

# EDUCATION & TRAINING *Services Section*

GEORGIA DEPARTMENT OF HUMAN RESOURCES  
DIVISION OF FAMILY & CHILDREN SERVICES



## **Strengthening Families to Mitigate Safety and Risk Factors**

Electronic Participant Guide  
February 2009



# Module One: WELCOME AND OVERVIEW

## Learning Objectives:

The Case Manager will be able to:

### Section A: Welcome

- Identify positive attributes of DFCS in the community
- Navigate the Electronic Participant Guide including hyperlinks to The Culhane Family Case File
- Define the CFSR and the importance of improving case practice for families and children

### Section B: Course Overview

- Describe the twenty day CPS track sequence to be completed prior to Certification
- Define what steps can be taken to become a CPS “expert”
- Differentiate what is learned in Online modules, Field Practice activities, and Classroom instruction
- Explain why there are some questions best answered in the county instead of in the classroom
- Define the purpose and goals of the CPS classroom course



# CFSR

## What is the CFSR?

- 1994 Amendment to the Social Security Act
- Adoptions and Safe Family Act
- All States were reviewed between FY 2001 and 2004
- 2001 Georgia Completed its first CFSR Review.
- Georgia's Program Improvement Plan (PIP) was completed in 2004.
- Georgia was fined \$4.2 million for not meeting all of the PIP goals.
- May 2007 Georgia's second CFSR was completed .... The new PIP has been submitted

## Purpose of the CFSR

The goal of the reviews is to help states to improve child welfare services and achieve outcomes for families and children in the areas of safety, permanency and wellbeing.

## Are There Consequences?

- \$4.2 million in penalties from the 2001 PIP
- Families continue to be at risk
- Decrease in services available due to decreased funding
- Loss of frontline positions due to decreased funding
- Elevated caseloads
- Children's permanency continues to be delayed

# Georgia CFSR Outcomes 2007

## Median & Range for the Percentage of Cases Rated as Having Substantially Achieved a CFSR Outcome

Outcome	Median Percentage of Cases Rated as Substantially Achieved Across States 2001-2004	Range of Percentage of Cases Rated as Substantially Achieved Across States 2001-2004	Georgia Percentage of Cases – Substantially Achieved – 2001	Georgia PRELIMINARY Percentage of Cases – Substantially Achieved - 2007	
Safety Outcome 1: Children are first and foremost, protected from abuse and neglect	858	62.0-100	90	72	↓
Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate	808	48.0-93.5	77.5	67	↓
Permanency Outcome 1: Children have permanency and stability in their living situations	509	7.1-92.0	71.42	38	↓
Permanency Outcome 2: The continuity of family relationships and connections is preserved	773	37.9-94.3	75	44	↓
Well-Being Outcome 1: Families have enhanced capacity to provide for children's needs	600	18.0-86.0	72	35	↓
Well-Being Outcome 2: Children received services to meet their educational needs	830	64.7-100	75.7	78	↑
Well-Being Outcome 3: Children receive services to meet their physical and mental health needs	699	51.2-92.1	63.2	68	↑

# **EDUCATION AND TRAINING SERVICES SECTION DIVISION OF FAMILY AND CHILDREN SERVICES TRAINING PROGRAMS CLASSROOM STANDARDS, EXPECTATIONS AND ATTENDANCE POLICY**

As professional employees with the Department of Human Resources (DHR), Division of Family and Children Services (DFCS), all participants in any DFCS training programs must abide by the DHR Standards of Conduct, which set forth acceptable and unacceptable conduct toward peers, supervisors, managers, and clients. Trainees are encouraged to review the DHR Standards of Conduct found at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Policies/1201.pdf>

The standards and expectations for the professional behavior of trainees in the classroom are as follows:

When Division employees are in training, their conduct must reflect their commitment and service to DHR and DFCS. Time spent in the classroom and in field practice is a normal workday.

Trainers serve in a supervisory role in the classroom. Responding to the trainer in accordance with the DHR Standards of Conduct is standard operating procedure.

Trainees are expected to complete written tests that cover material presented in class.

Trainees are expected to behave in a respectful manner. Examples of behaviors that are unacceptable and will not be tolerated include the following:

- inattentiveness during classroom time as exhibited by holding side conversations, conducting personal business, reading outside material or sleeping
- personal attacks, use of offensive language, argumentativeness, or excessive talking
- use of the Internet for reasons other than classroom activity
- eating food while in the computer lab
- use of cell phones, radios or beepers during class. All such devices must be turned off during class and replies to calls must be made during official breaks.

Engaging in these behaviors or in any behavior deemed disruptive or inappropriate by the trainer may result in an immediate conference with the trainer, notification to the trainee's immediate supervisor, administrator or director, or expulsion from class. The trainer will confer with the appropriate authority prior to expelling a trainee from class.

Trainees are expected to dress in accordance with Personal Appearance During Work Hours per section IV of the DHR Employee Handbook as follows:

*While the Department does not specify a Department-wide dress code, employees are expected to be clean and neat in appearance during work hours. As representatives of the State, employees should present a business-like professional image. Dress code policies may be established by DHR organizational units. In certain types of jobs, employees may be required to wear uniforms.*

*DHR organizations units may designate specific days as “casual days”. Dress on casual days may be less formal, but should always be clean, neat and suitable for the work place.*

*If lettered or illustrated clothing is worn, it should not promote a particular political, moral, religious, personal or other opinion. Clothing which is obscene, vulgar, offensive or inflammatory is prohibited. Employees may be required to change inappropriate dress or instructed not to wear the same or similar clothing in the future.*

*Employees who do not comply with established dress code standards may be subject to disciplinary action, up to and including separation.*

Trainees are encouraged to review the DHR Employees Handbook at:

<http://www2.state.ga.us/departments/dhr/ohrmd/Publications/index.html>

In addition to adhering to the Classroom Standards and Expectations, the following attendance policies apply to all staff while engaged in any training:

Trainees are expected to arrive on time and adhere to the time allotted for breaks and lunch. If an emergency arises that warrants arriving late or leaving early, the trainee must address the emergency with the trainer in concert with approval from the supervisor.

Annual leave should not be requested and cannot be approved during training. Any exceptions must be discussed with the appropriate authority prior to training. The only acceptable excuses for being absent from classroom training are the following:

Sick leave (e.g. emergency illness or medical appointments for acute illnesses). In the case of sick leave, trainees must notify their immediate supervisor in the county office as soon as possible to report their absence from classroom training.

**OR**

Court leave (e.g. subpoena to court, unexcused jury duty). In the case of court leave, trainees must obtain prior approval from their immediate supervisor in the county office as soon as possible in order to be absent from classroom training.

The county supervisor or administrator is the only employee who can approve a trainee's leave request. For Centralized Hire trainees, the administrative supervisor is the only employee authorized to approve a trainee's leave request. The trainer/facilitator will NOT approve any leave.

The county supervisor must notify the appropriate authority as soon as possible that a trainee will be absent from class due to sick or court leave. The appropriate authority will notify the trainer of the absence.

Trainees absent from class due to approved sick or court leave may be required to make up all or part of the course depending on the length of the absence and the length of the course. This may affect time frames for their completion of training. The appropriate authority will determine with the trainer whether a trainee will continue a course, after consultation with the trainee's supervisor.

For the purposes of determining expulsion from a class, notification regarding leave or continuation in a class, the appropriate contact via an e-mail is:

- For attendance at any Office of Financial Independence training e-mail: [OFItraining@dhr.state.ga.us](mailto:OFItraining@dhr.state.ga.us)
- For attendance at any Social Services training e-mail: [SStraining@dhr.state.ga.us](mailto:SStraining@dhr.state.ga.us)

I \_\_\_\_\_ have read and understand the Classroom Standards, Expectations and Attendance Policy for DFCS training programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Department of Family and Children Services Training Trainer Feedback Form

Course Name:  
Trainer's Name:  
Trainer's Name:  
Participant's Name:

Dates of Training:  
Training Location:  
County:  
Supervisor's Name:

**Mark the box that indicates to what extent you agree with the statement.  
Please respond to all items.**

The Trainee:	Agree Strongly	Agree	Disagree	Disagree Strongly	Comments
Arrived to class on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brought required manual/materials to class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained focus and attention in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was courteous and non-disruptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participated in group/class discussions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Worked productively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Completed classroom activities and assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated openness to new information/ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrated basic ability to use and correctly complete forms for this subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### COMMENTS (Strengths/Areas for Improvement):

**Course Overview of:  
Strengthening Families to Mitigate Safety and Risk Factors**

Day One

Welcome and Overview  
Family-Centered Case Management Practice Model  
Assessing Safety, Assessing Risk

Day Two

Assessing Safety, Assessing Risk (continued)  
What Are You Doing Here?

**Course Overview of:  
Strengthening Families to Mitigate Safety and Risk  
Factors**

Day Three

The Intake Stage  
The Assessment Stage  
DVD Case Scenario-Culhane family

Day Four

The Assessment Stage (continued)

Day Five

The Assessment Stage (continued)

**Course Overview of:  
Strengthening Families to Mitigate Safety and Risk Factors**

Day Six

The FPS Stage

Day Seven

The FPS Stage (continued)  
Review for Final Course Assessment

Day Eight

Georgia SHINES Application

**Course Overview of:  
Strengthening Families to Mitigate Safety and Risk Factors**

Day Nine

Georgia SHINES Application (continued)

Day Ten

Georgia SHINES Application (continued)  
Trainer/Course Evaluation  
Final Course Assessment



**Purpose and Goals of the course:**  
**Strengthening Families to Mitigate Safety and Risk Factors**

**Purpose: Teach Case Managers...**

- The knowledge and skills to assess and provide services to families in the Intake, Assessment, and Family Preservation stages
- Family-Centered Case Management Practice principles to support and motivate families toward change
- DHR policy and procedures that guide practice to support the transfer of knowledge from the classroom to the field
- Case management responsibilities adherent to the Child and Family Service Review

**Goals**

By the end of this training, given a case scenario, Case Managers will be able to:

- Differentiate Case Manager roles in Intake, Assessment, and Family Preservation Services
- Use critical thinking and assessment skills to identify safety and risk factors in children
- Use family strengths to mitigate areas of concern and motivate change
- Navigate the Agency data system, Georgia SHINES

## Module Two: FAMILY-CENTERED, CASE MANAGEMENT PRACTICE MODEL

### Learning Objectives:

The Case Manager will be able to:

#### Section A: The “Calling”

- Identify the two primary responsibilities of ALL DFCS Case Managers
- Describe why some Case Managers are cross-trained
- Discuss ways to approach families uniquely and creatively
- Describe the “calling” of DFCS Case Managers

#### Section B: Policy and the FCCMPM

- Describe the Family-Centered, Case Management Practice Model
- Advocate for changes in policy that do not appear to be in the best interest of families
- Locate policy sections infrequently used in practice

#### Section C: Critical Thinking

- Define critical thinking and describe how it is utilized in CPS case management
- Assess own ability to critically think and plan steps for improvement



# GEORGIA DEPARTMENT OF HUMAN RESOURCES (FC 124)

INFORMATION WHICH MAY BE MAINTAINED IN CASE RECORDS  
BY COUNTY DEPARTMENTS OF FAMILY AND CHILDREN SERVICES

## A. Information the County Department Can Release

- 1) Contact sheets summarizing information observed or given orally by Parents and others to the Services Caseworker, except as prohibited in Section B below.
- 2) Family Plan and Social Study
- 3) Case Review Forms/Summaries
- 4) Other Summary Reports prepared by County Department staff
- 5) Court Petitions and Orders
- 6) Service Plans, Goals and Objective, and Service Agreements separate from information in 3 and 4 above
- 7) Pictures of abuse and neglect (pictures may be viewed by the client and/or his attorney at reasonable times arranged with the service worker)

Copies will be released at no charge.

## B. Information the County Department Cannot Release

- 1) Any initial or corroborating reports of child abuse and neglect or information in the case recording quoted from third parties constituting a direct report of child abuse or neglect.
- 2) Medical records must be requested from the hospital, doctor, psychologist, or other agency.
- 3) School records must be requested from the Local Education Agency.
- 4) Information from other public and private agencies, including other DHR agencies, must be requested from the appropriate agencies.
- 5) Information from privileged sources must be requested from the psychiatrist, psychologist, minister, or other person.
- 6) Without written authorization from the person involved, information about a spouse or other adult family member may not be released.

Upon request, the County Department will release to the parent/guardian a written list of the primary sources of information for Items B.2 – B.5 and a general statement about the type of report available from these sources.

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CASE Manager \_\_\_\_\_

DATE: \_\_\_\_\_

## Module Three: ASSESSING SAFETY, ASSESSING RISK

### LEARNING OBJECTIVES:

The Case Manager will be able to:



### Section A: Steps of an Assessment

- Differentiate safety decisions from risk decisions

### Section B: Assessing Safety

- Identify that although safety/risk decisions are made quickly, they are based on thorough information
- Clarify CPS policy for making family contacts
- Identify multiple sources of collateral information including the acquisition of medical and mental health records
- List and differentiate the three safety decisions made in an Assessment
- Explain family dynamics that make children unsafe and how family strengths and resources can be used to mitigate
- Distinguish families who may appear uncooperative from others that are not ready to change
- Given a case scenario, practice seeking information to identify safety factors

### Section C: Assessing Risk

- Differentiate incident-based and risk-based decisions
- Define the risk assessment process used in Georgia
- Define the Likert Scale of Concern used in the CGRA process
- Apply knowledge of safety and risk factors to identify ways to keep children safe
- Identify what information is needed to make risk decisions in each of the seven areas of concern
- Rate an acceptable level of concern based on limited information provided in a case vignette



## SO2: Children are safely maintained in their own home. Risk Assessment and Safety Management...

### How can I influence this outcome as a new Case Manager?

- Utilize your risk assessment tool to truly assess risk in a family not as a check off task link or to justify your disposition.
- Thoroughly complete each Justification of finding.
- Utilize each contact with a family or collateral to assess the level of risk concern throughout the life of the case. Risk assessment does not stop at the conclusion of the Assessment
- Ensure each child victim and adult household member is assessed related to their vulnerabilities and/or propensity to influence the identified risk.
- When having difficulty making ***purposeful*** contacts, seek supervisory assistance.
- Utilize OFI staff for assessment and other household information.
- Document meetings at regular intervals with the family to discuss progress on goals/areas they have concerns about as well as areas which the Agency has concerns about.
- Include relatives and caregivers in the assessment for risk and safety.



## **WBO3: Children require adequate services to meet his/her physical and mental health needs...**

### **How can I influence this outcome as a new Case Manager?**

- Clearly document any physical health needs of all household members.
- Document the EPSDT appointments along with immunizations for children.
- For families receiving FPS, document how medical or physical health may influence risk to the child and family and any services provided to meet those needs.
- Regularly document the effects medicines may be having on a child and adults and assess the value for the child. Seek medical consultation as necessary.



## **WBO3: Children require adequate services to meet his/her physical and mental health needs...**

### **How can I influence this outcome as a new Case Manager?**

- Document collateral contacts with treatment providers on a regular basis inclusive of progress made, frequency of treatment and appropriateness of treatment.
- If the child has a mental health diagnosis, but is not in treatment clearly document why (professional statement indicating no treatment is necessary, barriers to treatment, etc.)
- If a child has a diagnosis on a school IEP for behavioral or mental health, clearly document how those needs are being met.
- For CPS cases, clearly address how mental health affects the identified risk and any services being utilized to assist the family.



## **PO2: The continuity of family relations and connections is preserved for children...**

### **How can I influence this outcome as a new Case Manager?**

- Clearly document relative searches.
- Document responses from relatives indicating their willingness to be a resource for a child.
- Document the services offered to relatives in support of placement.
- Complete full home evaluations on relative placements.



## Activity Instructions: A Question of Safety

### Directions:

1. Form groups per the Trainer instruction. The assignments (listed below) include a few key points of the family dynamics identified in an Intake Report.
2. In your group, develop a list of 10 questions you would want answered as the **Assessor** (not the Intake Case Manager) to determine whether safety factors (or indicators) exist on the case assigned. For example, Group 1: Will the Mother take the child for a physical exam this evening?
3. IN THIS ACTIVITY ONLY focus on immediate **safety concerns** (not long-term risk indicators.)
4. Assign a group spokesperson who has not previously led.
5. When instructed, the spokesperson will share with the class only the UNIQUE questions your group thought of to ask. This will prevent the presentations from becoming repetitious. Listen carefully as other groups present.

### Group Assignments:

#### Group 1: Sexual Abuse

- 5 year old female
- Parents separated with weekend visits scheduled between the parents
- Mother called in allegations that child has a vaginal discharge evident in her panties. She doesn't want to suspect the Father is "messing with her" but the child did visit him recently

#### Group 2: Physical Abuse

- 12 year old male
- Living with single Father
- School alleges child has belt marks on his upper back. There are also concerns about the child's attendance and misbehavior

## Activity Instructions: A Question of Safety (continued)



### Group 3: Neglect (Supervision)

- 5 children living with the Maternal Grandmother (Ages 3, 4, 5, 6, 7)
- School reports 7-year-old comes to school looking “scruffy” and never has money for field trips
- MGM works overnight at a hotel
- School Social Worker has visited the home and found the family living in overcrowded conditions
- MGM has asked the Principal several times for referrals to clothing/food banks

### Group 4: Neglect (Substance Abuse)

- 3 female children: (ages 2, 6, and 8)
- Reporter: Anonymous
- Mother is known in the neighborhood to go to the “drug house” when she has money to buy a supply of drugs for her use
- Children often left home alone for hours in the evening

### Group 5: Neglect (Family Violence)

- 2 male teens: (ages 14 and 16)
- Mother’s boyfriend lives in the home
- Reporter: Grocery store owner on street alleges children frequently begging in his parking lot for food. Another neighbor advised caller there is a lot of screaming at the house at night between the adults and the Mother has been seen recently with a black eye, numerous scratches, and abrasions around her neck

# Screenshots from Georgia SHINES of sections of the Concept-Guided Risk Assessment Tool

The screenshot displays a Windows Internet Explorer browser window titled "Risk Assessment - Windows Internet Explorer". The address bar shows the URL: <https://uatshines.dhr.state.ga.us:445/workload/EventSearch/displayEventList#>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar contains various utility icons like Smiley Central, Screensavers, Cursor Maria, MyFunCards, and a search box. The main content area is titled "Risk Assessment" and shows the following details:

- Stage Name: Ray, Rose
- Case ID: 5606352

Legend: \* required field, ‡ conditionally required field

Links: [Expand All](#) [Collapse All](#)

**Purpose**

- \* Purpose: Investigation (dropdown menu)
- \* Response Date: [ ] (calendar icon)
- \* Response Time: [ ] AM (dropdown menu)
- \* Was Response Time Met?  Yes  No

**Summary**

- Child Vulnerability
- Caregiver Capability
- Quality of Care
- Maltreatment Pattern
- Home Environment
- Social Environment
- Response to Intervention

The Windows taskbar at the bottom shows the Start button, several open applications (Novell GroupWise, Microsoft Office), and the system tray with the time 10:46 AM and 100% zoom level.

Risk Assessment - Windows Internet Explorer

https://uatshines.dhr.state.ga.us:445/workload/EventSearch/displayEventList

File Edit View Favorites Tools Help

mywebsearch Search Smiley Central Screensavers Cursor Mania MyFunCards

Y! Web Search Bookmarks Settings Mail Address Book Calendar Notepad

Risk Assessment

**Child Vulnerability**

**Y N U Child Fragility/Protection**

[CV.FP1](#) - Is any child four years old or younger or otherwise unable to protect him/herself?

[CV.FP2](#) - Is any child physically impaired, mentally impaired, or in need of special care?

[CV.FP3](#) - Is any caregiver unwilling/unable to protect the children?

[CV.FP4](#) - Does any alleged perpetrator, child or adult, have access to any children in the family?

Child Fragility/Protection Scale of Concern:

**Y N U Child Behavior**

[CV.CB1](#) - Is the behavior of any child hostile or aggressive or unusually disturbed, fussy or irritable?

[CV.CB2](#) - Is any child's behavior seen as provoking?

Child Behavior Scale of Concern:

**Child Vulnerability Overall Scale of Concern**

Child Vulnerability Overall Scale of Concern:

Justification Of Findings:

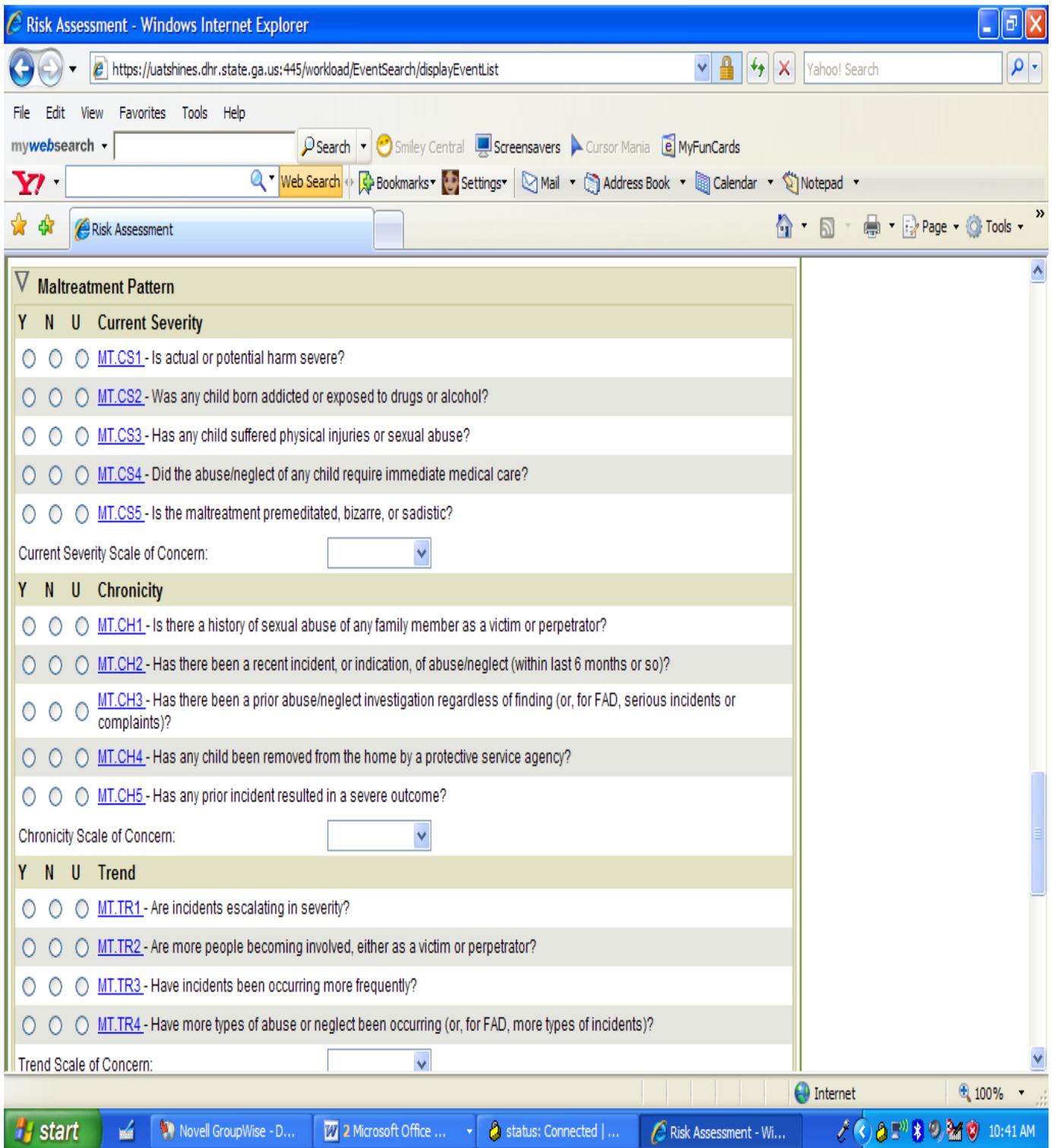
[Back to Top](#) **Save**

**Caregiver Capability**

**Quality of Care**

Done Internet 100%

start Novell GroupWi... EPG CPS Febru... CPS3 February0... status: Connect... Risk Assessmen... 10:36 AM



Risk Assessment - Windows Internet Explorer

https://uatshines.dhr.state.ga.us:445/workload/EventSearch/displayEventList

File Edit View Favorites Tools Help

mywebsearch Search Smiley Central Screensavers Cursor Mania MyFunCards

Web Search Bookmarks Settings Mail Address Book Calendar Notepad

Risk Assessment

**Response to Intervention**

**Y N U Attitude**

[RIAT1](#) - Does any caregiver deny, seem unaware of, or take the allegations less seriously than DFCS?

[RIAT2](#) - Is a caregiver unmotivated/unrealistic about change?

Attitude Scale of Concern:

**Y N U Deception**

[RIDC1](#) - Is any caregiver hostile toward or refusing to cooperate with DFCS?

[RIDC2](#) - Does any caregiver offer implausible explanations, attempt to deliberately mislead DFCS or refuse to disclose important information?

Deception Scale of Concern:

**Response to Intervention Overall Scale of Concern**

Response to Intervention Overall Scale of Concern:

Justification Of Findings:

None  
Very Little  
Somewhat  
Considerable  
Extreme

[Back to Top](#) **Save**

**Prior History Report/Screening**

**Investigation Actions**

**Assessment of Family Strengths**

Internet 100%

start Novell GroupWise - D... 2 Microsoft Office ... status: Connected | ... Risk Assessment - Wi... 10:44 AM

## Concept-Guided Risk Assessment Definitions

### CHILD VULNERABILITY

Question	Definition (March 2007)
<b>Child Fragility/Protection</b>	
Is any child four years old or younger or otherwise unable to protect him/herself?	Given the child's age, mental and physical conditions, consider the likelihood that any child will be able to avoid an abusive/neglectful situation. Examples include, but are not limited to, indications that a child would be unable to recognize and flee a dangerous situation or seek outside protective resources such as telling a relative, teacher, etc.
Is any child physically impaired, mentally impaired, or in need of special care?	Child requires more than normal age-appropriate care for any reason, such as a physical disability, developmental delay or mental retardation. Examples include, but are not limited to, special medical needs, physical/emotional difficulties, attention deficit/hyperactivity, learning disability, combative or self-destructive behaviors, etc.
Is any caregiver unwilling/unable to protect the children?	Evaluate all caregivers regarding their ability and willingness to protect. Consider indications of any physical, mental, or emotional condition which might hinder the caregiver's ability to protect even if the caregiver is willing to do so. Also consider a caregiver's ability to protect even if the caregiver is willing to do so. Also consider a caregiver's unwillingness to protect by virtue of lack of caring for the child or being afraid of the perpetrator. Indications of an inability or unwillingness to protect might be repeated missed medical appointments, repeated failure to provide a protective environment, or continuing to allow access to the child those who pose a threat to the child's safety.
Does any alleged perpetrator, child or adult, have access to any children in the family?	Consider the likelihood that any alleged perpetrator will come into contact with the child in a caregiver capacity. Consider whether absences such as incarceration, hospitalizations, or other separations will deny the AP access to the child in the foreseeable future.
<b>Child Behavior</b>	
Is the behavior of any child hostile or aggressive or unusually disturbed, fussy or irritable?	The child's behavior is hostile, aggressive, disturbed, fussy or irritable given ordinary circumstances. Examples include, but are not limited to, children who lash out at peers, cruelty to animals, fire setting, bed wetting beyond what is developmentally appropriate and excessively angry/ill-tempered or fussy (e.g., inconsolable) responses to routine situations.
Is any child's behavior seen as provoking?	Consider how the child's behavior is perceived by the caregivers and how that perception contributes to the caregiver's treatment of the child. Examples include, but are not limited to, a caregiver who is provoked by even normal child's behavior such as an infant's crying or who makes inappropriate sexual advances while blaming the child.

## CAREGIVER CAPABILITY

Question	Definition
<b>Knowledge/Skills</b>	
Are any caregivers significantly lacking knowledge of child development?	Caregivers who do not have the knowledge to recognize when a child's behavior is age appropriate or understand the major milestones in a child's development. They see changes/developments as a challenge to their authority rather than a normal process. For instance, believing a child is crying to deliberately aggravate the parent or to challenge their authority instead of understanding that a baby cries because it wants something and has no other way to communicate. Another indication would be a caregiver assuming that a child has an understanding of language beyond the child's age.
Do any caregivers have unrealistic expectations or frequently fail to understand the needs of any child, considering the child's behavior and development?	Caregivers fail to either acknowledge any child's basic needs for food, clothing, or shelter or make assumptions that are not in accord with what the child is developmentally capable of doing/feeling. Examples include, but are not limited to, leaving children alone or assigning child-care to children who aren't capable, assigning motivations to children's behaviors that aren't developmentally appropriate, expecting young child to prepare own meals, or expecting a child with mental retardation to comply with multi-step instructions, etc.
Does any caregiver significantly lack the parenting skills needed to meet any child's behavioral and developmental needs?	There are indications that caregivers have a poor ability to manage children's behavior and/or meet children's needs, may not recognize dangers, may demonstrate poor judgment, or may lack nurturing. Caretakers may have good intentions but simply don't know how to apply these intentions in a practical manner.
<b>Control</b>	
Does any caregiver lack impulse control?	Caregivers act without thinking, respond impulsively to emotions, are unable to see logical consequences for spontaneous behavior, etc.
Is the discipline used disproportionately harsh compared to the misbehavior?	Overly severe discipline or giving punishment that does not relate to the act or punishment that the child can't possibly understand. Some examples include, spanking for little or no reason, excessive physical discipline, forcing the child to perform extraneous activities for extended periods, or force-feeding a child for spilling food.

Functioning	
Is any caregiver unable to cope appropriately with stress?	This question is intended to measure how well the caregivers deal with whatever amount of stress they are experiencing not the <b>amount</b> of stress. Some indications of not dealing with stress include sleeplessness, indecisiveness, abuse of drug/alcohol, inability to concentrate, depression, confusion, isolation, or lashing out physically/verbally toward others, etc.
Does any caregiver have a history of mental illness such as depression, attempted suicide, schizophrenia, bipolar disorder, etc. (diagnosed or indicated)?	This question asks for either behavioral indicators that a caregiver is suffering from a mental illness, or a history of diagnosed mental illness.
Does any caregiver have a significant impairment in mental capacity such as retardation, brain damage, etc. (diagnosed or indicated)?	This question asks for behavioral indicators that a caregiver is suffering from impairment in mental capacity or a diagnosis of mental impairment.
Does any caregiver have a history of drug or alcohol abuse?	Any history of drug/alcohol abuse is significant. This history can be based on behavioral indicators as well as client-admitted history or that confirmed by others.
Were any caregivers abused or neglected as children?	This question relates to the caregiver's perception that he/she was abused or neglected as a child or the abuse or neglect may be confirmed by prior CPS records or other reliable sources may confirm the abuse or neglect.

## QUALITY OF CARE

Question	Definition
<b>Emotional Care</b>	
Does any caregiver lack empathy for or show lack of attachment to any child?	Lack of empathy is when the caregiver is unable to understand or participate in the child's feelings or ideas. Lack of attachment is when the caregiver is emotionally distant from the child. Some indicators are how the caregiver describes their feelings about the child or how the caregiver responds/provides attention to the child or even notices the child (e.g. appears disinterested and/or disconnected).
Is any caregiver so self-centered or needy that his/her own needs are inappropriately placed above the needs of any child?	There are indications that the caregiver thinks only of him/herself and puts own needs above the child's needs. Some examples include leaving children alone to be with friends, spending money for him/herself while children go without, or the need to please others is greater than the need to protect children.
Is any child unwanted, disliked, or seen as a burden by any caregiver?	This question asks about indications that any child is unwanted or unliked by any caregiver. This may apply to all children (as in not wanting to be in a parenting position at all) or may be centered around one specific child (as in a child that reminds the caregiver of a former relationship or incident).
Is any child scapegoated, rejected, humiliated or treated differently by any caregiver?	This question refers to indications of deliberate and intentional mistreatment of one or more children. This may be in the form of emotional insensitivity or physical disparity but serves the purpose of singling out the child in such a way that could result in significant harm. Examples include, but are not limited to, forcing a child to do activities separate from others, humiliating acts in front of others, or verbally berating the child in the presence of others. This may or may not rise to the level of meeting the statutory definition of emotional abuse.
Has any child experienced a significant separation from the primary caregiver?	This question relates to whether any child has been sent to live with others or been unable to live with their family for any reason. Consider the child's age, duration of out-of-home stays, and number of out-of-home caregivers in assessing the importance of this separation in the development of the child. Examples include but are not limited to, a newborn hospitalized for an extended period, children living elsewhere during caregiver incarceration/treatment, and the caregiver chronically living elsewhere.
<b>Physical Care</b>	
Has any child been inadequately supervised or left with an inappropriate caregiver?	Indications of inadequate supervision may be seen when placing a child in a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities. An inappropriate caregiver is any person who lacks the judgment necessary to keep the child safe from harm. This may or may not rise to the level of meeting the statutory definition of neglectful supervision.
Has any child been denied essential medical treatment?	Failure to seek medical treatment could result in death, disfigurement, bodily injury, or observable impairment to the growth, development and functioning of a child. May or may not rise to the level of meeting the statutory definition of medical neglect.
Is there an overall lack of physical care for any child?	This question addresses indications of a general disregard for the needs of the child that do not necessarily rise to the level of meeting the statutory definition of physical abuse. Some examples include non-essential medications/treatment not given, wearing clothes inappropriate for the weather, neglecting basic hygiene, etc.

## MALTREATMENT PATTERN

Question	Definition
<b>Current Severity</b>	
Is actual or potential harm severe?	In assessing the current severity, evaluate whether the actual physical harm or threat of harm resulted in, or could have resulted in, a significant physical injury. Indications of risk of harm include, but are not limited to, bruises, broken bones, burns, failure to thrive, abandonment. Indications of risk of harm include, but are not limited to, throwing/shaking a child resulting in no injury, threatening a child with a gun without shooting, leaving children under 4 years of age without adequate supervision, without incident, etc.
Was any child born addicted or exposed to drugs or alcohol?	This includes babies who were born either addicted or exposed to drugs or alcohol. May be indicated by clinical tests, self-report by mother/others, or observable condition of the child.
Has any child suffered physical injuries or sexual abuse?	In the current investigation, are there any indications that any child suffered a physical injury or sexual abuse of any kind?
Has the abuse/neglect of any child required immediate medical care?	This includes situations in which medical attention was obtained as well as those in which a reasonable person would have expected that medical attention was required.
Is the maltreatment premeditated, bizarre, or sadistic?	In assessing this item consider indications that the maltreatment was planned or that the perpetrator derived pleasure from the maltreatment. Some examples include ritualistic abuse, abuse involving animals, cigarette burns, poisoning, Munchausen's by Proxy, bondage, placing a child in a tub of scalding water, or holding a child's hand over a flame.
<b>Chronicity</b>	
Is there a history of sexual abuse of any family member as a victim or perpetrator?	This includes both civil and criminal reports of sexual abuse in Georgia and other localities regardless of the disposition or the role of the principles in those past reports.
Has there been a recent incident, or indication, of abuse/neglect (within last 6 months or so)?	This question applies to any indication of abuse or neglect within the last 6 months and is not restricted to official agency reports. It may include statements from the child, family, community, professionals or others.
Has there been a prior abuse/neglect investigation regardless of finding?	This includes any CPS involvement in Georgia or in other localities regardless of the disposition.
Has any child been removed from the home by a protective service agency?	This question applies to the court ordered removal of any child in Georgia or in other localities. This also includes serious incidents in licensed foster/adoptive homes.
Has any prior incident resulted in a severe outcome?	Indications of severe outcomes are those which require prompt medical attention; may require medical or psychiatric hospitalization; may endanger the child's life; may cause permanent functional impairment, death, or disfigurement; and, sexual intercourse or sexual acts performed with a child.
<b>Trend</b>	
Are incidents escalating in severity?	There are indications that the outcomes of each incident are increasing in seriousness, may be more out of control and are known to more people.
Are more people becoming involved, as either a victim or perpetrator?	There are indications that the persons involved in subsequent incidents differ or are increasing in number either as perpetrators or as victims.
Have incidents been occurring more frequently?	There are indications that the amount of time between incidents is decreasing whether or not officially reported.
Have more types of abuse or neglect been occurring?	There are indications that different types of abuse or neglect (physical abuse, neglectful supervision, etc.) are occurring in the family.

## HOME ENVIRONMENT

Question	Definition
<b>Stressors</b>	
Is any caregiver experiencing any recent stress about child development issues, such as, toilet training, identity development, or parent-child conflict?	Consider whether normal development milestones, stressful to any parent, are perceived as inordinately stressful to any caregiver or taken as personal affronts to their ability to parent rather than attempts by the child to work through a stage. Examples of childhood behaviors reflecting these development milestones include, but are not limited to, colicky babies, saying "No", temper-tantrums, separation/individuation, importance of peer relationships/alliances, and teenage acting-out-behaviors.
Is the family experiencing any recent significant stress?	Has this family been burdened with life circumstances that strain their ability to cope or put the child at risk of abuse or neglect? Examples of stressful events include but are not limited to, care giving of a sick/elderly family member, birth or death of a family member, unemployment, loss of support network, moving/eviction, loss of transportation and legal problems. Be alert to the issues that may be worrying the family. Take into account the cultural context of the stressor and whether the cultural context makes it harder to deal with the stress. For instance, a family that has to deal with a situation they never imagined could happen to them.
<b>Dangerous Exposure</b>	
Is the home so crowded or chaotic that responsibility for care giving is unclear, leading no one to assume responsibility for the children?	There are indications that crowded home conditions contribute to confusion or chaos with regard to who might be responsible for young children at any given point in time. For example, the number of persons in the household makes it easy to assume that someone is watching young children when, in fact, no one is.
Are conditions in and/or around the home hazardous or unsanitary?	Conditions in or around the home are unsanitary or hazardous to the point that health considerations apply. Examples would include, but are not limited to, major infestations of roaches, lice, fleas, maggot-ridden garbage, rotten food accessible to children, or feces in the home. Hazardous living conditions include, but are not limited to, broken glass, open furnaces, exposed electrical wires, buckets of water, easy access to household chemicals, and living in a drug house or condemned home.
Do behaviors of any household member expose children to danger?	Any behaviors which cause or could cause a threat to the safety of a child. Includes but is not limited to drug dealing, excessive drinking or intoxication, access to firearms, extreme rage, fights with others, domestic violence, etc.

## SOCIAL ENVIRONMENT

Question	Definition
<b>Social Climate</b>	
Is the family socially isolated or unsupported by extended family?	This question relates to indications that the family lacks tangible support from either the community at large or the extended biological family. For instance, isolated, unsupported families may lack avenues for learning positive parenting skills, reducing stress, and managing crisis.
Are the social relationships of any caregiver primarily negative?	Negative social relationships may tend to enable behaviors that negatively impact any individual within the family; for example, associations with persons who engage in criminal, anti-social, or other violent/abusive lifestyles. Negative relationships can also mean isolation from personal or social contacts as a means to control family secrets.
<b>Social Violence</b>	
Has any person in the home ever been a victim of spousal abuse?	This question asks whether any person has experienced verbal, emotional, or physical intimidation or abuse at the hands of a significant other, whether or not it was reported to law enforcement.
Has any person in the home ever been a perpetrator of spousal abuse?	This question asks whether any person has been the source of verbal, emotional or physical intimidation or abuse of a significant other, whether or not it was reported to law enforcement.
Does any person in the home promote violence?	Promotion of violence is indicated when any person in the home advocates, either through verbal or physical means, violent solutions to situations.
Does any person in the home have a history of criminal involvement?	This question asks whether any caregiver has ever been either accused or convicted of any criminal act. Examples of violent criminal acts include, but are not limited to, assault, armed robbery, family violence, rape, sexual assault, stalking, malicious destruction of property, arson, drug dealing, and child pornography. Other criminal acts which may impact the child include, but are not limited to, public intoxication, writing bad checks, collection of unpaid traffic violations, etc.
Is there an imbalance of power between adults that affects any non-perpetrator's ability to protect a child?	This question asks whether there are indications that one adult in the home is intimidated by another adult to the extent that any well-intentioned desire to protect a child may be ineffective if that protection requires standing up to the intimidator.

## RESPONSE TO INTERVENTION

Question	Definition
<b>Attitude</b>	
Does any caregiver deny or seem unaware of, or take the allegations less seriously than DFCS?	Consider the caregiver's ability to acknowledge a problem when being presented with factual indications that the abuse and neglect has resulted in substantial harm or risk of harm to any child in the home.
Is a caregiver unmotivated/unrealistic about change?	Consider the caregiver's ability and desire to make changes necessary to avoid further maltreatment to any child. Also consider indications that the plans for change are realistic and achievable in view of the caregiver's circumstances.
<b>Deception</b>	
Is any caregiver hostile toward or refusing to cooperate with DFCS?	Consider the caregiver's reaction to the CPS intervention following the initial contact. Consider their ability to participate in the investigation process when it is in the best interest of the child. Some indications of a family's failure to cooperate are refusing to meet with the worker or making genuine threats as a means to intimidate staff.
Does any caregiver offer implausible explanations, deliberately mislead DFCS or refuse to disclose important information?	Consider the caregiver's reaction to the CPS intervention following the initial contact. Consider whether the explanation is inconsistent with the injuries/incident or contrary to known facts about the case, as well as whether the family is providing evasive responses.

## 7 Concepts, 16 Categories, and 54 Risk Indicators (abbreviated list)

### CHILD VULNERABILITY

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#### Child Fragility/Protection

- Is any child four years old or younger or otherwise unable to protect him/herself?
- Is any child physically impaired, mentally impaired, or in need of special care?
- Is any caregiver unwilling or unable to protect the children?
- Does any alleged perpetrator, adult or child, have access to any children in the family?

#### Child Behavior

- Is the behavior of any child hostile or aggressive or unusually disturbed, fussy, or irritable?
- Is any child's behavior seen as provoking?

### CAREGIVER CAPABILITY

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#### Knowledge/Skills

- Are any caregivers significantly lacking knowledge of child development?
- Do any caregivers have unrealistic expectations or frequently fail to understand the needs of any child, considering the child's behavior and development?
- Does any caregiver significantly lack the parenting skills needed to meet any child's behavioral and developmental needs?

#### Control

- Does any caregiver lack impulse control?
- Is the discipline used disproportionately harsh compared to the misbehavior?

## **Functioning**

- Is any caregiver unable to cope appropriately with stress?
- Does any caregiver have a history of mental illness such as depression, attempted suicide, schizophrenia, bi-polar disorder, etc? (diagnosed or indications)
- Does any caregiver have a significant impairment in mental capacity such as retardation, brain damage, etc? (diagnosed or indications)
- Does any caregiver have a history of drug or alcohol abuse?
- Were any caregivers abused or neglected as children?

## **QUALITY OF CARE**

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### **Emotional Care**

- Does any caregiver lack empathy for or show lack of attachment to any child?
- Is any caregiver so self-centered or needy that his/her own needs are placed above the needs of any child?
- Is any child unwanted, disliked, or seen as a burden by any caregiver?
- Is any child scapegoated, rejected, humiliated, or treated differently by any caregiver?
- Has any child experienced a significant separation from the primary caregiver?

### **Physical Care**

- Has any child been inadequately supervised or left with an inappropriate caregiver?
- Has any child been denied essential medical treatment?
- Is there an overall lack of physical care for any child?

## MALTREATMENT PATTERN

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### **Current Severity**

- Is actual or potential harm severe?
- Was any child addicted or exposed to drugs or alcohol?
- Has any child suffered physical injuries or sexual abuse?
- Did the abuse/neglect of any child require immediate medical care?
- Is the maltreatment premeditated, bizarre, or sadistic?

### **Chronicity**

- Is there a history of sexual abuse of any family member as a victim or perpetrator?
- Has there been a recent incident, or indication, of abuse/neglect (within the last six months or so)?
- Has there been a prior abuse/neglect investigation regardless of finding?
- Has any child been removed from the home by a protective service agency?
- Has any prior incident resulted in a severe outcome?

### **Trend**

- Are incidents escalating in severity?
- Are more people becoming involved, (as either a victim or perpetrator)?
- Have incidents been occurring more frequently?
- Have more types of abuse or neglect been occurring?

## HOME ENVIRONMENT

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### **Stressors**

- Is any caregiver experiencing any recent stress about child development issues, such as toilet training, identity development, or parent-child conflict?
- Is the family experiencing any recent significant stress?

### **Dangerous Exposure**

- Is the home so crowded or chaotic that responsibility for care giving is unclear, leading no one to assume responsibility for the children?
- Are conditions in and/or around the home hazardous or unsanitary?
- Do behaviors of any household member expose children to dangers?

## SOCIAL ENVIRONMENT

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### **Social Climate**

- Is the family socially isolated or unsupported by extended family?
- Are the social relationships of any caregiver primarily negative?

### **Social Violence**

- Has any person in the home ever been a victim of spousal abuse?
- Has any person in the home ever been a perpetrator of spousal abuse?
- Does any person in the home promote violence?
- Does any person in the home have a history of criminal involvement?
- Is there an imbalance of power between adults that affects any non-perpetrators' ability to protect a child?

## RESPONSE TO INTERVENTION

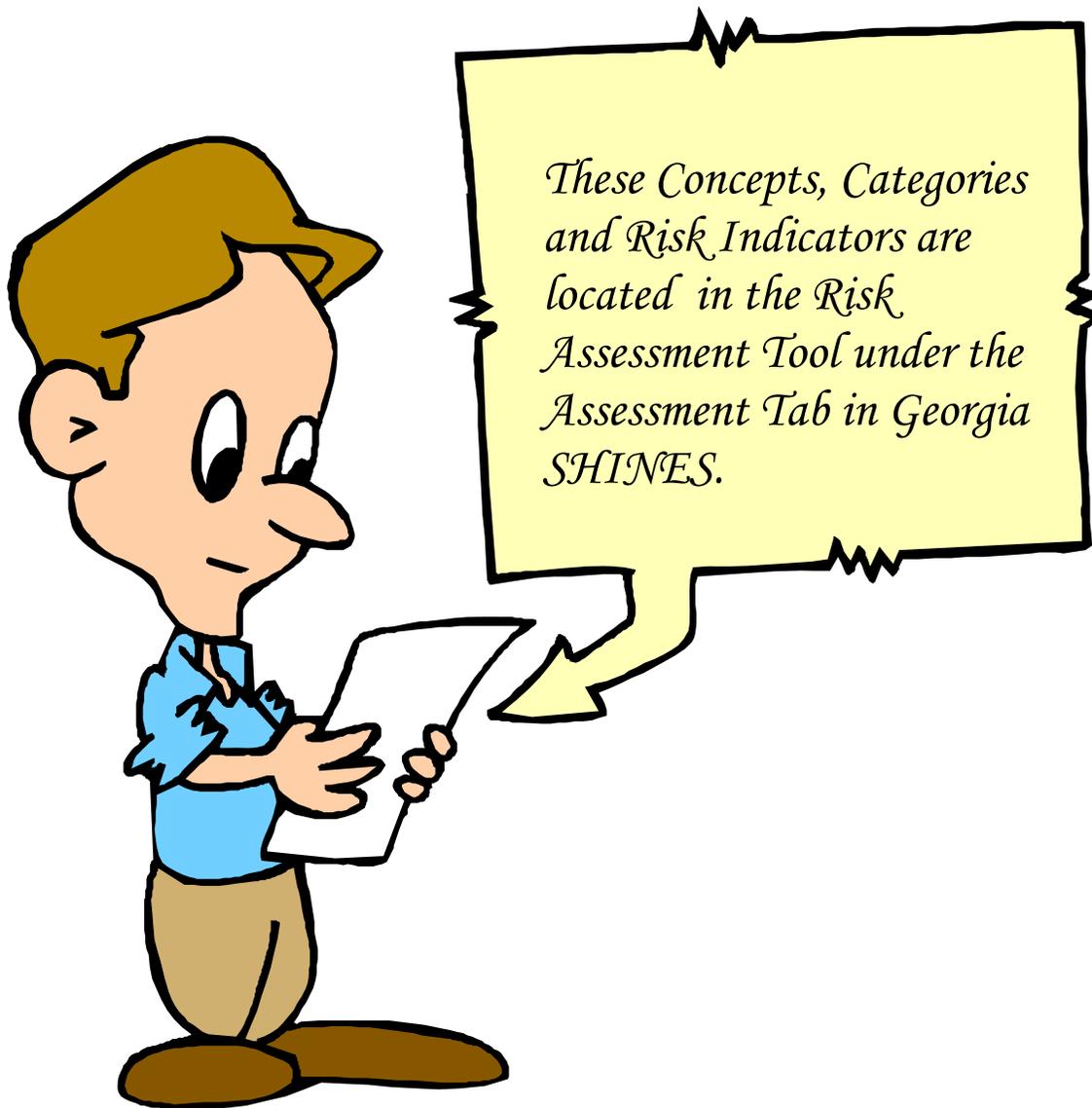
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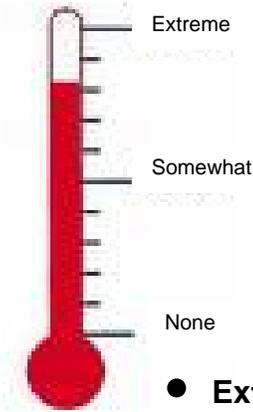
### Attitude

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than CPS?
- Is a caregiver unmotivated/unrealistic about change?

### Deception

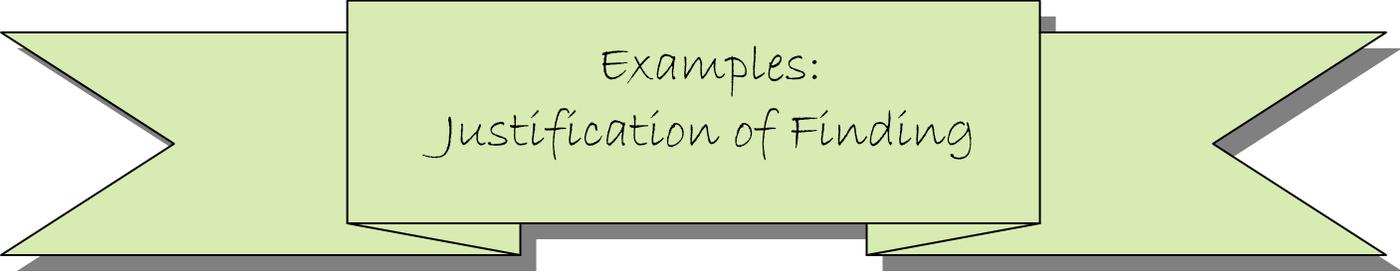
- Is any caregiver hostile toward or refusing to cooperate with CPS?
- Does any caregiver offer implausible explanations, attempt to deliberately mislead CPS, or refuse to disclose important information?





## Definitions: Scale of Concern

- **Extreme:** Based upon the conditions within the family, your interactions with the family and those who know them, you have definite reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, there **is** an imminent or future risk to child safety.
- **Considerable:** Based upon the conditions within the family, your interactions with the family and those who know them, you have significant reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, imminent or future risks to child safety **appear to be probable.**
- **Somewhat:** Based upon the conditions within the family, your interactions with the family and those who know them, you have some reasons to suspect there are circumstances that will adversely impact the well-being of the children. Without mitigating circumstances or interventions, imminent or future risks to child safety **appear to be fairly, likely.**
- **Very Little:** Based upon the conditions within the family, your interactions with the family and those who know them, you have a few reasons to suspect there are circumstances that will adversely impact the well-being of the children. Imminent or future risks to child safety **appear to be slight.**
- **None:** Based upon the conditions within the family, your interactions with the family and those who know them, you have no reason to suspect there are circumstances that will adversely impact the well-being of the children. Given age appropriate childhood activities and behaviors, there appear to be **no** imminent or future risks to child safety.



Examples:  
Justification of Finding

### *Response to Intervention*

The non-offending parent, Ms. Mary Smith, and her child, Elizabeth, both say the putative Father, Mr. Thomas Jones, has moved out of the house. However Mr. Jones' wallet and clothes were still observed in the residence. Concerns that parent is not being truthful. Intervention plans to control risk may be in question.

### *Maltreatment Pattern*

The Maternal Grandmother, Ms. Janie Smith, stated that she had never seen the Mother be disproportionately harsh. However, the Paternal Aunt, Ms. Robin Suddeth advised that there were multiple complaints of physical abuse called in by the Maternal Grandmother to DFCS before the family moved to Georgia. This no longer appears to be an isolated incident.

### *Caregiver Capabilities*

Mr. Lyle Dutton, Father, disagrees that having his son, Michael, walk up and down steps with 50 pounds of books in his backpack is excessive punishment for a six-year-old child. His failure to recognize the need to make changes in his child-rearing practices leaves Michael at risk of maltreatment.



## ACTIVITY DIRECTIONS: Likert Scale of Concern (SOC) Defined

### Part I: Individual work

**READ** the case scenario, Christopher Orr.

**REVIEW** the Definition: Quality of Care Concept, on the next page.

**REFERENCE** the Definitions of the Likert Scale of Concern (just reviewed)

**REVIEW** the 5 dictation samples that follow and determine which represents each level of concern: None, Very Little, Somewhat, Considerable, and Extreme.

### CASE SCENARIO: Christopher Orr

These are the case allegations as reported on the Intake Report:

Mr. Christopher Orr (age 33) has custody of his daughter, Rita (age 8) from a previous relationship. He is currently living with, and is engaged to be married to, another woman, Ms. Diana Hall (age 34). The reporter states that Mr. Orr enjoys “running with the boys” on the weekends and often leaves Rita alone with Ms. Hall. Ms. Hall reportedly gets angry that Mr. Orr is gone and reportedly yells at Rita often and tells her she is going to grow up to be just like her “no-good Mother” or her “never-grow-up Father.” Rita is reportedly very quiet at school and begs her teacher for help after school so she doesn’t have to go home. The reporter feels the child should be removed from the home immediately.



**Definition: Quality of Care; Activity: Likert SOC Defined**

Question	Definition
<b>Emotional Care</b>	
Does any caregiver lack empathy for or show lack of attachment to any child?	Lack of empathy is when the caregiver is unable to understand or participate in the child's feelings or ideas. Lack of attachment is when the caregiver is emotionally distant from the child. Some indicators are how the caregiver describes their feelings about the child or how the caregiver responds/provides attention to the child or even notices the child (e.g. appears disinterested and/or disconnected).
Is any caregiver so self-centered or needy that his/her own needs are inappropriately placed above the needs of any child?	There are indications that the caregiver thinks only of him/herself and puts own needs above the child's needs. Some examples include leaving children alone to be with friends, spending money for him/herself while children go without, or the need to please others is greater than the need to protect children.
Is any child unwanted, disliked, or seen as a burden by any caregiver?	This question asks about indications that any child is unwanted or unliked by any caregiver. This may apply to all children (as in not wanting to be in a parenting position at all) or may be centered around one specific child (as in a child that reminds the caregiver of a former relationship or incident).
Is any child scapegoated, rejected, humiliated or treated differently by any caregiver?	This question refers to indications of deliberate and intentional mistreatment of one or more children. This may be in the form of emotional insensitivity or physical disparity but serves the purpose of singling out the child in such a way that could result in significant harm. Examples include, but are not limited to, forcing a child to do activities separate from others, humiliating acts in front of others, or verbally berating the child in the presence of others. This may or may not rise to the level of meeting the statutory definition of emotional abuse.
Has any child experienced a significant separation from the primary caregiver?	This question relates to whether any child has been sent to live with others or been unable to live with their family for any reason. Consider the child's age, duration of out-of-home stays, and number of out-of-home caregivers in assessing the importance of this separation in the development of the child. Examples include but are not limited to, a newborn hospitalized for an extended period, children living elsewhere during caregiver incarceration/treatment, and the caregiver chronically living elsewhere.
<b>Physical Care</b>	
Has any child been inadequately supervised or left with an inappropriate caregiver?	Indications of inadequate supervision may be seen when placing a child in a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities. An inappropriate caregiver is any person who lacks the judgment necessary to keep the child safe from harm. This may or may not rise to the level of meeting the statutory definition of neglectful supervision.
Has any child been denied essential medical treatment?	Failure to seek medical treatment could result in death, disfigurement, bodily injury, or observable impairment to the growth, development and functioning of a child. May or may not rise to the level of meeting the statutory definition of medical neglect.
Is there an overall lack of physical care for any child?	This question addresses indications of a general disregard for the needs of the child that do not necessarily rise to the level of meeting the statutory definition of physical abuse. Some examples include non-essential medications/treatment not given, wearing clothes inappropriate for the weather, neglecting basic hygiene, etc.

Which level of concern in the Quality of Care Concept does each of the following dictation samples represent? These are NOT WRITTEN in the format of a Justification of Finding. Activity: Likert SOC Defined

<p style="text-align: center;"> <b>None</b>  <b>Very Little</b>  <b>Somewhat</b>  <b>Considerable</b>  <b>Extreme</b> </p>	<p>Observed relationship between Ms. Hall and Rita to be close however, Ms. Hall did mention that she hopes to have her own baby once she is married so she “gets an opportunity to parent?” When questioned further, Ms. Hall stated that Rita can be a “hand full” at times and she knows her own child would not cause her so many problems because she would be the biological mother. Ms. Hall shares Rita’s enthusiasm for participation in school plays.</p>
<p style="text-align: center;"> <b>None</b>  <b>Very Little</b>  <b>Somewhat</b>  <b>Considerable</b>  <b>Extreme</b> </p>	<p>Reporter appears to be an ex-girlfriend of the Father who is upset about his pending marriage. Observed relationship between Ms. Hall and Rita to be very close and supportive. Ms. Hall shares Rita’s enthusiasm for participation in school plays.</p>
<p style="text-align: center;"> <b>None</b>  <b>Very Little</b>  <b>Somewhat</b>  <b>Considerable</b>  <b>Extreme</b> </p>	<p>Observed relationship between Ms. Hall and Rita to be strained as if both were “faking” they get along. Ms. Hall stated that Rita can be a “hand full” at times and she knows her own child would not cause her so many problems because she would be the biological Mother. She shared that she has explained to Rita that she is welcome to stay until she turns 18 but the expectation is that she takes care of herself. The teacher confirmed that Rita stays after school to participate in a school play because Ms. Hall told her to find anything to do to keep from coming home and getting in her “hair” all afternoon.</p>

<p style="text-align: center;"> <b>None</b>  <b>Very Little</b>  <b>Somewhat</b>  <b>Considerable</b>  <b>Extreme</b> </p>	<p>Observed relationship between Ms. Hall and Rita to be close however, Ms. Hall did mention that she hopes to have her own baby once she is married so she “gets an opportunity to parent?” Ms. Hall shares Rita’s enthusiasm for participation in school plays.</p>
<p style="text-align: center;"> <b>None</b>  <b>Very Little</b>  <b>Somewhat</b>  <b>Considerable</b>  <b>Extreme</b> </p>	<p>Observed relationship between Ms. Hall and Rita to be strained and negative. Ms. Hall told Rita in my presence that she would turn out to be just like her “good-for-nothing” Mother or “never-grow-up” Father. She stated that had her parents told her the truth about not wanting her and being unable to afford the abortion back then, Rita could have grown up understanding her role in the family better. The teacher confirmed that Rita stays after school to participate in a school play because Ms. Hall told her to find anything to do to keep from coming home and getting in her “hair” all afternoon. Rita reportedly seems afraid of Ms. Hall but is unwilling to share her concerns with anyone at school. She is observed to be a very nervous and timid child.</p>

## How Do You Rate? INSTRUCTIONS

The 10 scenarios listed are only a brief glimpse of complete Assessments used for training purposes. A DFCS Case Manager would include many more details in the actual case dictation.

1. **READ** each of the scenarios and use your own judgment (and the resource tools) to rate the level of concern you believe the dictation represents. (Judgment = opinions based on facts.) Use the PC tablet pen to mark your responses.
2. **CAUTION:** Be sure that you only use the pertinent information from the scenario that fits the Scale of Concern being rated.
3. This is an **individual** activity/opportunity to practice rating Scales of Concern. Do not discuss your answers.
4. Stop when instructed.

### EXAMPLE 1: FORBES

Ms. Jackie Forbes continued to file her nails as we discussed the allegation that Mr. Forbes had sexually assaulted their daughter, Julie (age 5). While the child was crying and disclosing very emotional details of the molestation, Ms. Forbes excused herself twice to take “important” phone calls.

None      Very Little      Somewhat      Considerable      Extreme

**Category: Attitude Scale of Concern**

**Concept: Response to Intervention**

- Does any caregiver deny, seem unaware of, or take the allegations less seriously than DFCS?
- Is a caregiver unmotivated/unrealistic about change?

## EXAMPLE 2: GRANDIES

The Maternal Grandmother, Ms. Martha Grandies (68), wept as she told of her struggles raising her 14-year-old granddaughter, Debbie. The child's schedule is so demanding: she is an honor student, and she has to attend Debate Club meetings during her 6<sup>th</sup> period. On her way to school, Debbie passes a Nursing Home and offers to walk around the campus with the early risers. Ms. Grandies is most upset that last year, Debbie disclosed to a Drug Task Force official that sometimes her grandmother smokes pot for medicinal purposes. They raided Ms. Grandies home, seized her "medication" and charged her with Intent to Distribute since some of the neighbors "borrowed" when their own supply was empty. Ms. Grandies is adamant that she needs the extra income so that Debbie doesn't have to go without adequate food, clothing, and housing as Ms. Grandies did as the child of two alcoholic parents.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Functioning Scale of Concern</b>				
<b>Concept: Caregiver Capability</b>				
<ul style="list-style-type: none"><li>• Is any caregiver unable to cope appropriately with stress?</li><li>• Does any caregiver have a history of mental illness such as depression, attempted suicide, schizophrenia, bi-polar disorder, etc? (diagnosed or indications)</li><li>• Does any caregiver have a significant impairment in mental capacity such as retardation, brain damage, etc? (diagnosed or indications)</li><li>• Does any caregiver have a history of drug or alcohol abuse?</li><li>• Were any caregivers abused or neglected as children?</li></ul>				

### EXAMPLE 3: JACKSON

This is the 2<sup>nd</sup> report in 5 months of physical abuse of Jamie (age 10). The initial report was substantiated; the Mother, Ms. Leila Jackson had whipped the child and left bruises. Now the maternal uncle, Mr. John Raycheck has been called in and he too has left bruises on Jamie. This second time Jamie again has marks on his buttocks but also has an injury to his hand from when he tried to grab the belt from the uncle. Both adults have spanked Jamie for fighting with other kids on the school bus. If there is one more incident, Jamie will be expelled from the bus and Ms. Jackson does not have the money to repair her car right now.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Trend Scale of Concern</b> <b>Concept: Maltreatment Pattern</b>				
<ul style="list-style-type: none"><li>• Are incidents escalating in severity?</li><li>• Are more people becoming involved, (either as a victim or as perpetrator)?</li><li>• Have incidents been occurring more frequently?</li><li>• Have more types of abuse or neglect been occurring?</li></ul>				

### EXAMPLE 4: JACKSON (Same scenario from Example 3)

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Chronicity Scale of Concern</b> <b>Concept: Maltreatment Pattern</b>				
<ul style="list-style-type: none"><li>• Is there a history of sexual abuse of any family member as a victim or perpetrator?</li><li>• Has there been a recent incident, or indication, of abuse/neglect (within the last six months or so)?</li><li>• Has there been a prior abuse/neglect investigation regardless of finding?</li><li>• Has any child been removed from the home by a protective service agency?</li><li>• Has any prior incident resulted in a severe outcome?</li></ul>				

## EXAMPLE 5: GONZALEZ

Eight-year-old Maria Gonzalez is supervised by her Great Aunt, Ms. Lucinda Alvarez (86) while her Mother, Ms. Jacqueline Warez works overnight at Walmart. Maria has diabetes which requires monitoring of her glucose levels and insulin intake. Ms. Alvarez is legally blind and unable to monitor Maria's medical needs. Maria is learning her own medical regimen but still needs to be double-checked for compliance.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Physical Care Scale of Concern</b>				
<b>Concept: Quality of Care</b>				
<ul style="list-style-type: none"><li>• Has any child been inadequately supervised or left with an inappropriate caregiver?</li><li>• Has any child been denied essential medical treatment?</li><li>• Is there an overall lack of physical care for any child?</li></ul>				

## EXAMPLE 6: ROBERTS

The Roberts family lives in an old caretaker's trailer at the back of a graveyard. The city has condemned the building and is in litigation to close the graveyard permanently. The markings are no longer legible and no one ever visits any of the graves. There is a 9 foot locked fence around the property. Mr. Horace Roberts will not allow any of the maternal relatives to visit his common law wife, Ms. T'era Franklin because they harass him to find the family a new place to live. The children, Sara, age 6, and Benjamin, age 4 live at home with their parents.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Social Climate Scale of Concern</b>				
<b>Concept: Social Environment</b>				
<ul style="list-style-type: none"><li>• Is the family socially isolated or unsupported by extended family?</li><li>• Are the social relationships of any caregiver primarily negative?</li></ul>				

## EXAMPLE 7: THOMAS

Thomas (12) has been in two fights at school this year but comes close to many others. The teachers report that Thomas is usually the one left with the most injuries. He often starts fights with his offensive remarks. For example, he taunts other kids about what neighborhood they live in, rumors about their siblings, or physical features they cannot change. The school feels the need to keep an eye on Thomas for his safety.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Child Behavior Scale of Concern</b>				
<b>Concept: Child Vulnerability</b>				
<ul style="list-style-type: none"><li>• Is the behavior of any child hostile or aggressive or unusually disturbed, fussy, or irritable?</li><li>• Is any child's behavior seen as provoking?</li></ul>				

## EXAMPLE 8: BYERS

Mr. Jackson Byers, Maternal Uncle, reports that his home is finally paid for, he was just promoted at the bank where he works and his nephew Jason (16) has enriched the lives of the entire family since he moved in three years ago. Jason is the son he never had and the two of them are inseparable. Mr. Byers does not remember a happier time in his life.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Stressors Scale of Concern</b>				
<b>Concept: Home Environment</b>				
<ul style="list-style-type: none"><li>• Is any caregiver experiencing any recent stress about child development issues, such as toilet training, identity development, or parent-child conflict?</li><li>• Is the family experiencing any recent significant stress?</li></ul>				

## EXAMPLE 9: DANIELS

The Daniels residence houses three men and a boy who don't like to pick up after themselves. Every dish used remains in the sink for several weeks. Clothes are piled everywhere. Kyle (14) is supervised by his older brother, Jeffrey (20), his Great Uncle Bobby (42), and his brother's best friend Sam (22). However, last Saturday night everyone realized Kyle's whereabouts were unknown as he had told each of the three adults in the house a different story about where he was going. This is the first time this had happened and Uncle Bobby now insists he is in charge and in the future Kyle is only to ask for permission from him.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Dangerous Exposure Scale of Concern</b>				
<b>Concept: Home Environment</b>				
<ul style="list-style-type: none"><li>• Is the home so crowded or chaotic that responsibility for care giving is unclear, leading no one to assume responsibility for the children?</li><li>• Are conditions in and/or around the home hazardous or unsanitary?</li><li>• Do behaviors of any household member expose children to dangers?</li></ul>				

## EXAMPLE 10: LECTOR

The explanations for the injury to the infant, Sophie (3 months) were inconsistent. The Father, Mr. George Lector said he laid Sophie on the bed for just a second while he ran to get another diaper and assumes she must have fallen. The Mother, Ms. Cynthia Lector states that she keeps plenty of diapers by the bed so she isn't sure why the Father would have needed to leave the baby alone. She states she does not know how the baby was injured but Mr. Lector has always been a very loving, capable, and attentive parent to Sophie.

None	Very Little	Somewhat	Considerable	Extreme
<b>Category: Deception Scale of Concern</b>				
<b>Concept: Response to Intervention</b>				
<ul style="list-style-type: none"><li>• Is any caregiver hostile toward or refusing to cooperate with CPS?</li><li>• Does any caregiver offer implausible explanations, attempt to deliberately mislead CPS, or refuses to disclose important information?</li></ul>				

## Module Four: WHAT ARE YOU DOING HERE?

### Learning Objectives:

The Case Manager will be able to:

#### Section A: Legal Mandates

- Locate the website for Georgia Laws pertaining to child welfare regulations: <http://www.legis.state.ga.us/>
- Connect the development of CPS policy to the enactment of Georgia laws
- Identify ways to gain access to a family for assessment
- Determine when to invoke legal mandates with families

#### Section B: Primary Task: Interviewing

- Identify multiple sources to collect information
- List skills needed for a “good” interview
- List three of the most difficult interviews (Substance Abuse, Family Violence, and Sexual Abuse)
- List steps to take when seeking the truth about family “secrets”

#### Section C: Primary Task: Documentation

- Identify all who are impacted by documentation standards
- Discuss why documentation is important and determine when written well
- Clarify that many CFSR errors are evidence of poor documentation skills
- Define Targeted Case Management Services, the Case Manager’s role, and the value to Agency funding



**TARGETED CASE MANAGEMENT: CONSENT TO RECEIVE TARGETED CASE  
MANAGEMENT SERVICES**

CLIENT: \_\_\_\_\_

GUARANTOR (CPS only): \_\_\_\_\_

SUCCESS MEDICAID #: \_\_\_\_\_

MHN MEMBER #: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_

**CPS and CPS Safety Resource Cases only**

Is there a SSI Medicaid eligible child residing in the home?

Yes    No

Is there a Medicaid eligible child receiving Children's Medical Services residing in the home?

Yes    No

Is there a Medicaid eligible child receiving services from the Georgia Pediatric Program residing in the home?

Yes    No

Is there a child receiving Adoption Assistance Medicaid residing in the home?

Yes    No

**All APS, Placement and CPS/CPS Safety Resource cases will receive TCM Services in order to assist them in gaining access to and managing needed medical services. This includes nutritional interventions, behavioral interventions, substance abuse interventions and other medical interventions.**

Signature of  
Client/Designee \_\_\_\_\_

**451 Consent for TCM Services (Rev. 10/06)**

# TCM Reports in Georgia SHINES

**Report Launch - Windows Internet Explorer**

Address: <https://uatshines.dhr.state.ga.us:445/admin/Rep...>

File Edit View Favorites Tools Help

Links [Customize Links](#)

mywebsearch Search Smiley Central Screensavers

Report Launch

Name	Description	Type
<a href="#">Denied Re-billed TCM Statewide Billing Counts</a>	A count of all denied re-billed TCM claims actually billed by program type (CPS, Safety Resource, Placement, and YPS). Generated for a specific service month between two specified billing dates, with an optional region parameter.	TCM
<a href="#">Denied TCM Statewide Billing Counts</a>	A count of all denied TCM claims actually billed by program type (CPS, Safety Resource, Placement, and YPS). Generated for a specific service month between two specified billing dates, with an optional region parameter.	TCM
<a href="#">Original TCM Statewide Billing Counts</a>	A count of all new TCM claims actually billed by program type (CPS, Safety Resource, Placement, and YPS). Generated for a specific service month between two specified billing dates, with an optional region parameter.	TCM
<a href="#">Re-billed TCM Statewide Billing Counts</a>	A count of all re-billed TCM claims actually billed by program type (CPS, Safety Resource, Placement, and YPS). Generated for a specific service month between two specified billing dates, with an optional region parameter.	TCM
<a href="#">TCM Contact Made Up to Date</a>	A list of all foster care, adoption and ongoing cases with at least one TCM contact recorded for the month. Generated for a specific county and service month with an optional unit parameter.	TCM

Internet 100%

start Novell Grou... status: Co... Report Lau... 7:31 AM



## Examples of “bulleted” documentation:

On 10/29/08 I went to the home as scheduled and met with Ms. Mary Jenkins and her son, Adam Sorrel (age 9.)

Ms. Jenkins updated me on the progress of achieving the goals of her Family Plan:

- She phoned Dr. Baron Kindle’s office and scheduled an eye exam for Adam on November 8, 2008.
- On 10/26/08, Ms. Jenkins met with Adam’s teacher, Ms. Lisa Balentine, to discuss his behavioral issues and plan strategies of how to direct his studies at home.
- Together with Adam, Ms. Jenkins created a study chart which they have hung on the refrigerator.

I observed the home environment to be:

- Clean and in order. The piles of old newspapers has been discarded, the kitchen has been scrubbed down, and the refrigerator had been cleaned out
- Free from clutter in the front yard as had previously been observed



## ACTIVITY: Sink or Swim

Case Managers will be assigned to a group prior to beginning the activity.

### Directions:

**1) Case scenario:** Last month, DFCS received a report of medical neglect from the School Social Worker concerning Jasmine (age 6) and her father, Mr. Larry Stockton (age 21):

- ❖ Jasmine just enrolled in the first grade this school year.
- ❖ She was born HIV+ and was recently also diagnosed with cerebral palsy.
- ❖ Jasmine started school without the prescribed leg braces and her medication appears to be sporadically administered. Attempts by the school to work with the Father have failed.
- ❖ Jasmine's teenage Mother died when she was two years old after failing to follow the medical treatment plan for her AIDS diagnosis. The Father is young and healthy, and has limited familial support.
- ❖ The allegations were substantiated and risk was indicated by the Assessor. The case has just been transferred to Family Preservation Services.

**2) Individually write** (on a WORD document) a sample of dictation of the first face to face **FPS visit** with the Stockton family regarding Jasmine's medical neglect issues. Document key points of the interview in paragraphs with bulleted points. **Dictate well enough** that you WOULDN'T GET CITED with your group's assigned error in the next Child and Family Service Review. The sample should "swim" past the auditors and be "gold medal" good; not minimal. **Document like no one is watching!**

## Group Assignments: Sink or Swim (continued)

### Group 1: Well Being Outcome 1

Families have enhanced capacity to provide for their children's needs. Child and family involvement in the Family Plan: To determine whether concerted efforts were made or are being made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis. Not just signatures. 2007 Review rated this item as a strength in 26% of the cases reviewed....only 17% for CPS FPS

### Group 2: Well Being Outcome 3

Children receive adequate services to meet his/her physical and mental health needs. Mental Health of the child: To determine whether the agency made concerted efforts to address the mental/behavioral health needs of the child(ren.) 2007 Review rated this item as a strength in 56% of the cases reviewed.....only 36% in CPS FPS

### Group 3: Safety Outcome 2

Children are safely maintained in their own homes. Risk assessment and safety management: To assess whether the Agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care. 2007 Review rated this item as a strength in 67% of the cases reviewed

### Group 4: Safety Outcome 2

Children are safely maintained in their own homes. Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care: To determine whether the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification. 2007 Review rated this item as a strength in 71% of the cases reviewed

## Structured Critique Outline

- 1) What do you clearly know about the Stockton family and the safety, permanency and wellbeing of Jasmine from reading the documentation? (strengths based responses only)
- 2) What questions would you have about the safety and risk indicators after reading this documentation?
- 3) Question for the writer of the example only: Would your documentation "sink or swim" past the CFSR auditors (if not, what would you change?)

## Module Five: THE INTAKE STAGE



### Learning Objectives:

The Case Manager will be able to:

### Section A: Roles and Responsibilities

- Identify the responsibilities of an Intake Case Manager
- List the three components of a CPS report and steps to take if allegations don't meet this requirement
- Calculate a response time using a Decision Tree
- Locate policy applicable to the Intake stage of the case continuum
- Identify reasons why some reporters choose to remain anonymous, the Agency policy to accept anonymous reports, and how an Intake Case Manager should document

### Section B: Meet the Culhanes

- Demonstrate, with a case scenario, how to “probe for more information that the caller wants to give”
- Given a case scenario, document a report of maltreatment

### Section C: Case Disposition

- Demonstrate how to end an Intake call without making false promises
- Explain why records should be read and not “skimmed”
- Identify why information gathered from screening may be incomplete or inaccurate
- Locate Intake screening sources in Georgia SHINES
- Connect policy/practice issues reviewed in class to Online and Field Practice Activities
- Review OFI records for accessible information to use in the screening process of a case scenario
- Follow a Decision Tree on a case scenario and make a case disposition decision
- Identify cases that are appropriate for Diversion
- Verbalize what an Intake Case Manager and Intake Supervisor need/want from each other



## **SO1: Children are protected from abuse and neglect. Timeliness of initiating Assessments of reports of child maltreatment...**

### **How can I influence this outcome as a new Case Manager?**

- If you are an Assessor respond early to newly assigned reports of maltreatment and document the hour and minute of your contacts.
- Clearly document your diligent efforts to make contact with child victims.
- Document each child victim is seen.
- When having difficulty making contact, seek supervisory assistance prior to the response time deadline.
- Utilize and document contact with OFI staff for other contact numbers, employment information and household members.
- When making a CPS referral, be very specific and provide as much information regarding access to the family as possible.

## STEPS TO TAKE WHEN CALLER WILL NOT IDENTIFY HIM/HERSELF

<p><b>Write down the gender of the caller.</b></p>	<p><b>Write down whether this is a local or long distance call based on information gathered.</b></p>
<p><b>Identify if you believe the caller is a family member or household member based on the information they know (for example, friends rarely know correct birth dates of children but family members do.)</b></p>	<p><b>Ask who else has similar concerns you can contact as collaterals. This may help the Assessor later figure out who the original caller was.</b></p>
<p><b>Ask the caller to call back tomorrow to be sure DFCS has been able to locate the child.</b></p>	<p><b>Try to ascertain the motive for the call.</b></p> <ul style="list-style-type: none"> <li>❖ <b>Why are you calling today?</b></li> <li>❖ <b>Has something changed that has made you more concerned now?</b></li> </ul>
<p><b>Advise the caller that you fear that more information will be needed and no one will have access to call back to clarify.</b></p>	<p><b>Try to engage the caller in a solution as to how further information can be obtained if the Assessor is unable to see the concerns being reported.</b></p>

## Activity Instructions: More Than You Know



### Directions:

1. Review the Intake questions (on the next few pages) that are already incorporated in the Georgia SHINES Intake tool.
2. As a group, write 20 questions on Chart Paper you could ask the Reporter to obtain more information OTHER THAN what is written in the mandatory fields on the Intake Report Tool. Basic identifying information (names, birthdates, location, school, etc.) does not “count” in your 20 questions.
3. Hang Chart Paper when complete. APPOINT a spokesperson for your group.



## Form 453 - Intake Worksheet

(only the sections of the Tool that include the questions)

Does the reporter believe the child is in immediate danger?  No  Unknown  Yes If so explain?

When was the last time the reporter saw the child?

Has anything happened to prompt you to call today?

Approximately, when did the incident occur?

How long has the maltreatment been going on? How often does it happen (chronic)?

Did you see any physical evidence of abuse or neglect?  No  Unknown  Yes If so, please describe:

How does the reporter know about the circumstances?

Do you know of any other people who are knowledgeable about the situation?  No  Yes If so, please list:

What do you see are the family's strengths or can you tell me anything good about the family?

How do family members solve issues? What have you seen them do in the past?

Is there anything that you can do to help the family?

Has the family ever been involved with this agency or any other community agency? Do you know if there have ever been any other reports made about this family?  No  Unknown  Yes If so, please describe:

Calling DFCS is a big step; what can be done with the family to make the child safe in the home?

Has there been any occurrence of domestic violence or abuse between adults in the house? Or substance abuse problem?  
 No  Unknown.  Yes, If so please explain?

Is reporter aware of any safety problems in the home or any physical hazards in the home (guns, aggressive dogs, etc.)?  
 Yes  No  Unknown If so, what are they?

Does the reporter know any relatives of the children?  No  Yes If so, give names, addresses and telephone #'s:

The following questions are intended as a guide. These questions are not meant to replace the narrative already completed in this report. If you have answered the questions that correspond to the specific allegations earlier in this report, then you should not repeat that information.

**Physical Abuse:**

Describe the injury (when, location of marks, color, size, shape, fresh or fading)



What part of the body was injured?  
Is there a need for medical attention?  
Where was the child when the abuse occurred?  
What is the parent/caretaker explanation?  
What is the child's explanation?  
What led to the child's disclosure or brought the child to your attention?  
Did anyone witness the abuse?  
Are any family members taking protective action?  
Have you had previous concerns about the family?  
Is the child currently afraid of the alleged perpetrator?  
Is the child afraid to go home?

**Sexual Abuse:**

To whom did the child disclose the abuse?  
Did the child disclose directly to the reporter?  
What is the age of the alleged perpetrator and his/her relationship to the child?  
What is the alleged perpetrator's access to the victim and the other children?  
Where was the child when the abuse occurred?  
What steps are being taken to prevent further contact between the perpetrator and the child?  
Has the child had a medical exam?  
Does the disclosure include allegations of sodomy, vaginal intercourse or oral sex?

**Emotional Abuse:**

How does the child function in school?  
What symptoms does this child have that would indicate psychological, emotional, and/or social impairment?  
Are there any psychological or psychiatric evaluations of the child?  
Is the child failing to thrive or developmentally delayed?  
Is there a bond between the parent/caretaker and the child?  
What has the parent/caretaker done that is harmful?  
How long has the situation been going on, and what changes have been observed?  
Are there any indications of cruel and unusual punishments?  
Is the parent self reporting that they are unable to cope with the child or feel they may harm the child?  
Is the parent exhibiting bizarre or delusional behaviors?

**Substance Abuse:**

What specific drugs are being used by the parent/caretaker?  
What is the frequency of use?  
Are they legal or illegal drugs?  
Do the children have knowledge of the drug use?

Do the children have access to the drugs?

How does the parent/caretaker's substance use affect his/her ability to care for the child?

Has the parent/caretaker ever experienced black outs?

How well are the children supervised? Are the children left alone for extended periods of time?

Is there adequate food in the house?

**Drug Exposed Infant:**

What is the present physical condition of the child?

Is the baby in the hospital? If so, what is the discharge date?

What is the attitude of the parent/caretaker toward the child?



**Improper Care:**

Does the parent/caretaker provide adequate food, clothing, and shelter?

What does the child need that he/she is not being provided with?

Is the parent/caretaker ensuring that the child receives a basic education?

Is the parent/caretaker ensuring that the child receives necessary medical care?

**Domestic Violence:**

Where is the child when the violent incidents occur?

Has anyone in the family been hurt or assaulted (who, where, when)? Please describe.

How does the violence affect the children?

Have the police ever been called to the house to stop assaults against either the adults or the child?

Was anyone arrested or were there charges filed?

Is there a history of Domestic Violence?

Has any family member stalked or taken anyone hostage or the children?

Is the battered parent able to protect him/ herself and the children?

Who is currently caring for the children?

What steps are being taken to prevent the perpetrator access to the home (restraining order, police, shelter)?

When could we contact the battered parent/caretaker that he/she would most likely be alone?

**Supervision:**

Is the child left alone?  No  Yes If, yes for how long? What time of day?

What is the age and developmental status of the child?

What are your specific concerns regarding the child being alone?

Does the child know what or who to call in a crisis?

Is the child caring for other children?

Is the child afraid to be alone?

How is the parent/caretaker unable to provide appropriate supervision (substance abuse/mental illness/ disability)?

**Improper Discipline:**

Is the child injured from the discipline?  No  Yes If, yes, describe the injury:

Who was the person administering the discipline?

What was the instrument used in the discipline?

Does this parent/caretaker have a history of inappropriately disciplining the child?

What caused the parent/caretaker to discipline the child?

Is the child fearful of the parent/caretaker?

**Abandonment:**

How long has the parent/caretaker been gone?

Did the parent/caretaker say when they would return?

Did the parent/caretaker make arrangements with someone to care for the child?

Are the alternative caretakers able to provide adequate care for the child?

Will they continue to care for the child?

Has there been any recent contact with the parent/caretaker?

Is your concern that the child is abandoned or that the caretaker is not an adequate provider?

**Injurious Environment:**

What is it about the child's living environment that makes it unsafe for the child?





## Tips for Intake Case Managers

- Listen carefully for subtle statements (for example): “She would be able to take care of her kids except for that good for nothing...never mind...” (referencing a boyfriend that we may not know about.)
- Challenge report discrepancies at the end of the call. If you attempt to do so earlier, you will stop reporter from wanting to share.
- Don’t just write down information; challenge yourself to understand it. Use your assessment skills.
- Always apply Family-Centered practice skills. Keep in mind what will help the family, not just “gotcha” facts.
- Probe for family strengths as well as deficiencies to help identify supports for change. Remember you are the professional; the caller probably has not routinely made this report or similar calls before. Your job is to probe for more information than the caller even knows they know about the family.
- Educate the public as to what they can do to keep children safe, in addition to what DFCS and other service organizations provide.

All Case Managers, in all programs, should probe for additional information.



```

CHANGE                               ASSISTANCE STATUS - STAT          STAT   A
Month 11 96                          5191   10 16 96                    01
Remarks
AU ID 887220013  Prog FS  Prog Type S  Prev ABD Type    Med COA          Claim N
CO 049          LO 049   Load ID 2000    Conversion Date

  AU   AU Status  AU Stat  Appl   Begin   Pd Thru  ---Penalty---  Appeal
Stat   Reasons   Date     Date   Date    Date    Type  End Date   Ind
  A
-----
First  Last  Rel V  Mand Finl  --Stat-- Rsn   Appl   Begin   Pd Thru  Penalty
Name   Name                               Date   Date   Date   Date   T   Date
MARCIE CUL  SE OT  Y   RE   A 101696  101696 101696
HEATHE CUL  CH OT  Y   RE   A 101696  101696 101696
  
```

Message

20-rmen                    22-alau (arch)                    23-alau (curr)



```

UPDATE                               REMARKS - REMA                               REMA
                                           01
***** FSSTAT *****
11/3/2005 10:14 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
LIST THE OTHER HH MEMBERS NOT INCLUDED IN THE AU.
NOTE; ADULT CHILDREN UNDER AGE 22 LIVING W/PARENT CANNOT BE SEPARATE AU
NAME                               RELATIONSHIP                               AGE
:MURRAY AVERS _____ :BOYFRIEND_____ :12/10/60
: _____ : _____ : _____
: _____ : _____ : _____
: _____ : _____ : _____
A/R STATES THEY PURCHASE AND PREPARE SEPARATELY? Y/N (Y)
THEY MEET THE DEFINITION FOR SEPARATE STATUS BECAUSE: MR. AVERS IS NOT
:MARRIED TO MS. CULHANE NOR IS HE THE FATHER OF HEATHER. _____
INELIGIBLE/SANCTIONED AU MEMBER? Y/N (N)
EXPLAIN: _____
IDENTITY OF APPLICANT VERIFIED BY:GA DRIVERS LICENSE _____
SRR EXPLAINED AND FORM 339 GIVEN. Y/N (Y)
IF 500 DENIAL CODE USED, EXPLAIN: _____
More
MESSAGE
13-bott
  
```



Application window with menu (File, Edit, View, Tools, Session, Options, Help) and toolbar.

```

CHANGE                               CLIENT DEMOGRAPHIC 1 - DEM1          DEM1 01
Month 11 96                          0002   10 16 96

Client Name MARCIE                    CULHANE                               Suf      Client ID 796013324

Alt   SSA/SSN   SSN Appl   SSN1   V   More   DOB   V Sex Race Eth
Name  Appl For  Date           SSNs   (MM DD YYYY)
      345 09 7654 CS           03 25 1965 CS F W N

GA  Marital  Living  RSM  Min Par  Boarder  Amt Paid  -- Family Planning --
Res  Status  Arrngmt Ad/Ch  /LA   Num Meals for Meals Referral  Date
  Y   N      AH

Concurr  SSI  Depriv  V  Prenatal Care  ----- Pregnant -----  FTC
Out of St Recip  Ind  Good Cse  Term/Due  Term/Due  V  Num V  Code
CA  FS MA      Code      Date      Exp
N   N  N

Message

15-lett                    16-crs                    23-alau
  
```

Terminal status: :00.1 20/52  
 Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:43 AM

Application window with menu (File, Edit, View, Tools, Session, Options, Help) and toolbar.

```

CHANGE                               CLIENT DEMOGRAPHIC 1 - DEM1          DEM1 02
Month 11 96                          0002   10 16 96

Client Name HEATHER                   CULHANE                               Suf      Client ID 849003256

Alt   SSA/SSN   SSN Appl   SSN1   V   More   DOB   V Sex Race Eth
Name  Appl For  Date           SSNs   (MM DD YYYY)
      B           01 09 2005 CS F W N

GA  Marital  Living  RSM  Min Par  Boarder  Amt Paid  -- Family Planning --
Res  Status  Arrngmt Ad/Ch  /LA   Num Meals for Meals Referral  Date
  Y   N      AH

Concurr  SSI  Depriv  V  Prenatal Care  ----- Pregnant -----  FTC
Out of St Recip  Ind  Good Cse  Term/Due  Term/Due  V  Num V  Code
CA  FS MA      Code      Date      Exp
N   N  N

Message 0005      0013
0005 DATE CANNOT BE IN THE FUTURE

15-lett                    16-crs                    23-alau
  
```

Terminal status: :00.4 08/54  
 Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:44 AM



```

CHANGE                               RESOURCES 1 - RES1                RES1 01
Month 11 96                          0002   10 16 96                    01

Client Name MARCIE                    CULHANE                          Client ID 796013324

Do you have any of the following: cash, money loaned out, checking, savings,
credit union, CD's, stocks, bonds, or secured notes?

Del Type   Amount   V      Acct Num      Institution Name
  CH       250.00  CS                BANK OF AMERICA
  
```

Do you have any of the following: life insurance, pre-paid burial contracts, real estate, or cemetery lots?

```

Del Type Face Amt   Cash Amt V      Policy Num      Company Name

More

Message

15-lett                23-alau   24-del
4B :00.1                10/06
  
```



```

CHANGE                               EARNED INCOME 1 - ERN1            ERN1 01
Month 11 96                          5191   10 16 96                    01
Remarks
  
```

```

Client Name MARCIE                    CULHANE                          Client ID 796013324

Do you have any of the following: wages, self employment, commissions/tips,
roomer/boarder income, rent, mortgage payment, sick pay, work program, JTPA,
Job Corps, training allowance, use/sale of personal property, or other income?

Employer Name JOE'S BAR                AJS Employ N
Line 1 321 WORKERS WAY                Line 2
City ATLANTA                          ST GA   Zip 30309                Phone
Begin First End Late SON $30+1/3 $30+1/3 $30
Type Date Pay Date Date Rpt Ovr Ind Cntr End Date End Date
EI 01 05 94 01 12 94 N AFDC
ARM

Num of ABD Stdnt AFDC Student -----JTPA-----
Bordrs Excl Ind Cnt Ind Cnt Excl

More Jobs

Message

15-lett
  
```





\_ | 5 | x



```

CHANGE                                EARNED INCOME 2 - ERN2                ERN2 01
Month 11 96                          0002    10 16 96                    01
                                         Remarks
Client Name MARCIE                    CULHANE                            Client ID 796013324

Employer Name JOE'S BAR

          Avg Hrs 040    Freq WK    Day Week Pd FR    Extra Pay
Del
  Amt 1  V    Amt 2  V    Amt 3  V    Amt 4  V    Extra  V
  219.00 LE
-----
                Work Expenses
      Type Amount  Freq V          Type Amount  Freq V
-----
                                         More Jobs
Message

```



\_ | 5 | x

File Edit View Tools Session Options Help



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UPDATE                                REMARKS - REMA                        REMA
                                         01
***** ERN2 CAL *****
11/3/2005 10:20 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
APP(Y) REVIEW ( ) NEW JOB ( ) RATE OF PAY ( ) HRS CHG ( )
DATE OF CHANGE: _____ DATE OF REPORT: _____ TIMELY ( ) UNTIMELY ( )
IF NEW EMPLOYMENT, RATE OF PAY/HOURS: _____
EMPLOYER: JOE'S BAR_ (VERIFICATION IN CASE RECORD) _____
  DATE PD    GROSS    TIPS    VERR    REP(Y/N)
  { 1:10/16/96 (219.00) ( ) :LETTER_____ (Y)
    2:10/09/96 (219.00) ( ) :LETTER_____ (Y)
    3:10/02/96 (219.00) ( ) :LETTER_____ (Y)
    4:09/25/96 (219.00) ( ) :LETTER_____ (Y)
    5: _____ ( ) ( ) : _____ ( )
    6: _____ ( ) ( ) : _____ ( )
  TOTAL      :1120.00_ /:4_____ = :280.00_____ REP PAY
IF NOT REP, EXPLAIN: _____
FREQ OF PAY WK(Y) BIWK ( ) SEMIMTH ( ) MONTHLY ( ) ACTUAL ( )
HR RATE: $7.00 _____
CALCULATE Y/N ( ) CAL MONTHLY INCOME: _1213.32_____
                                         More
MESSAGE
13-bott
4B | :00.1 | 03/04

```

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71)

CAP NUM | 10:50 AM

Start | No... | GO... | Cal... | Do...

10:50 AM

GA Dept of Education and Training Section

February 2005

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Electronic Participant Guide

Strengthening Families



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UPDATE                                REMARKS - REMA                                REMA
                                           01
***** CHILDCARE *****
11/3/2005 10:23 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
A/R IS IN ACTIVITY THAT ALLOWS DEPENDENT CARE DEDUCTION Y/N (Y)
IS DEPENDENT CARE DEDUCTION NEEDED Y/N (N)
A/R IS NOT INCURRING AN EXPENSE BECAUSE: BOYFRIEND WATCHES
HER DAUGHTER
RECEIVING SUBSIDIZED CHILD CARE? Y/N (N) IF YES, DATE EW NOTIFIES CHILD
CARE WORKER OF AN TANF/FS/MAO CHANGES:
{APPROVALS/CHANGES/CLOSURES}

```



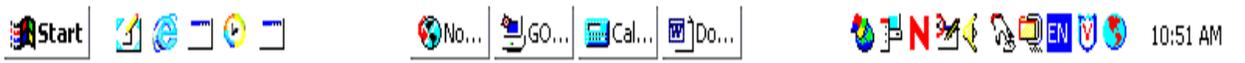
More

MESSAGE

13-bott

4B :00.1 03/04

Connected to host go-screen.doas.state.ga.us [198.176.174.50] (TNTA71) CAP NUM 10:51 AM





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CHANGE                SHELTER EXPENSES - SHEL                SHEL 01
Month 11 96           0002    10 16 96

Remarks

Client Name MARCIE           CULHANE           Client ID 796013324

Primary      Receive      Public      SUA      Number      Phone
Heat/Cool    LIHEAP      Housing/Exc  Type    Sharing      STD
  G                HC

Expense Type      Amt      V      Expense Type      Amt      V
Rent              250.00  LE      Mortgage
Taxes
Gas
Telephone
Sewer
Disaster Repair
Other Fuel

Landlord Name           Phone
Address                 City           ST           Zip

Message

15-lett
    
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UPDATE                                REMARKS - REMA                                REMA
                                           01 More
***** SHELTER/UTILITY EXPENSE *****
11/3/2005 10:26 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
DOES ANYONE PAY PART/ALL OF THE SHEL EXP? Y/N(Y) IF YES, EXPLAIN
: MA. Culahan LIVE IN BOYFRIEND PAYS HALF OF THE RENT.
HOUSING COST  A/R INCURS RENT(X) MORTG( ) INSUR( ) TAXES( ) LOT RENT( )
:
CALC IF OTHER THAN MONTHLY:
INCLUDED IN MORTG? INSURANCE( ) TAXES( ) IF NONE, EXPLAIN:
UTILITY EXPENSE INCURRED BY DWELLING? Y/N(Y) INCLUDED IN RENT? Y/N(N)
IF NONE, EXPLAIN:
DWELLING IS ELIGIBLE FOR UTILITY DEDUCTION BASED ON;
(X)H/C SUA BASED ON, HEATING(X) AC( ) LIHEAP( ) EXCESS H/C PUBLIC HSG( )
( )NON H/C BASED ON TWO TYPES OF EXPENSES:
: OR EXCESS NON H/C PUBLIC HSG( )
( )ACTUAL BASED ON ONE TYPE OF EXPENSE:
( )ELIGIBLE FOR PHONE STD ONLY?
IS THE AU SHARING UTILITY EXPENSES? Y/N(Y) SEE NEXT SCREEN FOR SHEL SHARED)
:

```

MESSAGE

13-bott



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UPDATE                                REMARKS - REMA                                REMA
                                           01

***** MISC FORM 354 *****
11/3/2005 10:29 AM DEMETRICE BRYANT, 615, A615, 044, 404-656-9395
FORM 354 IS IN THE CASE RECORD.
MONTHLY EXPENSES      :720.00 _____
AVAILABLE NET INCOME :760.00 _____
MGMT MET?             Y/N (Y)
IF NO, EXPLAIN DISCREPANCIES:MS.Culuhan ACTUAL RENT AMOUNT IS $500. _____
:HOWEVER, HER LIVE IN BOYFRIEND PAYS HALF THE RENT. _____
: _____

```

More

MESSAGE

13-bott



CHANGE NON-FINANCIAL ELIGIBILITY RESULTS - ELIG ELIG A  
 Month 11 96 5191 10 16 96 01

AU ID 887220013 Prog FS Prog Type S Med COA  
 Confirm

AU Stat	AU Status Reasons	AU Stat Date	Appl Date	Begin Date	Pd Thru Date	---Penalty--- Type	End Date
A		101696	101696	101696			

First Name	Last Name	Rel	V	Mand Incl	Finl Resp	--Stat-- Date	Rsn	Appl Date	Begin Date	Pd Thru Date	Penalty T Date
MARCIE	CUL	SE	OT	Y	RE	A 101696		101696	101696	101696	
HEATHE	CUL	CH	OT	Y	RE	A 101696		101696	101696	101696	



Message

CHANGE FOOD STAMP FINANCIAL ELIGIBILITY - FSFI FSFI A  
 Month 11 96 5191 10 16 96

AU ID 887220013 Prog FS Prog Type S

Resources		Income Test (cont)	
Resources Limit	2000.00	Excess Shelter	150.40
Total Resources	250.00	Medical Deduction	.00
Income Test		Dep Care Deduction	.00
Gross Income Standard	1087.00	Child Support Ded	.00
Gross Count Earned	948.99	Adjusted Net Income	475.00
Self Employ Expenses	.00	Net Income Standard	836.00
Earned Income Deductn	189.79	Thrifty Food Plan	218.00
Net Earned Income	759.20	Allotment Amount	75.00
Gross Count Unearned	.00	Recoupment Amount	.00
AFDC / Refugee	.00	Benefit Amount	75.00
Standard Deduction	134.00	Previous Benefit	75.00



Enft Eff Date 101696 Enft Confirm \_ Reasons Budgeting Method P  
 Notice Type Waive Timely Notice Period Notice Override  
 Review Begin Dt 10 96 Review End Dt 12 96 Strat 2 Issue Type

Message

13-note





## **Divert, Assess, or Not?**

**Individually read the following four case scenarios. Decide if you were the Intake Supervisor, would you open these reports for a Diversion response, Assessment, or not open at all?**

**Intake Report 1:** Father calls in to DFCS to request a Case Manager talk to his unruly 15-year-old son. The child has been staying out late, smoking marijuana, and ignoring the parent's rules. The Father reports that the child is going to end up in jail or he'll end up "killing him" if something doesn't change. The Father later clarified that he did not mean he would truly hurt his son but his frustration level is high. No previous reports received on this family.

### **Divert, Assess, or Not?**

**Intake Report 2:** Maternal Grandmother reports that her daughter abandoned her children (age 2, 3, and 4) two years ago. They reside in the home of the Grandmother now. The Mother is believed to be incarcerated but whereabouts are unknown. The Father's whereabouts are known. He is in agreement with the MGM assuming legal responsibility of the children. The Grandmother requests assistance in obtaining paperwork so she can get the oldest child in school this year.

### **Divert, Assess, or Not?**

**Intake Report 3:** Anonymous report received: two brothers, age 11 and 12, are being left alone with an elderly Grandparent. The conditions of the home are "dirty" and there is concern that the children go to school unkempt.

### **Divert, Assess, or Not?**

**Intake Report 4:** School social worker reports that last evening, the Mother of 6-year-old, Kalee, stayed in the hospital all night. She had been beaten at a bar and her back was hurt. Mandated reporter called the hotline to document the incident but does not believe the child was ever in any danger.

### **Divert, Assess, or Not?**

## Module Six: THE ASSESSMENT STAGE



### Learning Objectives:

The Case Manager will be able to:

#### Section A: Using What You Got

- Differentiate formal and informal supports
- Locate policy reference for utilizing Safety Resources
- Describe the various roles that relatives have in keeping children safe
- Identify the Case Manager's role to seek out Fathers, Relatives, and Fictive Kin as informal supports who are "hiding in plain sight"

#### Section B: Service Provision in the Assessment Stage

- Define Assessors as service providers who motivate change built on family strengths
- Identify funds available in the Assessment Stage to provide services to families

#### Section C: The Culhane Family Assessment

- Demonstrate how to write narrative descriptions in a case scenario
- Determine, in a case scenario, what formal supports are accessible to the family
- Identify steps, in a case scenario, to take if the Case Manager is unable to contact a family and response times aren't met

#### Section D: Safety Assessment

- Locate policy references applicable to Safety Assessments and Safety Plans
- Identify safety issues, reasonable efforts, and safety decisions in a case scenario
- Differentiate goals (change) from steps (description of action) in a Safety Plan
- Given a case scenario, plan for child safety

#### Section E: Documenting the Risk Assessment

- Discuss why case history is crucial in making safety and risk decisions
- List Investigation Actions mandated in all CPS Assessments
- Describe how families receive notification of access to case information
- Describe why DFCS Case Managers identify/utilize family strengths in the Assessment process
- Given a case scenario, rate the level of concern and justify the findings

## **Section F: Case Disposition in the Assessment Stage**

- Given a case scenario, document the case determination decision
- Locate policy references applicable to Risk Assessments
- Differentiate the five Risk Findings
- Given a case scenario, determine the likelihood of future maltreatment for a child

## **Section G: Supervisor's Role in the Assessment**

- Identify when supervisory input is needed in Assessments
- Locate policy mandates for Assessment Supervisors
- In a case scenario, staff a case disposition with a Supervisor

## **Section H: Assessors in Court**

- Identify initial steps to take when placing a child in DFCS custody
- Define the specific language needed in initial court orders
- Identify who makes the decision for a child to be returned to the caregiver from Agency custody
- Connect Family-Centered Practice principles and legal mandates





## **PO1: Children have permanency and stability in their living arrangements...**

### **How can I influence this outcome as a new Case Manager?**

- Document all efforts to provide services to parents (including Fathers) to enable them to provide a safe and stable home for their child(ren)
- Document contacts with family and attempts to assist them in obtaining access to services (transportation, funding, in-home providers, etc.).
- Document efforts to assist relatives with support services to create a permanent home for children.
- Document legal support for relatives to obtain legal custody of children still in their home prior to closing a CPS Family Preservation case.
- Document the efforts parents are making toward achieving their goals and any systemic barriers preventing them from obtaining services.



**DIRECTIONS: Please complete form on every child, birth to age 5, having any of the conditions listed on 1<sup>st</sup> or 2<sup>nd</sup> page. Circle or fill in as much information as possible. Send form to local Children 1st Coordinator.**

**Screening and Referral Form**

**SECTION A CHILD AND FAMILY INFORMATION**

Child: Last Name _____ First _____ MI _____	Mother: Last Name _____ First _____ MI _____ Maiden _____	Father: Last Name _____ First _____ MI _____
---	---	--

**CHILD'S INFORMATION** | **MOTHER'S INFORMATION**

Child's Address: _____ Street/Route Apt Complex # / Mobile Hm Park # _____ City _____ County _____ Zip _____ Phone # _____ Emergency Contact # _____ Directions to Home: _____ Latino/Hispanic: Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Select one race: (1) White <input type="checkbox"/> (2) Black or African American <input type="checkbox"/> (3) American Indian or Alaska Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Hawaiian or Other Pacific Islander <input type="checkbox"/> (6) Multiracial <input type="checkbox"/> (7) Unknown <input type="checkbox"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Date of Birth _____ Birth weight: _____ Gestational Age: _____ Hospital: _____ Discharge Date: _____ Transfer Hospital: _____ Discharge Date: _____ Type of Insurance: Private <input type="checkbox"/> Tri-Care <input type="checkbox"/> PeachCare <input type="checkbox"/> Medicaid <input type="checkbox"/> None/Unknown <input type="checkbox"/> Medicaid #: (if known ) _____	Age _____ Date of Birth _____ Education (last grade completed) _____ Marital Status (circle only 1): M NM SEP D W Live in Partner: Yes <input type="checkbox"/> No <input type="checkbox"/> Parity G: _____ P: _____ Pre-Term: _____ AB: Elective/Spontaneous Prenatal Care (trimester) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> None <input type="checkbox"/> Medicaid # _____ <b>GUARDIAN/FOSTER PARENT (If different from above)</b> _____ Last Name _____ First _____ MI _____ <b>CHILD'S PRIMARY MEDICAL/HEALTH CARE PROVIDER</b> Name _____ Street or Route _____ City _____ State _____ Zip _____ Phone _____ Fax _____
---	--

**SECTION B HOSPITAL INFORMATION**

Newborn Hearing Screening: Not screened <input type="checkbox"/> Family Refused Screening <input type="checkbox"/> Inpatient: Date: L: Passed <input type="checkbox"/> Referred <input type="checkbox"/> R:Passed <input type="checkbox"/> Referred <input type="checkbox"/> Equipment: AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other <input type="checkbox"/> Outpatient: Date: L: Passed <input type="checkbox"/> Referred <input type="checkbox"/> R:Passed <input type="checkbox"/> Referred <input type="checkbox"/> Equipment: AOA <input type="checkbox"/> AABR <input type="checkbox"/> Other <input type="checkbox"/>	Vaccines Given During Hospital Stay: Hepatitis B (date) _____ HBIG (date) _____
---	---

**SECTION C LEVEL 1 RISK CONDITIONS (Families Offered In-Home Assessment)**

<b>Conditions Identified at Birth</b> XXX.11 <input type="checkbox"/> Negative Family Index (includes XXX.12, V62.3 & V62.9) XXX.12 <input type="checkbox"/> Maternal Age <20 years V62.3 <input type="checkbox"/> Maternal Education <12 Years V62.9 <input type="checkbox"/> No Father's Name on Birth Certificate XXX.13 <input type="checkbox"/> Negative Healthy Start Index (765, V23.7, & XXX.17) 765 <input type="checkbox"/> Birth weight <2500 Grams (5 lbs. 8 oz.) V23.7 <input type="checkbox"/> No 1st Trimester Prenatal Care XXX.17 <input type="checkbox"/> Mother Smoked and/or Drank (> 7 drinks/week) during Pregnancy XXX.14 <input type="checkbox"/> 2 or More of the 6 Risk Conditions Listed Above <b>Medical/Biological Conditions Present in the Child (Any 1)</b> ● XXX.15 <input type="checkbox"/> Special Care Nursery >48 hours (specify medical conditions on back) ● 764.9 <input type="checkbox"/> Small for Gestational Age (birth weight < 10% for gestational age) ● 795.8 <input type="checkbox"/> HIV+ by EI, WB or PCR ● 779.5 <input type="checkbox"/> Drug Withdrawal Syndrome in Newborn	<b>Socio-Environmental Conditions Present in the Family (Any 1)</b> V19.2 <input type="checkbox"/> Family History of Hearing Impairment V61.5 <input type="checkbox"/> Multiparity in Mother <20 Years (more than 3 pregnancies) V61.21 <input type="checkbox"/> Previous or Current Child Protective Services/Foster Care V61.8 <input type="checkbox"/> History of Family Violence V62.89 <input type="checkbox"/> Difficulty Parenting Due to Lack of Family/Social Support V61.20 <input type="checkbox"/> Questionable Mother/Child Attachment V61.7 <input type="checkbox"/> Abortion Sought or Attempted this Pregnancy V61.4 <input type="checkbox"/> Maternal Substance Abuse (alcohol, street, prescription or OTC drugs as documented by self-report, drug screen or court record) V60.0 <input type="checkbox"/> Homelessness V17.0 <input type="checkbox"/> Maternal Mental Illness, Especially Depression V18.4 <input type="checkbox"/> Maternal Mental Retardation V16-V19 <input type="checkbox"/> Maternal Physical Illness or Disability Affecting Care of Child V60.2 <input type="checkbox"/> Inadequate Material Resources Affecting Care of Child V62.5 <input type="checkbox"/> Parental Incarceration XXX.16 <input type="checkbox"/> Three or More Injuries in 1 Year Requiring Medical Attention XXX.06 <input type="checkbox"/> Other Maternal Conditions Significantly Affecting Care of Child Specify _____
---	---

**SECTION D SIGNATURES**

Name of Person Completing Form _____	Agency _____	Phone _____	Date _____
Parent Signature (encouraged but not required for referral) _____		Parent Informed of Referral? Yes/No _____	

Child's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

**Section E LEVEL 2 RISK CONDITIONS**  
(Circle all that apply) (Medical/Biological Conditions Present in Child Indicating Referral to Public or Private Sector Care)

**Conditions Identified in Newborn Period**

- ☞ 765.0  Birth weight <1000gms (2lbs. 3oz.)
- ☞ 765.14-765.15  Birth weight < 1500 Grams (3lbs.5oz.) and >1000gms
- 770.9  Significant Respiratory Distress (vent. > 48hrs)
- ☞ 768.5  Apgar < 3 at 5 Minutes (asphyxia)
- ☐ 772.1  Intraventricular Hemorrhage (IVH) Grade III or IV
- ☐ 434.9  Periventricular Leukomalacia (PVL)
- ☞ 774.6  Hyperbilirubinemia Requiring Exchange Transfusion
- 777.5  Necrotizing Enterocolitis Requiring Surgery
- ❖ 770.7  Bronchopulmonary Dysplasia
- 779.0  Seizures in Newborn
- 770.8  Apnea
- 362.21  Retinopathy of Prematurity
- 767  Injury During Perinatal Period

**Serious Problems or Abnormalities of Body Systems**

- ❖ ☞ 749  Cleft Palate/Lip
- ❖ 750-751  Digestive System
- ❖ 752-753  Genito-Urinary System
- ❖ 745-747  Heart/Circulatory System
- ☞ 744  Head, Ear and Neck
- ❖ 756  Musculoskeletal System
- ❖ 748  Respiratory System
- ❖ 493  Asthma
- ❖ 759  Other Congenital Abnormalities

Specify Conditions for All Above \_\_\_\_\_

**Congenital Infections (Documented)**

- ☐ ☞ 771.1  Cytomegalovirus
- 774.4  Hepatitis B (Infant)
- V02.6  Hepatitis B (Mother)
- ☐ ☞ 771.2  Herpes
- ☐ ☞ 771.0  Rubella
- ☐ ☞ 090  Syphilis
- ☐ ☞ 771.2X  Toxoplasmosis

**Other Significant Conditions**

- ☐ 760.71  Fetal Alcohol Syndrome
- 783.4  Failure to Thrive/Growth Deficiency (Growth below 5th %)
- ❖ ☐ ☞ 389.9  Hearing Impairment
- ❖ ☐ ☞ 389.9X  Suspected Hearing Impairment
- ❖ ☐ 369.9  Visual Impairment
- ❖ 369.9X  Suspected Visual Impairment
- ☐ 299.0  Autism
- ❖ ☐ 358-359  Neuromuscular Disorder
- 779.3  Significant Feeding Problems/Reflux/Feeding Tubes
- ☐ 315.9  Developmental Delay
- ☐ 315.9X  Suspected Developmental Delay
- ☐ 315.3  Speech/Language Delay
- ♥ ❖ 984  Lead Level > 20ug/dl (Venous) Specify \_\_\_\_\_
- ♥ 984.X  Lead Level > 10 <20 ug/dl (Venous) Specify \_\_\_\_\_
- 960.6 -960.8  Ototoxic medications
- 854.00  Head Trauma
- 382.9  Recurrent or persistent otitis media
- 237.72  Neurofibromatosis Type II and neurodegeneration disorders
- ❖ XXX.03  Other Medical Condition(s) Affecting Child

Specify \_\_\_\_\_

**Acquired Infections (Documented)**

- ☞ 323.9  Encephalitis
- ☐ ☞ 320  Meningitis, Bacterial
- ☞ 321  Meningitis, All Other

**Genetic Conditions**

- ❖ ☐ ❖ 758.0  Down Syndrome
- ❖ ☐ 758  Major Chromosomal Abnormal Specify \_\_\_\_\_
- ❖ ☐ ❖ XXX.07  Metabolic Disease Specify \_\_\_\_\_
- ❖ ❖ 282  Hemoglobinopathy Specify \_\_\_\_\_

**Clinical Evidence of CNS Abnormality/Disorder**

- 779.9  Abnormal Reflexes/Motor Functioning
- ❖ ☐ 343  Cerebral Palsy
- ☐ 740  Anencephalus
- ❖ ☐ 742.3  Hydrocephalus
- ❖ ☐ 742.1  Microcephalus
- ❖ ☐ 741  Spina Bifida/Myelomeningocele
- ☐ 348.3  Encephalopathy
- ❖ ☐ 345  Seizure Disorder/Epilepsy

Symbols indicate conditions addressed by the programs below. The Children 1st Coordinator/appropriate staff should make referrals.

- High Risk Infant Follow-Up if <1 year
- ❖ Children's Medical Services
- ☐ Babies Can't Wait if <3 years
- ♥ Lead Program
- ☞ Track/Monitor for Hearing Loss
- ❖ Genetics

**SECTION G COMMENTS**

Have Parental rights been Terminated? Yes  No  If no, complete:  
 Birth Parent(s) Name: \_\_\_\_\_  
 Address-Street: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Form Received \_\_\_\_\_  
 Source of Referral (circle only 1):  
 Birth Certificate    Head Start    School  
 Hospital    Pre-K    Daycare Center  
 Physician    Parent    Public Health  
 DFCS    UNHS    Other \_\_\_\_\_  
 SSI (Supplemental Security Income)

Date Assessment Completed: \_\_\_\_\_  
 Referrals Resulting from Assessment  
 Yes    No  
 Date of Referral Directly to PH Programs (Level 2 only): \_\_\_\_\_

Reason for Discharge (circle only 1):  
 Cannot Locate    Unresponsive  
 Pending in \_\_\_\_\_    Moved out of State  
 Active in \_\_\_\_\_    Moved out of Care  
 Inappropriate Referral  
 Consent Withdrawn/Refused Date: \_\_\_\_\_  
 Out of Service Age Group

## INSTRUCTIONS: FORM 3267 CHILDREN 1<sup>ST</sup> REFERRAL

### Purpose:

The Children 1<sup>st</sup> Screening and Referral Form is used by Services Staff to refer children, under the age of three, in substantiated cases of neglect or abuse and children in foster care, under the age of five, to the Division of Public Health's Children 1<sup>st</sup> program for assessment and referral to public health prevention based programs and services.

### COMPLETION OF FORM:

Enter as much information as is known to facilitate appropriate follow-up by public health. If information is unknown, enter "unknown" in the field. Send the referral to the Children 1<sup>st</sup> Coordinator in the county where the child resides. Directory of Children 1<sup>st</sup> Coordinators is attached to these instructions.

### **Section A: Child and Family Information**

- Name of Child**                      Enter last name on birth certificate, first name and middle initial.
- Name of Mother**                      Enter last name, first name, middle initial and maiden name.
- Name of Father**                      Enter last name, first name, and middle initial.

### **Child's Information**

- Child's Address**                      Enter street address (residence of the child at the time of the referral).  
Include city, county, and zip code.
- Phone #**                                  List home phone number with area code.
- Directions to Home**                      Include directions to child's place of residence at the time of the referral.
- Latino/Hispanic**                      Circle **yes, no, or unknown** to indicate if child is of Latino or Hispanic descent, based on parent report.
- Select one race**                      Circle the race of child based on parent report.
- Sex of Child**                              Circle if child is male, female or sex is unknown.
- Date of Birth**                              Indicate month, date, and year of birth.
- Birth weight**                              Indicate child's birth weight (indicate if unknown).
- Gestational Age**                      Indicate number of weeks of gestation at time of birth (indicate if unknown).  
**Hospital**                                  Indicate name of hospital of delivery (indicate if unknown).

**Date of Discharge** Indicate date child was discharged from hospital of delivery (indicate if unknown).

**Type of Insurance** Circle type of insurance coverage for child (indicate if unknown).

**Medicaid #** List child's Medicaid number if known.

**Language Needs**

**Language** List the primary language spoken by mother.

**Translator Needed** Circle yes or no to indicate if a translator or interpreter is needed for family.

**Mother's Information**

**Age** Indicate age of mother at time of referral (indicate if unknown).

**Date of Birth** Indicate month, date and year of birth (indicate if unknown).

**Education** Indicate highest level of education completed (indicate if unknown).

**Martial Status** Circle marital status. M – Married, NM – Never Married, SEP – Married but Separated, D – Divorced and not remarried, W – Widowed and not remarried (indicate if unknown).

**Live in Partner** Circle yes or no to indicate if mother is living with partner (indicate if unknown).

**Medicaid #** List Medicaid number if known.

**Guardian/Foster Parent**

**Name of Guardian** List name of Guardian, if different from above about mother. Include foster parent's name and/or private child placement agency information. Use Section G, Comments to list primary language spoken by guardian and if a translator is needed.

**Child's Primary Medical/Health Care Provider**

**Primary Care Provider Information** Indicate name of primary care provider, address, phone and fax number, include area codes (indicate if unknown).

## Section B: Hospital Information

Hospital staff may complete this information if newborn is admitted or discharged at the time the referral is completed.

### Section C: Level of Risk Conditions (Families Offered In-Home Assessment)

Socio-Environmental Conditions Present in the Family (Any 1)

Circle V61.21 – in the right margin place a S – substantiated, SFC – foster care

### Section D: Signatures

Name of Person Completing form Indicate first/last name and title of person completing form. If child is in foster care, indicate name of placement case manager.

**Agency:** Indicate county DFCS office.

**Phone:** Indicate phone number of CPS Investigator or Placement Case Manager. Include pager or cellular numbers.

### Section G: Comments

Note any pertinent information about family or child that would assist the Children 1<sup>st</sup> coordinator in supporting the family. **Provide if known the address and telephone number of the biological mother and father.**

# The Culhane Family Scenario Notes

<p><b>Immediate safety concerns</b></p> 	<p><b>Family strengths</b></p> 
<p><b>Indicators of future risk</b></p> 	<p><b>Basic Information: collaterals, schools, relatives, etc.</b></p> 

[The Culhane Family Case File](#)



# Policy Review: Safety Assessments/Safety Plans

**Directions:** *Use Tablet Pen or separate paper*

- ❖ Find out your assigned team (2104.18 or 2104.20)
- ❖ On the “question” lines below, INDIVIDUALLY write three questions/ answers (+ one challenging bonus question) from assigned policy section. Locate questions beyond the first few pages you are assigned to review.
- ❖ All questions must be “Open-ended.” “Closed-ended” questions are not acceptable in this activity. Require application skills to answer.

**QUESTION 1:**

**ANSWER 1:**

**QUESTION 2:**

***ANSWER 2:***

***QUESTION 3:***

***ANSWER 3:***

***Bonus: QUESTION 1:***



***Bonus: ANSWER 1:***



## SAFETY ASSESSMENT- INSTRUCTIONS

The purpose of the safety assessment is to help determine whether any children are likely to be in immediate danger of serious physical harm, which may require a protecting intervention, and to determine what interventions should be maintained or initiated to provide protection.

### Case Information

**Complaint Date** – Date the report was received (enter mm/dd/yyyy).

**Case Name** – Name of the case.

**County Number** – Three-digit county number.

**Case Number** – Six-digit case number.

**Case Manager’s Name** – Name of the investigating case manager.

**Case Manager’s ID#** - Investigating case manager’s assigned caseload number.

**Date** – Date case manager completes the Safety Assessment.

**Children** – List by name each child living in the household.

**Caretaker** – List by name each person with caretaker responsibility living in the household.

### Assessment of Behaviors and Conditions

**Identify** the presence or absence of each of the thirteen behaviors or conditions for each child by placing an ‘X’ in each child’s ‘Yes’ or ‘No’ column to indicate the presence or absence of the factor. These factors are behaviors or conditions associated with a child’s being in danger of serious harm. **“Caretaker” refers to any person with caretaking responsibility. If more than one caretaker’s actions place a child at risk, indicate all caretakers responsible by placing an ‘X’ in the “Yes” column next to the caretaker’s number and for the child being referenced.**

- 1. Caretaker’s behavior toward child is cruel, malicious or callous.**
  - Physical or verbal, angry or hostile outbursts at child.
  - Use of bizarre punishment (e.g., scalding with hot water, burning with cigarettes, forced feeding).
  - Use of guns, knives or other instruments in a violent way.
  - Violently shakes or chokes baby or young child to stop a particular behavior.
  - Behavior that indicates a lack of self-control (e.g., reckless, unstable, raving, explosive).
- 2. Caretaker describes or acts toward child in predominantly negative terms or has unrealistic expectations.**
  - Describes child as evil, stupid, ugly or in some other demeaning or degrading manner.
  - Curses and/or repeatedly puts child down. Scapegoats a particular child in the family.
  - Expects a child to perform or act in a way that is impossible or improbable for the child’s age (e.g., babies and young children expected not to cry, expected to be still for extended periods, to be toilet trained or to eat neatly).
- 3. Caretaker caused physical harm to the child or has made a plausible threat to cause physical harm. This is especially critical in any situation where there is a child with a disability.**
  - Other than accidentally, caretaker caused abuse or injury (e.g., fractures, poisoning, suffocating, shooting, burns, bruises/welts, bite marks, choke marks, etc.).
  - An action, inaction or threat that would result in harm (e.g., kill, starve, lock out of home, etc.).
  - Caretaker has used torture or physical force that bears no resemblance to reasonable discipline.
- 4. Caretaker has previously maltreated a child and the maltreatment, or the caretaker’s response to the previous incidents, suggests that child safety may be an immediate concern.**
  - Previous maltreatment that was serious enough to cause or could have caused severe injury or harm.
  - Caretaker has retaliated or threatened retribution against child for past incidents.
  - Escalating pattern of maltreatment. Both parents cannot/do not explain injuries and/or conditions.
  - Caretaker does not acknowledge or take responsibility for prior inflicted harm to the child or explains incident(s) as justified.
- 5. The family refuses access to the child or there is reason to believe that the family is about to flee and/or the child’s whereabouts cannot be ascertained.**
  - Family has previously fled in response to a CPS investigation.
  - Family has removed child from a hospital against medical advice.
  - Family has history of keeping child at home, away from peers, school or other outsiders for extended periods.

6. **Caretaker has not, cannot or will not provide supervision necessary to protect child from potentially serious harm.**
  - Caretaker does not attend to child to the extent that child's need for care goes unnoticed or unmet (e.g., although caretaker is present, child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge or be exposed to other serious hazards).
  - Caretaker leaves child alone (time period varies with age and developmental stage).
  - Parents' whereabouts are unknown.
  
7. **Caretaker is unwilling, or is unable, to meet the child's needs for food, clothing, shelter and/or mental health care.**
  - No food provided or available to child or child starved or is deprived of food or drink for prolonged periods.
  - Child without minimally warm clothing in cold months.
  - No housing or emergency shelter; child must or is forced to sleep in the street, car, etc.; housing is unsafe, etc.
  - Caretaker does not seek treatment for child's immediate and dangerous medical conditions or does not follow prescribed treatment for such conditions.
  - Child appears malnourished.
  - Child is suicidal and parents will not take protective action.
  - Child shows effects of maltreatment such as serious emotional symptoms and lack of behavior control or serious physical symptoms.
  
8. **Explanation for the injury is unconvincing and/or inconsistent.**
  - Caretakers' explanation for the observed injury is inconsistent with the type of injury.
  - Caretaker's description of the causes of the injury minimizes the extent of harm to the child.
  - Medical evaluation indicates injury is result of abuse, but parent denies or attributes injury to accidental causes.
  
9. **Child is fearful of caretaker(s), other family members or other people living in or having access to the home.**
  - Child cries, cowers, cringes, trembles or otherwise exhibits fear in the presence of certain individuals.
  - Child exhibits severe anxiety (i.e., nightmares, insomnia) related to situations associated with persons in the home.
  - Child has reasonable fears of retribution or retaliation from caretakers.
  
10. **The child's physical living conditions are hazardous, threatening, or unsafe.**
  - Leaking gas from stove or heating unit.
  - Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in open.
  - Lack of water or utilities and no alternate provisions made, or alternate provisions are inappropriate (e.g., stove, unsafe space heaters for heat).
  - Open windows, broken or missing windows, exposed electrical wires.
  - Serious illness or significant injury has occurred, attributed to living conditions and these conditions still exist (e.g., lead poisoning, rat bites).
  - Evidence of human or animal waste throughout living quarters.
  - Guns and other weapons are not locked.
  
11. **Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.**
  - Access by possible or confirmed perpetrator to child continues to exist.
  - It appears that caretaker or other has committed rape, sodomy or has had other sexual contact with child.
  - Caretaker or others have forced or encouraged child to engage in sexual performances or activities.
  
12. **Caretaker's current drug or alcohol abuse affects ability to supervise, protect or care for the child.**
  - Caretaker has misused drugs or alcoholic beverages to the extent that control of his/her action is lost or significantly impaired. As a result, the caretaker is unable, or will likely be unable, to care for the child, or has harmed the child or is likely to harm the child.
  
13. **Domestic Violence/Other (specify)**

Possible examples:

  - Child saw or heard the violent incident.
  - Child was injured during the violent incident.
  - Child's behavior likely to provoke caretaker to harm the child.
  - Unexplained injuries. Caretaker refuses to cooperate or is evasive.
  - Abuse or neglect related to child death or unexplained child death.
  - Serious allegations with significant discrepancies or contradictions by caretaker.
  - Criminal behavior occurring in the presence of the child.

## Reasonable Efforts Checklist

For each condition identified for each child, consider the resources available in the family and the community that might help to keep the child safe. Below each child's number, place 'X' in the space for each response selected to protect that child. Describe in the Log of Contacts all safety interventions taken or immediately planned and explain how each intervention protects (or protected) each child.

If CPS is initiating legal action to place the children: (1) explain why responses 1 – 6 could not be used to keep the children safe and (2) describe your discussion with caretakers regarding the placement.

### Safety Decision

Identify each child's safety decision by placing 'X' below the child's number by the selected safety decision (Unsafe, Conditionally Safe or Safe). Base each decision on an assessment of all safety factors and any other information known about the child and this case. Select "Safe" only if no safety factors were identified.

Supervisor Signature / Approval of Plan and Date Approved

The supervisor's signature on the Safety Assessment means that the supervisor has discussed the plan with the case manager and agrees that the plan to ensure safety will provide for children's conditional safety.



## Notice of Privacy Practices Georgia Department of Human Resources

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED BY THE DEPARTMENT AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. This notice is effective April 14, 2003. It is provided to you pursuant to provisions of the Health Insurance Portability and Accountability Act of 1996 and related federal regulations. If you have questions about this Notice please contact the Legal Services Office at the address below.**

The Department of Human Resources is an agency of the State of Georgia responsible for numerous programs that deal with medical and other confidential information. Both federal and state laws establish strict requirements for most programs regarding the disclosure of confidential information, and the Department must comply with those laws. For situations where more stringent disclosure requirements do not apply, this Notice of Privacy Practices describes how the Department may use and disclose your protected health information for treatment, payment, health care operations and for certain other purposes. This notice also describes your rights to access and control your protected health information, and provides information about your right to make a complaint if you believe the Department has improperly used or disclosed your "protected health information." Forms are available upon request to the contact persons identified in Section 3 to assist you in exercising your rights or filing a complaint. Protected health information is information that may personally identify you and relates to your past, present or future physical or mental health or condition and related health care services. The Department is required to abide by the terms of this Notice of Privacy Practices, and may change the terms of this notice, at any time. A new notice will be effective for all protected health information that the Department maintains at the time of issuance. Upon request, the Department will provide you with a revised Notice of Privacy Practices by posting copies at its facilities, publication on the Department's website, in response to a telephone or facsimile request to the Privacy Office, or in person at any facility where you receive services from the Department.

### **1. Uses and Disclosures of Protected Health Information**

Your protected health information may be used and disclosed by the Department, its administrative and clinical staff and others involved in your care and treatment for the purpose of providing health care services to you, and to assist in obtaining payment of your health care bills.

**Treatment:** Your protected health information may be used to provide, coordinate, or manage your health care and any related services, including coordination of your health care with a third party that has your permission to have access to your protected health information, such as, for example, a health care professional who may be treating you, or to another health care provider such as a specialist or laboratory.

**Payment:** Your protected health information may be used to obtain payment for your health care services. For example, this may include activities that a health insurance plan requires before it approves or pays for health care services such as; making a determination of eligibility or coverage, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Health Care Operations:** The Department may use or disclose your protected health information to support the business activities of the Department, including, for example, but not limited to, quality assessment activities, employee review activities, training, licensing, and other business activities. The Department may use a sign-in sheet at the registration desk at any facility where services are provided. You may be asked to provide your name and other necessary information, and you may be called by name in the waiting room when a staff member is ready to see you, and your protected health information may be used to contact you about appointments or for other operational reasons. Your protected health information may be shared with third party "business associates" who perform various activities that assist us in the provision of your services. Other uses and disclosures of your protected health information will be made only with your written authorization, which you may revoke in writing at any time, except as permitted or required by law as described below.

**Other Permitted or Required Uses and Disclosures with Your Authorization or Opportunity to Object:**

The Department may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. Unless you object, the Department may disclose protected health information for a facility directory or to a family member, relative, or any other person you identify, information related to that person's involvement in your health care and may use or disclose protected health information to notify or assist in notifying a family member, personal representative or other person responsible for your care of your location, general condition or death. The Department may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. Objections may be made orally or in writing.

**Permitted or Required Uses and Disclosures without Your Authorization or Opportunity to Object:**

The Department may use or disclose your protected health information without your authorization when required to do so by law; for public health purposes; to a person who may be at risk of contracting a communicable disease; to a health oversight agency; to an authority authorized to receive reports of abuse or neglect; in certain legal proceedings; and for certain law enforcement purposes. Protected health information may also be disclosed without your authorization to a coroner, medical examiner or funeral director; for certain approved research purposes; to prevent or lessen a threat to health or safety; and to law enforcement authorities for identification or apprehension of an individual.

**Required Uses and Disclosures:** Under the law, the Department must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine the Department's compliance with the requirements of the Privacy Rule at 45 CFR Sections 164.500 et. seq.

**2. Your Rights**

The following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to inspect and copy your protected health information.** Upon written request, you may inspect and obtain a copy of protected health information about you for as long as the Department maintains the protected health information. This information includes medical and billing records and other records the Department uses for making medical and other decisions about you. A reasonable, cost-based fee for copying, postage and labor expense may apply. Under federal law you may not inspect or copy psychotherapy notes; information compiled in anticipation of, or for use in, a civil, criminal, or administrative proceeding, or protected health information that is subject to a federal or state law prohibiting access to such information.

**You have the right to request restriction of your protected health information.** You may ask in writing that the Department not use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations, and not to disclose protected health information to family members or friends who may be involved in your care. Such a request must state the specific restriction requested and to whom you want the restriction to apply. The Department is not required to agree to a restriction you request, and if the Department believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted, except as required by law. If the Department does agree to the requested restriction, the Department may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** Upon written request, the Department will accommodate reasonable requests for alternative means for the communication of confidential information, but may condition this accommodation upon your provision of an alternative address or other method of contact. The Department will not request an explanation from you as to the basis for the request.

**You may have the right to request amendment of your protected health information.** If the Department created your protected health information, you may request in writing an amendment of that information for as long as it is maintained by the Department. The Department may deny your request for an amendment, and if it does so will provide information as to any further rights you may have with respect to such denial.

**You have the right to receive an accounting of certain disclosures the Department has made of your protected health information.** This right applies only to disclosures for purposes other than treatment, payment or healthcare operations, excluding any disclosures the Department made to you, to family members or friends involved in your care, or for national security, intelligence or notification purposes. Upon written request, you have the right to

receive legally specified information regarding disclosures occurring after April 14, 2003, subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from the Department**, upon request.

all written requests regarding your rights, as set forth above should be sent to the DHR Division, Office or facility that maintains your PHI.

### **3. Complaints**

You may complain to the Department and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint in writing with the DHR Division, Office or facility that maintains your PHI. You must state the basis for your complaint. The Department will not retaliate against you for filing a complaint. You may contact the Division, Office or facility **Privacy Coordinator** or the Department's **Legal Services Office** at telephone (404) 656-4421, facsimile (404) 657-1123, or by mail to **2 Peachtree Street NW, Room 29.210, Atlanta, Georgia 30303-3142** for further information about the complaint process or this notice. Please sign a copy of this Notice of Privacy Practices for the Department's records.

I have received a copy of this Notice on the date indicated below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Additional Information: Culhane Family



### ASSESSMENT STAGE: ADDITIONAL INFORMATION LEARNED AFTER THE INITIAL VISIT (DURING THE 30-DAY ASSESSMENT PERIOD) IS PROVIDED BELOW.

Heather Culhane's (3-month-old) diaper rash was infected. The area appeared red and raw. It was starting to blister and was bleeding.

Ms. Culhane and Mr. Avers do not have a history of mental illness. There is no prior abuse/neglect history for Ms. Culhane as a perpetrator. It is unknown if Mr. Avers was a victim of child abuse/neglect, but he hesitantly denied any such history.

Ms. Culhane receives food stamps (although the tape erroneously states she is applying for them, she is actually just updating her application.) She voluntarily chose to send her older daughter, Ashley, to live with the paternal grandparents without CPS intervention.

As told by the PGM of Ashley, Ms. Culhane experienced Family Violence with both of her children's fathers. Heather's father, Billie Johnson, has not been involved with Heather. He moved to an unknown location shortly after Ms. Culhane became pregnant, and he advised her to not have the baby because he was not ready to be a father. Note on the tape, Ms. Culhane denies ever being victimized by significant others. The PGM stated that Ashley's Father has made lots of mistakes by not stepping in to assist with raising his child. However, she would not elaborate more on his current whereabouts or how to contact him.

The Case Manager suspected Family Violence and provided Ms. Culhane with information about resources available in the community. To date she has not called back for further information or resources.

[The Culhane Family Case File](#)



## **IN A SUBSEQUENT FOLLOW-UP OFFICE VISIT WITH MS. CULHANE AND MR. AVERS, THE ASSESSOR LEARNED THE INFORMATION BELOW:**

Ms. Culhane had taken Heather to the doctor for the diaper rash as agreed on in the safety plan. CW saw the medication and examined Heather. The diaper rash was healing appropriately. Ms. Culhane and Mr. Avers discussed how they think things will be better when Mr. Avers finds a job and Ms. Culhane can stop working at the bar. Mr. Avers said that they plan to marry.

The Assessor contacted Dr. Smith, Pediatrician. Dr. Smith confirmed that Heather was seen at his office on 3/9. He treated her for an upper respiratory infection and severe diaper rash. Heather was prescribed Amoxil for the diaper rash infection and the upper respiratory infection. Ms. Culhane was also advised to use Neosporin ointment on the diaper rash. Dr. Smith confirmed that Heather is now up to date on her immunizations.

## **ADDITIONAL COLLATERAL CONTACT**

During the Culhane Assessment, a collateral contact via telephone was made with Ashley's PGM, Ms. Mary Smith, who lives in Oklahoma.

Ms. Smith reports that Ms. Culhane was very young when she had Ashley. Due to the fact that Ms. Culhane could not provide for Ashley and meet her needs, Ms. Culhane voluntarily allowed Ashley to live with Ms. Smith without CPS involvement. Ashley has been with Ms. Smith since she was two years old. According to Ms. Smith, Ashley tested negative for drugs/alcohol at the time of birth. Ms. Culhane telephones Ashley once or twice a year and Ms. Smith cannot remember the last time Ms. Culhane came to visit Ashley. Ms. Smith feels that Ashley should remain in her care and that Ms. Culhane is still not stable and capable of meeting Ashley's needs.

## **AFTER CASE SUBMITTED TO SUPERVISOR FOR DISPOSITION**

A criminal background check was completed out of state for Mr. Avers since he lived in Louisiana previously. The results were returned after the case was transferred for FPS services (after the initial safety/risk assessments were completed). No history was found although Mr. Avers himself indicated he had past DUIs and suspected there may be DFCS reports filed on him by his ex-wife. Further clarification needed from Mr. Avers.

**GEORGIA DEPARTMENT OF HUMAN RESOURCES (Form 40)**

\_\_\_\_\_ County Department  
of Family and Children Services

**AGREEMENT**

Case Number: \_\_\_\_\_

\_\_\_\_\_ **Foster Home**

I have this date \_\_\_\_\_ accepted in my home:

_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____
_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____
_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____
_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____
_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____
_____	<b>BORN:</b> _____	<b>CASE NO:</b> _____

(from) \_\_\_\_\_  
(to) \_\_\_\_\_, \_\_\_\_\_ County  
**NAME OF PERSON**

Department of Family and Children Services (for) foster care in accordance with the agreement  
with the \_\_\_\_\_ (from)

\_\_\_\_\_ County Department of Family and Children Services to provide  
foster care

Signed, \_\_\_\_\_

**FOSTER FATHER**

\_\_\_\_\_  
**FOSTER MOTHER**

Date: \_\_\_\_\_

\_\_\_\_\_  
Representative of \_\_\_\_\_ County  
Department of Family and Children Services

# GEORGIA DEPARTMENT OF HUMAN RESOURCES

## FOSTER CHILD INFORMATION SHEET (Form 469)

Birthdate \_\_\_\_\_

Name child likes to be called \_\_\_\_\_

Social Security Number \_\_\_\_\_

Medical history (disorders, allergies, dental history) \_\_\_\_\_

Psychological and social history \_\_\_\_\_

School history (last school attended, achievement level, school adjustment) \_\_\_\_\_

Why child is in foster care \_\_\_\_\_

History of foster care (other families: where (City or part of town), and why child was moved) \_\_\_\_\_

Does child have special toy or object? \_\_\_\_\_ Is it in his possession now? \_\_\_\_\_

Sleep patterns and rituals \_\_\_\_\_

Food preferences and dislikes \_\_\_\_\_

Are pictures of natural family available? \_\_\_\_\_ Does child have them with him now? \_\_\_\_\_

Where is his natural family? \_\_\_\_\_

Who are the members? \_\_\_\_\_

Are siblings in foster care? Where? \_\_\_\_\_

What are the plans for this child? \_\_\_\_\_

Religious preferences (if any) \_\_\_\_\_

Clothing preferences (colors and style) \_\_\_\_\_

Fears \_\_\_\_\_

Special skills or achievements \_\_\_\_\_

# Module Seven: THE FAMILY PRESERVATION SERVICES STAGE



## Learning Objectives:

The Case Manager will be able to:

### Section A: FPS Defined

- List the core components and six non-negotiable mandates of the FPS Model of Practice
- Clarify why Family Preservation Services are considered “voluntary” and identify what steps should be taken if a family refuses to accept
- Describe the Case Manager’s role if illegal activity is suspected in a family’s home

### Section B: FPS Policy

- Locate FPS policy in the CPS Manual and SS County-Letter 2007-03

### Section C: Case Management

- Define the purpose of the Joint Initial Family Meeting
- Define and plan for a purposeful, meaningful, and frequent (progressive) contact
- Explain why collateral sources are contacted in addition to gathering information from caregivers
- List Agency funds available to assist FPS families
- Identify how DFCS intervention affects families
- Explain why FPS Case Managers seek information on the educational, physical, and psychological needs of a child
- List DFCS challenges in working with children (and their parents) who have mental health needs

### Section D: The Culhane Family in the FPS Stage

- Differentiate how families perceive respect
- After viewing a case scenario, identify what interview techniques that help or hinder the Case Manager’s ability to build rapport with a family
- Differentiate how to interview children from adults

## **Section E: Family Team Meetings**

- Explain the difference between a FTM and a family meeting
- Define FTM and the policy mandates
- List the stages of an FTM
- Clarify the role of relatives in the FTM and the impact on the Adoption process when applicable

## **Section F: Developing Family Plans**

- Differentiate a Safety Plan from a Family Plan
- Define goals and steps
- Using a case scenario, write goals and steps specific to the family's areas of concern
- Describe how to write Family Plans that motivate change
- In a case scenario, identify what goals a family should work on first

## **Section G: Reassessments**

- Identify when/why FPS Case Managers reassess safety and risk factors
- Differentiate case management issues that are related to safety and risk reduction from those that may lead families to become DFCS dependent
- Identify how providing services can keep families together
- Clarify Agency policy regarding school access to family information
- Describe the process of handling subsequent reports of maltreatment in FPS
- Identify options available to relatives who take responsibility for children

## **Section H: FPS Case Closures**

- Describe the difference between FPS caseloads that are managed well and ones that are not
- Describe when/how to close an FPS case and when to keep open
- Identify the need to end the “relationship” between the FPS Case Manager and the family
- Describe the steps an FPS Case Manager can take to prevent repeat allegations of maltreatment

## **Section I: Whatever Happened to the Culhane Family?**

- Identify why some FPS efforts fail and steps a Case Manager can take to prevent removals



## POLICY CHECK: FPS



**DIRECTIONS:** Answer the following questions (and identify the policy cite) using the CPS Policy download for reference

1. When substance abuse is identified as a risk indicator in the Family Plan, how many drug screens would a single parent provide if the case has been open three months?
2. What are the two **CPS** outcome options on the Family Plan?
3. Identify seven signs of substance abuse relapse?
4. How many collateral sources should the FPS Case Manager contact if the overall risk indicated level for the family has decreased to Very Little?
5. If the same low-risk family just described receives services from Babies Can't Wait, whom would an FPS Case Manager need to contact before submitting the case for closure?

## POLICY CHECK: FPS (continued)

6. Where are face-to-face contacts made with young children who attend a daily child care program?
  
7. Where in the CPS policy manual do you find information about a family's eligibility to receive PUP funds?
  
8. Is there anything the FPS Case Manager should do if a family makes little to no change on accomplishing the goals and steps in the Family Plan?
  
  
  
  
  
  
  
  
  
  
9. Who should FPS Case Managers contact as a collateral source?

# Family Assessment and Social Summary Tool

Family Assessment and Social Summary

  COUNTY DEPARTMENT OF FAMILY AND CHILDREN SERVICES  
FAMILY ASSESSMENT AND SOCIAL SUMMARY

**Instructions:** Must be completed in a narrative format. Each item includes an expandable field for documentation.

Case Name:   Prepared by:    
 Case Number:   Date Completed:  

**I Nuclear Family/Other Household Members:**

Name	Date of Birth (MM-DD-YY)	Relationship (MO, FA, CH)	Maternal (M) or Paternal (P)	Address	Contact Number (111-111-1111)

**II: Extended Family/Significant Others (include out-of-town relatives)**

Name	Date of Birth (MM-DD-YY)	Relationship (MO, FA, CH)	Maternal (M) or Paternal (P)	Address	Contact Number (111-111-1111)

**II. Specific Needs/Problems Which Created Risk:**

**III. Presenting Problem/Reason For CPS Involvement:**

**IV. Family Lifestyle:**

1. Physical Home Environment (safety, cleanliness, space, food, utilities):
2. See Financial Data sheet:
3. Education History: Complete for all household members:

Name	Last Grade Completed	School	Teacher's Name	Comments Special Ed (Y or N)

(NOTE: This table as needed when completed on tablets.)

4. Work History (include last three jobs for mother, all fathers and all household members)

Name	Job Title	Employer (include telephone contact number)	How Long Employed?	Reason For Leaving

5. Community Involvement/Support System:

For all household members, list social, religious, professional and civic involvement and explain support received.

██████████

6. Extended Family Support:

1. Financial: ██████████
2. Child Care: ██████████
3. Emotional: ██████████
4. Safety Resource ██████████

List and explain their support and involvement (or potential involvement).

██████████

7. Transportation Method:

██████████

V. Parenting Practices

1. Discipline Methods:  
██████████
2. Rules of the home (bedtime, nudity/privacy issues, chores, mealtimes and routines):  
██████████
3. Child Care (babysitting, before and after school, summer, etc.):  
Include names, addresses and contact numbers of people providing care.  
██████████

VI. Family History (complete on each caretaker in the current home)

Minimum guidelines for discussion:

- How were you parented and disciplined as a child?

- What were the rules in your family growing up?
- Did your family eat meals together?
- Who did you go to when you had a problem?
- Who were your siblings and their birth orders?
- Family of origin substance abuse, mental health, domestic violence and child abuse and neglect history
- Family of origin and current family's health history to include medication.
- What are the parents' perceptions of previous social services history?
- Genogram attached.
- Juvenile and adult criminal history (See criminal background check)

VII. Child Information:

Minimum guidelines for discussion:

- Court involvement:
- Significant events:
- Developmental delays:
- School issues:
- Physical and mental health:
  - a. Doctor's name:
  - b. Medications:
  - c. Diagnosis:
  - d. Allergies:
  - e. Immunizations:
  - f. Hospitalizations:
- Relationship with siblings
- Absentee parents
- Previous social services history (CPS and formal or informal placement/out of home)
- Social interaction with peers

VIII. Diagnostic Assessment:

1. Family's Perspective of Current Maltreatment and the likelihood of Risk Reoccurrence and treatment barriers:  
[REDACTED]

2. Worker's Perspective of Current Maltreatment, the Likelihood of Risk Reoccurrence, and Treatment Barriers:  
[REDACTED]

IX. Additional Information:  
[REDACTED]

\*\*\*The Financial Statement is MANDATORY

Financial Statement

Case Name:  Case Number:

Date:

Monthly Expenses:

Mortgage/Rent:	\$	<input type="text"/>
Electricity:	\$	<input type="text"/>
Gas:	\$	<input type="text"/>
Water:	\$	<input type="text"/>
Telephone:	\$	<input type="text"/>
Cellular Phone:	\$	<input type="text"/>
Home Insurance:	\$	<input type="text"/>
Auto Insurance:	\$	<input type="text"/>
Cable:	\$	<input type="text"/>
Credit Card:	\$	<input type="text"/>
Car Payment:	\$	<input type="text"/>
Child care:	\$	<input type="text"/>
Food:	\$	<input type="text"/>
Auto Expenses:	\$	<input type="text"/>
Loans:	\$	<input type="text"/>
Child Support:	\$	<input type="text"/>
Other:	\$	<input type="text"/>
Total:	\$	<input type="text"/>

Please list the account holder on each of the following:

Mortgage/Lease:

Landlord:

Electric:

Gas:

Water:

Automobile:

Monthly Income:

Household Member: <input type="text"/>
Employer: <input type="text"/>
Length of time employed: <input type="text"/>
Net monthly income: \$ <input type="text"/>
Household Member: <input type="text"/>
Employer: <input type="text"/>
Length of time employed: <input type="text"/>
Net monthly income: \$ <input type="text"/>

Total Net Income:	\$	<input type="text"/>
Child Support:	\$	<input type="text"/>
Social Security (SS, SSI, SSA Death Benefits):	\$	<input type="text"/>
TANF:	\$	<input type="text"/>
Food Stamps:	\$	<input type="text"/>
Unemployment:	\$	<input type="text"/>
Other: <input type="text"/>	\$	<input type="text"/>
Total:	\$	<input type="text"/>



## **WBO1: Families have enhanced capacities to provide for their children's needs...**

### **How can I influence this outcome as a new Case Manager?**

- Document contacts with parents inclusive of discussions related to all identified risk factors, family plan goals and identified safety areas.
- Document discussion with parent(s) regarding the services provided (inclusive of progress toward goals, value of services provided, frequency of services provided, permanency planning and resources available to provide support).
- Document all contacts with paternal families and the inclusion of paternal families in the case management process.

# Instructions: Why Are You Here?

## I. Make up a case scenario that would be open in FPS and meets the assigned criteria.

1. Plan how to successfully close the case in the allotted number of visits (the number of members in your group). Plan for a good case outcome (safety and risk reduction) no matter how serious the initial concerns/obstacles are. Advise the class how often visits will occur (weekly, biweekly, monthly?)
2. Decide the order that group members will present. The first visits should be distinctly different from the later ones where services are close to termination.
3. Individually write on Chart Paper:
  - a. Purpose of each visit
  - b. What will be discussed (the meaning of the visit)
  - c. What was accomplished since the last visit
  - d. Plans for the next visit

## II. Group Assignments

- ❖ Group 1: Considerable level of risk, Family Violence indicators, Substantiated physical abuse of 12 year old boy (bruises but no medical attention needed)
- ❖ Group 2: Somewhat level of risk, Mother has been diagnosed with bipolar disorder but is currently compliant with medication, 8 and 6 year old daughters in the home. Substantiated lack of supervision as children found alone one evening for the first time.

## Instructions (continued): Why Are You Here?

- ❖ Group 3: Extreme level of risk, substantiated medical neglect, 4 month old infant in home, teenage Mother failed to seek routine medical care for infant until child in respiratory distress, diagnosed as failure to thrive, MGM lives in the home but works overnight, and child has been released from the hospital.
  
- ❖ Group 4: Somewhat level of risk: Single Father living alone with 13 year old son. Mother's whereabouts unknown. Substantiated physical abuse by Father in response to child's poor school report. Child's lip required stitches. Father has failed to meet with school to follow process to have son evaluated for Special Education classes. Father expresses remorse and wants to learn to manage his son's behavior.
  
- ❖ Group 5: Low level of risk, FPS Court ordered, Neglect allegations unsubstantiated. Paternal Grandmother has gone to Juvenile Court multiple times seeking custody of her 2 grandsons, age 2 and 10. She alleges the Mother is leaving the children home alone, there is no food in the house, and the Mother's boyfriend is a known drug dealer. The Assessor was unable to find indicators of what the MGM has alleged. The Father is currently incarcerated.
  
- ❖ Group 6: Considerable level of risk, neglect (supervision) substantiated: Single Mother enrolled in outpatient drug treatment program after the police picked up (but later returned home) her children, age 2 months and 9 years old. The 9 year old was found wandering a busy street looking for her mother and/or formula for her baby brother. The Mother has previously relapsed two other times after completing substance abuse programs.



## CAPS IN SUPPORT OF CHILD PROTECTIVE SERVICES

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
Child in an open protective services case and lives in home of the CPS client.	<ul style="list-style-type: none"> <li>Child Protective Services (CPS)</li> <li>To provide child with an alternative, safe, place; and/or</li> <li>To allow child to be reunited with client in home.</li> </ul> NO WORK ACTIVITY	<ul style="list-style-type: none"> <li>Adult must have an open CPS case;</li> <li>Child care must be identified in case/safety plan;</li> <li>Adult must meet income &amp; residence criteria;</li> <li>Fees based on family income.</li> </ul>
Child in open CPS case moves to home of a relative or family friend  (DFCS does <b>not</b> have custody.)	To allow responsible person to work, attend school or training.	<ul style="list-style-type: none"> <li>Consider circumstances of caregiver in this situation;</li> <li>Must be open CPS case;</li> <li>Need for care is based on CAPS approved activity;</li> <li>Adult should be participating in approved activities an average of 30 hours per week;</li> <li>Adult must meet income &amp; residence criteria;</li> <li>Fees based on family's income.</li> </ul>
Court-Ordered Supervision	To comply with court order of supervision for the child.	<ul style="list-style-type: none"> <li>Child care must be identified in safety plan.</li> <li>No hourly participation requirements.</li> <li>Family must meet residency and income requirements.</li> <li>Fees are based on family's income.</li> <li>Referral must be filed in CAPS case record.</li> </ul>
Child in DFCS custody but does <b>not</b> live in a Family Foster Home (Regular or Relative)	To allow adult/responsible person to work, attend school or training.	<ul style="list-style-type: none"> <li>Children are not eligible for Supplemental Supervision;</li> <li>Must be open placement case;</li> <li>Adult must meet need &amp; residency requirements;</li> <li>Need for care based on CAPS approved work</li> </ul>

SITUATION	NEED FOR CARE	POLICY/PROCEDURES
		activity; <ul style="list-style-type: none"> <li>• Adult must participate an average of 30 hours;</li> <li>• Adult's income not applicable as long as child is in DFCS custody;</li> <li>• No fees are assessed.</li> <li>• If child is removed from DFCS custody and custody is transferred to the adult, use the family's income to determine eligibility.</li> <li>• If the family needs child care for other children in the home who are <u>not</u> in DFCS custody, follow the basic CAPS policies to determine eligibility. Assess fees, if applicable.</li> </ul>
Child lives in a Family Foster Home (Regular or Relative)	To allow the foster parent to work outside the home.	<ul style="list-style-type: none"> <li>• Child must be a legal citizen, under age 13 or 18, if special needs;</li> <li>• Must be placed in a DFCS approved Family Foster Home through DFCS or through Child Placement Agency (CPA);</li> <li>• Requires a referral (Form 57) from SSCM;</li> <li>• Children should receive priority service.</li> <li>• Foster parent must need regular, on-going care to work;</li> <li>• No face-to-face interview is required;</li> <li>• Child in foster care is a family unit of one, even if there are siblings;</li> <li>• Do not verify income or work participation hours of foster parents.</li> </ul>

NOTE: Children placed in other settings, such as therapeutic foster care, intermediate treatment centers, relative homes, etc. are not eligible for Supplemental Supervision.

# Your Opinion Please

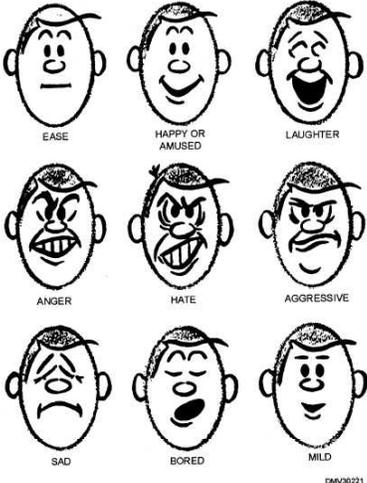
Please consider carefully each of the possible responses to the following questions. Circle the letter corresponding to your choice.

1. I prefer that people who visit in my home...
  - A. Call and arrange a convenient time in advance.
  - B. Let me know that they are coming on a particular day, but need not be specific about the time.
  - C. Drop in unexpectedly.
  
2. When I have guests for a meal, I prefer...
  - A. To be in the kitchen alone and to serve the meal myself.
  - B. To have the guests with me in the kitchen to keep me company.
  - C. To have the guests pitch in and help with the preparation and cleanup.
  
3. If someone drops in while I'm eating a meal, I would most likely...
  - A. Ask him or her to come back later when it would be more convenient.
  - B. Ask him or her to have a seat in the living room until the meal is finished.
  - C. Discontinue the meal to join the guests.
  - D. Add another place and insist that they join in the meal.
  - E. Ask them to sit with me (us) at the table, but not ask them to join in the meal.
  
4. If I walked in on a guest opening a closet or bureau drawer, I probably would...
  - A. React with indignation and anger.
  - B. Ask if he or she were looking for something.
  - C. Tell him or her that I would like to have my privacy respected.
  - D. Pretend I didn't notice.
  
5. The compliments which mean the most to me generally come from persons...
  - A. Who know me well.
  - B. Who are casual acquaintances.
  - C. Who are total strangers.
  - D. Who are "experts" in the area about which they are commenting.

Source: Lloyd, 1989.

# CULHANE **FPS** OBSERVATIONS

## Of Case Manager, David Mack

<p><b>Facial Expressions</b></p> 	<p><b>Body Language</b></p> 
<p><b>Questions Asked, Responses Given (good/bad?)</b></p> 	<p><b>Engagement Skills</b></p> 
<p><b>Ability to Motivate</b></p> 	<p><b>Obstacles Created</b></p> 

## DFCS Family Team Meeting Agreement on Confidentiality

\_\_\_\_\_  
 \_\_\_\_\_  
**Family Name**

**Facilitator(s)**

\_\_\_\_\_  
 \_\_\_\_\_  
**Date:**

**Location:**

Family Team Meetings are an organized way for people to meet and work together to help families find ways to address concerns, make a decision and/or create a plan for the future. Within the Family Team Meeting some sensitive information will be discussed. This includes protected health information (PHI) about the client and/or child(ren) as outlined in Form 5459. Out of respect for family members and their privacy, what is discussed in the Family Team Meeting must remain confidential. By signing this paper, you are agreeing to keep the information shared here private and confidential, except as otherwise permitted in separate and properly executed Releases of Information and in pending Juvenile Court or other Court actions.

Signature of Agreement on Confidentiality	Printed Name	Address and Phone Number	Relationship to Family	Date



Name of Individual

DOB of Individual

IF AVAILABLE

ID Number Used by Requesting Agency

ID Number Used by Releasing Agency

I hereby request and authorize:

Persons attending Family Team Meetings scheduled by the \_\_\_\_\_ County Department of Family and Children Services, service providers, court officials and/or other individuals or agencies deemed by \_\_\_\_\_ County DFCS to be in need of such routinely confidential information.

(Name of Person or Agency Holding Information)

(Address)

to obtain from:

The \_\_\_\_\_ Co. Department of Family and Children Services

(Name of Agency Requesting Information)

(Address)

The following types(s) of information from my records (and specific portions thereof):

Personal health related information and other routinely confidential information pertaining to me and my minor children. This release includes, but is not limited to, information related to substance abuse detection and treatment, and mental health or physical health issue: including, but not limited to, copies of reports, files, documents, and written and verbal correspondence, etc.

for the purpose of: Provision of Social Services and /or Economic Support Services to me and my minor children

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for: (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here:

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me.

(Date)

I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.

(Signature of Witness)

(Date)

(Signature of Individual)

(Date)

(Title or Relationship to Individual(s))

(Signature of Individual)

(Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

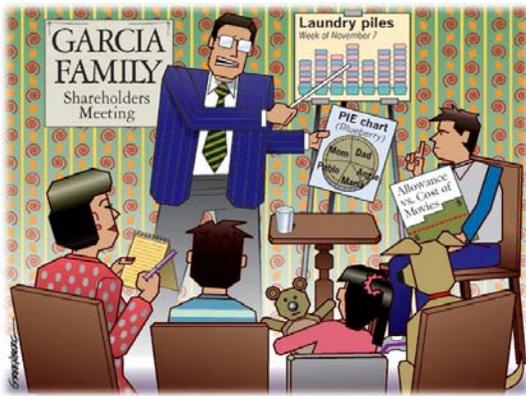
(Signature of Individual)  
GA DFCS Education and Training Section  
Electronic Participant Guide

(Date this Authorization is Revoked)  
February 2009  
Strengthening Families

Page 114

(Signature of Individual)

(Date this Authorization is Revoked)



## How to Develop a Family Plan at an FTM that Motivates Change

- Listen carefully to what is said and not said by the family
- Clarify points to be sure all understand what is being stated
- Articulate what the family dynamics should “look like” before DFCS services end
- Respectfully address the adults in the room
- Write in simple language so as not to appear as if there is a “hidden” message underneath the words
- Offer PUP funds when available to assist with changes. Most people want tangible evidence of help
- Include the children based on maturity
- Be sure all adults are present and included. For example, don’t leave out the boyfriend who may be the source of the risk in the household
- Confront inconsistencies to clarify underlying issues
- Remember you may be working with an adult victim of violence. Use good judgment to avoid “re-victimization of the victim” by assigning all the steps for them to accomplish alone





## **WBO1: Families have enhanced capacity to provide for their children's needs: Child and family involvement in the Family Plan...**

### **How can I influence this outcome as a new Case Manager?**

- Document all notifications to the participants (inclusive of paternal families) to family planning activities (family team meetings, citizen planning reviews, family plan meetings, etc).
- Clearly document conversations with all parties, including children, related to family plan goals and activities.
- Clearly communicate family plan goals and permanency goals to all participants and the consequences of not meeting the goals.



## IS THIS A DFCS ISSUE?

**DIRECTIONS:** All 10 reports were called in to DFCS as either new Intakes or referrals on open FPS cases.

- **Determine whether each of the following is (check correct response):**
  - ❖ An appropriate referral for DFCS services
  - ❖ Not a DFCS issue to address
- **Identify services DFCS could offer to the family for each example**

1. A single parent is scheduled to work tonight but does not have childcare arranged for her 3-year-old son. She threatens to leave the child home alone tonight if emergency daycare services are not provided.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer

2. A married couple in the middle of a divorce due to infidelity, request a letter be written to the judge as to which parent is unfit.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer

3. A married couple is in the middle of a divorce due to Family Violence issues occurring in the home. The Father's attorney wants DFCS to complete an assessment to prove the Mother is mentally unstable to raise the child. The school teacher also now reports she has observed the child afraid to go home after school on several occasions.
- Appropriate referral for DFCS services \_\_\_\_\_
  - Not a DFCS Issue to address \_\_\_\_\_
  - Services DFCS could offer
4. A Maternal Grandmother calls the Agency because the 16-year-old granddaughter she has raised since infancy is scheduled to go to college and she does not have the funds to support her attending.
- Appropriate referral for DFCS services \_\_\_\_\_
  - Not a DFCS Issue to address \_\_\_\_\_
  - Services DFCS could offer
5. A Maternal Grandmother calls the Agency because the 16-year-old granddaughter she has raised since infancy is scheduled to go to college and she does not have the funds to support her attending. The MGM has gone to the Juvenile Court and filed a complaint to be relieved of custody of the child.
- Appropriate referral for DFCS services \_\_\_\_\_
  - Not a DFCS Issue to address \_\_\_\_\_
  - Services DFCS could offer
6. The Juvenile Court has received reports of an unruly 12-year-old boy who is vandalizing his neighborhood. The complainant alleges the child is allowed by his Mother to run the streets all day and night unsupervised which is when the unlawful activity occurs.
- Appropriate referral for DFCS services \_\_\_\_\_
  - Not a DFCS Issue to address \_\_\_\_\_
  - Services DFCS could offer

7. The school reports that a 6-year-old girl is falling asleep in class every day.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer

8. A parent who successfully completed a drug treatment program and who has remained “clean” for the past 6 months, begins missing days at work, forgets to pick up her 2 year old child at the daycare, and is reportedly “sleeping all the time” now.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer

9. A former DFCS foster child, (left care at age 17 and is now 19 years old), calls her former Case Manager for assistance in obtaining housing and employment.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer

10. Late on Friday afternoon before a long holiday weekend, the FPS Case Manager arrives at the home of a client who has 6 children. There is no food in the house and the Agency food bank is closed for the weekend.

- Appropriate referral for DFCS services \_\_\_\_\_
- Not a DFCS Issue to address \_\_\_\_\_
- Services DFCS could offer



## **WBO2: Children receive appropriate services to meet their educational needs...**

### **How can I influence this outcome as a new Case Manager?**

- Clearly assess and document the educational needs of all of the children in the home (CPS.)
- Document any services identified in the child's IEP.
- Document any services provided by the Agency and or community to meet each child's educational needs.
- Document the influence any educational need may have on the identified risk in the home.
- Document support services provided to relative caregivers related to educational needs of the child.



## **SO2: Children are safely maintained in their own homes. Services to families to protect...**

### **How can I influence this outcome as a new Case Manager?**

- Thoroughly review any assessments provided on a case (may have been completed by a co-worker or contracted provider).
- Review and document history for prior services and their influence on the family.
- Identify and provide services based on the assessments and risk for each child and family member...include all household members.
- Clearly document any services suggested and/or provided and relate it to the assessed need of the family/child.
- Review, on a regular basis, the services being provided to ensure services are being provided by contracted vendors, to ensure the service is meeting the customers needs and to evaluate for progress being made as a result of the service provided.
- Provide referrals and initiate services as soon as possible so as to not delay permanency, stability or momentum.



## **WBO1: Families have enhanced capacity to provide for their children's needs. Needs and services of the child...**

### **How can I influence this outcome as a new Case Manager?**

- Assessment is an ongoing component, clearly document assessed needs of the child and family throughout the life of the case.
- Document involvement of safety resources in the family planning processes including identifying any needs to support.
- Document additional Family Team Meetings when new safety issues are identified.
- Document services provided from private providers including the appropriateness of the service, the identified area of risk the service should resolve, the effectiveness of the services and the quality of the service.
- If services are adjusted clearly document the reason for changes/closure and any new services provided.



## **SO1: Children are protected from abuse and neglect. Repeat maltreatment...**

### **How can I influence this outcome as a new Case Manager?**

- Prior to case closure ensure that all risk factors identified were addressed in direct provision of services.
- Conduct and document an FTM to discuss discharge planning and support services to the family.
- Provide referral resources to the family for anticipated needs after the Agency is no longer actively involved (counseling services, support groups, food pantries, respite resources etc).
- For substance abuse cases, engage the family in relapse prevention and safety planning.
- Clearly document contact with other providers working with the family and negotiate for them to call if there are imminent concerns in the future to allow the Agency to provide prevention services as a support.
- Clearly document new incidents or allegations as a new referral and complete a thorough Assessment of the new allegations.

## The Culhane FPS Narratives

**Assessor: Glenn Smallwood**

**Assessor Supervisor: Sabrina Smith-Hall**

**Family Preservation Services Case Manager- David Mack**

**FPS Supervisor- Raymond Taylor**



### **Additional Assessment Dictation (before case is transferred to FPS):**

**OV Initial Staffing:** Present were SSCM Smallwood, SSCM Mack, SSS Smith-Hall and SSS Taylor. After sharing information gathered during the Assessment stage, it has been determined that family is eligible to receive Family Preservation Services. Mr. Smallwood will schedule an appointment with Ms. Culhane for Friday to go to the home with assigned SSCM Mack to meet the family.

### **FPS Dictation (after case transfer)**

Creative license used here

(This is what would have occurred in Georgia but is not on the DVD from Texas.)

**Friday:** HV Scheduled: Initial Family Meeting. SSCM Smallwood introduced me to Ms. Marcie Culhane and Mr. Murray Avers. Heather was not home today. She is currently with a babysitter as Ms Culhane needs to leave for work shortly. Briefly discussed what services the Agency can provide the family. Both adults stated they didn't believe they needed any assistance but would cooperate with whatever the Agency asked them to do.

Reviewed the Safety Plan goals previously written and advised parents that we will be scheduling a Family Team Meeting in two weeks where we will develop a Family Plan to resolve areas of concern earlier identified. Attempted to solicit contact information for family or friends to invite. Ms. Culhane states she has no family in town and doesn't want to involve the PGM of Ashley via phone. Mr. Avers also stated he had no family members to invite. Ms. Culhane said that her sitters and friends at work would not be able to come as they are too busy. Advised family we would still meet and that one goal we should work on is how to cultivate a support systems for the future. Since Ms. Culhane had to go to work today, Heather is not present, and Assessor Smallwood had to go on another home visit, we scheduled another appointment for Tuesday to gather basic information for the Family Assessment.

**Tuesday** HV Scheduled (this is brief documentation from the meeting on the DVD with FPS CM.) Met with Ms. Marcie Culhane, Mr. Murray Avers and observed Heather Culhane. Ms. Culhane assisted with undressing Heather to show me how well the diaper rash had healed.

Throughout the interview Mr. Avers kept stating he is “so busy” and that he is unable to attend any kind of parenting classes or counseling that had been suggested. Ms. Culhane was observed trying to calm Mr. Avers by advising him she would do everything asked. Advised Mr. Avers that his participation was important in resolving concerns about Heather’s care. He reluctantly agreed he would attend. Discussed providing in home services such as a Parent Aid. Both parents refused to allow anyone to work with them in the home as they felt their privacy would be invaded. Ms. Culhane stated she preferred to go to a program or in to an office instead. Agreed upon a date/time to schedule the Family Team Meeting. Both parents agreed to attend.

Ms. Culhane notified me today that Ashley has returned to come live with her. The PGM had some life obstacles and unexpectedly sent Ashley back to live with her Mother. Ashley attends school and will be unable to attend the FTM. It was agreed that SSCM would come visit Ashley at home today instead of at school so she won’t be embarrassed.

**Same day:** HV Scheduled. Met briefly with Ashley Culhane and Ms. Marcie Culhane. Heather was asleep in her crib (seen earlier today.) Ashley is very quiet but stated she likes “visiting” her Mother in Georgia. Doesn’t seem to understand that she is here to stay. Ms. Culhane verbalizes that this is a temporary arrangement but has not called back to the PGM to clarify the ongoing plans for Ashley. Again today Ms. Culhane is on her way to work. Attempted to prepare the family for the FTM but Ms. Culhane was rushing around trying to get ready for work instead. Mr. Dalton will stay with Ashley and Heather this evening in compliance with the Safety Plan.

**7 days later** OV Scheduled FTM. Present were Ms. Marcie Culhane, Heather Culhane, and SSS Raymond Taylor. Mr. Avers was unable to attend as he had to wait at home for a call back about a job. The representatives from the school and mental health were also unable to attend today’s meeting. Ms. Culhane would not agree to ask Murray to participate via phone because he would miss his important call if he did. She kept repeating that Heather was her child and she should be the only one attending the meeting. Neither Ashley’s PGM nor her Father participated although the PGM was notified to also invite the Father.

Heather was observed to be very clean/neat today. Ms. Culhane would not allow Heather to go in the other room with the sitter because she stated she doesn't allow "just anyone" to care for her daughter. Heather remained quiet throughout the meeting so we proceeded with her in the room at the Mother's request.

The Family Plan was developed (copy in file). Summary of the goals developed: Parents will learn alternate ways to respond to stressful situations...

Both parents will scheduled psychological evaluations and sign release of information...

The children will be supervised by responsible adults..

...regular medical attention

...Heather will be cared for by Mr. Tony Dalton or his girlfriend...

...children will not be left in the care of Mr. Avers

...regular routine pediatric medical care...

...raised in environment that is free from violence..

...parents will not drink alcohol...

The family will be seen twice per month beginning this Friday. Ashley's school counselor, Ms. Jameson and Mr. Tony Dalton (sitter) will be contacted as collaterals. Attempted to talk to Ms. Culhane about groups or activities she could get involved in with her children to help build more supports other than Mr. Avers. She kept stating that DFCS can give her the numbers but unless she "has to" she probably won't call because she is so busy.

### **Summary of FPS contacts**

SSCM met with Ms. Culhane, Heather, and Ashley on Friday as scheduled. Mr. Avers was not present. For the next two months Mr. Avers was only seen once during a drop-in visit. He quickly announced he had a job interview and had to leave.

Ashley doesn't speak much and looks to her Mother for approval when questions are directed to her. Collateral contacts made to Ashley's school teacher, Ms. Rodriquez- no concerns noted as child is new but appears to be a good student.

Contact made with Mr. Tony Dalton after numerous attempts to reach- He stated that things are pretty much the same as he reported earlier. He only keeps Heather

as Ashley is generally left in the care of Mr. Avers if Ms. Culhane has to work. He doesn't like keeping "big kids."

Case staffed with Supervisor Taylor, SAAG in regard to seeking a Protective Order. There has been no change in meeting the agreed-upon goals in the Family Plan. Family has not complied with psychological assessments, counseling, parenting classes and refuses in home PUP services. Mr. Avers is now caring for Ashley routinely. Children appear to be ok when seen but there are long delays between visits as appointments are often rescheduled. The court hearing is scheduled for next week. Mr. Avers has distanced himself from any involvement with the Agency

Neither the court nor SAAG felt it was urgent to schedule sooner as the children's immediate safety does not appear to be threatened; concerns are about the risk factors that are not mitigated by meeting the Family Plan goals.



# Module Eight: GEORGIA SHINES APPLICATION

## Learning Objectives:



The Case Manager will be able to:

### **Module 1:**

- Differentiate the agenda for the Georgia SHINES modules

### **Module 2: Navigation/Tools Overview**

- List and define the tools available to support the use of SHINES
- Explain how, and when, to access each SHINES support tool
- Explain basic navigation in SHINES
- Explain SHINES terminology

### **Module 3: Intake**

- List the steps required to complete an Intake in SHINES
- Identify the SHINES pages, fields, and information used to complete each step of the Intake process
- Using Toolkit tools and sample case studies, demonstrate how to complete a basic Intake

### **Module 4: Investigations (Assessment)**

- List the steps required to complete an Investigation in SHINES
- Identify the SHINES pages, fields, and information used to complete each step of the Investigation process
- Using Toolkit tools and sample case studies, demonstrate how to complete the Investigation process

### **Module 5: FPS Case Management**

- List the steps required to complete FPS Case Management tasks in SHINES
- Identify the SHINES pages, fields, and information used to complete FPS Case Management tasks
- Using Toolkit tools and sample case studies, demonstrate how to complete FPS Case Management tasks

# Appendix

**Appendix A: Instructions: Georgia SHINES WBT**  
**Appendix B: Acknowledgements**





# SHINES Web Base Training

- ✓ It is mandatory for all DFCS Social Services Staff, including Medicaid Eligibility Specialist and Clerical Staff.
- ✓ Depending on the course you enroll in, it can take a total of 15 – 40 minutes to complete the course. Course times are listed in the course description.
- ✓ Your Employee number is required

There will be no testing at this point, so no pass fail

Below are instructions to access assessment, please read each section carefully.

### Steps to access assessment:

1. **Disable** Pop-up and Internet Tool bars (directions below)
2. **Click** <http://lms.dhr.state.ga.us/logon.asp>
3. **Type** Employee number and password: DHRLMS
4. **Click** Okay button
5. **Click** DFCS Courses (left column) or (Go To Menu)
6. **Click** Georgia Shines and then your choices will be: Ga Shines Web-Based Training or Ga Shines Instructor-Lead Training
7. **Click** on Ga Shines Web-Based Training and you will see a listing of all the program areas.
8. **Click** on Introduction to Shines-WBT and you will see three modules (i.e., How To Use Shines-WBT, Shines Navigation and Shines General Functions)
9. **Click** on How to Use Shines
10. **Click** Enroll
11. **Click** Proceed to My Enrollments
12. **Click** Launch

On left side of screen a new window will appear (Course Viewer Recorder), and then a Web-Based Training window will appear, **complete** course

**Close** course window after circle in Course Viewer Recorder, turns red – No scores to be printed, repeat the process above for Shines Navigation and Shines General Functions.

13. Complete all prerequisite courses or modules for your DFCS program area or discipline.
14. [Use the chart below to identify the courses you will be required to complete.](#)
15. Repeat the process above when completing Web-based training for your own specific DFCS program or discipline.

CPS Training	Foster Care Training
SHINES Computer Skills Assessment	SHINES Computer Skills Assessment
Introduction to SHINES -WBT	Introduction to SHINES - WBT
Child Protective Services - WBT	Placement - WBT

1. Click DFCS Courses (left column) or Go To Menu
2. Click Georgia Shines and then your choices will be: Ga Shines Web-Based Training or Ga Shines Instructor-Lead Training
3. Click on Ga Shines Instructor-Lead Training and you will see a listing of all the program areas.
4. Click on your DFCS program area; check your prerequisites to ensure you have completed all requirements.
5. Click on View Event Information and Click Enroll and proceed to enroll in the course / class nearest to your area location. Note: please remember users in multiple program areas will have to enroll in multiple Instructor-lead trainings according to those prerequisites.

### Steps to View transcript

1. On launch screen, go to My Transcripts
2. Click Track Progress, to view which courses you have completed

### Steps to disable Pop-up blocker

In Internet Explorer:

1. Click Tools on top menu

2. Scroll to Pop-up Blocker
3. Click Turn Off Pop-up Blocker

### Disable Internet Toolbars

1. Click View on Internet browser window (top toolbar)
2. Select Toolbars
3. Click each toolbar listed to close (remove checkmark)

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