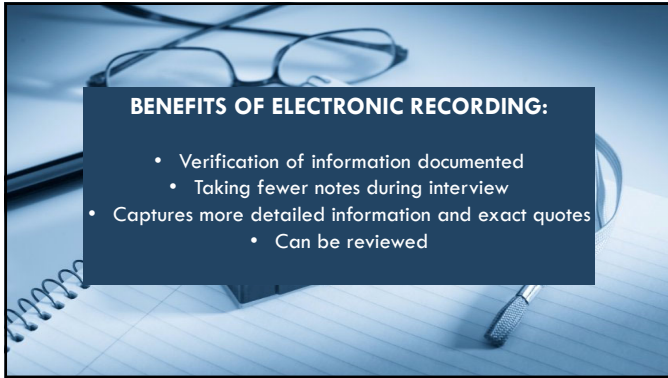
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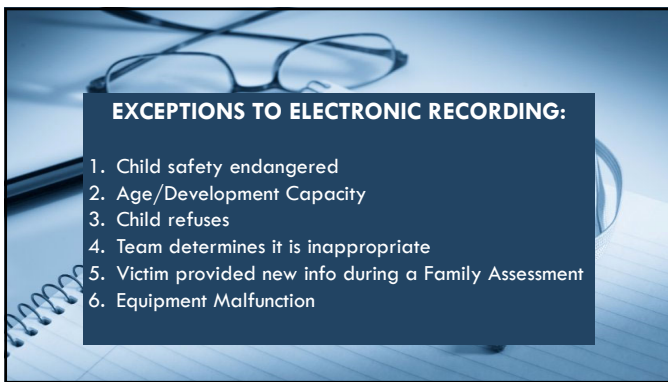
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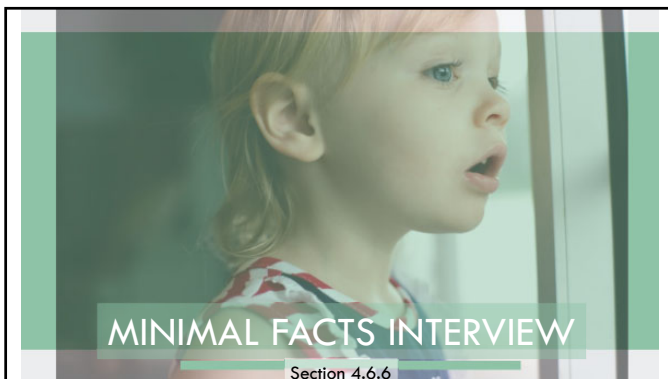
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### INTERVIEWING THE ALLEGED ABUSER/NEGLECTOR

- Inform them of the allegations and the process of the investigation
- Let them know that the investigation will proceed and a disposition will be made, even if they decline to be interviewed
- Advise of their rights against self-incrimination

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### RECORDING THE ALLEGED ABUSER/NEGLECTOR

- ❖ The CPS worker shall inform the alleged abuser or neglector of their right to electronically record any communication
- ❖ Law Enforcement/Commonwealth's Attorney may object to this
- ❖ LDSS shall provide recording equipment upon request

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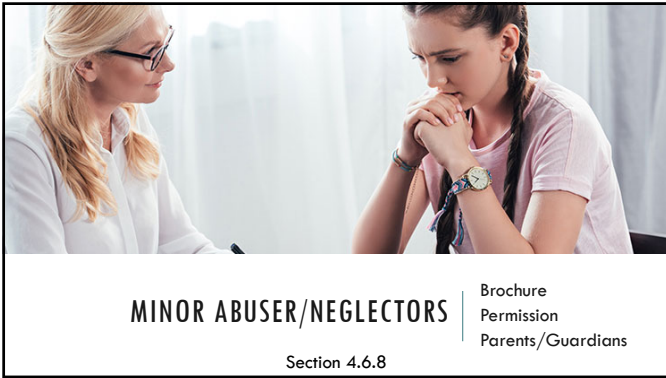
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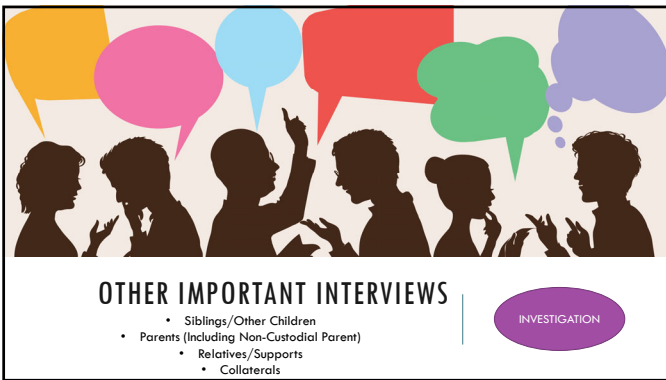
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The **Family Risk Assessment** must be completed during a Investigation.

- Assess the likelihood of recurrence/occurrence of abuse or neglect
- Does not predict recurrence, but does assess whether or not another incident of abuse or neglect is likely to occur without intervention by the agency

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Section 4.6.25

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**EVIDENCE**

- First Source / Direct
- Indirect

Section 4.6.28

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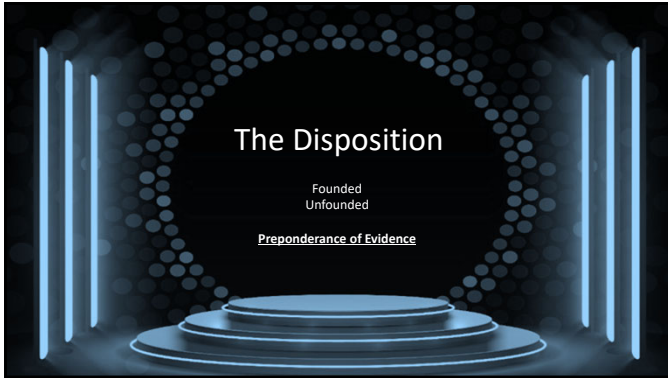
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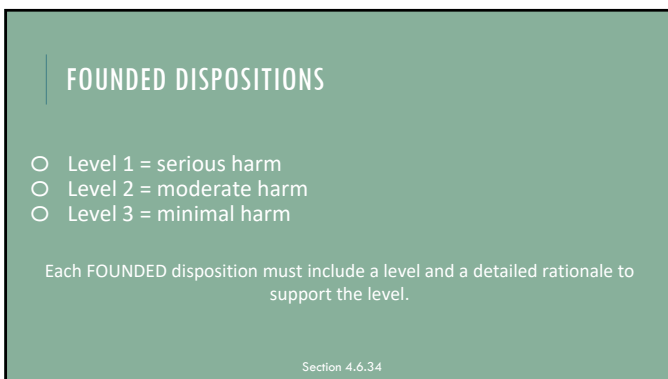
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File Edit Functions Help O-mail

Workflow Ref Log Mail Supervisor Org Business Other Site Spc Admin Switch Chat List Tables File Cabinet Reports

Workflow Analytics Findings Findings Chat Site Executive Find N/A Appeal

**Investigation Findings - WALL**

**Allegations**

Disposition	Victim Name	Alleged Abuser	A/N Category	A/N Type	Worker
12/09/2020 <b>Founded Level 2 (7 yrs)</b>	JENNIFER PARKER	KEVIN HILLIARD	Physical Abuse	Cuts, Bruises, Welts, Abrasions	WILLIAM LEIGH

**Findings**

☐ Unfounded Summary

Disposition Date: 12/09/2020 Disposition: **Founded Level 2 (7 yrs)**

Date Disposition Entered: 12/09/2020

Dispositional Assessment: ☐ Abuse/Neglect occurred after child came into custody

FSS Leigh staffed this case with Supervisor Fitzgerald on 12/8/2020. Disposition is determined to be **FOUNDED**, level 2 for Physical Neglect, Inadequate Supervision, of 10-year-old Jennifer Parker, by her mother's significant other, Kevin Hilliard.

The Code of Virginia § 63.2-100 provides the statutory foundation for the definition of physical neglect. The VAC provides the regulatory definition for physical neglect: (22 VAC 40-705-30 B). Physical neglect occurs when there is the failure to provide food, clothing, shelter, necessary medical

**Worker Information**

Name: WILLIAM LEIGH Assessed Risk:

Locality: Richmond City Word Document:

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Zoom and Spell Check Box

FSS Leigh staffed this case with Supervisor Fitzgerald on 12/8/2020. Disposition is determined to be **FOUNDED**, level 2 for Physical Neglect, Inadequate Supervision, of 10-year-old Jennifer Parker, by her mother's significant other, Kevin Hilliard.

The Code of Virginia § 63.2-100 provides the statutory foundation for the definition of physical neglect. The VAC provides the regulatory definition for physical neglect: (22 VAC 40-705-30 B). Physical neglect occurs when there is the failure to provide food, clothing, shelter, necessary medical treatment or supervision for a child to the extent that the child's health or safety is endangered. This also includes abandonment and situations where the parent or caretaker's own incapacitating behavior or absence prevents or severely limits the performing of child caring tasks pursuant to § 63.2-100 of the Code of Virginia. (22 VAC 40-705-30 B1). Physical neglect may include multiple occurrences or a one-time critical or severe event that results in a threat to health or safety.

2.4.2.2 Inadequate supervision: The child has been left in the care of an inadequate caretaker or in a situation requiring judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate. Inadequate supervision includes minimal care or supervision by the caretaker resulting in placing the child in jeopardy of sexual or other exploitation, physical injury, or results in status offenses, criminal acts by the child, or alcohol or drug abuse.

The following evidence establishes by a **preponderance** that the case is founded. Facts to support:

1. FSS Wall interviewed Jennifer Parker individually on 11/21/20. The interview was recorded and the DVD is located in the case file. Jennifer stated that on 11/15/20, Mr. Hilliard was caring for her and her

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Check ☒

Section 4.21, Appendix K

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**WHO GETS A LETTER IN AN UNFOUNDED INVESTIGATION?**

- ☐ Complainant/Reporter
- ☐ The Alleged Abuser / Neglector
- ☐ Parents/Guardians of victim children (and minor alleged abusers)
- ☐ Military Family Advocacy (for all active duty)

\*Notifications must be documented in the record.

\*Retain copies of informing letters in record.



Section 4.6.30.1

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## WHO GETS A LETTER IN A FOUNDED INVESTIGATION?

- ☐ Complainant/Reporter
- ☐ The Abuser / Neglector
- ☐ Parents/Guardians of victim children (and minor abusers)
- ☐ Military Family Advocacy (for all active duty)
- ☐ Early Intervention program (Infant and Toddler Connection) when the victim is under the age of 3
- ☐ Local school board and state superintendent (when the abuser/neglector holds a DOE license)



\*Notifications must be documented in the record.

\*Retain copies of informing letters in record.

Section 4.6.35

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## ELEMENTS OF DISPOSITIONAL INFORMING LETTER TO NAMED ABUSER/NEGLECTOR

- ☐ A clear statement that they are the abuser.
- ☐ The type of abuse and victim child's name.
- ☐ The disposition, level, and retention time.
- ☐ Information regarding their right to appeal and right to a copy of the investigation.
- ☐ Special circumstances

Section 4.6.34.1

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Following Guidance Protects:

- Children
- Families
- Alleged Abusers/Neglectors
- Family Services Specialists



INVESTIGATIONS WRAP-UP

INVESTIGATION

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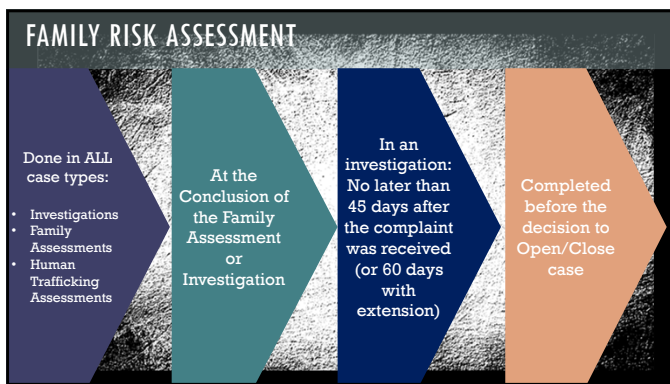
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## FAMILY RISK ASSESSMENT TOOL: CARETAKER STATUS

Primary

1. Assume the most responsibility for the child

2. Legally Responsible

Secondary

3. Alleged Abuser/Neglector

4. Most Severe Abuser/Neglector

5. If the child is selected

\*Note who is primary for consistency

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Mother and her girlfriend live in the home and both care for and support the baby.

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2 year old boy is in the custody and care of grandmother, and lives with grandmother and grandfather. Grandmother works out of the home full time and occasionally overnight, and grandfather takes care of the child the majority of time. Grandfather is alleged abuser for physical abuse.

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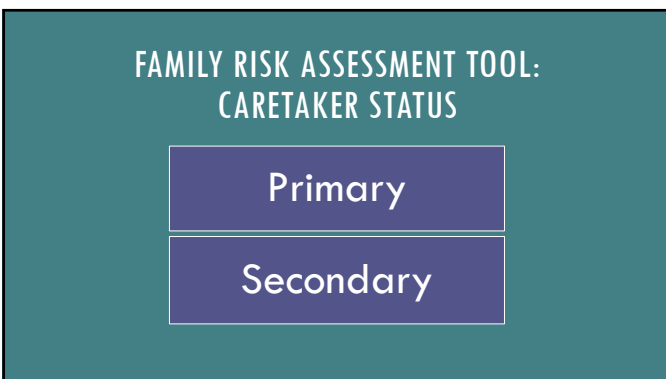
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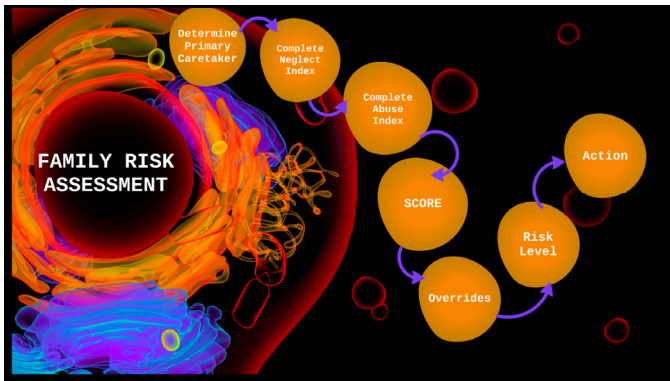
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VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
IDH - FAMILY RISK ASSESSMENT

Case Name: \_\_\_\_\_ Case ID: \_\_\_\_\_ Locality: \_\_\_\_\_  
FSS Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Assessment Date: \_\_\_\_\_ Creation Date: \_\_\_\_\_  
Primary Caretaker: \_\_\_\_\_ Secondary Caretaker: \_\_\_\_\_  
Prior Assessment: \_\_\_\_\_ Prior Investigations: \_\_\_\_\_

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IDH - FAMILY RISK ASSESSMENT

Complete Neglect Index

Item	Score
1. Current complaint is for neglect	
1.1a. Yes	2
1.1b. No	0
2. Number of prior neglect	
2.1a. None	0
2.1b. One	1
2.1c. Two or more	2
3. Number of prior abuse	
3.1a. None	0
3.1b. One	1
3.1c. Two or more	2
4. History of previous criminal justice system involvement	
4.1a. Yes	2
4.1b. No	0
5. Number of alleged incidents involved in the	
5.1a. Yes	2
5.1b. No	0
6. Age of youngest child in the home	
6.1a. 0-5	2
6.1b. 6-11	1
6.1c. 12 or older	0
7. Primary caretaker has a history of alcohol	
7.1a. Yes	2
7.1b. No	0
8. Primary caretaker has a history of drug or alcohol	
8.1a. Yes	2
8.1b. No	0
9. Primary caretaker has a history of mental health	
9.1a. Yes	2
9.1b. No	0
10. Characteristics of children in household	
10.1a. Yes	2
10.1b. No	0

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[illegible][illegible]

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## LET'S TRANSFER THE LEARNING

After class today, open the following handouts:

- Day 3 – SDM Risk Assessment
- Day 3 – The Border Family - RISK

Complete the **Family Risk Assessment** on the Border family to determine the Risk Level.  
(Low, Moderate, High, or Very High)



Email your answers to:

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## AGENDA: DAY FOUR

TOL Review

Finding Level Practice

The Appeals Process

Confidentiality

Judicial Proceedings

Who's Got the Guidance?

Review

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## FOUNDED DISPOSITIONS

- Level 1 = serious harm
- Level 2 = moderate harm
- Level 3 = minimal harm

Each FOUNDED disposition must include a level and a detailed rationale to support the level.

Section 4.6.34

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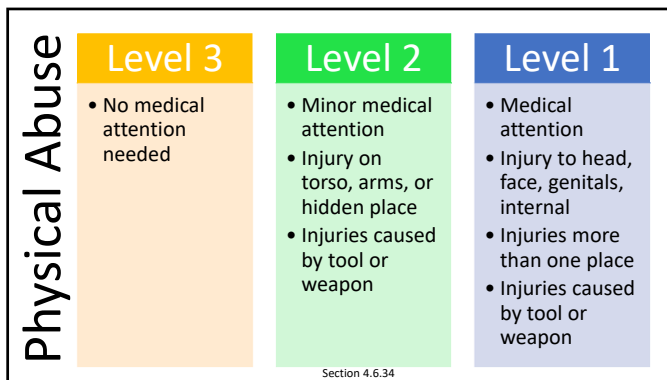
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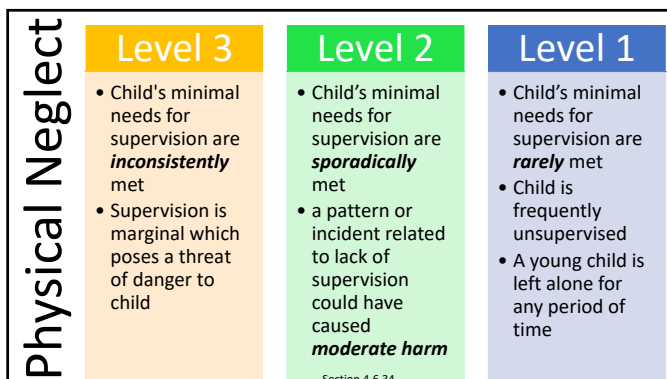
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Mental Abuse	Level 3	Level 2	Level 1
	<ul style="list-style-type: none"> <li>child's emotional needs are met sporadically with evidence of some negative impact on the child's behavior</li> </ul>	<ul style="list-style-type: none"> <li>child's emotional needs are rarely met</li> <li>behavior is problematic at home or school</li> </ul>	<ul style="list-style-type: none"> <li>self-destructive behavior</li> <li>psychiatric hospitalization</li> <li>required treatment -severe dysfunction</li> <li>danger to self or others</li> <li>problems related to caretaker behavior</li> </ul>

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Sexual Abuse	Level 3	Level 2	Level 1
	<ul style="list-style-type: none"> <li>No/minimal physical touching or exposure to sexual acts</li> <li>Caretaker's actions cause a threat of minimal harm</li> </ul>	<ul style="list-style-type: none"> <li>No/Minimal physical touching</li> <li>exposure to masturbation, exhibitionism...</li> <li>repeated sexually provocative comments</li> <li>Exposure to porn</li> </ul>	<ul style="list-style-type: none"> <li>Genital contact</li> <li>Force or threat</li> <li>Multiple incidents</li> </ul>

Section 4.6.34

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**FINDING LEVEL GROUP ACTIVITY**



SECTION 4.6.34  
"Making the Disposition"

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### DETERMINING LEVEL OF FINDING

- Report A – Level 3
- Report B – At least a level 2
- Report C – Level 2
- Report D – Level 1

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### APPEALS BROCHURE

Child Protective Services: Appeals and Fair Hearings

[www.dss.virginia.gov/files/division/dfs/cps/intro\\_page/publications/appeals/B032-01-0006-09-eng-07-19\\_web.pdf](http://www.dss.virginia.gov/files/division/dfs/cps/intro_page/publications/appeals/B032-01-0006-09-eng-07-19_web.pdf)



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### When is the Appeal Stayed?

- If there are pending criminal proceedings against the Abuser related to the CPS case.
- If Law Enforcement is still investigating and charges are possible – up to 180 days

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### Three Levels of Administrative Appeals:

- Conference with the local department of social services (LDSS)
- Administrative hearing conducted by a state hearing officer
- Judicial review by the circuit court

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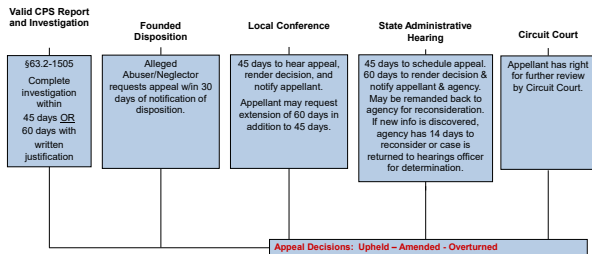
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### CPS APPEAL PROCESS – INVESTIGATION WITH FOUNDED DISPOSITION



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### CPS APPEAL PROCESS – INVESTIGATION WITH FOUNDED DISPOSITION

#### Failure to Request:

If the written request is not made within 30 days of notification, the right to local conference is forfeited.

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CPS APPEAL PROCESS – INVESTIGATION WITH FOUNDED DISPOSITION

Valid CPS report and investigation  
Founded Disposition  
Local Conference  
State Administrative Hearing  
Appeal  
Circuit Court

**The local agency notifies all parties originally notified of disposition if the appeal process amends or overturns the disposition.**

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CONFIDENTIALITY

Section 9

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The CPS process is confidential.  
Most of the time a release of information is required in order to share information about the confidential case.

Section 9

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**Releasing Information is Mandatory to:**

- Commonwealth's Attorney and Law Enforcement
- Medical Examiner
- Court Mandated
- Complainant (within limits)
- Military Family Advocacy
- Child Support Enforcement
- Citizen Review Panels
- Children's Justice Act/ Court Appointed Special Advocate Advisory Committee (CJA/CASA)
- Child Abuse and Neglect Committee of the Family and Children's Trust Fund (FACT)
- State Child Fatality Review Team
- Court Appointed Special Advocate (CASA)
- Guardian Ad Litem
- Office of the Children's Ombudsman\*

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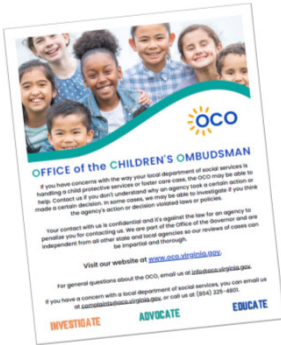
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**Office of the  
Children's Ombudsman**



- Inform birth, foster, and prospective adoptive parents
- Inform older foster care youth
- Assist the OCO with the investigation as needed
- Provide progress reports if requested

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**Releasing Information is Mandatory to:**

- Commonwealth's Attorney and Law Enforcement
- Medical Examiner
- Court Mandated
- Complainant (within limits)
- Military Family Advocacy
- Child Support Enforcement
- Citizen Review Panels
- Children's Justice Act/ Court Appointed Special Advocate Advisory Committee (CJA/CASA)
- Child Abuse and Neglect Committee of the Family and Children's Trust Fund (FACT)
- State Child Fatality Review Team
- Court Appointed Special Advocate (CASA)
- Guardian Ad Litem
- Office of the Children's Ombudsman\*
- Subpoena (if approved by City/County Attorney)
- FOIA (if approved by City/County Attorney)

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### What is FOIA?

Code of Virginia § 2.2-3700 (Virginia FOIA) requires that official records held by public agencies are to be open to inspection.

When a request for the release of information under the Virginia FOIA is made, the LDSS shall make an initial response to the individual requesting the information within five (5) working days after the receipt of the request.

Always Consult with your City or County Attorney before any Release

Exceptions:

- Identity of persons reporting incidents of child abuse or neglect
- All complaints or reports that are being investigated jointly with law enforcement

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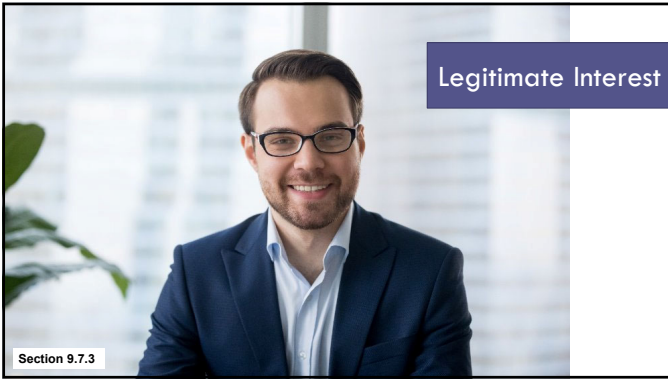
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### Legitimate Interest

Section 9.7.3

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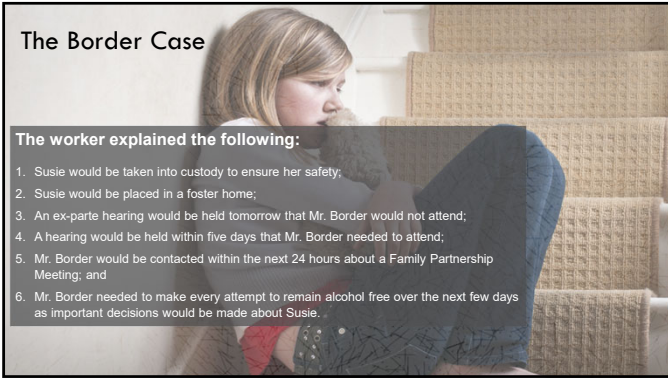
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### The Border Case

The worker explained the following:

1. Susie would be taken into custody to ensure her safety;
2. Susie would be placed in a foster home;
3. An ex-parte hearing would be held tomorrow that Mr. Border would not attend;
4. A hearing would be held within five days that Mr. Border needed to attend;
5. Mr. Border would be contacted within the next 24 hours about a Family Partnership Meeting; and
6. Mr. Border needed to make every attempt to remain alcohol free over the next few days as important decisions would be made about Susie.



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Who can we talk to and what can we say?

- The Grandparents?
- The Neighbor?
- The Father/Alleged Abuser?
- The Mother?
- The Guidance Counselor?
- The Guardian Ad Litem?



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## JUDICIAL PROCEEDINGS



Section 8

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### Investigation or Family Assessment

- Parents have custody
- CPS can interview victim & siblings
- CPS can take photos or X-rays of victim
- CPS can obtain criminal history of adults
- CPS can take emergency custody

### Safety Plan

- A Safety Plan is an agreement, but not legally binding.
- Parents still have custody
- Parents have agreed to some conditions to keep the child safe
- CPS has the same authorities as before.

### Protective Order

- A judge has ordered conditions to keep the child safe
- Parents still have custody - unless the judge has granted custody to another person
- CPS has the same authorities
- Any additional authority is from a judge's order

### Foster Care

- The agency has custody of the child
- The agency has rights & responsibilities of a legal custodian
- The parent retains parental rights, but not custody

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- Cases are initially heard in the Juvenile and Domestic Relations Court (J&DR).
- Judicial decisions can be appealed by the client or the Agency.
- Taking court action should be carefully considered and done after consultation with your supervisor and city or county attorney.
- Remember you are representing your agency in your presentation.

**PREPARATION**

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**COMMON PETITIONS:**

- Emergency Removal Order (ERO)
- Preliminary Removal Order (PRO)
- Preliminary Protective Order (PPO)
- CHINS – Child in Need of Services
- Custody Petition (less common)

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### When You Must Remove a Child:

1. Immediate threat to life or health of the child exists
2. Reasonable efforts were made to prevent removal
3. No alternatives less drastic than removal exist
4. There is no reasonable opportunity to provide preventive services



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graph LR
    A[Family Partnership Meeting] --> B[Ex-Parte Hearing (ERO)]
    B -- "~5 days" --> C[5-Day Hearing (PRO)]
    C -- "~30 days" --> D[Adjudication (TRIAL)]
  
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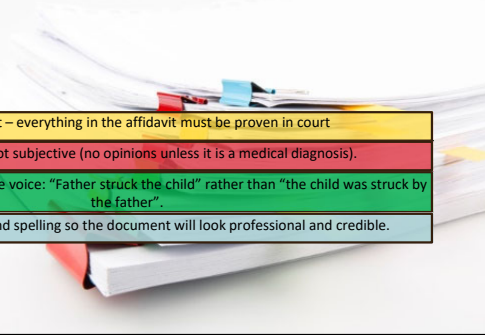
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### WRITING AN AFFIDAVIT



- Be succinct – everything in the affidavit must be proven in court
- Be objective – not subjective (no opinions unless it is a medical diagnosis).
- Use active instead of passive voice: "Father struck the child" rather than "the child was struck by the father".
- Check for grammar and spelling so the document will look professional and credible.

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- PRELIMINARY REMOVAL ORDER
- CUSTODY PETITION
- CHINS PETITION

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SDM TOOL	WHEN?	WHAT?	OUTCOME
INTAKE	IMMEDIATELY WHEN COMPLAINANT CALLS	1. SHOULD I GO? 2. HOW FAST DO I GO? 3. TRACK?	1. <b>VALID</b> or <b>INVALID</b> 2. <b>R1, R2, R3</b> 3. <b>INVESTIGATION</b> or <b>ASSESSMENT</b>
SAFETY	AT FIRST MEANINGFUL CONTACT	IS THE CHILD SAFE FOR TONIGHT?  DO WE NEED A SAFETY PLAN?	<ul style="list-style-type: none"> <li>• <b>SAFE</b> = No plan is needed</li> <li>• <b>CONDITIONALLY SAFE</b> = PLAN!</li> <li>• <b>UNSAFE</b> = FOSTER CARE</li> </ul>
RISK	AT THE END (~45-60 DAYS)	HOW <b>LIKELY</b> IS IT THAT THIS CHILD WILL BE ABUSED AGAIN?	<b>LOW</b> - CLOSE <b>MODERATE</b> – OPTIONS <b>HIGH</b> – OPEN IN-HOME CASE <b>VERY HIGH</b> – OPEN IN-HOME CASE

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### CPS REGIONAL PRACTICE CONSULTANTS

**Piedmont:** John King (540) 589-3336  
[j.king@dss.virginia.gov](mailto:j.king@dss.virginia.gov)

**Eastern:** Renee Rice (757) 793-0240  
[renee.rice@dss.virginia.gov](mailto:renee.rice@dss.virginia.gov)

**Central:** Monica Hockaday (804) 517-9774  
[monica.hockaday@dss.virginia.gov](mailto:monica.hockaday@dss.virginia.gov)

**Western:** Tammy Francisco (276) 274-0597  
[tammy.francisco@dss.virginia.gov](mailto:tammy.francisco@dss.virginia.gov)

**Northern:** Tammy Curl (540) 216-1688  
[tammy.d.curl@dss.virginia.gov](mailto:tammy.d.curl@dss.virginia.gov)

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### GUIDANCE GROUP ACTIVITY



Guidance Scavenger Hunt

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Your recorder is the person who has been at their Agency the shortest time!

### Who's got the Guidance?


Guidance Scavenger Hunt:

Use the Guidance Scavenger Hunt scenarios and find the Guidance section that answers the question

Here's an example:

FSS Myers is trying to determine the Level to assign to her Founded physical abuse case. Where can she find that information? **4.6.34**

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Child-Protective-Services/CPS-Guidance>



<https://www.dss.virginia.gov/family/cps/manuals.cgi>

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COMPASS/OASIS TRAINING IS REQUIRED FOR COMPLETION OF THIS COURSE

## Register now for the next available Capacity Building Learning Lab.



In the Virginia Learning Center (VLC):  
CWS2000VLL Capacity Building Learning Lab Protective

Next Date:

**VDSS CWS2000VLL Capacity Building Learning Lab Protective (VIRTUAL)**

**Description:**

VDSS CWS2000VLL Capacity Building Learning Lab Protective (VIRTUAL)

**Next Date:**

**Next Date:**

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**SURVEY**

Your feedback is important to us.  
It is anonymous.

The course is CWS2000.1W – Child Protective Services (CPS) New Worker Guidance Training

The trainer is \_\_\_\_\_

Date is \_\_\_\_\_

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