

	<b>GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL</b>			
	<b>Chapter:</b>	(4) Initial Safety Assessment	<b>Effective Date:</b>	August 2016
	<b>Policy Title:</b>	Preparing for the Initial Safety Assessment		
<b>Policy Number:</b>	4.1	<b>Previous Policy #:</b>	N/A	

### CODES/REFERENCES

O.C.G.A. § 19-7-5 Reporting of Child Abuse and Neglect  
O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families  
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services  
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records as amended by Georgia House Bill 177- Child Welfare  
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67  
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), 472(a) (1), 472(f), and 475 (9)  
Child Abuse Prevention and Treatment (CAPTA) Reauthorization Act of 2010 as Amended by P.L. 111-320; Section 106(b) (2) (B) (xviii)

### REQUIREMENTS

The Division of Family and Children Services (DFCS) shall prepare for the initial contact with the child and family by:

1. Reading and analyzing the intake assessment.
2. Contacting the reporter, if known, to clarify information and/or to obtain additional information related to child safety and the allegations of maltreatment.
3. Reviewing DFCS history.
4. Staffing the information with the Social Services Case Manager (SSCM) and the Social Services Supervisor (SSS).

**NOTE:** Unless an immediate response is indicated precluding the review of DFCS history and staffing.

### PROCEDURES

Upon assignment of an intake assessment to an SSCM under their supervision, the SSS will:

1. Review the intake assessment and other documents received during the intake process to determine if the response time needs to be more immediate based upon:
  - a. Types of abuse or neglect reported;
  - b. Family functioning information obtained; including the behaviors reported; living conditions (if known); location and/or status of family members; and/or existence of crisis or stressors within the family unit; and
  - c. The analysis of DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#)).
2. Assign the case to an SSCM in Georgia SHINES, if applicable.

3. Staff the Intake Assessment with the assigned SSCM to discuss the strategy for initiating the assessment, including:
  - a. Having the SSCM identify the developmental stage(s) of the family (see policy [19.2 Case Management: Family Developmental Stages & Tasks](#));
  - b. What challenges the family might be facing based upon their developmental stage;
  - c. Asking the SSCM to identify what specific task(s) the family may be having difficulty with. Focus the discussion on the situation(s) which created a developmental problem;
  - d. The analysis of DFCS history and how it impacts the task(s) the family may be having difficulty with;
  - e. Review and discuss the SSCM's plan for the initial visit;
  - f. Discuss effective safety intervention strategies to control present danger situations (if identified) when initial contact occurs, including resources and other professionals that may be required;
  - g. Discuss what can be anticipated regarding the existing situation, caregiver and family member response, and personal safety in the home or community;
  - h. Identify any effects or circumstances the child(ren) may be experiencing based on reported adult and/or child functioning;
  - i. Identify potential collateral contacts, how to access them and information needed to obtain from him/her regarding the maltreatment as well as other information regarding child and family functioning (see policy [19.16 Case Management: Collaterals Contacts](#)); and
  - j. Inform the SSCM of availability and accessibility during the initial contact for consultation and guidance.
4. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence (see policy [19.6 Case Management: Supervisor Staffing](#)).

Upon being assigned an Intake report, the SSCM will:

1. Thoroughly read the intake assessment and analyze the following information:
  - a. Allegations of maltreatment;
  - b. Present danger situations or impending danger safety threats indicated;
  - c. Assessments or other information received during the intake process;
  - d. Results of safety screenings;  
**NOTE:** If all safety Screenings were not completed during the Intake Assessment, conduct required screenings (see policy [19.9 Case Management: Safety Screenings](#)).
  - e. If intimate partner violence/domestic violence (IPV/DV) is suspected or alleged, refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance;
  - f. If substance abuse is suspected or alleged, also see policy [19.26 Investigations: Case Management Involving Caregiver Substance Use or Abuse](#);
  - g. If the report involves an infant identified by medical personnel as being affected by prenatal exposure to illegal substances or a Fetal Alcohol Spectrum Disorder (FASD) refer to policy [19.27 Case Management: Plan of Safe Care for Infants Prenatally Exposed to Substances or a Fetal Alcohol Spectrum Disorder \[FASD\]](#).
2. Contact the reporter to fill in any gaps and/or to obtain any additional relevant, clarifying information related to the reported maltreatment allegations, if the reporter is known. The reporter is not considered a collateral contact. Confidentiality must be maintained.
3. Analyze DFCS history (see policy [19.10 Case Management: Analyzing DFCS History](#))

and weigh the significance of the history related to current intake assessment information and any implications to the current family situation and child safety.

4. When a new report is received on an active case carefully review the safety plan, case plan or action plan(s) to be able to have an in-depth discussion with the family about what task(s) were supposed to occur and what tasks did and/or did not occur. Take a copy of the plan(s) to the initial visit with the family.
5. Based on the information available determine the developmental stage(s) of the family. What developmental issues might the family be facing based upon their developmental stage? What specific task(s) is the family having difficulty with (see policy [19.2 Case Management: Family Developmental Stages & Tasks](#)).
6. Develop a plan for the initial visit:
  - a. Determine the need for any joint initial response with law enforcement and coordinate a joint initial safety assessment;  
**NOTE:** Joint law enforcement responses should be completed for serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, serious injury, child death, near fatality, and chronic severe neglect when possible, or as directed in the local county Child Abuse and Neglect Protocol.
  - b. Determine whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or neglect;  
**NOTE:** When physical/sexual abuse is alleged, make every effort possible to initially engage a child at a location away from the caregiver(s), giving the child an opportunity to discuss the alleged abuse in a neutral setting.
  - c. Determine the interviewing technique and other information gathering approaches, including persons to be interviewed, order and location of interviews, and when interviews will occur;
  - d. Prepare a list of questions to ensure all issues/concerns are addressed;
  - e. Determine the need to contact another county/state to conduct the initial interview or observation of a child or adult within the response time when the child or adult is located in another county/state; and
  - f. Identify potential child safety and family service needs.
7. Familiarize with the procedures of the correctional facility around contact and visitation, if the interview will occur in a correctional facility:
  - a. Are liaisons provided by the correctional facility to work with child welfare professionals;
  - b. How far in advance does the visit need to be scheduled;
  - c. What are the visiting hours of the facility;
  - d. Does the facility have a dress code when visiting;
  - e. What types of contact are allowed (e.g., physical touch, telephone, face-to-face).
8. Determine the need for interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals. If required, Limited English Proficiency and Sensory Impaired Customer Services (LEP/SI) is used to assist DFCS in providing meaningful language access to customers. Contact LEP/SI via [lepsi@dhs.ga.gov](mailto:lepsi@dhs.ga.gov). The use of family members as interpreters is not appropriate.
9. Identify possible collaterals (see policy [19.16 Case Management: Collaterals Contacts](#)).
10. Participate in a staffing with the SSS to present and discuss strategies for initiating the assessment.
11. Gather forms and other material required for the initial safety assessment, including but

not limited to:

- a. Authorization for Release of Information;
- b. Brochures:
  - i. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (English/Spanish); and
  - ii. Safe Sleep for Your Baby.
- c. Caregiver Request for Case Record Information;
- d. Health Information and Portability and Accountability (HIPPA) Privacy Practices; and
- e. Suggestions for Parents/Tip Sheet.

12. Document the analysis of DFCS history in Georgia SHINES Contact/Summaries as early as possible, but no later than within 72 hours of the occurrence.

## PRACTICE GUIDANCE

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

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

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

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

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

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

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

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

## **FORMS AND TOOLS**

[Authorization for Release of Information](#)

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

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

[Caregiver Request for Case Record Information](#)

[Health Information and Portability and Accountability \(HIPPA\) Privacy Practices](#)

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

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