STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section B:
Intake/Assessment Policy

INTAKE & ASSESSMENT

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I. DFCS Overview

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction and Scope of Services

The basic task of child welfare practice is the protection of children from harm. This task includes protection of children not only from harm occurring to a child as a result of abuse or neglect by the child's caretaker but also protection from harm caused by the separation of a child from their family. This approach requires that the family be considered as the client, and that the Worker's goal is to help the family solve problems so children can safely remain in their homes.

DFCS is responsible for evaluating the allegations of abuse or neglect in which the alleged perpetrator is identified as:

- a parent;
- a relative;
- a guardian or custodian; or
- any person responsible for the child's care or support. This shall include, but is not limited to step parents, foster parents, non-licensed baby sitters, and staff of residential care facilities and group homes that are licensed by MDHS.

(MISS. CODE ANN. § 43-21-353). (*See* also MISS. CODE ANN. § 43-21-105)

B. Goals

The primary goals of DFCS are to:

- Ensure the safety, permanency and well-being of children who have been abused, neglected, and/or exploited.
- Enable families to recognize behaviors that harm or threaten the well-being of their children.
- Offer services to parents/persons responsible for the care and support of children to promote change in their parenting behaviors to permit independent care of children.
- Enable children to remain in their own homes; and if they are unable to remain in their home, make reasonable efforts to place them in the least restrictive setting which meets their needs such as with relatives or in other settings to meet their emotional and physical needs.

C. Legal Basis for Authority

1. State Laws

MISS. CODE ANN. § 43-15-3, entitled the "Powers and Duties of Department of Human Services…," authorizes, empowers, and directs DFCS to

> …fully cooperate with the United States Children's Bureau and Secretary of Labor in establishing and strengthening child welfare services for the protection and care of the homeless, dependent and neglected child and children in danger of becoming delinquent. [MDHS/DFCS] is further authorized, empowered and directed to cooperate with the United States Children's Bureau and Secretary of Labor in developing plans for said child welfare services and extending any other cooperation necessary under Section 521 of Public Law No. 271-74th Congress of the United States.

MISS. CODE ANN. § 43-21-353 outlines the duty of individuals having reasonable cause to suspect that a child is a neglected or abused child to notify MDHS immediately and MDHS will notify the Youth Court Intake Unit. (*See Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable* for more detail on § 43-21-353)

The Mississippi Youth Court Law, MISS. CODE ANN. § 43-21-101 et seq. outlines the definitions for abuse and neglect; child abuse and neglect intake procedure; reporting requirements for child abuse and neglect; immunity for reporting; confidentiality provisions for children's case records; the jurisdiction of the Youth Court; the conditions under which a child may be taken into protective custody; and the authority and responsibilities of the court, DFCS, and law enforcement officials in protecting children.

The Youth Court Law mandates DFCS to conduct investigations and provide services when reports of suspected abuse and/or neglect are made. (MISS. CODE ANN. § 43-21-353)

The Youth Court Law also permits DFCS to take a child into custody without a court order <u>for no longer than 24 hours</u> when there is probable cause to believe:

- the child is in immediate danger of personal harm, or
- the parent, guardian, or custodian is not available to provide care and supervision to the child, or
- no reasonable alternative to custody can be found.

(MISS. CODE ANN. § 43-21-303(1)(b) and (4))

MISS. CODE ANN. § 97-5-1 et seq. outlines the offenses affecting children and further identifies which offenses constitute misdemeanors or felonies and the penalties for the commission of crimes against children.

MISS. CODE ANN. § 43-21-259 requires all records involving children and the contents thereof, including the identity of the reporter, to be kept confidential except as provided in § 43-21-261.

MISS. CODE ANN. § 43-21-354 requires a statewide incoming telephone service to be maintained by DFCS on a twenty-four-hour, seven-days-a-week basis for the purpose of reporting abuse or neglect of a child pursuant to § 43-21-353.

2. Federal Laws

a) Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA originally enacted in 1974 as P.L. 93-247 has been amended several times, most recently amended and reauthorized on December 20, 2010, as Child Abuse Prevention and Treatment Act, as amended by Public Law 111-320. Key components of P.L. 111-320 are as follows:

- An assurance in the form of a certification by the Governor that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program that includes provisions and procedures for:
    - reporting of child abuse and neglect, including a State law for mandatory reporting on child abuse and neglect by certain individuals required to report such instances (section 106(b)(2)(B)(i));
    - addressing the needs of infants born with and identified as being affected by a Fetal Alcohol Spectrum Disorder (including appropriate referrals to child protection service systems and for other appropriate services) (section 106(b)(2)(B)(ii));
    - including differential response in triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v));
    - training in early childhood, child, and adolescent development for guardians ad litem appointed to victims of child abuse or neglect in cases which result in a judicial proceeding (section 106(b)(2)(B)(xiii));
    - assuring that the State does not require reunification of a child with a parent who has been found by a court to have committed sexual abuse against a child of the parent or who the court has required to be registered in a sex offender registry under the Adam

Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi)(V) and (VI));

- requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(B)(xxii)); and
- technology systems that support the child protective service system and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii)).

- A description of policies and procedures:
  - encouraging the appropriate involvement of families in decision-making pertaining to children who experienced child abuse or neglect (section 106(b)(2)(D)(iv));
  - promoting and enhancing collaboration among child protective services, domestic violence, substance abuse, and other agencies in investigations, interventions and service delivery to children and families affected by child abuse or neglect (including children exposed to domestic violence) (section 106(b)(2)(D)(v)); and
  - regarding the use of differential response, as applicable (section 106(b)(2)(D)(vi)).

- An assurance that the State, to the maximum extent practicable, has coordinated its CAPTA State plan with its title IV-B State plan (section 106(b)(2)(A)).

- An assurance that programs and training funded under title I of CAPTA address the needs of unaccompanied homeless youth as defined in the McKinney-Vento Homeless Assistance Act (i.e., a youth not living in the physical custody of his/her parent or guardian who lacks a fixed, regular, and adequate nighttime residence, including youth awaiting foster care placement) and meet the requirements of McKinney-Vento Homeless Assistance Act (section 106(b)(2)(F)).

b) The Adoption and Safe Families Act of 1997 (ASFA)

ASFA of 1997 (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law relating to safety establish that:

- Child health and child safety are identified as the paramount concerns for DFCS decision-making, including making reasonable efforts to prevent placement.
- Safety must be addressed in safety plans or integrated into case plans and services must address conditions related to safety.

- Case reviews must consider child safety in placement and potential dates upon which a child can return home safely.
- Responsible agencies must conduct concurrent planning that involves working toward reunification and simultaneously working on other permanency options based on permanency and safety considerations to accelerate the permanent placement of children in care.

c) Indian Child Welfare Act of 1978 (ICWA)

ICWA (P.L. 95-608) establishes exclusive jurisdiction over Indian child custody proceedings.

An Indian tribe shall have jurisdiction **exclusive** as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

3. Exceptions & Limitations

A DFCS Worker may not enter a home without permission of the occupant, except by court order.

II. DFCS Procedures for Service Activity

A. Family Centered Practice Principles

The purpose of child welfare services and child protective services in a Family-Centered Practice culture or service environment is to enable children to safely grow up in their own families. The primary and essential component of a Family-Centered Practice approach is the engagement of and the development of a relationship with the family through an active and ongoing commitment to and execution of a practice approach which recognizes the value and dignity of the family, consistently and genuinely displaying respect and consideration for all family members, encouraging and allowing families to make their own decisions and solve their own problems. The major practice techniques causing effective engagement and resulting in meaningful relationships are family team meetings and individualized service planning through a family case planning process. The object is to solve family problems so children can grow up safe and sound at home.

The technology of the Mississippi Division of Family and Children's Services (DFCS) is Family-Centered Practice. The values, philosophy, and principles must drive actions and

decisions across the entire spectrum of practice from Intake to Permanency. Relationships must be built with families from initial engagement through case closure – relationships built on faith, honesty, justice, and trust. Each individual, each parent, each child, and every family is different and unique. Family differences must be recognized, acknowledged, appreciated, and respected. Judgment must be suspended. Relationships must be formed, built, nurtured, and maintained. Strengths must be identified and emphasized.

Family-Centered Practice identifies family strengths, support systems, and community services that will assist families in acquiring the resources, taking action, making decisions, and developing the skills they need to safely take care of their children and reduce the risk of future maltreatment. Strength-based assessment is an assessment protocol that looks at families' capabilities, strengths, and resources throughout the life of the case, supporting the development of strategies built on competencies, assets, and resources. Reports of child abuse or neglect or other intakes received by DFCS are subjected to a strength-based, structured intake process which allows for the concerns of the reporter to be heard, documented, and screened by intake workers. An effective intake process enhances both the quality and consistency of the information collected and emphasizes the strengths of the family about whom the report is being made. The initial relationship developed within a DFCS case is the relationship developed with the reporter. Reporters should feel valued, supported, and understood as the information provided by reporters regarding the circumstances being reported about the family significantly affects DFCS response.

B. Definitions

Safe

A child is safe when there are no immediate threats of serious harm due to the caregivers' actions or inactions, or the protective capacities of the family are able to mitigate these threats.

Unsafe

A child is unsafe when the caregivers' actions or inactions present immediate threats of serious harm to a vulnerable child and the family's protective capacities are diminished.

Risk

A child is at risk when there is a likelihood that maltreatment will occur in the future.

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Safety vs. Risk

Risk and safety are not interchangeable terms. Safety applies to the need for action based on an immediate threat. Risk refers to the likelihood of future maltreatment even when the immediate safety threats are not present, and is seen on a continuum from low to high. Assuring child safety begins with the report of maltreatment and continues through the investigation, initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification and case closure. Safety and risk interventions are applicable for all children whether they are in out of home placements or in their own home.

Harm

- *Harm is the effect of child abuse or neglect. DFCS must address children at all levels of harm resulting from identified or alleged maltreatment.*
- *Harm is the consequence of enacting the threat.*
- *When a child is physically abused, it is the abuse or injury that is the harm.*
- *Harm may be physical, psychological or mental, or emotional.*
- *The extent of damage to a child who has been harmed depends on the nature of the harm, the severity of the injury, the dynamics and characteristics of the family, and the vulnerability and sensitivity of the child.*
- *The harm to the child of abuse or neglect by parents or caretakers must be weighed against the harm to the child and family of DFCS' intervention strategy, particularly removal of the child from the home.*

Threat

The threat is the caregiver's underlying condition or contributing factor and insufficient protective capacities that led to serious harm or threatened serious harm. To assess the safety threat, the seriousness of the harm must be assessed.

Protective Capacities

Individual or family strengths, or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child are strengths that are specifically relevant to child safety. Protective capacities must be accessible and actionable and fall under the following categories:

- *Personal*
- *Behavioral*

- *Cognitive*
- *Emotional characteristics and/or Resources*

Protective capacities must be accessible and actionable.

Maltreatment

An act, or failure to act or pattern of behavior that results in death, physical, medical, sexual, emotional harm or mental injury or presents imminent threat of harm to a child.

Imminent Danger

Clearly observable behavior or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and cause serious harm.

Emerging Danger

A safety consideration that arises when the underlying conditions and contributing factors associated with a danger-related risk element in the family are escalating and/or protective capacities are diminishing.

C. Intake

1. Who May Make a Report

Per MISS. CODE ANN. § 43-21-353, any person who has reason to suspect the abuse and/or neglect of a child must make a report by telephone to Mississippi Centralized Intake ("MCI"), DFCS' 24 hour statewide Child Abuse Hotline for the reporting of abuse and/or neglect at 1-800-222-8000, or electronically at www.msabusehotline.mdhs.ms.gov.

When a reporter comes to the county office to make a report, he/she shall be educated on the report process and allowed to use a DFCS phone to call MCI. If the reporter does not choose to make a report from the office phone, the county staff shall make the report to MCI immediately.

a) Mandated Reporters

Professional Mandated Reporters are those required by law to report suspicion of abuse or neglect. Professional Mandated Reporters include, but are not limited to, any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private

school employee or any other professional, who becomes aware of information leading them to believe abuse or neglect to a child has occurred.

Professional Mandated Reporters are required to provide written reports of suspected child abuse and neglect. These written reports should be forwarded to DFCS as soon as possible after the oral report is made. Professional Mandated Reporters are encouraged to report suspected abuse and neglect electronically because it will eliminate the need to send a separate, written report. Refer to MISS. CODE ANN. § 43-21-257 which requires that any records involving children, including valid and invalid complaints, be kept confidential and not be disclosed except as provided by MISS. CODE ANN. § 43-21-261.

As child welfare professionals, all DFCS employees are mandated to report any suspicion of child abuse or neglect. Maltreatment, including the use of corporal punishment by a Resource Parent (relative or not) on foster children, is strictly forbidden by the MDHS, DFCS' policy. (*See* Section F, DFCS Resource Policy).

If any DFCS staff has suspicion that a child in DFCS custody is being maltreated in any way, or that corporal punishment is being used within any placement type, the DFCS staff member, as a mandated reporter, will formally report to MCI any suspicions of maltreatment, including corporal punishment.

b) Immunity from Liability

Any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, school attendance officer, public school district employee, nonpublic school employee, licensed professional counselor or any other person participating in the making of a required report pursuant to MISS. CODE ANN. § 43-21-355, participating in the judicial proceeding resulting there from, shall be presumed to be acting in good faith. Any person or institution reporting in good faith shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

c) Anonymous Reporters

DFCS does not require a reporter to identify him/herself as a condition for reporting suspected child abuse, neglect or exploitation. The MCI intake Worker should encourage anonymous reporters to leave contact information. This will allow the Worker responsible for responding to the report to contact the reporter for any information which would be helpful in assessing the report and working with the family.

Reporters may be reluctant to share their identities due to fear of personal repercussions or other factors. Anonymous reporting does not permit an opportunity for future contact by DFCS; therefore, it is crucial that the intake Worker gather as much information as possible before the intake call is terminated.

2. Types of Reports

a) Abuse, Neglect and Exploitation or ANE

The ANE intake type is used to report suspicion of child maltreatment through MCI. Reports are subject to DFCS screening procedure and, if statutory criteria are met, require official DFCS response.

b) Information and Referrals

The Information and Referral intake type (I&R) is used for assisting the public by sharing information or referring them to any needed services not provided by DFCS. These referrals are entered into MACWIS by county staff and MCI.

c) Case Management

The Case Management intake type is used to provide concrete services when a need is identified or a request is received. Concrete services are provided when possible and appropriate.

d) CHINS/Voluntary Placement/ Safe Baby/Unaccompanied Refugee Minors/Prevention Services

This intake type is used in the following circumstances:

(1) CHINS: A "Child in Need of Supervision" (CHINS) is a child who has reached his/her seventh birthday and is in need of treatment or rehabilitation because the child:

- Is habitually disobedient of reasonable and lawful commands of his/her parents, guardian or custodian and is ungovernable; or
- While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually fails to attend school;
- Runs away from home without good cause; or
- Has committed a delinquent act or acts;

- Is placed in DFCS custody by a Youth Court judge and there are no allegations of abuse or neglect.

(MISS. CODE ANN. § 43-21-105 (k))

(2) Voluntary Placement: An agreement between parents and custodians and DFCS where children are placed in DFCS custody for up to 180 days by signing the Voluntary Placement Agreement.

(3) Safe Baby: A child who is younger than 72 hours old and is surrendered by a parent to a licensed hospital which operates as an emergency department or an adoption agency duly licensed by DFCS (MISS. CODE ANN. §§ 43-15-201 thru 209).

(4) Unaccompanied Refugee Minors (URM): URMs are minors brought to the United States without their parents or who come as a result of human trafficking or exploitation. This intake type should be used only by staff in Hinds County designated to handle URM intakes.

(5) Prevention Services: Services provided to families when issues of safety and risk exist though there is no report of abuse or neglect being made which meets the criteria for screening in for investigation.

e) Resource Inquiries

This intake type is used when individuals request information regarding licensure as Resource Parents. For cases involving Resource Inquiries the following information should be obtained:

(1) For Foster/Adopt Resource Inquiries:

- Age, gender, and race of child the applicant resource family is interested in fostering or adopting.
- Income of applicant
- Availability of space in the home for additional children
- Whether the applicant is interested in fostering, adopting or fostering-to-adopt
- Marital status of the applicant
- Previous parenting experience
- Whether the applicant is working with a private provider to license the applicant's home

(2) For Relative Inquiries:

- County of responsibility
- County of responsibility Worker
- Name and age of foster child
- Relation to the child
- Date the child was placed in the home, if applicable
- Reason the child was taken into custody

3. Maltreatment Definitions

Types of Maltreatment include:

Emotional Abuse/Neglect

Any acts and/or threatening statements made and/or allowed, or failure on a periodic or continuing basis, regardless of cause, to provide adequate nurture to meet the child's needs which results in a substantial impairment of intellectual, psychological or emotional well-being and functioning of the child. It describes emotional abuse, mental injury, and other types of maltreatment. Refer to MISS. CODE ANN. § (43-21-105).

Medical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter. *(MISS. CODE ANN. § 43-21-105)*

Physical Abuse

"Abused child" means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon the child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. However, physical discipline, including spanking,

performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section.
(MISS. CODE ANN. § 43-21-105).

Physical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter
(MISS. CODE ANN. § 43-21-105).

Sexual Abuse and Exploitation

"Sexual abuse" means obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened.
(MISS. CODE ANN. § 43-21-105).

4. Intake Procedures

a) Centralized Intake Procedures

Mississippi Centralized Intake accepts the following intake types:

- ANE;
- I&R;
- Case Management,
- CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services;
- Resource Inquiries.

All intakes must be documented in MACWIS upon receipt.
The MCI staff shall be responsible for gathering as much information as possible from the reporter of the abuse or neglect allegations, including, but not limited to:

- how to locate the family;
- whether or not the alleged abuse and/or neglect is caused by the person caring for the child;
- access of alleged perpetrator to the alleged victim;
- nature of the abuse and/or neglect (severity, duration, type of maltreatment, etc.);
- if the report falls under the statutes of our state law as abuse and/or neglect;
- history on family/household;
- history/ability of caregiver;
- history of ANE;
- potential safety risks for Worker;
- prior criminal history of household members, if known;
- information on the victim (mental & physical capabilities/limits; age; school, etc.);
- general dynamics of the family, if known (traditions, culture differences, strengths and weaknesses;
- if the family being reported has any tribal affiliation.

MCI staff shall also inform reporters of DFCS' responsibilities including:

- protection of reporter's identity;
- screening and investigation process and any on-going communication with the reporter;
- confidentiality/disclosure of records; and
- determining whether the victim is a Native American and/or resides on Native American tribal lands.

Intake duties of the MCI staff after taking a report include but are not limited to:

- entering the "Report Date" as the date the reporter received the report in the county or the date a child was placed in DFCS custody;
- search for prior MDHS involvement (METTS, MSSIS, MAVERICS and MACWIS); including but not limited to reports of abuse and neglect;
- diligent search to identify the absent parent (METTS, MSSIS, MAVERICS and MACWIS);
- forward complaints to DFCS Complaints Unit;

- contact the language line for assistance when working with reporters having language barriers; and
- notify the appropriate county office or on-call Worker immediately when a request for immediate assistance is made by law enforcement, judges, or hospitals.

b) ANE Intakes That Require Special Handling

1. Reports of Maltreatment in Foster Care

All reports of maltreatment, including corporal punishment, involving children in custody must be reported through MCI and entered as ANE and must be initiated within 24 hours of initial intake "report date and time" and completed within 30 calendar days including supervisory approval.

If information gathered from the reporter or a diligent search of MACWIS identifies the alleged victim as a child in custody, the intake Worker will:

1) Confirm the identity of the child.
2) Confirm all household members that are identified at intake and who have prior history in MACWIS.
3) Assign the intake to the county where the resource home/facility is located.

After it is determined the alleged victim is a child in custody, the report should be entered into MACWIS using the following guidelines:

1) If a report of maltreatment, including use of corporal punishment by a Resource Parent is received, the report should be entered as a Resource Report and assigned to the county where the resource home is located.
2) If the maltreatment occurred outside of the Resource/Facility setting, the report should be entered as an ANE with the appropriate alleged perpetrator identified and assigned to the county where the child currently resides.
3) If the maltreatment occurred in the child's own home, the report should be entered as ANE and the alleged perpetrator identified and assigned to the county where the child currently resides.

2. Resource Report Option

The "Resource Report" option in MACWIS should be selected only in the following instances:

- If a report of maltreatment, including corporal punishment, by a Resource Parent is received on a child in custody.
- If a report is received on a child in custody in which alleged maltreatment occurred in the Resource Home.
- If a report is received on a child in custody in which alleged maltreatment is a result of the Resource Family's actions or inactions.
- If a report of maltreatment is received involving a child in custody placed in a licensed or non-licensed facility.

3. Special Investigations

The "Special Investigation" option in MACWIS should be used only in the following instances:

a. Reports in which a DFCS staff person, at intake, meets one of the following criteria:

- named as alleged perpetrator
- named as alleged victim
- reported as being otherwise involved with the alleged maltreatment

b. Reports in which the alleged perpetrator or his/her immediate family member is in a position of authority, including, but not limited to: government officials, community leaders, local DFCS and/or department heads.

c) Additional Reports Entered As ANE

1. Reports on Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect

occurring on Native American tribal lands. However, DFCS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, who will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web. (refer to Section D, ICWA)

2. Unaccompanied Refugee Minor

All ANE reports involving an Unaccompanied Refugee Minor (URM) should follow the same intake procedure for reports of maltreatment in foster care.

3. Reports of Safe Babies

Safe Babies should be reported through MCI. If the report comes directly to the county office, the Worker is responsible for making the report through the MCI system. The report shall be assigned through MCI to the county where the child is surrendered.

4. Child Death

If a report is received alleging that a child has died as a result of abuse or neglect, the intake Worker shall indicate this by selecting “Yes” to the related question on the Allegations/Living Arrangement Tab in MACWIS.

5. County Intake Procedures

All reports of abuse/neglect including an emergency or after hours report from law enforcement, court, hospital, etc. received in the county offices or by an on-call Worker must be sent to MCI prior to responding to the report or immediately thereafter.

INTAKE & ASSESSMENT

Each county office accepts the following intake types: I&R; Case Management, CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement; and Resource Inquiries/Prevention Services.

D. Screening

1. Screening Report and Assigning Response

For a report, MCI staff will determine the following criteria:

- If the family can be located.
  - If the reporter identified the county in which the family lives, adequate information exists to locate the family for screening purposes.
- If the alleged perpetrator is a parent, guardian, relative, someone in a caretaking role, foster care provider, other legal caretaker, or if the parent/guardian permits abuse or neglect to occur or fails to protect the child from maltreatment, or if the alleged perpetrator has access to the child due to the relationship with the parent or caretaker.
- If the report alleges maltreatment of the child that meets statutory and DFCS criteria of maltreatment.
- If the child has been harmed or is in imminent risk of being harmed.

After gathering as much information as possible, MCI staff will use the MACWIS screening tool and, according to selections made, the report is screened in or out by the MCI staff. This task must be completed immediately upon receipt of report but shall be screened to the county within 90 minutes.

All reports of positive drug screens for mother and/or infant shall be screened in by MCI.

MCI staff will use the statutory criteria to make the screening decision.

Level One- A report that does not meet the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39 is **screened out** for DFCS and may receive a referral for information or a referral for services. (*See* Appendix A for additional information on reports that are screened out)

Level Two- A report which meets the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39, but is not considered felony child abuse, or the alleged victim is not a foster child, is **screened in** and assigned to a Worker who must initiate the investigation within 72 hours of initial intake “report date and time”.

Level Three- A report that is considered a felony as defined by MISS. CODE ANN. §§ 43-21-353; 97-5-39 or involves a foster child is **screened in** and assigned for investigation. The assigned Worker has 24 hours from the initial intake "report date and time" to initiate the investigation.
If the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor will assign a Worker for immediate response.

2. County Screening Process

The Intake Supervisor/designee has two (2) hours from receipt of report for assignment.

All Level III reports of maltreatment of children, including children in DFCS custody must be initiated within 24 hours of the initial intake "report date and time" and completed within 30 calendar days including supervisory approval.

All reports of positive drug screens for mother and/or infant that have been screened in by MCI, shall be assigned by the Intake ASWS to a worker for investigation/assessment.

A copy of all screened in reports of abuse/neglect shall be sent to the county youth court and felony reports shall be sent to the county youth court/prosecutor/DA.

If the Intake Supervisor/designee in the county responsible for investigating the report determines that the screened-in report does not meet criteria for investigation and the report does not meet the standards required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation, the Intake Supervisor/designee changes the screening decision, documents the reason for screening the report out in the justification/rationale box, citing the Miss. Code and notifies the Regional Director (RD) that the request for reconsideration has been submitted via MACWIS for review and approval. The RD shall reconsider the Intake Supervisor's determination that the report does not meet criteria for investigation. If the RD concurs with the Intake Supervisor's decision to screen out the report, then the RD shall notify by email with the Reconsideration Form attached (*See* DFCS Connection Website under *"Forms"*), to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD. If the RD disagrees with the supervisor's recommendation to screen the report out, the original decision made by MCI stands.

When the Intake Supervisor/designee determines the report meets standards as required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation but the report was screened out by MCI staff, the supervisor/designee changes the screening decision, documents the reason for changing the screening decision in the justification/rationale box citing the Miss. Code, and notifies the RD by telephone that the request has been submitted for review and approval. The

Intake Supervisor then submits the screening request via MACWIS to the RD for final approval. If the RD agrees with the decision to screen in, the report will go back to the Intake Supervisor via MACWIS for assignment. The RD shall notify by email with the Reconsideration Form attached, to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD. If the RD disagrees with the Intake Supervisor's recommendation to screen the report in, the original decision made by MCI stands.

a) Screening Out of Home Reports

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative.

If this is the case, the report must be handled as an "Out of Home" report.

"Out of Home" is defined by MISS. CODE ANN. § 43-21-105(x) as: temporary supervision or care of children by: staff of licensed day care centers, staff of public, private and state schools, staff of juvenile detention facilities, staff of unlicensed residential care facilities and group homes, or staff of individuals representing churches, civic or social organizations.

According to MISS. CODE ANN. § 43-21-353(8), If a report is made directly to DFCS that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report.

DFCS shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court.

The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by DFCS to the licensing agency. The licensing agency shall investigate the report and shall provide DFCS, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Upon receiving the out-of-home intake the MCI Intake Worker must notify the local licensing entity by phone, facsimile or electronic mail.

When an out-of-home report is screened out, the county Intake ASWS will notify by phone, facsimile or electronic mail the following:

- Law enforcement
- District Attorney's office in the appropriate jurisdiction
- Youth Court

b) Duplicate Reports

In order to classify a report as a "duplicate report" and to screen it out for investigation, it must be determined if the new information includes:

1) Same alleged perpetrator(s);
2) Same victim(s)
3) Same types of child maltreatment(s); and
4) Same incident

If the prior investigation has been completed, the COR Supervisor must always make sure the prior report was thoroughly investigated. Information on the same report will be entered into MACWIS and screened out.

c) Child on Child Reports

In order for a child to be considered a perpetrator, he/she must meet the following condition:

- They are in a caretaker role.

The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

d) Additional Reports on An Open Investigation

If there is an open investigation and an additional report is made, but it is not a duplicate report, the additional allegation should be added to the open investigation on the post allegation tab and the additional report should be screened out.

e) Reports Involving More Than One County

MCI may receive a report of child ANE when the incident occurred in one county and the child lives in another county. The report should be screened to the county of residence of the child and the COR Worker is responsible for notifying law enforcement in the county where the incident occurred.

f) Reports Involving Foster Children

If MCI receives a report that meets the statute and DFCS criteria for maltreatment or is a report of corporal punishment and the identified victim is a foster child, the report must be screened in as a level three. The report and the screening are sent to the RD where the Resource Home is located. If the alleged maltreatment occurred outside of the resource/facility setting and the resource parent/household members were not involved the report should be entered as ANE and screened to the COR.

g) Screening Special Investigations

If the report is determined during intake to be a Special Investigation, it is screened according to normal screening procedures and sent to the RD for final decisions and assignment.

E. Investigations and Assessments

1. Investigation Reports

MISS. CODE ANN. § 43-21-353. Duty to inform state agencies and officials; duty to inform individual about whom report has been made of specific allegations.

*Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child or an abused child, shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in writing to the Department of Human Services, and immediately a referral shall be made by the Department of Human Services to the youth court intake unit, which unit shall promptly comply with Section 43-21-357…Where appropriate, the Department of Human Services shall additionally make a referral to the Youth Court Prosecutor. *in counties which do not have a County Youth Court Prosecutor, the District Attorney should be notified.*

Upon receiving a report that a child has been sexually abused, or burned, tortured, mutilated or otherwise physically abused in such a manner as to cause serious bodily harm, or upon receiving any report of abuse that would be a felony under state or federal law, the Department of Human Services shall immediately notify the law enforcement agency in whose jurisdiction the abuse occurred and shall notify the appropriate prosecutor within forty-eight (48) hours, and the Department of Human Services shall have the duty to provide the law enforcement agency all the names and facts known at the time of the report; this duty shall be of a continuing nature. The law enforcement agency and the Department of Human Services shall investigate the reported abuse immediately and shall file a preliminary report with the appropriate prosecutor's office within twenty-four (24) hours and shall make additional reports as new or additional information or evidence becomes available. The Department of Human Services shall advise the clerk of the youth court and the youth court prosecutor of all cases of abuse reported to the department within seventy-two (72) hours and shall update such report as information becomes available.

2. MDHS Request for Law Enforcement to Accompany

The MISS. CODE ANN. § 43-21-353 (6), specifies:
In any investigation of a report made under this chapter of abuse or neglect of a child as defined in § 43-21-105(m), the Department of Human Services may request the appropriate law enforcement officer with jurisdiction to accompany the Department Representative on its investigation, and in such cases the law enforcement officer shall comply with such requests.

3. Initiation of Investigation/Assessment

When the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor shall assign a Worker for immediate response.

“Imminent danger” is defined as clearly observable behavior, or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and would cause serious harm.

Prior to initiating the investigation, the Worker should conduct an additional thorough review of any prior DFCS involvement with the family. The Worker may need to look at old paper case files as well as a MACWIS records check.

Information regarding any prior reports shall immediately be made available to the Worker to whom the case has been assigned for investigation.

An investigation is considered “initiated” when face to face contact or attempted face to face contact is made with the alleged victim(s) and should occur within the timeframes required by

the level of the report. The Worker may be unable to see a child for the following reasons: the child disappeared, the family fled, incorrect/nonexistent address, the child is not at the location, or the parent/caretaker refused to allow Worker to interview or observe the child. This must be documented in MACWIS as part of the investigation.

Criteria for attempted contact for the initiation of an investigation are considered met when two or more locations have been checked including the child's identified home and one of the following: the neighbor, school, and daycare. Concerted efforts will continue daily to locate the child or children. At the initial unsuccessful home visit the Worker may leave a note or write a letter requesting that the Worker be contacted. The note or letter should not indicate the purpose of the visit.

Workers shall resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?
6. Does the family live on tribal land?

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located at http://www.neshoba.org/community/ms-band-choctaw-indians.php**)**

Following contact with the alleged victim(s), other people to be interviewed include the following:

- The Reporter, if possible
- Parent/Guardian/Caretaker
- Siblings who reside in the home

- All other children and other household members
- A collateral contact
    - At least one collateral contact shall be made on all investigations. May include, but not limited to the following: service agencies, doctors, nurses, teachers, law enforcement, neighbors, relatives (not including household members), and others who may have information concerning the health and welfare of the child. If a relative is used as a collateral you must also have a second collateral who is a non-relative.
- Alleged perpetrator unless otherwise instructed by law enforcement

All Interviews with the individuals shall be held in private and additionally, the Worker must make a visit to the home and a physical home environment narrative entered in MACWIS.

Attempted face to face contact with the child, parent/guardian, custodian, or caretaker and efforts to locate the child does not end the investigation. If the Worker cannot make face to face contact or locate the family, the Supervisor shall be notified immediately on case status. Law enforcement will be requested to assist in locating the child and family.

a) Interview with Reporter

If contact information is provided on the reporter, the Worker assigned the investigation will contact the reporter as the first step in the investigation. If the reporter cannot be contacted, the Worker should proceed with the investigation and attempt to contact the reporter at a later time. The inability to contact the reporter should not delay proceeding with the investigation.

The purposes of contacting the reporter are:

- to get additional information in regard to the abuse or neglect being reported,
- to inform the reporter of the role and purpose of the DFCS in its response to the report, and
- to give the reporter the opportunity to assist the DFCS in helping the family solve its problems so the child can remain safely at home or to assist the agency and family in developing plans to assure the safety of the child if the child cannot remain safely at home.

Contact with the reporter is an opportunity for the DFCS to engage the reporter and to educate the community in regard to Family Centered Practice and to elicit the support of the reporter and community in effectively addressing the problem of child abuse and neglect as it relates to the specific family and to the community at large.

b) Interview with Child Victim

The Worker will notify the parent/ guardian or custodian or caretaker before interviewing the child, unless notification would endanger the child or impede the investigation.
All child(ren) should be interviewed privately with documentation addressing time and location.

If not notified prior to interviewing child(ren), the parent/caretaker should be notified immediately following the interview, unless this would endanger the child(ren).

c) Interviewing in the School Setting

Child(ren) may be interviewed without the parent's consent if the notification would endanger the child or impede the investigation.

If the principal or other school official insists on being present, advise school official(s) that they may be subpoenaed to court to testify and have him/her sign a Confidentiality Statement. The Confidentiality Statement is filed in the case record. (*See* DFCS Connection Website under *"Forms"*)

d) Interview with Parent/Guardian/Custodian/Caretaker or Alleged Perpetrator:

- The Worker will interview the parent/ guardian or custodian or caretaker and/or the alleged perpetrator face to face separately and privately with documentation in MACWIS with details of the meetings as well as time and location of each meeting.
- In circumstances where the alleged perpetrator has been charged or arrested for a child abuse crime, the Worker only needs to interview the alleged perpetrator if information is needed to determine the safety of the child(ren) or risk of harm. If the alleged perpetrator is not interviewed, the record should document the reasons. A copy of the interview with the perpetrator by law enforcement should be obtained for DFCS records.
- If the parent/guardian or custodian or caretaker or alleged perpetrator has not been charged or arrested, and law enforcement, district attorney, or other appropriate official, requests the Worker not to interview the person; the Worker will advise the Area Social Worker Supervisor (ASWS) and the Youth Court Judge of jurisdiction of the request.
- During the interview with the parent/caretaker the Client's Rights and Responsibilities and Grievance procedures will be provided and discussed. The

parent/ caretaker will sign the Clients Rights and Responsibilities form, (*See* DFCS Connection Website under *"Forms"*). A copy will be provided to the parent/caretaker and a copy will be filed in the case record.

- ICWA will be addressed and documented in MACWIS. Information for the TANF form will be gathered. The TANF form will be completed by the Worker and submitted to the Administration Unit prior to the end of the month that the report was received.
- The Safety Checklist will be completed on all children and a copy provided to the parent/caretaker.

e) Examination and Photographs of the Victim

1. Examination of the Victim (child)

- All victims of physical abuse should be thoroughly examined for evidence of abuse (bruises, bites, burns, welts, etc.). When possible, a Worker of the same sex as the child will examine the child. The procedure should be explained in a non-threatening, comforting way.
- Victims of neglect should be thoroughly examined if the investigation indicates reasons to suspect physical abuse; or if there are observable signs of neglect (malnutrition, untreated accidental injuries, infestations, bug bites).
- A parent/caretaker or another adult witness must be present when child is examined.
- Worker should request that the parent/caretaker or the child, if old enough, remove the child's clothes. Worker should be sensitive to the child's feelings of undressing in front of a stranger.
- If there is reason for an examination of the genital area of any child or breasts of female children over age 6, arrangements should be made for examination by a medical professional.
- If a child or parent refuses to cooperate, seek court intervention.
- If there is reason to suspect physical abuse of other children, examine them.

2. Photographs of the Victim (child)

- The investigating Worker may take photographs of child, child's home, or location where the child was residing when abused/neglected to document any physical evidence of abuse/neglect. If parents do not cooperate, seek youth court or law enforcement intervention.

- A parent, another DFCS Worker, or another professional must always be present as a second party when photographs are taken of a child.
- Identifying information (name of the victim or other appropriate identifying information, date photograph was taken, time, and location) should be written on back of photograph or attached to it. The person's name who took photograph should be included also.
- Each photograph shall have a visible body landmark to distinguish the identity of the child, actual location, and extent of the area of injury. More than one photograph of the injury may be required to show landmark and still obtain a clear close-up of abuse.
- Photographs are filed in the case record.

3. Use of DVD or Video Tapes

- When interviewing individuals, the Worker may record the information. Verbal permission must be obtained for children from the parent or guardian.
- The DVD/Video Tape should be labeled with the following information:
  - (a) Name of interviewee
  - (b) Date, time and location of interview
  - (c) Name of interviewer
- The DVD/Tape becomes a part of the confidential case record and should be closely protected.

f) Drug Screenings

DFCS Workers may request a drug screen any time there is suspicion of drug or alcohol use.

DFCS Workers shall not administer drug tests of any type to clients.

DFCS Workers shall facilitate drug testing of clients when ordered by the Court by:

- Sending client(s) to a certified drug testing facility when client can pay for test and has transportation;
- Transporting client to a drug testing facility, if necessary, as well as DFCS paying the fee;
- Arranging for drug testing company Worker to come to the Court; or
- Requesting Court personnel perform drug test.

g) Medical/Mental Health Examination

- Medical examinations of children should occur when there are specific allegations indicating injury which can be corroborated and verified by an examination; and the initial phases of the investigation reveal information indicating that a medical examination is necessary and warranted in order to determine whether or not there is evidence to substantiate any harm or maltreatment.
- Medical examinations may be needed to confirm or rule out abuse/neglect and/or to prevent removal.

The Worker will assist parent/caretaker to arrange for the examination. The parent's own physical/mental health professional, etc., may be used. If the parent/caretaker is unwilling to pay for the examination, Medicaid or other DFCS resources are utilized.

If a situation arises and a parent/caretaker refuses to cooperate, the Worker will consult with his/her Supervisor and court intervention may be sought. When a court orders a medical/mental health examination the Worker will take the child for the examination, even though DFCS may not have custody. In this situation the court order should specify the authority of DFCS to take the child for examination.

4. Safety and Risk Assessment

a) Safety Assessment

The Safety Assessment is completed in all situations when the report has been assigned a Level Two or Level Three investigation. This assessment is completed in MACWIS within seven (7) calendar days of the report being assigned. The Safety Assessment addresses the following areas: (*See* DFCS Connection Website under *"Forms"*)

- Physical harm or injury
- Neglect of basic needs
- Family strengths and needs
- Prior history of abuse/neglect/exploitation/domestic violence
- Protective capacity of parent/caregiver.

Reasonable efforts will be made to maintain children in their own home or with family and support services should be made available to the family. However, if adverse safety and risk factors are identified during the investigative phase, the Worker should hold a Family Team

Meeting to determine if there are family members or extended family who can assist the parent/caretaker in making an appropriate safety plan that is in the child/(children)'s best interest.

Family Team Meetings are an integral part of Family Centered Practice which allows families to identify a support system to address issues that caused a disruption in the family. This allows the family to be a part of finding their own solutions and engaging others in building relationships built on empathy, genuineness and trust. All families are unique and different and all have strengths that should be identified and acknowledged through the interaction of this group process.

b) Safety Plan

Safety planning is a part of DFCS making reasonable efforts to maintain children with family.

The technical components of Family-Centered Practice – engagement, relationship-building, and problem-solving – are put into action immediately by the Worker with the family during the initial phases of investigation/assessment in order to develop and implement a plan for the family in which the child is safe from harm. This process, including the utilization of Family Team Meetings, is safety planning. Safety planning constitutes a process in which the family and the Worker can develop jointly a plan for the child and family in which identified issues or factors of safety and risk are recognized, acknowledged, and analyzed in light of the strengths and protective capacities of the family for the purpose of assuring the safety of the child and the preservation of the family.

Although safety and risk of harm are the key considerations in the development of a plan, issues of permanency and well-being are also brought to the table from the very beginning. The development of a trusting and honest relationship with the family is of the essence in effective safety planning. The DFCS Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that agency interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused on this end. Safety plans should be short term and developed only when a decision of "unsafe" has been determined and workers, with supervisory approval, assess that without the plan, the child(ren) cannot remain safely in the home. Success is dependent on the relationship developed with the family by the Worker and the agency. A safety plan is short term and should be in place to prevent removal and allow a child(ren) to remain with family.

In order to justify a recommendation for removal of a child, Workers must be able to report to the court the following: (*See* DFCS Connection Website under *"Forms"*)

- Removal is in the best interest of the child; or

- Continuation in the home would be contrary to the welfare of the child; AND
- Reasonable efforts were made to prevent removal;
- Due to an emergency situation, no reasonable efforts were made to prevent
- removal; or
- Reasonable efforts were determined not required by the court

The Worker must be mindful that even though removal is at times necessary, removing a child from his or her parents also constitutes taking a child's parents away from the child, creates a situation of impermanency for the child, and traumatizes the child and family permanently. For such action to be put forth as being in the best interests of and contrary to the welfare of the child, extensive justification is required not only in regard to the safety and risk issues involved but also in regard to the efforts attempted to prevent removal.

In circumstances where safety issues are identified, a Safety Plan will be developed with the family and will be implemented immediately.

The Safety Plan incorporates all safety interventions designed to maintain children safely within their own families whenever possible and is developed by the Worker with family input and with supervisory approval.

The Worker will fully explain to the parent/caretaker their responsibility for carrying out the specific component of the plan assigned to them.

The Safety Plan will be documented in MACWIS, printed and signed by the parent/caretaker, and a copy given to parent/caretaker and filed in the case folder.

The Safety Plan will be monitored by the Worker throughout the life of the investigation. If there is a continued need for a Safety Plan at the close of the investigation the plan will be reevaluated and a case must be opened.

The following shall be identified and documented on the Safety Plan:

- Identification of specific serious harm or the threat of serious harm as identified in the Safety Assessment.
- What actions have or will be taken to protect each child in relation to the current safety concern?
- If the plan will involve (a) In home services or (b) Alternative caregiver.
- If an alternate caregiver is identified, a background check shall be completed on all household members over the age of 14.

  - If alternative caregiver, has a background check been completed on all household members over the age of 14?
- Who is responsible for implementing the plan?
- How will the plan be monitored and evaluated and by whom?
- What time frames have been imposed by this plan?
- Under what conditions will termination of the Safety Plan occur?

The Safety Plan will be signed by the Worker, parent/caregiver, supervisor and copy given to parent/caregiver and original placed in case file.

In cases where no safety issues are identified, the report requires a Risk Assessment prior to the completion of the investigation. The results of the Risk Assessment and the report findings will be used to determine if a case should be opened for services.

c) Removals

An ASWS with an advanced degree in social work or related field must be involved in the decision making process before approval is given to remove a child from their home and placement into foster care.

Authorization from the Youth Court Judge must be obtained for all removals and placements of a child into foster care.

Under no circumstances, even emergencies, shall foster children be taken to the home of a DFCS employee.

When DFCS is ordered by the court to remove a child from their home without an investigation/ assessment of the maltreatment allegations, the worker must document the following information in MACWIS:

- Name of contact person from the court;
- Time and date request is received;
- By what means, i.e. court order, fax, email or telephone; and
- Date of court order (if issued).

INTAKE & ASSESSMENT

In cases where the child is not safe and a Safety Plan cannot be developed to mitigate safety concerns a removal of the child from the parent or caregiver's custody by order of the Youth Court may be necessary to ensure child safety.

In investigations where the worker has observed/documented abuse or neglect and the child has been placed in a protective environment, the worker must document and substantiate the initial findings. If a worker at any time suggests, discusses, or recommends the removal of a child from their home, the worker must contact the ASWS and Youth Court Judge for approval.

Removal of a child from the home creates a state of impermanency for the child even though such removal may be justified due to issues of safety. Reasonable efforts requirements demand that the Worker and DFCS work diligently and concertedly with the family first of all to prevent removal of the child or children if possible, and if not possible, to provide services and solve problems to get the child back home as soon as safety can be reasonably assured. The Worker, while working diligently and concertedly with the family to remedy the impermanence created by the removal of the child, must develop and initiate active efforts toward the achievement of an alternative plan just in case the child cannot be returned home.

A finding of substantiated abuse or neglect does not, in and of itself, constitute grounds for removal. Decisions of removal are based on issues of safety, risk, protective capacities of parent/caregiver and the ability or inability to implement plans assuring the safety of children remaining in the home or with family.

The Worker shall devote as much time as necessary in helping the child and his parents understand the reason for removal and what to expect from the placement of their child in DFCS custody. The Worker shall help the parents assume as much responsibility as possible for preparing the child for placement. Whenever possible, parents should be the first to discuss placement with the child. If the child feels the parents concur in this plan for him/her, placement will be easier for him to understand and accept. Not only does the child need preparation for the placement, but the Worker may need to assist the parents in working through their conflict about placement, as well as their feelings about separation from the child.

Prior to removing a child from their home, the Worker shall identify information such as the child's daily routine, preferred foods and activities, needed therapeutic or medical care, allergies, cultural practices, and educational information. The child should be given the opportunity to collect things from his/her home that are meaningful to him/her; such as a favorite toy or a picture album.

The Worker shall explain to the child:

1. Why he/she is in care;

2. The Worker's role in the process;
3. Placements for other siblings (if siblings have separate placements); and
4. Feelings of separation and loss.

d) Risk Assessment

The Risk Assessment shall be addressed simultaneously with the Safety Assessment but must be completed in MACWIS within 25 calendar days of initial intake "report date and time" and submitted with the completed investigation via MACWIS to the supervisor for approval, who has 5 calendar days to approve the findings. During this assessment, the Worker should be assessing the well-being of the child and the risk factors for abuse and neglect.

The following shall be identified and documented during the Risk Assessment: (*See* DFCS Connection Website under *"Forms"*)

- What is the exact nature of the abuse and/or neglect? Describe the parent/caretaker's initial response. Describe the maltreatment found and describe any injuries.
- If abuse and/or neglect is found, how long has it been going on and what is the impact on the child?
- How do the parents/caretakers and the children view their current situation? Describe the caregiver's ability to provide basic needs?
- Describe the parents/caretaker's level of functioning. Are the parents/caretakers capable of addressing issues related to the maltreatment?
- Describe any mental/physical health concerns of household members. Do any concerns pose danger to the child?
- Describe how each child's functioning ability as it relates to such things as age, communication skills, school performance, physical and behavioral health and fear of harm.
- Describe family's support system. What kinship resources are available to family?
- Identify and describe caregiver and family strengths, and protective capacities.
- Describe family and caregiver–child relationships. Include things such as parenting style, parenting knowledge and skill, and discipline techniques.

5. Decision Making and Evidence

When the Worker completes an investigation, a determination is made to support the disposition of the report. This determination is made based upon:

1) Substantiation criteria
2) MDHS-SS-442-B, Safety Checklist for Children (*See* DFCS Connection Website under *"Forms"*)
3) Safety/Risk Assessment
4) Information gathered and entered in MACWIS
5) Direct observation/Medical or Psychological information

The investigating Worker must complete a Safety Assessment and must submit it to his/her supervisor within 7 calendar days of report assignment. If the determination is made that a child is unsafe, the Worker will develop a Safety Plan or take protective custody. Report findings are:

a. Substantiated
b. Unsubstantiated.

In the final analysis, the Worker will base conclusions on the totality of the evidence, not on "gut feelings" or "professional intuition." In some cases where medical evidence is strong, where there is photographic evidence or an admission by the perpetrator, or credible victim's statement, the Worker will have supporting documentation. In other cases where the medical evidence is inconclusive and the perpetrator denies the abuse, the Worker will examine the constellation of all factors in reaching the decision. In these cases, something might be lacking from the child's statement, or the witnesses may be in conflict and may be biased. The investigative finding of substantiated or unsubstantiated must reflect a careful weighing of all the facts.

To evaluate whether the information supports or refutes the allegations and to what degree, the Worker must understand some basic concepts about evidence.

- The usefulness of information depends on the validity of its source.
- If the evaluation of the validity of information affects the decisions one makes or recommends, it should also affect the way one documents the case.
- Information gathered or evaluated has the potential to become key evidence in court hearings.

The following section provides a guide to evidence substantiation criteria that should assist the Worker in determining the findings of an investigation.

INTAKE & ASSESSMENT

a) Substantiation Criteria

The Worker shall document in MACWIS, the supporting information to confirm the findings of substantiated/un-substantiated.

Proof of one or more of the following factors, may constitute "substantial and material evidence." The exception is behavioral indicators or circumstantial evidence. Both are used only to further corroborate other forms of evidence.

1. Medical and or Psychological Information

This may take the form of medical documentation that a child was abused (i.e., evidence of sexual penetration of a young child or spiral fractures of long bones) or evidence which verifies the child sustained severe injuries which are medically inconsistent with the caregivers' explanation.

In sexual abuse, this includes:

- Genital, anal, or oral bruises or bleeding;
- Swollen or red cervix, vulva or perineum;
- Abnormal dilation of the urethra, vagina, or rectal openings;
- Semen on genitals, around mouth or clothing;
- Venereal (sexually transmitted) diseases;
- Pregnancy

This factor might also include psychological information which reveals a predisposition to abusive behavior on the part of the alleged perpetrator or otherwise corroborates evidence related to abuse.

An admission by the perpetrator (including a caregiver who acknowledges she or he knowingly failed to protect the child).

2. Statement of Credible Witness

The investigator must be careful to evaluate fully, the credibility and potential bias of any witnesses to the act. The investigator must also consider the credibility of any witnesses which serve to refute the allegations or otherwise diminish the strength of other evidence (i.e., reliable witness who states the alleged offender was elsewhere at the time of the alleged abuse). Parent or

relatives, for example, who are involved in a custody dispute, could not be considered fully reliable witnesses either in support of or in disagreement with the allegations.

3. The Child Victim's Statement

For allegations of sexual abuse:

The child states the abuse occurred and identifies the perpetrator(s). The following elements are typical of sexually abusive situations, and should be considered in assessing the weight to be given to the child's statement in cases where sexual abuse is alleged:

History

a. Multiple Incidents over Time

   Did the child indicate more than one incident occurred? This situation is most common where the alleged perpetrator is a relative, friend, or caregiver of the victim.

b. Progression of Sexual Activity

   Did the sexual activity progress from less severe forms to more serious? Does the child describe transitional activities which appear acceptable at first, but become sexual (i.e., sleeping with parent, tickling or wrestling leading to fondling)? This is most common where the abuse occurs in the context of a long-standing relationship.

Details

a. Explicit Knowledge of Sexual Activity

   Did child give explicit details of the sexual experience? Were these details beyond the knowledge typical of a child this age?

b. Richness of Detail

   When age and developmentally appropriate, could the child give the location of the incident and a time, even though specific dates were not given? Did she or he tell anyone else, if so, whom? Could she or he give any details of the environment? Such details by a preschool age child are not expected. As a child's developmental age increases, more detail may be expected.

   Research indicates that very young children can accurately recall traumatic events in detail; however, they may not be able to recall details of the environment.

c. Consistency

If the child was interviewed more than once, were the responses consistent from one interview to the next? Were any parts of the child's story corroborated by others or by physical evidence?

Secrecy

Does the child indicate that she or he was instructed to keep the abuse secret? Did it occur in a private setting?

Coercion

What are elements of coercion or persuasion? How did the perpetrator get the child to engage in the activity? What does the child think will happen now that they have told the story? Are they afraid of anything? (Note: These questions must be phrased in age appropriate language that is not leading).

Each of the above criteria must be evaluated separately in order to determine the status of the case. These elements are typical of many child sexual abuse cases. Yet the absence of information in some areas does not necessarily mean that the case is unsubstantiated.

If information is missing in any one category, further exploration regarding, the reason for the absence is needed.

Perhaps the right questions to elicit the information were not asked or the child was too uncomfortable to respond.

It may be possible that a particular element is not pertinent to the case in question. For example, a child who alleges fondling by a school bus driver may not report multiple incidents or progression. This aspect in and of itself does not unsubstantiate the case. Look beyond this individual element to determine the role of other indicators in the abuse. While carefully evaluating the presence of each individual indicator, it should be remembered that it is the constellation of symptoms which is the heart of the evaluation process.

In most cases, there will be little doubt as to the accuracy of the child's statement based on the presence of these elements. In rare cases of false allegations by children, the statements of those children will depart significantly from the criteria.

The child's statement should be weighed against any medical evidence and/or the physiological indicators. Does their explanation corroborate the medical findings or the physiological

indicators as to how the injury was sustained? Whom do they say hurt them? Did anyone else know it was going on? How did they try to help? Has this type of injury ever happened before?

4. Indicators and Circumstances of Abuse or Neglect (*See* Appendix B***)***

1. **Physiological indicators or signs of abuse,** including, but not limited to: cuts, bruises, burns, or broken bones.
   This criteria includes physiological findings recorded on videotape or with a camera which strongly substantiate severe abuse.

2. **Physical evidence** gathered by law enforcement or observed by Worker which tends to substantiate the allegations, including, but not limited to, the following:

   - Presence of child pornography or erotica such as child-oriented books, magazines, articles;
   - Video equipment, cameras, photos, negatives, slides, movies, video cassettes, drawings of children;
   - Personal letters and other correspondence from pedophile;
   - Diaries indicating sexual abuse occurred;
   - Sexual aids (as described by child);
   - Sexual “souvenirs” (e. g., panties or other similar items);
   - Lists of other victims, other offenders;
   - Weapons (as described by child);
   - Bed, clothing, sheets, etc. which contain body fluids, pubic hairs, and other physical evidence;
   - Torn, stained, bloody underclothing;
   - Conditions apparent in the home:
     - Bare electrical wires
     - Frayed cords
     - Gas leaks
     - No railing on stairs
     - Unprotected or broken window accessible to small children
     - Medicines, cleaning compounds hot liquids within the child's reach
     - Holes in wall or floors
     - Overrun with vermin

- Urine-soaked mattress
- Human or animal feces on floors
- Toilets used but not in working order
- Garbage left to rot inside the house
- Heating inoperable in cold weather

This evidence should be sought and seized by law enforcement investigators under a search warrant or consent to search or documented by Worker with pictures or written description.

3. **Behavioral Indicators**. Child abuse often leads to behavioral manifestations in the child victim. The existence of some or all of the behavioral patterns in the chart located in Section B, Appendix B may be indicative of child abuse in a given case, and corroborate other evidence of abuse. It is particularly important to observe the parent-child interaction.

NOTE: Most of these behavioral indicators located in Appendix B can have numerous explanations besides child abuse. Their value is when they are linked to the abuse allegations, such as a change in school grades about the time the child alleges the abuse began or regressive behavior in anticipation of a visit with a father the child says abused her or him. A case cannot be considered substantiated based on behavioral indicators alone.

4. **Circumstantial evidence** linking the alleged perpetrator(s) to the abusive act(s) (e. g., the child was in care of the alleged perpetrator(s) at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record). Circumstantial evidence may include other professional reports, such as school records, past police records, day care records, homemaker reports, etc.

b) Supervisory Responsibilities in the Investigations, Reviews, etc.

Report information will be entered in MACWIS on appropriate screens as information is received. The Worker has 25 calendar days from initial intake “report date and time” to complete the investigation and submit to the Supervisor who has 5 days for approval.

c) Investigation Staffing with ASWS

1. Initial Staffing (the date of assignment)
2. On-going Staffing within 5 calendar days of assignment and anytime thereafter.

- Close the case with no further action;
- Close and refer the case to community providers; or
- Open the case for ongoing protection/prevention services

Once reviewed and approved the ASWS shall submit the completed investigation with the Youth Court Tracking form to the Youth Court with recommendations.

d) Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable.

1. Investigation Reports

The Worker investigating the report is responsible for completing a finding on all investigations in MACWIS and submitting to his/her supervisor for approval. The Worker will also print the Youth Court Tracking form and forward to his/her supervisor. All completed investigations are made a part of the child's file in the MACWIS system and can be printed upon request.

2. Report to the District Attorney (DA), Law Enforcement (LE)and County Prosecutor

When a felony investigation is completed, the investigating Worker shall submit the completed report in MACWIS to the supervisor for approval. These approved reports along with the concluding DA and/or LE reports shall be mailed or hand-delivered to the DA, LE, or County Prosecutor (when applicable) by the supervisor. Information submitted to the DA and LE or County Prosecutor shall be included in the court report/summary.

3. Report to Youth Court

All assigned investigations of child abuse and neglect are completed by the Worker and forwarded to the ASWS for approval who forwards the reports to the Youth Court along with the Youth Court Tracking form.

1. MISS. CODE ANN. § 43-21-357 *After receiving a report, the youth court intake unit shall promptly make a preliminary inquiry to determine whether the interest of the child, other children in the same environment or the public requires the youth court to take further action. As part of the preliminary inquiry, the youth court intake unit may request or the youth court may order the Department of Human Services, the Department of Youth Services, any successor agency or any other qualified public employee to make an investigation or report concerning the child and any other children in the same environment, and present the findings thereof to the youth court intake unit. If the youth court intake unit receives a neglect or abuse report, the youth court intake unit shall*

immediately forward the complaint to the Department of Human Services to promptly make an investigation or report concerning the child and any other children in the same environment and promptly present the findings thereof to the youth court intake unit. If it appears from the preliminary inquiry that the child or other children in the same environment are within the jurisdiction of the court, the youth court intake unit shall recommend to the youth court:

(a) That the youth court take no action;

(b) That an informal adjustment be made;

(c) The Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

(d) That the child is warned or counseled informally; or

(e) That a petition be filed.

(2) The youth court shall then, without a hearing:

(a) Order that no action be taken;

(b) Order that an informal adjustment be made;

(c) Order that the Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

(d) Order that the child is warned or counseled informally; or

(e) Order that a petition be filed.

(3) If the preliminary inquiry discloses that a child needs emergency medical treatment, the judge may order the necessary treatment.

4. Notifications

The investigation is not officially closed until the ASWS approves the investigation in MACWIS. Once the ASWS approves the investigation the ASWS will notify the family in writing of the findings (*See* DFCS Connection Website under *"Forms"*).

The Worker shall provide more information to the professional reporter regarding the investigation, without a court order if the reporter has a continuing professional relationship with the child and a need for such information in order to protect or treat the child.

e) Appeals Procedure

The MDHS/DFCS provides individuals who disagree with DFCS findings or decisions covered under this policy, a right to appeal the decision.

The Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996, (P.L. 104.235)(as codified at 42 U.S.C. Section 5106a) requires States to have provisions, procedures, and mechanisms in effect by which individuals who disagree with an official finding of child abuse or neglect can appeal such a finding. This requirement applies to the perpetrator of child abuse or neglect and applies to States receiving funds under a CAPTA state plan.

This requirement is to assure that individuals, who have been found by the State to have committed child abuse or neglect, are afforded due process. It also requires that individuals be given written notification of their right to appeal, and the method by which they may appeal, at the time they are notified of the official finding of child abuse or neglect; and that the office or individual hearing such appeals cannot be involved in any other state of the case, and that such officer or individual has the authority to overturn a previous finding of abuse or neglect. (Section A, DFCS Policy, Appeals Process).

f) False Reports

An intentional false report is a report in which it is concluded that not only is there no evidence under state law or policy that a child was maltreated or at risk of maltreatment, but the reporter knew the allegation was false. The Worker should request that the reporter verify that the allegations were false. According to MISS. CODE ANN. § 43-21-353(7), *"anyone who willfully violates any provision of this section [with false reporting], shall be, upon being found guilty, punished by a fine not to exceed five thousand dollars ($5,000.00), or by imprisonment in jail not to exceed one (1) year or both.*

F. DFCS Investigations/Assessments Requiring Special Handling

1. Introduction

a) Legal Base

MISS. CODE ANN. § *43-21-105 (v)* – "Any person responsible for care or support" means the person who is providing for the child at a given time. This term shall include, but is not limited to, stepparents, foster parents, relatives, non-licensed babysitters or other similar persons responsible for a child and staff of residential care facilities and group homes that are licensed by the MDHS.

MISS. CODE ANN. § *43-21-105(x)* – "Out-of-home" setting means the temporary supervision or care of children by the staff of licensed day care centers, the staff of public, private and state schools, the staff of juvenile detention facilities, the staff of unlicensed residential care facilities

and group homes and the staff of, or individuals representing, churches, civic or social organizations.

MISS. CODE ANN. § *43-21-353-(8)* - If a report is made directly to the Department of Human Services that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report. The Department of Human Services shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court. The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by the Department of Human Services to the licensing agency. The licensing agency shall investigate the report and shall provide the Department of Human Services, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Child Abuse Amendments of 1984, (P.L. 98-457) requires states to have in place, with State Protection Systems, procedures to respond to the reporting of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions.

b) Policy

DFCS shall conduct an investigation/assessment of all maltreatment reports that are screened as a level II or III. All level III allegations of maltreatment including corporal punishment of a child in DFCS custody shall be initiated within 24 hours of the initial intake “report date and time” and investigation completed within 30 calendar days including supervisory approval. All level II allegations of maltreatment shall be initiated within 72 hours of initial intake “report date and time” and investigation completed within 30 calendar days including supervisory approval.

c) Purpose

DFCS is mandated by MISS. CODE ANN. § 43-21-357(1) to investigate all reports of possible abuse or neglect of children by their parents or caretakers. The caretaker may be someone who is entrusted with the care of the child, such as a foster parent, non-licensed child care providers/babysitters, scout leaders, tutor, clergy, or residential care facility staff. DFCS will

respond within mandated time frames and investigate allegations of child abuse and neglect in these complex cases and address the child's risk, safety, and well-being while addressing the trauma of placement moves during the investigative/assessment process.

d) Procedures

The standard investigative/assessment protocol applies to all DFCS investigations but there are additional requirements that apply to special handling DFCS investigations/assessments. Those reports that are considered to be special handling DFCS investigations/assessments are: reports on resource homes, licensed facilities and DFCS employees. Medical neglect of a handicapped infant, death of a child, and other settings are considered "Expanded Investigations in Extraordinary Circumstances".

Reports on other settings such as unlicensed child care providers/babysitters, the staff / individuals representing churches, civic or social organizations are entered as DFCS regular intakes. In addition to the standard investigative/assessment protocol there are additional steps outlined under the Out-of Home section of this policy.

2. Resource Reports

a) Resource Homes

DFCS shall initiate all allegations of maltreatment, including corporal punishment involving a child in DFCS custody within 24 hours of initial intake "report date and time" and the investigation completed within 30 calendar days, including supervisory approval. Upon learning of or observing such maltreatment the DFCS employee must immediately notify his/her supervisor. The DFCS employee will then make the report to the MCI either by phone or electronically.

All allegations of maltreatment in a licensed Resource Home received by the MCI shall be entered as a report for the county where the Resource Home is located.

Once MCI enters and screens the intake report it will go to the RD of the region where the Resource Home is located for assignment. In addition to the standard investigative/assessment protocol, the following procedures must be followed.

The COR Worker for a child in DFCS custody, regardless of the location of the resource home/ facility and regardless of which county has responsibility for conducting the investigation, must accept immediate and full responsibility for the safety, permanency and well-being of that child, including assessing the placement in terms of the incident reported and investigated and making

immediate contact with the child. The placement of the child must be evaluated by the COR in terms of safety, permanency and well-being regardless of the outcome of the investigation.

"A report of corporal punishment of a foster child which does not meet the criteria for screening delineated in "Screening Reports and Assigning Response" in this section- that is, a report indicating that a foster child has been subjected to corporal punishment but there is no report of injury, indication that the child is not safe, nor information suggesting that the child is in danger of harm – will be screened in as an ANE report requiring a level 3 investigation strictly due to the requirement that the prohibition of corporal punishment in Resource/Facility Settings requires the report of such corporal punishment be investigated as potential child abuse. If the investigation determines that corporal punishment did occur but there is no injury to the child and the punishment administered in a reasonable manner, child abuse shall not be substantiated. The investigation will indicate the occurrence of a policy violation and referred to the appropriate Licensure Specialist for corrective action."

1. The RD/designee shall notify by phone and/or email the COR and COS if applicable, and the Resource ASWS of the allegations. The COR ASWS for all other children residing in the home should be notified as well.

2. The RD/designee shall assign the investigation to a Worker who has been trained in conducting maltreatment investigations in Resource/Facility Settings and will notify his/her ASWS before the assignment is made. The Worker shall not have been involved in the licensure of the Resource Home and shall have no ongoing connection to the foster care case.

3. The assigned Resource Specialist shall accompany the assigned Worker to the home to assess possible policy and/or licensure violations.

4. The RD, ASWS, COR and COS if applicable must make a determination if the identified victim and other children should remain in the home until the investigation/assessment is completed. The investigation and decisions should be based on a full and systematic evaluation of the factors that may place a child in DFCS custody at risk.

5. The Permanency Unit will log all reports on DFCS homes and monitor completion of the investigation/assessment and the final report.

6. The RD will monitor the timeliness of initiating and completing investigations of reports of maltreatment in foster care on a monthly basis.

7. Within 24 hours of the allegations being made the child's COR Worker shall verbally notify parents or caretaker from whom the child was removed and the Guardian *ad litem* of

the allegations involving the child. This notification must be documented in the child(ren)'s case record and the investigation/assessment report.

8. All alleged victim(s) must be seen and interviewed within 24 hours of initial intake "report date and time" to assess risk, safety, and well-being.

9. No additional children may be placed in the home pending the completion of the investigation/assessment.

10. The assigned Investigative Worker shall:
    a. Interview:
        1. Alleged victim(s); privately
        2. All DFCS children in the home; privately
        3. DFCS Worker(s) of the alleged victim
        4. Resource Specialist
        5. Former DFCS Staff, as appropriate
        6. Children formerly in the home, as appropriate
        7. Other professionals and collateral contact persons associated with the children in the home
        8. Other household members, if applicable
        9. Alleged perpetrators.
    b. Review Cases of:
        1. Alleged victim(s)
        2. Other child(ren) in the home
        3. Resource Home
    c. Staff report of initial findings within 3 days with the RD in the region where the home is located and advise the RD as additional information is obtained.
    d. Provide written notice to the District Attorney within 48 hours of finding evidence that a child has been abused.
    e. Complete the Safety and Risk Assessment for resource reports within DFCS timeframes. (*See* DFCS Connection Website under *"Forms"*)
    f. Give a verbal report to the RD at the conclusion of the investigation/assessment
    g. Submit the completed report to the RD in the region where the home is located within 25 calendar days from initial intake "report date and time". The RD has 5 calendar days to approve the investigation.

11. After the initial safety assessment is completed, the Resource Specialist and the assigned Worker shall discuss with the Resource Supervisor the corrective actions needed. This emergency corrective action plan, if needed, is then verbally submitted to RD.

12. The RD will notify the Permanency Unit Director/Director of Field Operations/Division Director/Bureau Director of Prevention/Protection via electronic mail regarding the completed investigative findings, recommendations, and corrective actions. The completed investigation is available for viewing in the MACWIS system.

13. Once the final report, recommendations, and corrective action plans are approved, the Resource Specialist, Resource ASWS and COR Worker will convene a FTM with the resource family and COS Worker, if applicable, to notify them of the findings and recommendations.

14. When a maltreatment investigation involves a resource home, DFCS shall file a copy of the approved final investigation report, and any recommendations and/or corrective actions DFCS has deemed necessary, in the case record of the foster child, the file of the foster/adoptive parents with a copy of the letter of notification to the foster or adoptive parents, and in the DFCS State Office. DFCS shall also provide those records to the Youth Court Judge with jurisdiction over the child, the Guardian *ad litem* and to the Monitor.

b) Licensed facilities

Upon receipt of a report of child maltreatment in a DFCS licensed group home, emergency shelter, child placing agency resource home, DFCS shall undertake a licensure investigation, that is in addition to, and independent of, any child protective investigation, that shall include an on-site inspection of the facility or home to determine the contract provider's compliance with DFCS licensure standards. If the provider is found to be in violation of licensure standards, it shall have 30 calendar days to submit a Corrective Action Plan (CAP) with timeframes to rectify the violation and comply with the approved CAP and timeframes. If the provider does not comply with the licensure standards based on the approved CAP and timeframes, DFCS shall revoke the license.

If a report involves felony child abuse, law enforcement must be notified immediately.

The RD of the region in which the facility is located will assign a Worker who has been trained in conducting maltreatment investigations in out-of-home placements and has no ongoing connection to the foster care case.

INTAKE & ASSESSMENT

Upon arriving at the facility, the Worker will confer with the director or staff member in charge to inform them of the report. The regular investigation protocol shall be followed with these additions:

- Parents/guardians/custodians of children identified as victims will be informed after child is interviewed and immediately if medical treatment is needed;
- Referral of above child(ren) to physician or other professionals as appropriate to assist in the investigation;
- Interviews with other appropriate personnel;
- Interview with any other DFCS foster child(ren) currently in the facility or who has left the facility, who may have information regarding the incident;
- Interview with alleged perpetrator if law enforcement is not involved or if law enforcement has indicated you may do so;
- View of physical premises where incident is alleged to have occurred;
- Review of documents or records related to the incident; If access to records is denied contact Youth Court in that jurisdiction for assistance; and
- Review of facility policy and procedures and obtain a copy of the facility's policy/procedures regarding behavior management, if report involves physical abuse as a result of behavior management technique.

If immediate protection is needed, Youth Court and the licensing agency should be contacted and protective measures taken.

When a maltreatment investigation involves an agency group home, emergency shelter, private child placing agency resource home, or other facility licensed by DFCS, a copy of the final investigative report shall be filed in the following:

- child's case record,
- DFCS State Office licensing file, and
- sent to the licensed provider facility.

DFCS shall also provide the report to the following:

- Youth Court Judge with jurisdiction over the child and
- the Monitor.

The completed investigation is available for viewing and printing via the MACWIS system.

Any foster child who remains in the same out-of-home placement following an investigation into a report that he/she was maltreated, or subject to corporal punishment in that placement shall be visited by the DFCS Worker twice a month for 3 months after the conclusion of the investigation to assure the child's continued safety and well-being.

Within 30 days of the completion of any investigation of maltreatment of a child in custody, DFCS shall review the maltreatment investigation. This review shall include:

1. identification of any case practice deficiencies;
2. identification of any remedial actions necessary to ensure the safety of the child who is the subject of the investigation as well as any other child in the home or placement as well as the timeframe in which such remedial action must take place; and
3. identification of any corrective action that is necessary to address deficiencies in case practice demonstrated by the investigation as well as the timeframe in which such remedial action must take place.

DFCS will monitor the initiation and completion of the remedial actions regarding individual child safety and case practice. DFCS shall notify the Area Social Work Supervisor (ASWS), Regional Director, and Director of Field Operations when such remedial actions have not been initiated within five days of identification or timely completed.

c) Special Investigations

Any abuse/neglect report received by Intake that names a DFCS employee as a possible perpetrator, or victim or indicates a DFCS employee is somehow involved with this report (i.e. related, past or present relationship that is more than casual) requires a special investigation/assessment.

Once the intake is entered into MACWIS the RD in the region where the employee resides will receive a notification tickler of the intake. The RD shall assign a Worker from outside the county/region to conduct the investigation and make the assignment in MACWIS. The RD shall notify the Director of Field Operations immediately upon receipt of the Intake regarding the report and shall keep the Director informed of the progress. The assigned Worker shall initiate the investigation/ assessment and document in MACWIS within 24 hours of initial intake "report date and time". The assigned Worker shall staff the investigation/ assessment with the RD throughout the investigative/assessment process.

Other than the above differences, the assigned Worker should follow the standard investigative time frames. The RD shall notify the Director of Field Operations upon completion of the investigation, which is available for viewing in the MACWIS System.

3. Expanded Investigations In Extraordinary Circumstances

a) Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands. However, DFCS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor will in turn notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web.

Workers must resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

1. Is parent or child of Native American heritage?
2. Is parent eligible for tribal membership?
3. Is parent registered with Native American tribe?
4. Is child eligible for tribal membership?
5. Has child been registered with Native American tribe?

6. Does the family live on tribal land?

(refer to Section D, ICWA)

b) Medical Neglect of Handicapped Infants

Federal regulations (*Child Abuse Amendments of 1984, P.L. 98-457*) requires DFCS to respond to reports of medical neglect, including instances of withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants less than one year of age with life threatening conditions.

DFCS will investigate all allegations of medical neglect of a handicapped infant. Once a report of medical neglect of a handicapped infant is received by MCI it will be screened in for the county where the child/family resides.

1) ASWS shall
   a. Assign the report for investigation immediately.
   b. Notify immediately designated contact person at the health care facility/hospital if applicable and the facility's Social Services Department, if applicable.
   c. If the child is in a health care facility/hospital the Worker shall conduct interviews with the following:

      1. Designated contact person
      2. Family
      3. Others involved with the infant
      4. Infant Care Review Committee (ICRC) if one is established at the health care facility.
      5. The assigned Worker shall complete the following:

   d. Obtain an independent assessment from a medical consultant, if there is a determined need.
   e. Review infant's medical records, if necessary with the assistance of designated contact person. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.
   f. Request an independent medical examination of the infant, if necessary, to assure an appropriate resolution of the report. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.

2) If the findings of the investigation indicate that the infant is medically neglected, the ASWS must:
   a. Contact the Youth Court Judge to request an order to:
      1. Require parents to seek appropriate medical care, or
      2. Place custody with DFCS to obtain appropriate medical care.
   b. Document request to Youth Court Judge in the narrative section in the MACWIS System.
   c. Assign case to a Worker.

3) At the conclusion of the investigation, the ASWS must:
   a. Notify the RD of the findings that are available for viewing via the MACWIS system which includes the following:
      1. Names of:
         - Child
         - Parents
         - Alleged perpetrator
         - Designated contact person
         - Attending physician
      2. Circumstances surrounding allegations of medical neglect.
      3. Identities of persons interviewed.
      4. Investigation/assessment information
      5. Case disposition
      6. Action taken, if valid report
   b. Share the report with the Worker assigned to the case.
   c. Send letter to the facility administrator regarding disposition.

c) Death of a Child

When MCI receives a report of the death of a child, DFCS will investigate these reports when the death of a child is caused by or is suspected of being caused by abuse or neglect. In addition to the standard investigative/assessment protocol the following procedures must be followed:

1. Notifications

   a. The ASWS immediately notifies the RD by phone and completes the SIR and submits electronically to the RD for approval

b. District Attorney
c. Law Enforcement
d. Coroner, if not already informed
e. The RD reviews and approves the SIR and submits electronically to the Division Director/Director of Field Operations/Bureau Director of Protection Unit and the Director of Permanency Unit, who then forwards the SIR to the *Olivia Y* Monitor.

2. DFCS staff who learn of the death of a child where there is suspicion of abuse or neglect, shall immediately notify MCI and provide the following additional information if known, to their immediate supervisor.

   a. The child is in DFCS custody;
   b. The child or family has an open or closed DFCS case;
   c. A DFCS investigation is pending at the time of the child's death;
   d. Prior reports concerning the child or family were screened out for DFCS investigation;
   e. Other children remain in the home and safety and protection issues must be addressed; or
   f. It is not known if other children reside in the home and require protection.

3. Assignment

   a. If there is an active/closed case or open investigation on the alleged victim or immediate household/family member the RD will thoroughly review the case records and arrange for the investigation to be handled by a Worker from outside the Region.
   b. If it was unknown initially that there was past involvement with the child/family and the report was already assigned, then the ASWS must notify his/her RD who shall instruct the ASWS to re-assign the report to a specific Worker from outside the Region.

4. Investigation/Assessment

   a. The assigned Worker shall meet with law enforcement and others as appropriate to outline roles, responsibilities and procedures for sharing information. It is very important to coordinate the investigation/assessment with law enforcement to avoid duplication and negating valuable evidence.

b. Death of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death. (MISS. CODE ANN. § 41-61-59(2)(j))
   - Autopsy is performed by State Medical Examiner's Office or one of its designated pathologists.

c. The assigned Worker should request a verbal report and the final autopsy report from the coroner in order to aid in investigation/assessment.
   - The assigned Worker reports the initial findings within 24 hours to his/her ASWS who then notifies the RD regarding whether it is an active/closed case, and shall advise as additional information is obtained.
     a. The investigation will then be transferred electronically by his/her ASWS to the newly assigned Worker.
     b. The initial Worker will relay all pertinent information to the newly assigned Worker.
   - The assigned Worker submits a written report to the District Attorney within 48 hours of finding evidence of abuse or neglect, § 43-21-353(8).
   - The completed report shall be submitted electronically within 25 calendar days to his/her ASWS.
   - When a child died as a result of abuse/neglect the COR sets up a case record with the following:
     1. Referral Information
     2. Autopsy Report
     3. Completed report of investigation/assessment and findings.

Public Disclosure
According to the U.S. Department of Human Services' Child Welfare Policy Manual, disclosure of information related to child fatalities or near fatalities is mandatory.

A "near fatality" is defined under section 106 (b)(4)(A) as "an act that, as certified by a physician, places the child in serious or critical condition." For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality" under CAPTA. In situations of non-DFCS involvement in which there is alleged abuse or neglect that results in a "near fatality", an SIR is required. Refer to "Death of a Child" for the steps in completing an investigation on a "near fatality".

MISS. CODE ANN. § 43-21-257 states the general rule: "any record involving children…shall be kept confidential and shall not be disclosed except as provided in § 43-21-261."

The exception in § 43-21-261 (18) specifies that:

> *In every case where there is any indication or suggestion of either abuse or neglect and a child's physical condition is medically labeled as medically "serious" or "critical" or a child dies, the confidentiality provisions of this section shall not apply. In cases of child deaths, the following information may be released by the MDHS: (a) child's name; (b) address or location;(c) verification from the Department of Human Services of case status (no case or involvement, case exists, open or active case, case closed); (d) if a case exists, the type of report or case (physical abuse, neglect, etc.), date of intake(s) and investigation(s), and case disposition (substantiated or unsubstantiated). Notwithstanding the aforesaid, the confidentiality provisions of this section shall continue if there is a pending or planned investigation by any local, state or federal governmental agency or institution.*

The information specified above should be provided immediately by the county ASWS to the Deputy Director of DFCS. The Deputy Director has the authority to release this information.

d) Out of Home

DFCS does not investigate reports in Out-of-Home settings unless otherwise ordered to do so by the Youth Court. DFCS may assist in these investigations if requested by law enforcement, etc. (refer to MISS. CODE ANN. § 43-21-105(x))

e) Investigations of Meth Labs

Definitions:

Active "meth lab"
A setting wherein crystal methamphetamine is being manufactured.

Inactive "meth lab"
A setting where crystal methamphetamine has ever been manufactured but without a decontamination process being completed by the Mississippi Bureau of Narcotics (MBN), MBN affiliate, MBN designee or MBN approved source.

1. Protocol for Social Workers

- No DFCS Worker shall knowingly enter an active or inactive "meth lab" for any reason.
- All reports of children currently residing in "meth labs" active or inactive should be "screened in" for investigation. The appropriate local law enforcement entity and the

regional MBN office must be contacted and requested to assist the investigating Worker on each "meth lab" investigation. If local law enforcement is unable or unwilling to assist, the administrative chain of command should be followed in seeking advice as to how the matter should be handled (i.e., Worker-ASWS-RD). During a "meth lab" investigation, the investigating Worker should remain outside, at least 100 feet from the "meth lab", while law enforcement officers remove the child/children from the lab unless instructed otherwise by law enforcement.

- The Worker shall request copies of any photographs taken by law enforcement at the scene and follow-up to ensure that this information is received and placed in the DFCS's files.
- The child/children must be decontaminated by law enforcement or medical staff either at the scene or at a medical facility. The Worker should not place the child/children into her/his vehicle without the decontamination process having been conducted.
- If the victim(s) is/are taken to a medical facility, the Worker shall make a request to receive the results of any examinations and/or tests performed on the child/children, and follow-up to ensure that this information is received and placed in the DFCS's files.
- If decontamination occurs on the scene, the Worker should advocate that the procedure be performed in such a way that does not further traumatize the child.
- If it is determined that a child is residing in a setting wherein an active or inactive "meth lab" exists a Family Team Meeting would be held and a Safety Plan developed.
- Recommendations for vulnerable adults should be reported using the same MCI number 1-800-222-8000 or www.msabusehotline.mdhs.ms.gov.

2. Reasons to Consider the Removal of Children

Child(ren) may be removed for the following reasons:

a. If child(ren) is in imminent danger that cannot be resolved by a Safety Plan or by providing services.
b. If it is determined that a child is residing in a setting wherein an active "meth lab" exists, this shall be viewed as a situation in which the victim cannot remain safely in the home.

f) Reports Involving More Than One County

When a report is screened to the child's county of residence and the incident happened in another county the responsibility of the Intake County is as follows:
(*See* section on Resource Investigations for children in custody)

1. ***Responsibilities of county of residence:***

- Accept report;
- Initiate legal action, as needed for child's protection;
- Coordinate ongoing legal/court intervention;
- Coordinate investigation with county where incident occurred;
- Arrange treatment services for child and family as appropriate in county of residence;
- Notify law enforcement if needed;
- Complete investigation in MACWIS.
- Contact alleged perpetrator's county of residence to coordinate interviews
- Coordinate interviews on a child who may be visiting in another county.

2. ***Responsibilities of county where incident occurred:***

If a child is receiving services at a hospital or medical facility in a county other than his/her county of residence, and a report is received, the county Worker where the child is located at the time of the report shall assist in any way, including initiating the contact with the child and assessing the safety of the child(ren). The Worker (where the child is located at the time of the report) shall conduct the following interviews:

- Interview alleged perpetrator;
- Interview alleged victim or any other children who may still be in the county where incident occurred.
- Interview reporter unless he or she has chosen to remain anonymous.
- Assist with coordination of services if needed.

All information gathered shall be entered in the MACWIS system in the investigative report.

g) Abused Child from Another State

When the child, who is the subject of an allegation of abuse, is a resident of another state and the abuse occurred in that state, and the child is currently located in Miss. the MCI Worker receiving the report will:

- Complete the Information and Referral (I&R) and notify the MCI Supervisor, MDHS/DFCS Protection Unit Director and e-mail and/or fax the information to the other state.

- If services are needed, the ASWS in the county where the child is currently located will coordinate services with the child's state of residence.

h) Mississippi Child Abused in Another State

When the child who is the subject of an allegation of abuse is a resident in Mississippi and has been allegedly abused in another state, the MCI Worker shall:

- Complete the requested data on the MACWIS Intake Screens and forward the information to COR Intake Supervisor. (The contact information for the state in which the alleged abuse occurred will be listed within the location information of the MACWIS Intake.)
- Make an oral report to the Child Protective Service Unit in the state where the abuse allegedly occurred.
- Request the other state's assistance in completing the investigation.

i) Family Moves out of State

If a family moves out of state during an investigation of a child abuse/neglect and the family's new address can be obtained, a letter to the Child Protective Service Division in the other state must be written informing them of the report and must be sent to the Office of Protective Services, Division of Family and Children's, for the other state.

If the report indicated that there may be imminent danger of harm or threatened harm to the child, a protective service referral must be made immediately by telephone to the other state and confirmed in writing through the other state's DFCS as soon as possible after making the oral report.

j) Protective Services Alert

Protective Service alerts are used when the family and/or victim's exact whereabouts is unknown **and** the Worker is of the opinion that further harm may come to the child victim(s) unless protective services are provided.

In the case of a child fatality, when the family has moved to another county or state while the case is under investigation, **and siblings** to the deceased child have moved with the parents, a child protective alert needs to be sent by the assigned Worker and/or supervisor to the appropriate state and/or county office.

Protective Service Alerts received in the State Office from other states will be forwarded from the Protection Unit via electronic mail to each county office.

If a county needs to send a Protective Service Alert to another county or all counties within Mississippi, the county office will forward the alert to the Protection Unit to be disseminated via electronic mail to the other counties.

If a county office needs to send a Protective Service Alert to a Family and Children's Services' office in another state, the county office will forward the alert to the Protection Unit to be forwarded to the other state via electronic mail.

k) Requests from Another State

A county office may receive a request from another state for completion of a child abuse/neglect investigation when the incident occurred in that state with a child and the alleged perpetrator resides in Mississippi. An assigned Worker from the county office shall interview the alleged perpetrator for the other state.

III. Family Centered Practice

A. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and families. A child welfare supervisor's participation in a FTM is an opportunity to assess the

Worker's use of Family Centered Practice principles. The Family Centered Practice Principal encompasses the following components:

- A clear but open-ended purpose;
- An opportunity for the family to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

A FTM is required during:

- An investigation if removal is necessary for the safety of the child.
- This meeting should occur prior to the removal when possible, or within 24 hours of removal unless the Worker is unable, after diligent efforts documented in the case record, to identify, locate, and engage the family.
- An investigation when safety and risk factors are identified and a safety plan is needed.
- An investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

On all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the ASWS makes the decision in MACWIS for continuing services. The ASWS should make a decision within five (5) calendar days of the Worker's recommendation for continuing services.

B. Mobilizing Services

In providing services to the family or child, DFCS, in collaboration with the family members, and based on assessment information, should recommend services that are determined to be the most beneficial and least intrusive to the family while maintaining the child's safety. This recommendation should include consideration of the ability of family members to access services

as needed, provision of needed services in the home and/or community in which the family members live, and providers that can best meet the family members' needs.

Services shall be mobilized at any point in an investigation when services are needed to maintain a child's safety or reduce risks for abuse and neglect. The decision to mobilize services should be based on the safety and risk assessment and parental protective factors. Cases with active safety concerns requiring a safety plan or protective custody must be opened for services. Services with no active safety concerns but assessed to have a moderate or high level of risk may be opened for services. In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and locations of services;
- Make prompt referrals to service providers; and
- Follow up to help ensure prompt service initiation.

If the case is opened for services, the Worker should use the Comprehensive Family Assessment (CFA) and FTM to identify services that need to continue or to be initiated based on the goals, assessment, and case plan. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker shall assist the family with referrals to community based resources.

C. Disposition of Cases

1. Cases in which the Family's Whereabouts Become Unknown before Completion of an Investigation

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the investigation is incomplete and the Safety and Risk Assessments have not been completed which would alleviate harm or imminent danger, the Worker should immediately make every effort to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and if located, alert the appropriate DFCS office in the family's new locale. The case should be terminated upon transferring the incomplete investigation to the family's new location.

If the family relocates to another state and that state's DFCS requests information, the information regarding this family should be sent expeditiously.

IV. Appendices

INTAKE & ASSESSMENT

Appendix A

Reports which may be screened out at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. – Exception: All reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criteria does not apply, the report should be considered for investigation.

a. Alleged victim was age sixteen (16) or over at the time incident occurred, and
b. Alleged victim is a normally functioning child, and
c. Alleged victim, age 16 or over, willfully consented, and
d. Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
e. No parental or caretaker neglect is suspected.

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.

  a. Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
  b. No parental or caretaker neglect is suspected.
  c. Law Enforcement has been informed of the report.

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a non-professional, the DFCS should determine if family is seeking

counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.

- Physical injury committed by one child on another that meet all of the following criteria:

  a. Child is not in a caretaking role over the other child.
  b. No parental or caretaker neglect is suspected.
  c. Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Additional and Duplicate Reports:

The DFCS sometimes receives additional reports regarding an incident or situation that has already been investigated. If a report regarding abuse or neglect is received and it includes any of the following information, it must be investigated as a new report if a DFCS Assessment is not currently in progress:

- A new alleged perpetrator;
- A new victim;
- A new category of child maltreatment not previously reported;
- A new incident involving the same type of child maltreatment(s).

In order to classify a report as the duplicate report and to screen it out for investigation, the CPS social worker must determine if the new information includes:

- Same alleged perpetrator(s);
- Same victim(s);
- Same types of child maltreatment(s); and
- Same incident

Before any decision is made to screen out any report as being the same report, the ASWS must always make sure the prior report was thoroughly investigated.

Second reports of abuse or neglect will not be investigated if it is the same report, same victim and same incident.

INTAKE & ASSESSMENT

Appendix B

Form DFCS 506
Revised 02/2011

BEHAVIORAL INDICATORS OF ABUSE

Preadolescent :

1. Stylized behavior, excessive seductiveness
2. Unusual interest in sex organs of self or others (either children or adults
3. Fearful or suspicious of adults
4. Tugging at clothing in genital area
5. Tired, lethargic, sleepy appearance
6. Regressive behaviors: such as whining, negative changes in toilet habits
7. Persistent fears or overwhelming nightmares
8. Blaming or dislike of self
9. Change in school grades
10. Public or excessive masturbation
11. Developmental delays
12. Child is perceived and/or treated by parent as “bad,” unusual, and/or different
13. Behavioral extremes (e.g. extremely aggressive or passive; persistent crying)
14. Child assumes parental role (i.e., caretaker of one or both parents and/or siblings beyond normal “role playing “for child’s age)
15. Lack of peer interaction
16. Threatens or attempts suicide
17. Psychosomatic illness

Adolescent:

1. Stylized behavior, excessively provocative beyond the norm for the child
2. Shy, withdrawn, overburdened appearance
3. Change in school grades
4. Running away
5. Self-destructive behavior
6. Substance abuse that is more experimental
7. Unwillingness to participate in group activities
8. Stealing; shoplifting
9. Pregnancy wishes
10. Prostitution
11. Fear or distrust of men, adults
12. Statements about being “bad” or “undesirable”
13. Way of/avoidance of physical contact

14. Excessive longing for affection
15. Child assumes parental role or role as spouse of parent (i.e., care giving of one or both parents and/or siblings beyond normal “role playing” for child’s age)
16. Reluctance to change clothes for gym class
17. Lack of peer interaction
18. Threatens or attempts suicide
19. Psychosomatic illness

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICES

Section B:
Intake/Assessment Policy

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II. DFCS Overview

The Mississippi Department of Human Services will hereinafter be known as "MDHS" and its Division of Family and Children's Services hereinafter will be known as "DFCS".

A. Introduction and Scope of Services

The basic task of child welfare practice is the protection of children from harm. This task includes protection of children not only from harm occurring to a child as a result of abuse or neglect by the child's caretaker but also protection from harm caused by the separation of a child from their family. This approach requires that the family be considered as the client, and that the Worker's goal is to help the family solve problems so children can safely remain in their homes.

DFCS is responsible for evaluating the allegations of abuse or neglect in which the alleged perpetrator is identified as:

- a parent;
- a relative;
- a guardian or custodian; or
- any person responsible for the child's care or support. This shall include, but is not limited to step parents, foster parents, non-licensed baby sitters, and staff of residential care facilities and group homes that are licensed by MDHS.

(MISS. CODE ANN. § 43-21-353). (*See* also MISS. CODE ANN. § 43-21-105)

B. Goals

The primary goals of DFCS are to:

- Ensure the safety, permanency and well-being of children who have been abused, neglected, and/or exploited.
- Enable families to recognize behaviors that harm or threaten the well-being of their children.
- Offer services to parents/persons responsible for the care and support of children to promote change in their parenting behaviors to permit independent care of children.
- Enable children to remain in their own homes; and if they are unable to remain in their home, make reasonable efforts to place them in the least restrictive setting which meets their needs such as with relatives or in other settings to meet their emotional and physical needs.

C. Legal Basis for Authority

1. State Laws

MISS. CODE ANN. § 43-15-3, entitled the "Powers and Duties of Department of Human Services…," authorizes, empowers, and directs DFCS to

> …fully cooperate with the United States Children's Bureau and Secretary of Labor in establishing and strengthening child welfare services for the protection and care of the homeless, dependent and neglected child and children in danger of becoming delinquent. [MDHS/DFCS] is further authorized, empowered and directed to cooperate with the United States Children's Bureau and Secretary of Labor in developing plans for said child welfare services and extending any other cooperation necessary under Section 521 of Public Law No. 271-74th Congress of the United States.

MISS. CODE ANN. § 43-21-353 outlines the duty of individuals having reasonable cause to suspect that a child is a neglected or abused child to notify MDHS immediately and MDHS will notify the Youth Court Intake Unit. (*See Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable* for more detail on § 43-21-353)

The Mississippi Youth Court Law, MISS. CODE ANN. § 43-21-101 et seq. outlines the definitions for abuse and neglect; child abuse and neglect intake procedure; reporting requirements for child abuse and neglect; immunity for reporting; confidentiality provisions for children's case records; the jurisdiction of the Youth Court; the conditions under which a child may be taken into protective custody; and the authority and responsibilities of the court, DFCS, and law enforcement officials in protecting children.

The Youth Court Law mandates DFCS to conduct investigations and provide services when reports of suspected abuse and/or neglect are made. (MISS. CODE ANN. § 43-21-353)

The Youth Court Law also permits DFCS to take a child into custody without a court order for no longer than 24 hours when there is probable cause to believe:

- the child is in immediate danger of personal harm, or
- the parent, guardian, or custodian is not available to provide care and supervision to the child, or
- no reasonable alternative to custody can be found.

(MISS. CODE ANN. § 43-21-303(1)(b) and (4))

MISS. CODE ANN. § 97-5-1 et seq. outlines the offenses affecting children and further identifies which offenses constitute misdemeanors or felonies and the penalties for the commission of crimes against children.

MISS. CODE ANN. § 43-21-259 requires all records involving children and the contents thereof, including the identity of the reporter, to be kept confidential except as provided in § 43-21-261.

MISS. CODE ANN. § 43-21-354 requires a statewide incoming telephone service to be maintained by DFCS on a twenty-four-hour, seven-days-a-week basis for the purpose of reporting abuse or neglect of a child pursuant to § 43-21-353.

2. Federal Laws

l) Child Abuse Prevention and Treatment Act (CAPTA)

CAPTA originally enacted in 1974 as P.L. 93-247 has been amended several times, most recently amended and reauthorized on December 20, 2010, as Child Abuse Prevention and Treatment Act, as amended by Public Law 111-320. Key components of P.L. 111-320 are as follows:

- An assurance in the form of a certification by the Governor that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program that includes provisions and procedures for:
    - reporting of child abuse and neglect, including a State law for mandatory reporting on child abuse and neglect by certain individuals required to report such instances (section 106(b)(2)(B)(i));
    - addressing the needs of infants born with and identified as being affected by a Fetal Alcohol Spectrum Disorder (including appropriate referrals to child protection service systems and for other appropriate services) (section 106(b)(2)(B)(ii));
    - including differential response in triage procedures for the appropriate referral of a child not at risk of imminent harm to a community organization or voluntary preventive service (section 106(b)(2)(B)(v));
    - training in early childhood, child, and adolescent development for guardians ad litem appointed to victims of child abuse or neglect in cases which result in a judicial proceeding (section 106(b)(2)(B)(xiii));
    - assuring that the State does not require reunification of a child with a parent who has been found by a court to have committed sexual abuse against a child of the parent or who the court has required to be registered in a sex offender registry under the Adam

Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16913(a)) (section 106(b)(2)(B)(xvi)(V) and (VI));

- requiring criminal background checks that meet the requirements of section 471(a)(20) of the Social Security Act (42 U.S.C. 671(a)(20)) for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (section 106(b)(2)(B)(xxii)); and
- technology systems that support the child protective service system and track reports of child abuse and neglect from intake through final disposition (section 106(b)(2)(B)(xxiii)).

- A description of policies and procedures:
  - encouraging the appropriate involvement of families in decision-making pertaining to children who experienced child abuse or neglect (section 106(b)(2)(D)(iv));
  - promoting and enhancing collaboration among child protective services, domestic violence, substance abuse, and other agencies in investigations, interventions and service delivery to children and families affected by child abuse or neglect (including children exposed to domestic violence) (section 106(b)(2)(D)(v)); and
  - regarding the use of differential response, as applicable (section 106(b)(2)(D)(vi)).

- An assurance that the State, to the maximum extent practicable, has coordinated its CAPTA State plan with its title IV-B State plan (section 106(b)(2)(A)).

- An assurance that programs and training funded under title I of CAPTA address the needs of unaccompanied homeless youth as defined in the McKinney-Vento Homeless Assistance Act (i.e., a youth not living in the physical custody of his/her parent or guardian who lacks a fixed, regular, and adequate nighttime residence, including youth awaiting foster care placement) and meet the requirements of McKinney-Vento Homeless Assistance Act (section 106(b)(2)(F)).

m) The Adoption and Safe Families Act of 1997 (ASFA)

ASFA of 1997 (P.L. 105-89) focuses on the safety, permanency and well-being of children in foster care and establishes the framework for the current child welfare system. Significant parts of this law relating to safety establish that:

- Child health and child safety are identified as the paramount concerns for DFCS decision-making, including making reasonable efforts to prevent placement.
- Safety must be addressed in safety plans or integrated into case plans and services must address conditions related to safety.

- Case reviews must consider child safety in placement and potential dates upon which a child can return home safely.
- Responsible agencies must conduct concurrent planning that involves working toward reunification and simultaneously working on other permanency options based on permanency and safety considerations to accelerate the permanent placement of children in care.

n) Indian Child Welfare Act of 1978 (ICWA)

ICWA (P.L. 95-608) establishes exclusive jurisdiction over Indian child custody proceedings.

An Indian tribe shall have jurisdiction **exclusive** as to any State over any child custody proceeding involving an Indian child who resides or is domiciled within the reservation of such tribe, except where such jurisdiction is otherwise vested in the State by existing federal law. Where an Indian child is a ward of a tribal court, the Indian tribe shall retain exclusive jurisdiction, notwithstanding the residence or domicile of the child.

3. Exceptions & Limitations

A DFCS Worker may not enter a home without permission of the occupant, except by court order.

V. DFCS Procedures for Service Activity

A. Family Centered Practice Principles

~~The primary and essential component of the technology of Family Centered Practice is the engagement of and the development of a relationship with the family through the active embodiment and personification by the social Worker of a practice approach. This approach which recognizes the value and dignity of the family by consistently and genuinely displaying respect and consideration for all family members through encouragement and affordsing the family the opportunity to make their own decisions and solve their own problems.~~

~~The major practice techniques causing effective engagement and resulting in meaningful relationships are Family Team Meetings and Individualized Service Planning through a family case planning process. The object is to assist the family in solving their problems so children can grow up safely at home.~~

~~The values, philosophy, and principles- the underlying foundation described above- must drive actions and decisions across the entire spectrum of practice from Intake to Permanency.~~

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~~Relationships must be built with families from initial engagement through case closure- relationships built on faith, belief, and trust. Relationships must be formed, built, nurtured, and maintained. Strengths must be identified and emphasized.~~
~~Reports of child abuse or neglect, and other intakes received by DFCS are subject to a strength-based, structured intake process which allows for the concerns of the reporter to be heard, documented, and screened by intake Workers. An effective intake process enhances both the quality and consistency of the information collected and emphasizes the strengths of the family about whom the report is being made. Information provided by reporters regarding the circumstances being reported and about the family involved significantly affects DFCS' response.~~

The purpose of child welfare services and child protective services in a Family-Centered Practice culture or service environment is to enable children to safely grow up in their own families. The primary and essential component of a Family-Centered Practice approach is the engagement of and the development of a relationship with the family through an active and ongoing commitment to and execution of a practice approach which recognizes the value and dignity of the family, consistently and genuinely displaying respect and consideration for all family members, encouraging and allowing families to make their own decisions and solve their own problems. The major practice techniques causing effective engagement and resulting in meaningful relationships are family team meetings and individualized service planning through a family case planning process. The object is to solve family problems so children can grow up safe and sound at home.

The technology of the Mississippi Division of Family and Children's Services (DFCS) is Family-Centered Practice. The values, philosophy, and principles must drive actions and decisions across the entire spectrum of practice from Intake to Permanency. Relationships must be built with families from initial engagement through case closure – relationships built on faith, honesty, justice, and trust. Each individual, each parent, each child, and every family is different and unique. Family differences must be recognized, acknowledged, appreciated, and respected. Judgment must be suspended. Relationships must be formed, built, nurtured, and maintained. Strengths must be identified and emphasized.

Family-Centered Practice identifies family strengths, support systems, and community services that will assist families in acquiring the resources, taking action, making decisions, and developing the skills they need to safely take care of their children and reduce the risk of future maltreatment. Strength-based assessment is an assessment protocol that looks at families' capabilities, strengths, and resources throughout the life of the case, supporting the development of strategies built on competencies, assets, and resources. Reports of child abuse or neglect or other intakes received by DFCS are subjected to a strength-based, structured intake process which allows for the concerns of the reporter to be heard, documented, and screened by intake workers. An effective intake process enhances both the quality and consistency of the

information collected and emphasizes the strengths of the family about whom the report is being made. The initial relationship developed within a DFCS case is the relationship developed with the reporter. Reporters should feel valued, supported, and understood as the information provided by reporters regarding the circumstances being reported about the family significantly affects DFCS response.

B. Definitions

Safe

A child is safe when there are no immediate threats of serious harm due to the caregivers' actions or inactions, or the protective capacities of the family are able to mitigate these threats.

Unsafe

A child is unsafe when the caregivers' actions or inactions present immediate threats of serious harm to a vulnerable child and the family's protective capacities are diminished.

Risk

A child is at risk when there is a likelihood that maltreatment will occur in the future.

Safety vs. Risk

Risk and safety are not interchangeable terms. Safety applies to the need for action based on an immediate threat. Risk refers to the likelihood of future maltreatment even when the immediate safety threats are not present, and is seen on a continuum from low to high. Assuring child safety begins with the report of maltreatment and continues through the investigation, initial safety and risk assessment; ongoing safety and risk assessment; developing a case plan; assuring safety during placement; reunification and case closure. Safety and risk interventions are applicable for all children whether they are in out of home placements or in their own home.

Harm

- *Harm is the effect of child abuse or neglect. DFCS must address children at all levels of harm resulting from identified or alleged maltreatment.*
- *Harm is the consequence of enacting the threat.*
- *When a child is physically abused, it is the abuse or injury that is the harm.*
- *Harm may be physical, psychological or mental, or emotional.*

- *The extent of damage to a child who has been harmed depends on the nature of the harm, the severity of the injury, the dynamics and characteristics of the family, and the vulnerability and sensitivity of the child.*
- *The harm to the child of abuse or neglect by parents or caretakers must be weighed against the harm to the child and family of DFCS' intervention strategy, particularly removal of the child from the home.*

Threat

The threat is the caregiver's underlying condition or contributing factor and insufficient protective capacities that led to serious harm or threatened serious harm. To assess the safety threat, the seriousness of the harm must be assessed.

Protective Capacities

Individual or family strengths, or resources that reduce, control and/or prevent threats of serious harm from arising or having an unsafe impact on a child are strengths that are specifically relevant to child safety. Protective capacities must be accessible and actionable and fall under the following categories:

- *Personal*
- *Behavioral*
- *Cognitive*
- *Emotional characteristics and/or Resources*

Protective capacities must be accessible and actionable.

Maltreatment

An act, or failure to act or pattern of behavior that results in death, physical, medical, sexual, emotional harm or mental injury or presents imminent threat of harm to a child.

Imminent Danger

Clearly observable behavior or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and cause serious harm.

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Emerging Danger

A safety consideration that arises when the underlying conditions and contributing factors associated with a danger-related risk element in the family are escalating and/or protective capacities are diminishing.

C. Intake

1. Who May Make a Report

Per MISS. CODE ANN. § 43-21-353, any person who has reason to suspect the abuse and/or neglect of a child must make a report by telephone to Mississippi Centralized Intake ("MCI"), DFCS' 24 hour statewide Child Abuse Hotline for the reporting of abuse and/or neglect at 1-800-222-8000, or electronically at www.msabusehotline.mdhs.ms.gov.

When a reporter comes to the county office to make a report, he/she shall be educated on the report process and allowed to use a DFCS phone to call MCI. If the reporter does not choose to make a report from the office phone, the county staff shall make the report to MCI immediately.

o) Mandated Reporters

Professional Mandated Reporters are those required by law to report suspicion of abuse or neglect. Professional Mandated Reporters include, but are not limited to, any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other professional, who becomes aware of information leading them to believe abuse or neglect to a child has occurred.

Professional Mandated Reporters are required to provide written reports of suspected child abuse and neglect. These written reports should be forwarded to DFCS as soon as possible after the oral report is made. Professional Mandated Reporters are encouraged to report suspected abuse and neglect electronically because it will eliminate the need to send a separate, written report. Refer to MISS. CODE ANN. § 43-21-257 which requires that any records involving children, including valid and invalid complaints, be kept confidential and not be disclosed except as provided by MISS. CODE ANN. § 43-21-261.

As child welfare professionals, all DFCS employees are mandated to report any suspicion of child abuse or neglect. Maltreatment, including the use of corporal punishment by a Resource Parent (relative or not) on foster children, is strictly forbidden by the MDHS, DFCS' policy. (*See* Section F, DFCS Resource Policy).

If any DFCS staff has suspicion that a child in DFCS custody is being maltreated in any way, or that corporal punishment is being used within any placement type, the DFCS staff member, as a mandated reporter, will formally report to MCI any suspicions of maltreatment, including corporal punishment.

p) Immunity from Liability

Any attorney, physician, dentist, intern, resident, nurse, psychologist, social Worker, family protection Worker, family protection specialist, child caregiver, minister, law enforcement officer, school attendance officer, public school district employee, nonpublic school employee, licensed professional counselor or any other person participating in the making of a required report pursuant to MISS. CODE ANN. § 43-21-355, participating in the judicial proceeding resulting there from, shall be presumed to be acting in good faith. Any person or institution reporting in good faith shall be immune from any liability, civil or criminal, that might otherwise be incurred or imposed.

q) Anonymous Reporters

DFCS does not require a reporter to identify him/herself as a condition for reporting suspected child abuse, neglect or exploitation. The MCI intake Worker should encourage anonymous reporters to leave contact information. This will allow the Worker responsible for responding to the report to contact the reporter for any information which would be helpful in assessing the report and working with the family.

Reporters may be reluctant to share their identities due to fear of personal repercussions or other factors. Anonymous reporting does not permit an opportunity for future contact by DFCS; therefore, it is crucial that the intake Worker gather as much information as possible before the intake call is terminated.

2. Types of Reports

r) Abuse, Neglect and Exploitation or ANE

The ANE intake type is used to report suspicion of child maltreatment through MCI. Reports are subject to DFCS screening procedure and, if statutory criteria are met, require official DFCS response.

s) Information and Referrals

The Information and Referral intake type (I&R) is used for assisting the public by sharing information or referring them to any needed services not provided by DFCS. These referrals are entered into MACWIS by county staff and MCI.

t) Case Management

The Case Management intake type is used to provide concrete services when a need is identified or a request is received. Concrete services are provided when possible and appropriate.

u) CHINS/Voluntary Placement/ Safe Baby/Unaccompanied Refugee Minors/Prevention Services

This intake type is used in the following circumstances:

(1) CHINS: A "Child in Need of Supervision" (CHINS) is a child who has reached his/her seventh birthday and is in need of treatment or rehabilitation because the child:

- Is habitually disobedient of reasonable and lawful commands of his/her parents, guardian or custodian and is ungovernable; or
- While being required to attend school, willfully and habitually violates the rules thereof or willfully and habitually fails to attend school;
- Runs away from home without good cause; or
- Has committed a delinquent act or acts;
- Is placed in DFCS custody by a Youth Court judge and there are no allegations of abuse or neglect.

(MISS. CODE ANN. § 43-21-105 (k))

(2) Voluntary Placement: An agreement between parents and custodians and DFCS where children are placed in DFCS custody for up to 180 days by signing the Voluntary Placement Agreement.

(3) Safe Baby: A child who is younger than 72 hours old and is surrendered by a parent to a licensed hospital which operates as an emergency department or an adoption agency duly licensed by DFCS (MISS. CODE ANN. §§ 43-15-201 thru 209).

(4) Unaccompanied Refugee Minors (URM): URMs are minors brought to the United States without their parents or who come as a result of human trafficking or exploitation. This intake type should be used only by staff in Hinds County designated to handle URM intakes.

(5) Prevention Services: Services provided to families when issues of safety and risk exist though there is no report of abuse or neglect being made which meets the criteria for screening in for investigation.

v) Resource Inquiries

This intake type is used when individuals request information regarding licensure as Resource Parents. For cases involving Resource Inquiries the following information should be obtained:

(1) For Foster/Adopt Resource Inquiries:

- Age, gender, and race of child the applicant resource family is interested in fostering or adopting.
- Income of applicant
- Availability of space in the home for additional children
- Whether the applicant is interested in fostering, adopting or fostering-to-adopt
- Marital status of the applicant
- Previous parenting experience
- Whether the applicant is working with a private provider to license the applicant's home

(2) For Relative Inquiries:

- County of responsibility
- County of responsibility Worker
- Name and age of foster child
- Relation to the child
- Date the child was placed in the home, if applicable
- Reason the child was taken into custody

3. Maltreatment Definitions

Types of Maltreatment include:

Emotional Abuse/Neglect

Any acts and/or threatening statements made and/or allowed, or failure on a periodic or continuing basis, regardless of cause, to provide adequate nurture to meet the child's needs which results in a substantial impairment of intellectual, psychological or emotional well-being and functioning of the child. It describes emotional abuse, mental injury, and other types of maltreatment. Refer to MISS. CODE ANN. § (43-21-105).

Medical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter.
(MISS. CODE ANN. § 43-21-105)

Physical Abuse

"Abused child" means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon the child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. However, physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section.
(MISS. CODE ANN. § 43-21-105).

Physical Neglect

One whose parent, guardian or custodian or any person responsible for his care or support, neglects or refuses, when able so to do, to provide for him proper and necessary care or support, or education as required by law, or medical, surgical, or other care necessary for his well-being; however, a parent who withholds medical treatment from any child who in good faith is under treatment by spiritual means alone through prayer in accordance with the tenets and practices of

a recognized church or religious denomination by a duly accredited practitioner thereof shall not, for that reason alone, be considered to be neglectful under any provision of this chapter *(MISS. CODE ANN. § 43-21-105).*

Sexual Abuse and Exploitation

"Sexual abuse" means obscene or pornographic photographing, filming or depiction of children for commercial purposes, or the rape, molestation, incest, prostitution or other such forms of sexual exploitation of children under circumstances which indicate that the child's health or welfare is harmed or threatened.
(MISS. CODE ANN. § 43-21-105).

4. Intake Procedures

w) Centralized Intake Procedures

Mississippi Centralized Intake accepts the following intake types:

- ANE;
- I&R;
- Case Management,
- CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement/Prevention Services;
- Resource Inquiries.

All intakes must be documented in MACWIS upon receipt.
The MCI staff shall be responsible for gathering as much information as possible from the reporter of the abuse or neglect allegations, including, but not limited to:

- how to locate the family;
- whether or not the alleged abuse and/or neglect is caused by the person caring for the child;
- access of alleged perpetrator to the alleged victim;
- nature of the abuse and/or neglect (severity, duration, type of maltreatment, etc.);
- if the report falls under the statutes of our state law as abuse and/or neglect;
- history on family/household;
- history/ability of caregiver;

- history of ANE;
- potential safety risks for Worker;
- prior criminal history of household members, if known;
- information on the victim (mental & physical capabilities/limits; age; school, etc.);
- general dynamics of the family, if known (traditions, culture differences, strengths and weaknesses;
- if the family being reported has any tribal affiliation.

MCI staff shall also inform reporters of DFCS' responsibilities including:

- protection of reporter's identity;
- screening and investigation process and any on-going communication with the reporter;
- confidentiality/disclosure of records; and
- determining whether the victim is a Native American and/or resides on Native American tribal lands.

Intake duties of the MCI staff after taking a report include but are not limited to:

- entering the "Report Date" as the date the reporter received the report in the county or the date a child was placed in DFCS custody;
- search for prior MDHS involvement (METTS, MSSIS, MAVERICS and MACWIS); including but not limited to reports of abuse and neglect;
- diligent search to identify the absent parent (METTS, MSSIS, MAVERICS and MACWIS);
- forward complaints to DFCS Complaints Unit;
- contact the language line for assistance when working with reporters having language barriers; and
- notify the appropriate county office or on-call Worker immediately when a request for immediate assistance is made by law enforcement, judges, or hospitals.

x) ANE Intakes That Require Special Handling

1. Reports of Maltreatment in Foster Care

All reports of maltreatment, including corporal punishment, involving children in custody must be reported through MCI and entered as ANE and must be initiated within 24 hours of initial intake "report date and time" and completed within 30 calendar days including supervisory approval.

If information gathered from the reporter or a diligent search of MACWIS identifies the alleged victim as a child in custody, the intake Worker will:

4) Confirm the identity of the child.
5) Confirm all household members that are identified at intake and who have prior history in MACWIS.
6) Assign the intake to the county where the resource home/facility is located.
7) ~~A Serious Incident Report (SIR) shall be completed by the COR Worker or Supervisor and submitted for approval through the automated SIR located at http://dfcsmacweb/SIR~~

After it is determined the alleged victim is a child in custody, the report should be entered into MACWIS using the following guidelines:

4) If a report of maltreatment, including use of corporal punishment by a Resource Parent is received, the report should be entered as a Resource Report and assigned to the county where the resource home is located.
5) If the maltreatment occurred outside of the Resource/Facility setting, the report should be entered as an ANE with the appropriate alleged perpetrator identified and assigned to the county where the child currently resides.
6) If the maltreatment occurred in the child's own home, the report should be entered as ANE and the alleged perpetrator identified and assigned to the county where the child currently resides.

2. Resource Report Option

The "Resource Report" option in MACWIS should be selected only in the following instances:

- If a report of maltreatment, including corporal punishment, by a Resource Parent is received on a child in custody.

- If a report is received on a child in custody in which alleged maltreatment occurred in the Resource Home.
- If a report is received on a child in custody in which alleged maltreatment is a result of the Resource Family's actions or inactions.
- If a report of maltreatment is received involving a child in custody placed in a licensed or non-licensed facility.
- ~~If a report of maltreatment is received involving a child (biological or adopted) in an ACTIVE Resource Home.~~

3. Special Investigations

The "Special Investigation" option in MACWIS should be used only in the following instances:

c. Reports in which a DFCS staff person, at intake, meets one of the following criteria:

- named as alleged perpetrator
- named as alleged victim
- reported as being otherwise involved with the alleged maltreatment
- ~~reported as being closely involved with the reporter, perpetrator or other involved parties~~
- ~~reported as having a conflict of interest in the handling of the report of maltreatment.~~

d. Reports in which the alleged perpetrator or his/her immediate family member is in a position of authority, including, but not limited to: government officials, community leaders, local DFCS and/or department heads.

y) Additional Reports Entered As ANE

6. Reports on Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands. However, DFCS has and will continue to receive

reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;
- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, who will notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web. (refer to Section D, ICWA)

7. Unaccompanied Refugee Minor

All ANE reports involving an Unaccompanied Refugee Minor (URM) should follow the same intake procedure for reports of maltreatment in foster care.

8. Reports of Safe Babies

Safe Babies should be reported through MCI. If the report comes directly to the county office, the Worker is responsible for making the report through the MCI system. The report shall be assigned through MCI to the county where the child is surrendered.

9. Child Death

If a report is received alleging that a child has died as a result of abuse or neglect, the intake Worker shall indicate this by selecting “Yes” to the related question on the Allegations/Living Arrangement Tab in MACWIS.

10. County Intake Procedures

All reports of abuse/neglect including an emergency or after hours report from law enforcement, court, hospital, etc. received in the county offices or by an on-call Worker must be sent to MCI prior to responding to the report or immediately thereafter.

INTAKE & ASSESSMENT

Each county office accepts the following intake types: I&R; Case Management, CHINS/Safe Baby/Unaccompanied Refugee Minors/Voluntary Placement; and Resource Inquiries/Prevention Services.

D. Screening

1. Screening Report and Assigning Response

For a report, MCI staff will determine the following criteria:

- If the family can be located.
  - If the reporter identified the county in which the family lives, adequate information exists to locate the family for screening purposes.
- If the alleged perpetrator is a parent, guardian, relative, someone in a caretaking role, ~~or~~ foster care provider, other legal caretaker, or if the parent/guardian permits abuse or neglect to occur or fails to protect the child from maltreatment, or if the alleged perpetrator has access to the child due to the relationship with the parent or caretaker.
- If the report alleges maltreatment of the child that meets statutory and DFCS criteria of maltreatment.
- If the child has been harmed or is in imminent risk of being harmed.

After gathering as much information as possible, MCI staff will use the MACWIS screening tool and, according to selections made, the report is screened in or out by the MCI staff. This task must be completed immediately upon receipt of report but shall be screened to the county within ~~1 hour~~ 90 minutes.

All reports of positive drug screens for mother and/or infant shall be screened in by MCI.

~~MCI staff shall enter the report immediately upon receipt and screen the report to the county during normal working hours within 1 hour of receipt of the report.~~
MCI staff will use the statutory criteria to make the screening decision.

Level One- A report that does not meet the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39 is **screened out** for DFCS and may receive a referral for information or a referral for services. (*See* Appendix ~~B~~ A for additional information on reports that are screened out)

Level Two- A report which meets the statutory criteria in MISS. CODE ANN. §§ 43-21-353; 97-5-39, but is not considered felony child abuse, or the alleged victim is not a foster child, is

screened in and assigned to a Worker who must initiate the investigation within 72 hours of ~~assignment~~ initial intake "report date and time".

Level Three- A report that is considered a felony as defined by MISS. CODE ANN. §§ 43-21-353; 97-5-39 or involves a foster child is **screened in** and assigned for investigation. The assigned Worker has 24 hours from ~~assignment to~~ the initial intake "report date and time" to initiate the investigation.
If the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor will assign a Worker for immediate response.

2. County Screening Process

The Intake Supervisor/designee has two (2) hours ~~(during working hours)~~ from receipt of report for assignment.

All Level III reports of maltreatment of children, including children in DFCS custody must be initiated within 24 hours of the initial intake "report date and time" and completed within 30 calendar days including supervisory approval.

All reports of positive drug screens for mother and/or infant that have been screened in by MCI, shall be assigned by the Intake ASWS to a worker for investigation/assessment.

A copy of all screened in reports of abuse/neglect shall be sent to the county youth court and felony reports shall be sent to the county youth court/prosecutor/DA.

If the Intake Supervisor/designee in the county responsible for investigating the report determines that the screened-in report does not meet criteria for investigation and the report does not meet the standards required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation, the Intake Supervisor/designee changes the screening decision, documents the reason for screening the report out in the justification/rationale box, citing the Miss. Code and notifies the Regional Director (RD) that the request for reconsideration has been submitted via MACWIS for review and approval. The RD shall reconsider the Intake Supervisor's determination that the report does not meet criteria for investigation. If the RD concurs with the Intake Supervisor's decision to screen out the report, then the RD shall notify by email with the Reconsideration Form attached (*See* DFCS Connection Website under *"Forms"*), to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD. If the RD disagrees with the supervisor's recommendation to screen the report out, the original decision made by MCI stands.

When the Intake Supervisor/designee determines the report meets standards as required by MISS. CODE ANN. §§ 43-21-353; 97-5-39 for investigation but the report was screened out by

MCI staff, the supervisor/designee changes the screening decision, documents the reason for changing the screening decision in the justification/rationale box citing the Miss. Code, and notifies the RD by telephone that the request has been submitted for review and approval. The Intake Supervisor then submits the screening request via MACWIS to the RD for final approval. If the RD agrees with the decision to screen in, the report will go back to the Intake Supervisor via MACWIS for assignment. The RD shall notify by email with the Reconsideration Form attached, to the Director of Field Operations and the Bureau Director of Prevention and Protection. All reconsiderations should be tracked and maintained by the RD. If the RD disagrees with the Intake Supervisor's recommendation to screen the report in, the original decision made by MCI stands.

z) Screening Out of Home Reports

When DFCS receives a report that a child has been abused by a person responsible for the care and/or support of the child, a determination must be made that the abuse was not committed or contributed to by a parent, legal guardian, primary caretaker, or relative.

If this is the case, the report must be handled as an "Out of Home" report.

"Out of Home" is defined by MISS. CODE ANN. § 43-21-105(x) as: temporary supervision or care of children by: staff of licensed day care centers, staff of public, private and state schools, staff of juvenile detention facilities, staff of unlicensed residential care facilities and group homes, or staff of individuals representing churches, civic or social organizations.

According to MISS. CODE ANN. § 43-21-353(8), If a report is made directly to DFCS that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report.

DFCS shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth court.

The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by DFCS to the licensing agency. The licensing agency shall investigate the report and shall provide DFCS, the law enforcement

agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Upon receiving the out-of-home intake the MCI Intake Worker must notify the local licensing entity by phone, facsimile or electronic mail.

When an out-of-home report is screened out, the county Intake ASWS will notify by phone, facsimile or electronic mail the following:

- Law enforcement
- District Attorney's office in the appropriate jurisdiction
- Youth Court

aa) Duplicate Reports

In order to classify a report as a "duplicate report" and to screen it out for investigation, it must be determined if the new information includes:

5) Same alleged perpetrator(s);
6) Same victim(s)
7) Same types of child maltreatment(s); and
8) Same incident

If the prior investigation has been completed, the COR Supervisor must always make sure the prior report was thoroughly investigated. Information on the same report will be entered into MACWIS and screened out.

bb) Child on Child Reports

In order for a child to be considered a perpetrator, he/she must meet ~~be at least 12 years old and meets~~ the following condition:

- They are in a caretaker role.

The MCI staff must assess the possibility of parental neglect having contributed to one child harming another.

cc) Additional Reports on An Open Investigation

If there is an open investigation and an additional report is made, but it is not a duplicate report, the additional allegation should be added to the open investigation on the post allegation tab and the additional report should be screened out.

dd) Reports Involving More Than One County

MCI may receive a report of child ANE when the incident occurred in one county and the child lives in another county. The report should be screened to the county of residence of the child and the COR Worker is responsible for notifying law enforcement in the county where the incident occurred.

ee) Reports Involving Foster Children

If MCI receives a report that meets the statute and DFCS criteria for maltreatment or is a report of corporal punishment and the identified victim is a foster child, the report must be screened in as a level three. The report and the screening are sent to the RD where the Resource Home is located. If the alleged maltreatment occurred outside of the resource/facility setting and the resource parent/household members were not involved the report should be entered as ANE and screened to the COR.

ff) Screening Special Investigations

If the report is determined during intake to be a Special Investigation, it is screened according to normal screening procedures and sent to the RD for final decisions and assignment.

E. Investigations and Assessments

1. Investigation Reports

MISS. CODE ANN. § 43-21-353. Duty to inform state agencies and officials; duty to inform individual about whom report has been made of specific allegations.

Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child or an abused child, shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in

*writing to the Department of Human Services, and immediately a referral shall be made by the Department of Human Services to the youth court intake unit, which unit shall promptly comply with Section 43-21-357…Where appropriate, the Department of Human Services shall additionally make a referral to the Youth Court Prosecutor. *in counties which do not have a County Youth Court Prosecutor, the District Attorney should be notified.*

Upon receiving a report that a child has been sexually abused, or burned, tortured, mutilated or otherwise physically abused in such a manner as to cause serious bodily harm, or upon receiving any report of abuse that would be a felony under state or federal law, the Department of Human Services shall immediately notify the law enforcement agency in whose jurisdiction the abuse occurred and shall notify the appropriate prosecutor within forty-eight (48) hours, and the Department of Human Services shall have the duty to provide the law enforcement agency all the names and facts known at the time of the report; this duty shall be of a continuing nature. The law enforcement agency and the Department of Human Services shall investigate the reported abuse immediately and shall file a preliminary report with the appropriate prosecutor's office within twenty-four (24) hours and shall make additional reports as new or additional information or evidence becomes available. The Department of Human Services shall advise the clerk of the youth court and the youth court prosecutor of all cases of abuse reported to the department within seventy-two (72) hours and shall update such report as information becomes available.

2. MDHS Request for Law Enforcement to Accompany

The MISS. CODE ANN. § 43-21-353 (6), specifies:
In any investigation of a report made under this chapter of abuse or neglect of a child as defined in § 43-21-105(m), the Department of Human Services may request the appropriate law enforcement officer with jurisdiction to accompany the Department Representative on its investigation, and in such cases the law enforcement officer shall comply with such requests.

3. Initiation of Investigation/Assessment

When the Intake Supervisor receives an intake and screening from MCI that indicates a child is in imminent danger, the Intake Supervisor shall assign a Worker for immediate response.

“Imminent danger” is defined as clearly observable behavior, or a situation that is actively occurring, is about to occur, or is likely to occur in the present time and would cause serious harm.

Prior to initiating the investigation, the Worker should conduct an additional thorough review of any prior DFCS involvement with the family. The Worker may need to look at old paper case files as well as a MACWIS records check.

INTAKE & ASSESSMENT

Information regarding any prior reports shall immediately be made available to the Worker to whom the case has been assigned for investigation.

An investigation is considered "initiated" when face to face contact or attempted face to face contact is made with the alleged victim(s) and should occur within the timeframes required by the level of the report. The Worker may be unable to see a child for the following reasons ~~because~~: the child disappeared, the family fled, ~~the address~~ incorrect/nonexistent address, the child is not at the location, or the parent/caretaker refused to allow Worker to interview or observe the child. This must be documented in MACWIS as part of the investigation.

Criteria for attempted contact for the initiation of an investigation are considered met when two or more locations have been checked including the child's identified home and one of the following: the neighbor, school, and daycare. Concerted efforts will continue daily to locate the child or children. At the initial unsuccessful home visit the Worker may leave a note or write a letter requesting that the Worker be contacted. The note or letter should not indicate the purpose of the visit.

Workers shall resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

7. Is parent or child of Native American heritage?
8. Is parent eligible for tribal membership?
9. Is parent registered with Native American tribe?
10. Is child eligible for tribal membership?
11. Has child been registered with Native American tribe?
12. Does the family live on tribal land?

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor, ~~who~~ will ~~in turn~~ notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located at ~~on the MACWIS Web.~~
http://www.neshoba.org/community/ms-band-choctaw-indians.php**)**
~~(refer to Section D, ICWA)~~

Following contact with the alleged victim(s), other people to be interviewed include the following:

- The Reporter, if possible
- Parent/Guardian/Caretaker
- Siblings who reside in the home
- All other children and other household members
- A collateral contact
    - At least one collateral contact shall be made on all investigations. May include, but not limited to the following: service agencies, doctors, nurses, teachers, law enforcement, neighbors, relatives (not including household members), and others who may have information concerning the health and welfare of the child. If a relative is used as a collateral you must also have a second collateral who is a non-relative.
- Alleged perpetrator unless otherwise instructed by law enforcement

All Interviews with the individuals shall be held in private and additionally, the Worker must make a visit to the home and a physical home environment narrative ~~be~~ entered in MACWIS.

Attempted face to face contact with the child, parent/guardian, custodian, or caretaker and efforts to locate the child does not end the investigation. If the Worker cannot make face to face contact or locate the family, the Supervisor shall be notified immediately on case status. Law enforcement will be requested to assist in locating the child and family.

gg) Interview with Reporter

If contact information is provided on the reporter, the Worker assigned the investigation will contact the reporter as the first step in the investigation. If the reporter cannot be contacted, the Worker should proceed with the investigation and attempt to contact the reporter at a later time. The inability to contact the reporter should not delay proceeding with the investigation.

The purposes of contacting the reporter are:

- to get additional information in regard to the abuse or neglect being reported,
- to inform the reporter of the role and purpose of the DFCS in its response to the report, and
- to give the reporter the opportunity to assist the DFCS in helping the family solve its problems so the child can remain safely at home or to assist the agency and family in

developing plans to assure the safety of the child if the child cannot remain safely at home.

Contact with the reporter is an opportunity for the DFCS to engage the reporter and to educate the community in regard to Family Centered Practice and to elicit the support of the reporter and community in effectively addressing the problem of child abuse and neglect as it relates to the specific family and to the community at large.

hh) Interview with Child Victim

The Worker will notify the parent/ guardian or custodian or caretaker before interviewing the child, unless notification would endanger the child or impede the investigation.
All child(ren) should be interviewed privately with documentation addressing time and location.

If not notified prior to interviewing child(ren), the parent/caretaker should be notified immediately following the interview, unless this would endanger the child(ren).

ii) Interviewing in the School Setting

Child(ren) may be interviewed without the parent's consent if the notification would endanger the child or impede the investigation.

If the principal or other school official insists on being present, advise school official(s) that they may be subpoenaed to court to testify and have him/her sign a Confidentiality Statement. The Confidentiality Statement is filed in the case record. (*See* DFCS Connection Website under *"Forms"*)

jj) Interview with Parent/Guardian/Custodian/Caretaker or Alleged Perpetrator:

- The Worker will interview the parent/ guardian or custodian or caretaker and/or the alleged perpetrator face to face separately and privately with documentation in MACWIS with details of the meetings as well as time and location of each meeting.
- In circumstances where the alleged perpetrator has been charged or arrested for a child abuse crime, the Worker only needs to interview the alleged perpetrator if information is needed to determine the safety of the child(ren) or risk of harm. If the alleged perpetrator is not interviewed, the record should document the reasons. A copy of the interview with the perpetrator by law enforcement should be obtained for DFCS records.

- If the parent/guardian or custodian or caretaker or alleged perpetrator has not been charged or arrested, and law enforcement, district attorney, or other appropriate official, requests the Worker not to interview the person; the Worker will advise the Area Social Worker Supervisor (ASWS) and the Youth Court Judge of jurisdiction of the request.
- During the interview with the parent/caretaker the Client's Rights and Responsibilities and Grievance procedures will be provided and discussed. The parent/ caretaker will sign the Clients Rights and Responsibilities form, (*See* DFCS Connection Website under *"Forms"*). A copy will be provided to the parent/caretaker and a copy will be filed in the case record.
- ICWA will be addressed and documented in MACWIS. Information for the TANF form will be gathered. The TANF form will be completed by the Worker and submitted to the Administration Unit prior to the end of the month that the report was received.
- The Safety Checklist will be completed on all children and a copy provided to the parent/caretaker.

kk) Examination and Photographs of the Victim

4. Examination of the Victim (child)

- All victims of physical abuse should be thoroughly examined for evidence of abuse (bruises, bites, burns, welts, etc.). When possible, a Worker of the same sex as the child will examine the child. The procedure should be explained in a non-threatening, comforting way.
- Victims of neglect should be thoroughly examined if the investigation indicates reasons to suspect physical abuse; or if there are observable signs of neglect (malnutrition, untreated accidental injuries, infestations, bug bites).
- A parent/caretaker or another adult witness must be present when child is examined.
- Worker should request that the parent/caretaker or the child, if old enough, remove the child's clothes. Worker should be sensitive to the child's feelings of undressing in front of a stranger.
- If there is reason for an examination of the genital area of any child or breasts of female children over age 6, arrangements should be made for examination by a medical professional.
- If a child or parent refuses to cooperate, seek court intervention.
- If there is reason to suspect physical abuse of other children, examine them.

5. Photographs of the Victim (child)

- The investigating Worker may take photographs of child, child's home, or location where the child was residing when abused/neglected to document any physical evidence of abuse/neglect. If parents do not cooperate, seek youth court or law enforcement intervention.
- A parent, another DFCS Worker, or another professional must always be present as a second party when photographs are taken of a child.
- Identifying information (name of the victim or other appropriate identifying information, date photograph was taken, time, and location) should be written on back of photograph or attached to it. The person's name who took photograph should be included also.
- Each photograph shall have a visible body landmark to distinguish the identity of the child, actual location, and extent of the area of injury. More than one photograph of the injury may be required to show landmark and still obtain a clear close-up of abuse.
- Photographs are filed in the case record.

6. Use of DVD or Video Tapes

- When interviewing individuals, the Worker may record the information. Verbal permission must be obtained for children from the parent or guardian.
- The DVD/Video Tape should be labeled with the following information:
  - (a) Name of interviewee
  - (b) Date, time and location of interview
  - (c) Name of interviewer
- The DVD/Tape becomes a part of the confidential case record and should be closely protected.

ll) Drug Screenings

DFCS Workers may request a drug screen any time there is suspicion of drug or alcohol use.

DFCS Workers shall not administer drug tests of any type to clients.

DFCS Workers shall facilitate drug testing of clients when ordered by the Court by:

- Sending client(s) to a certified drug testing facility when client can pay for test and has transportation;
- Transporting client to a drug testing facility, if necessary, as well as DFCS paying the fee;
- Arranging for drug testing company Worker to come to the Court; or
- Requesting Court personnel perform drug test.

mm) Medical/Mental Health Examination

- Medical examinations of children should occur when there are specific allegations indicating injury which can be corroborated and verified by an examination; and the initial phases of the investigation reveal information indicating that a medical examination is necessary and warranted in order to determine whether or not there is evidence to substantiate any harm or maltreatment.
- Medical examinations may be needed to confirm or rule out abuse/neglect and/or to prevent removal.

The Worker will assist parent/caretaker to arrange for the examination. The parent's own physical/mental health professional, etc., may be used. If the parent/caretaker is unwilling to pay for the examination, Medicaid or other DFCS resources are utilized.

If a situation arises and a parent/caretaker refuses to cooperate, the Worker will consult with his/her Supervisor and court intervention may be sought. When a court orders a medical/mental health examination the Worker will take the child for the examination, even though DFCS may not have custody. In this situation the court order should specify the authority of DFCS to take the child for examination.

4. Safety and Risk Assessment

nn) Safety Assessment

The Safety Assessment is completed in all situations when the report has been assigned a Level Two or Level Three investigation. This assessment is completed in MACWIS within seven (7) calendar days of the report being assigned. The Safety Assessment addresses the following areas: (*See* DFCS Connection Website under *"Forms"*)

- Physical harm or injury
- Neglect of basic needs

- Family strengths and needs
- Prior history of abuse/neglect/exploitation/domestic violence
- Protective capacity of parent/caregiver.

Reasonable efforts will be made to maintain children in their own home or with family and support services should be made available to the family. However, if adverse safety and risk factors are identified during the investigative phase, the Worker should hold a Family Team Meeting to determine if there are family members or extended family who can assist the parent/caretaker in making an appropriate safety plan that is in the child/(children)'s best interest.

Family Team Meetings are an integral part of Family Centered Practice which allows families to identify a support system to address issues that caused a disruption in the family. This allows the family to be a part of finding their own solutions and engaging others in building relationships built on empathy, genuineness and trust. All families are unique and different and all have strengths that should be identified and acknowledged through the interaction of this group process.

oo) Safety Plan

Safety planning is a part of DFCS making reasonable efforts to maintain children with family.

The technical components of Family-Centered Practice – engagement, relationship-building, and problem-solving – are put into action immediately by the Worker with the family during the initial phases of investigation/assessment in order to develop and implement a plan for the family in which the child is safe from harm. This process, including the utilization of Family Team Meetings, is safety planning. Safety planning constitutes a process in which the family and the Worker can develop jointly a plan for the child and family in which identified issues or factors of safety and risk are recognized, acknowledged, and analyzed in light of the strengths and protective capacities of the family for the purpose of assuring the safety of the child and the preservation of the family.

Although safety and risk of harm are the key considerations in the development of a plan, issues of permanency and well-being are also brought to the table from the very beginning. The development of a trusting and honest relationship with the family is of the essence in effective safety planning. The DFCS Practice Model definition of safety assurance and risk management assumes that children should live in a safe and permanent home with their own families whenever possible, and that agency interventions should assist families to care for and nurture their children. Practice, service provision, and intervention from the initial contact with the family must be focused on this end. Safety plans should be short term and developed only when a decision of "unsafe" has been determined and workers, with supervisory approval, assess that

without the plan, the child(ren) cannot remain safely in the home. Success is dependent on the relationship developed with the family by the Worker and the agency. A safety plan is short term and should be in place to prevent removal and allow a child(ren) to remain with family.

In order to justify a recommendation for removal of a child, Workers must be able to report to the court the following: (*See* DFCS Connection Website under *"Forms"*)

- Removal is in the best interest of the child; or
- Continuation in the home would be contrary to the welfare of the child; AND
- Reasonable efforts were made to prevent removal;
- Due to an emergency situation, no reasonable efforts were made to prevent
- removal; or
- Reasonable efforts were determined not required by the court

The Worker must be mindful that even though removal is at times necessary, removing a child from his or her parents also constitutes taking a child's parents away from the child, creates a situation of impermanency for the child, and traumatizes the child and family permanently. For such action to be put forth as being in the best interests of and contrary to the welfare of the child, extensive justification is required not only in regard to the safety and risk issues involved but also in regard to the efforts attempted to prevent removal.

In circumstances where safety issues are identified, a Safety Plan will be developed with the family and will be implemented immediately.

The Safety Plan incorporates all safety interventions designed to maintain children safely within their own families whenever possible and is developed by the Worker with family input and with supervisory approval.

The Worker will fully explain to the parent/caretaker their responsibility for carrying out the specific component of the plan assigned to them.

The Safety Plan will be documented in MACWIS, printed and signed by the parent/caretaker, and a copy given to parent/caretaker and filed in the case folder.

The Safety Plan will be monitored by the Worker throughout the life of the investigation. If there is a continued need for a Safety Plan at the close of the investigation the plan will be reevaluated and a case must be opened.

The following shall be identified and documented on the Safety Plan:

- Identification of specific serious harm or the threat of serious harm as identified in the Safety Assessment.
- What actions have or will be taken to protect each child in relation to the current safety concern?
- If the plan will involve (a) In home services or (b) Alternative caregiver.
- If an alternate caregiver is identified, a background check shall be completed on all household members over the age of 14.
    - If alternative caregiver, has a background check been completed on all household members over the age of 14?
- Who is responsible for implementing the plan?
- How will the plan be monitored and evaluated and by whom?
- What time frames have been imposed by this plan?
- Under what conditions will termination of the Safety Plan occur?

The Safety Plan will be signed by the Worker, parent/caregiver, supervisor and copy given to parent/caregiver and original placed in case file.

In cases where no safety issues are identified, the report requires a Risk Assessment prior to the completion of the investigation. The results of the Risk Assessment and the report findings will be used to determine if a case should be opened for services.

pp) Removals

An ASWS with an advanced degree in social work or related field must be involved in the decision making process before approval is given to remove a child from their home and placement into foster care.

Authorization from the Youth Court Judge must be obtained for all removals and placements of a child into foster care.

Under no circumstances, even emergencies, shall foster children be taken to the home of a DFCS employee.

When DFCS is ordered by the court to remove a child from their home without an investigation/ assessment of the maltreatment allegations, the worker must document the following information in MACWIS:

- Name of contact person from the court;
- Time and date request is received;
- By what means, i.e. court order, fax, email or telephone; and
- Date of court order (if issued).

In cases where the child is not safe and a Safety Plan cannot be developed to mitigate safety concerns a removal of the child from the parent or caregiver's custody by order of the Youth Court may be necessary to ensure child safety.

In investigations where the worker has observed/documented abuse or neglect and the child has been placed in a protective environment, the worker must document and substantiate the initial findings. If a worker at any time suggests, discusses, or recommends the removal of a child from their home, the worker must contact the ASWS and Youth Court Judge for approval.

Removal of a child from the home creates a state of impermanency for the child even though such removal may be justified due to issues of safety. Reasonable efforts requirements demand that the Worker and DFCS work diligently and concertedly with the family first of all to prevent removal of the child or children if possible, and if not possible, to provide services and solve problems to get the child back home as soon as safety can be reasonably assured. The Worker, while working diligently and concertedly with the family to remedy the impermanence created by the removal of the child, must develop and initiate active efforts toward the achievement of an alternative plan just in case the child cannot be returned home.

A finding of substantiated abuse or neglect does not, in and of itself, constitute grounds for removal. Decisions of removal are based on issues of safety, risk, protective capacities of parent/caregiver and the ability or inability to implement plans assuring the safety of children remaining in the home or with family.

The Worker shall devote as much time as necessary in helping the child and his parents understand the reason for removal and what to expect from the placement of their child in DFCS custody. The Worker shall help the parents assume as much responsibility as possible for preparing the child for placement. Whenever possible, parents should be the first to discuss placement with the child. If the child feels the parents concur in this plan for him/her, placement will be easier for him to understand and accept. Not only does the child need preparation for the placement, but the Worker may need to assist the parents in working through their conflict about placement, as well as their feelings about separation from the child.

INTAKE & ASSESSMENT

Prior to removing a child from their home, the Worker shall identify information such as the child's daily routine, preferred foods and activities, needed therapeutic or medical care, allergies, cultural practices, and educational information. The child should be given the opportunity to collect things from his/her home that are meaningful to him/her; such as a favorite toy or a picture album.

The Worker shall explain to the child:

5. Why he/she is in care;
6. The Worker's role in the process;
7. Placements for other siblings (if siblings have separate placements); and
8. Feelings of separation and loss.

qq) Risk Assessment

The Risk Assessment shall be addressed simultaneously with the Safety Assessment but must be completed in MACWIS within 25 calendar days of initial intake "report date and time" ~~assignment~~ and submitted ~~along~~ with the completed investigation ~~submitted~~ via MACWIS to the supervisor for approval, who has 5 calendar days to approve the findings. During this assessment, the Worker should be assessing the well-being of the child and the risk factors for abuse and neglect.

The following shall be identified and documented during the Risk Assessment: (*See* DFCS Connection Website under *"Forms"*)

- What is the exact nature of the abuse and/or neglect? Describe the parent/caretaker's initial response. Describe the maltreatment found and describe any injuries.
- If abuse and/or neglect is found, how long has it been going on and what is the impact on the child?
- How do the parents/caretakers and the children view their current situation? Describe the caregiver's ability to provide basic needs?
- Describe the parents/caretaker's level of functioning. Are the parents/caretakers capable of addressing issues related to the maltreatment?
- Describe any mental/physical health concerns of household members. Do any concerns pose danger to the child?
- Describe how each child's functioning ability as it relates to such things as age, communication skills, school performance, physical and behavioral health and fear of harm.

- Describe family's support system. What kinship resources are available to family?
- Identify and describe caregiver and family strengths, and protective capacities.
- Describe family and caregiver–child relationships. Include things such as parenting style, parenting knowledge and skill, and discipline techniques.

5. Decision Making and Evidence

When the Worker completes an investigation, a determination is made to support the disposition of the report. This determination is made based upon:

6) Substantiation criteria
7) MDHS-SS-442-B, Safety Checklist for Children (*See* DFCS Connection Website under *"Forms"*)
8) Safety/Risk Assessment
9) Information gathered and entered in MACWIS
10) Direct observation/Medical or Psychological information

The investigating Worker must complete a Safety Assessment and must submit it to his/her supervisor within 7 calendar days of report assignment. If the determination is made that a child is unsafe, the Worker will develop a Safety Plan or take protective custody. Report findings are:

c. Substantiated
d. Unsubstantiated.

In the final analysis, the Worker will base conclusions on the totality of the evidence, not on "gut feelings" or "professional intuition." In some cases where medical evidence is strong, where there is photographic evidence or an admission by the perpetrator, or credible victim's statement, the Worker will have supporting documentation. In other cases where the medical evidence is inconclusive and the perpetrator denies the abuse, the Worker will examine the constellation of all factors in reaching the decision. In these cases, something might be lacking from the child's statement, or the witnesses may be in conflict and may be biased. The investigative finding of substantiated or unsubstantiated must reflect a careful weighing of all the facts.

To evaluate whether the information supports or refutes the allegations and to what degree, the Worker must understand some basic concepts about evidence.

- The usefulness of information depends on the validity of its source.

- If the evaluation of the validity of information affects the decisions one makes or recommends, it should also affect the way one documents the case.
- Information gathered or evaluated has the potential to become key evidence in court hearings.

The following section provides a guide to evidence substantiation criteria that should assist the Worker in determining the findings of an investigation.

rr) Substantiation Criteria

The Worker shall document in MACWIS, the supporting information to confirm the findings of substantiated/un-substantiated.

Proof of one or more of the following factors, may constitute "substantial and material evidence." The exception is behavioral indicators or circumstantial evidence. Both are used only to further corroborate other forms of evidence.

5. Medical and or Psychological Information

This may take the form of medical documentation that a child was abused (i.e., evidence of sexual penetration of a young child or spiral fractures of long bones) or evidence which verifies the child sustained severe injuries which are medically inconsistent with the caregivers' explanation.

In sexual abuse, this includes:

- Genital, anal, or oral bruises or bleeding;
- Swollen or red cervix, vulva or perineum;
- Abnormal dilation of the urethra, vagina, or rectal openings;
- Semen on genitals, around mouth or clothing;
- Venereal (sexually transmitted) diseases;
- Pregnancy

This factor might also include psychological information which reveals a predisposition to abusive behavior on the part of the alleged perpetrator or otherwise corroborates evidence related to abuse.

An admission by the perpetrator (including a caregiver who acknowledges she or he knowingly failed to protect the child).

6. Statement of Credible Witness

The investigator must be careful to evaluate fully, the credibility and potential bias of any witnesses to the act. The investigator must also consider the credibility of any witnesses which serve to refute the allegations or otherwise diminish the strength of other evidence (i.e., reliable witness who states the alleged offender was elsewhere at the time of the alleged abuse). Parent or relatives, for example, who are involved in a custody dispute, could not be considered fully reliable witnesses either in support of or in disagreement with the allegations.

7. The Child Victim's Statement

For allegations of sexual abuse:

The child states the abuse occurred and identifies the perpetrator(s). The following elements are typical of sexually abusive situations, and should be considered in assessing the weight to be given to the child's statement in cases where sexual abuse is alleged:

History

c. Multiple Incidents over Time

   Did the child indicate more than one incident occurred? This situation is most common where the alleged perpetrator is a relative, friend, or caregiver of the victim.

d. Progression of Sexual Activity

   Did the sexual activity progress from less severe forms to more serious? Does the child describe transitional activities which appear acceptable at first, but become sexual (i.e., sleeping with parent, tickling or wrestling leading to fondling)? This is most common where the abuse occurs in the context of a long-standing relationship.

Details

d. Explicit Knowledge of Sexual Activity

   Did child give explicit details of the sexual experience? Were these details beyond the knowledge typical of a child this age?

e. Richness of Detail

   When age and developmentally appropriate, could the child give the location of the incident and a time, even though specific dates were not given? Did she or he tell anyone else, if so, whom? Could she or he give any details of the environment? Such details by a

preschool age child are not expected. As a child's developmental age increases, more detail may be expected.

Research indicates that very young children can accurately recall traumatic events in detail; however, they may not be able to recall details of the environment.

f. Consistency

If the child was interviewed more than once, were the responses consistent from one interview to the next? Were any parts of the child's story corroborated by others or by physical evidence?

Secrecy

Does the child indicate that she or he was instructed to keep the abuse secret? Did it occur in a private setting?

Coercion

What are elements of coercion or persuasion? How did the perpetrator get the child to engage in the activity? What does the child think will happen now that they have told the story? Are they afraid of anything? (Note: These questions must be phrased in age appropriate language that is not leading).

Each of the above criteria must be evaluated separately in order to determine the status of the case. These elements are typical of many child sexual abuse cases. Yet the absence of information in some areas does not necessarily mean that the case is unsubstantiated.

If information is missing in any one category, further exploration regarding, the reason for the absence is needed.

Perhaps the right questions to elicit the information were not asked or the child was too uncomfortable to respond.

It may be possible that a particular element is not pertinent to the case in question. For example, a child who alleges fondling by a school bus driver may not report multiple incidents or progression. This aspect in and of itself does not unsubstantiate the case. Look beyond this individual element to determine the role of other indicators in the abuse. While carefully evaluating the presence of each individual indicator, it should be remembered that it is the constellation of symptoms which is the heart of the evaluation process.

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In most cases, there will be little doubt as to the accuracy of the child's statement based on the presence of these elements. In rare cases of false allegations by children, the statements of those children will depart significantly from the criteria.

The child's statement should be weighed against any medical evidence and/or the physiological indicators. Does their explanation corroborate the medical findings or the physiological indicators as to how the injury was sustained? Whom do they say hurt them? Did anyone else know it was going on? How did they try to help? Has this type of injury ever happened before?

8. Indicators and Circumstances of Abuse or Neglect (*See* Appendix B ~~G~~***)***

5. **Physiological indicators or signs of abuse,** including, but not limited to: cuts, bruises, burns, or broken bones.
   This criteria includes physiological findings recorded on videotape or with a camera which strongly substantiate severe abuse.

6. **Physical evidence** gathered by law enforcement or observed by Worker which tends to substantiate the allegations, including, but not limited to, the following:

   - Presence of child pornography or erotica such as child-oriented books, magazines, articles;
   - Video equipment, cameras, photos, negatives, slides, movies, video cassettes, drawings of children;
   - Personal letters and other correspondence from pedophile;
   - Diaries indicating sexual abuse occurred;
   - Sexual aids (as described by child);
   - Sexual “souvenirs” (e. g., panties or other similar items);
   - Lists of other victims, other offenders;
   - Weapons (as described by child);
   - Bed, clothing, sheets, etc. which contain body fluids, pubic hairs, and other physical evidence;
   - Torn, stained, bloody underclothing;
   - Conditions apparent in the home:
     - Bare electrical wires
     - Frayed cords
     - Gas leaks

- No railing on stairs
- Unprotected or broken window accessible to small children
- Medicines, cleaning compounds hot liquids within the child's reach
- Holes in wall or floors
- Overrun with vermin
- Urine-soaked mattress
- Human or animal feces on floors
- Toilets used but not in working order
- Garbage left to rot inside the house
- Heating inoperable in cold weather

This evidence should be sought and seized by law enforcement investigators under a search warrant or consent to search or documented by Worker with pictures or written description.

7. **Behavioral Indicators**. Child abuse often leads to behavioral manifestations in the child victim. The existence of some or all of the behavioral patterns in the chart located in Section B, Appendix B ~~G~~ may be indicative of child abuse in a given case, and corroborate other evidence of abuse. It is particularly important to observe the parent--child interaction.

NOTE: Most of these behavioral indicators located in Appendix B ~~G~~ can have numerous explanations besides child abuse. Their value is when they are linked to the abuse allegations, such as a change in school grades about the time the child alleges the abuse began or regressive behavior in anticipation of a visit with a father the child says abused her or him. A case cannot be considered substantiated based on behavioral indicators alone.

8. **Circumstantial evidence** linking the alleged perpetrator(s) to the abusive act(s) (e. g., the child was in care of the alleged perpetrator(s) at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record). Circumstantial evidence may include other professional reports, such as school records, past police records, day care records, homemaker reports, etc.

ss) Supervisory Responsibilities in the Investigations, Reviews, etc.

Report information will be entered in MACWIS on appropriate screens as information is received. The Worker has 25 calendar days from initial intake "report date and time" to complete the investigation and submit to the Supervisor who has 5 days for approval. ~~which includes supervisory approval to complete the investigation. from date of assignment of report~~

tt) Investigation Staffing with ASWS

3. Initial Staffing (the date of assignment)
4. On-going Staffing within 5 calendar days of assignment and anytime thereafter.

~~The supervisor has 5 calendar days to review the investigation submitted by the Worker for accuracy, completeness, and for determination to:~~

- Close the case with no further action;
- Close and refer the case to community providers; or
- Open the case for ongoing protection/prevention services

Once reviewed and approved the ASWS shall submit the completed investigation with the Youth Court Tracking form to the Youth Court with recommendations.

uu) Investigation Reports & Notifications to Youth Court, District Attorney and law Enforcement when applicable.

1. Investigation Reports

The Worker investigating the report is responsible for completing a finding on all investigations in MACWIS and submitting to his/her supervisor for approval. The Worker will also print the Youth Court Tracking form and forward to his/her supervisor. All completed investigations are made a part of the child's file in the MACWIS system and can be printed upon request.

2. Report to the District Attorney (DA), ~~and~~ Law Enforcement (LE)and County Prosecutor

~~When a report is assigned to a Worker, the initial DA report should be printed by the supervisor and forwarded to the DA. Law Enforcement also receives the initial LE report when the report is a felony.~~ When a felony investigation is completed, the investigating Worker shall submit the completed report in MACWIS to the supervisor for approval. These approved reports along with the concluding DA and/or LE reports shall be mailed or hand-delivered to the DA, ~~and~~ LE, or County Prosecutor (when applicable) by the supervisor. Information submitted to the DA and LE or County Prosecutor shall be included in the court report/summary.

3. Report to Youth Court

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All assigned investigations of child abuse and neglect are completed by the Worker and forwarded to the ASWS for approval who forwards the reports to the Youth Court along with the Youth Court Tracking form.

~~2. When immediate reporting is necessary for protection of child(ren) a report is made by telephone or in person and promptly confirmed in writing. A report is made by DFCS to the Youth Court Intake Unit or judge, and where appropriate, to the Youth Court Prosecutor.~~

~~3.~~ MISS. CODE ANN. § 43-21-357 ~~states that upon completion of an investigation, a written report of any investigation is submitted to the Youth Court with recommendation by the Youth Court Intake Unit of one of the following:~~

~~a. That Youth Court take no action;~~

~~b. That an informal adjustment be made;~~

~~c. That DFCS monitor the child, family and other children in the same environment;~~

~~d. That the child is warned or counseled informally; or~~

~~e. That a petition be filed.~~

(1) After receiving a report, the youth court intake unit shall promptly make a preliminary inquiry to determine whether the interest of the child, other children in the same environment or the public requires the youth court to take further action. As part of the preliminary inquiry, the youth court intake unit may request or the youth court may order the Department of Human Services, the Department of Youth Services, any successor agency or any other qualified public employee to make an investigation or report concerning the child and any other children in the same environment, and present the findings thereof to the youth court intake unit. If the youth court intake unit receives a neglect or abuse report, the youth court intake unit shall immediately forward the complaint to the Department of Human Services to promptly make an investigation or report concerning the child and any other children in the same environment and promptly present the findings thereof to the youth court intake unit. If it appears from the preliminary inquiry that the child or other children in the same environment are within the jurisdiction of the court, the youth court intake unit shall recommend to the youth court:

(a) That the youth court take no action;

(b) That an informal adjustment be made;

(c) The Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

(d) That the child is warned or counseled informally; or

(e) That a petition be filed.

(2) The youth court shall then, without a hearing:

(a) Order that no action be taken;

(b) Order that an informal adjustment be made;

(c) Order that the Department of Human Services, Division of Family and Children Services, monitor the child, family and other children in the same environment;

(d) Order that the child is warned or counseled informally; or

(e) Order that a petition be filed.

(3) If the preliminary inquiry discloses that a child needs emergency medical treatment, the judge may order the necessary treatment.

4. Notifications

The investigation is not officially closed until the ASWS approves the investigation in MACWIS. Once the ASWS approves the investigation the ASWS will notify the family in writing of the findings (*See* DFCS Connection Website under *"Forms"*).

The Worker shall provide more information to the professional reporter regarding the investigation, without a court order if the reporter has a continuing professional relationship with the child and a need for such information in order to protect or treat the child.

vv) Appeals Procedure

The MDHS/DFCS provides individuals who disagree with DFCS findings or decisions covered under this policy, a right to appeal the decision.

The Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996, (P.L. 104.235)(as codified at 42 U.S.C. Section 5106a) requires States to have provisions, procedures, and mechanisms in effect by which individuals who disagree with an official finding of child abuse or neglect can appeal such a finding. This requirement applies to the perpetrator of child abuse or neglect and applies to States receiving funds under a CAPTA state plan.

This requirement is to assure that individuals, who have been found by the State to have committed child abuse or neglect, are afforded due process. It also requires that individuals be given written notification of their right to appeal, and the method by which they may appeal, at the time they are notified of the official finding of child abuse or neglect; and that the office or individual hearing such appeals cannot be involved in any other state of the case, and that such

officer or individual has the authority to overturn a previous finding of abuse or neglect. (Section A, DFCS Policy, Appeals Process).

ww) False Reports

An intentional false report is a report in which it is concluded that not only is there no evidence under state law or policy that a child was maltreated or at risk of maltreatment, but the reporter knew the allegation was false. The Worker should request that the reporter verify that the allegations were false. According to MISS. CODE ANN. § 43-21-353(7), *"anyone who willfully violates any provision of this section [with false reporting], shall be, upon being found guilty, punished by a fine not to exceed five thousand dollars ($5,000.00), or by imprisonment in jail not to exceed one (1) year or both.*

F. DFCS Investigations/Assessments Requiring Special Handling

1. Introduction

xx) Legal Base

MISS. CODE ANN. § *43-21-105 (v)* – "Any person responsible for care or support" means the person who is providing for the child at a given time. This term shall include, but is not limited to, stepparents, foster parents, relatives, non-licensed babysitters or other similar persons responsible for a child and staff of residential care facilities and group homes that are licensed by the MDHS.

MISS. CODE ANN. § *43-21-105(x)* – "Out-of-home" setting means the temporary supervision or care of children by the staff of licensed day care centers, the staff of public, private and state schools, the staff of juvenile detention facilities, the staff of unlicensed residential care facilities and group homes and the staff of, or individuals representing, churches, civic or social organizations.

MISS. CODE ANN. § *43-21-353-(8)* - If a report is made directly to the Department of Human Services that a child has been abused or neglected in an out-of-home setting, a referral shall be made immediately to the law enforcement agency in whose jurisdiction the abuse occurred and the department shall notify the district attorney's office within forty-eight (48) hours of such report. The Department of Human Services shall investigate the out-of-home setting report of abuse or neglect to determine whether the child who is the subject of the report, or other children in the same environment, comes within the jurisdiction of the youth court and shall report to the youth court the department's findings and recommendation as to whether the child who is the subject of the report or other children in the same environment require the protection of the youth

court. The law enforcement agency shall investigate the reported abuse immediately and shall file a preliminary report with the district attorney's office within forty-eight (48) hours and shall make additional reports as new information or evidence becomes available. If the out-of-home setting is a licensed facility, an additional referral shall be made by the Department of Human Services to the licensing agency. The licensing agency shall investigate the report and shall provide the Department of Human Services, the law enforcement agency and the district attorney's office with their written findings from such investigation as well as that licensing agency's recommendations and actions taken.

Child Abuse Amendments of 1984, (P.L. 98-457) requires states to have in place, with State Protection Systems, procedures to respond to the reporting of medical neglect, including instances of withholding medically indicated treatment from disabled infants with life-threatening conditions.

yy) Policy

~~MDHS/DFCS shall conduct an investigation/assessment into all allegations of maltreatment including corporal punishment that occurs while a child is in DFCS custody. These reports must be initiated within 24 hours of assignment and completed within 30 calendar days including supervisory approval. The Worker has 25 calendar days to complete the investigation and submit to the supervisor for approval. The supervisor must approve the investigation within 5 calendar days of receipt of the completed investigation.~~

DFCS shall conduct an investigation/assessment of all maltreatment reports that are screened as a level II or III. All level III allegations of maltreatment including corporal punishment of a child in DFCS custody shall be initiated within 24 hours of the initial intake “report date and time” and investigation completed within 30 calendar days including supervisory approval. All level II allegations of maltreatment shall be initiated within 72 hours of initial intake “report date and time” and investigation completed within 30 calendar days including supervisory approval.

zz) Purpose

DFCS is mandated by MISS. CODE ANN. § 43-21-357(1) to investigate all reports of possible abuse or neglect of children by their parents or caretakers. The caretaker may be someone who is entrusted with the care of the child, such as a foster parent, non-licensed child care providers/babysitters, scout leaders, tutor, clergy, or residential care facility staff. DFCS will respond within mandated time frames and investigate allegations of child abuse and neglect in these complex cases and address the child’s risk, safety, and well-being while addressing the trauma of placement moves during the investigative/assessment process.

INTAKE & ASSESSMENT

aaa) Procedures

The standard investigative/assessment protocol applies to all DFCS investigations but there are additional requirements that apply to special handling DFCS investigations/assessments. Those reports that are considered to be special handling DFCS investigations/assessments are: reports on resource homes, licensed facilities and DFCS employees. Medical neglect of a handicapped infant, death of a child, and other settings are considered "Expanded Investigations in Extraordinary Circumstances".

Reports on other settings such as unlicensed child care providers/babysitters, the staff / individuals representing churches, civic or social organizations are entered as DFCS regular intakes. In addition to the standard investigative/assessment protocol there are additional steps outlined under the Out-of Home section of this policy.

2. Resource Reports

bbb) Resource Homes

DFCS shall ~~will~~ initiate all allegations of maltreatment, including corporal punishment involving a child in DFCS custody within 24 hours of initial intake "report date and time" ~~receiving the report~~ and the investigation completed within 30 calendar days ~~of assignment~~, including supervisory approval. Upon learning of or observing such maltreatment the DFCS employee must immediately notify his/her supervisor. The DFCS employee will then make the report to the MCI either by phone or electronically.

All allegations of maltreatment in a licensed Resource Home received by the MCI shall be entered as a report for the county where the Resource Home is located.

Once MCI enters and screens the intake report it will go to the RD of the region where the Resource Home is located for assignment. In addition to the standard investigative/assessment protocol, the following procedures must be followed.

The COR Worker for a child in DFCS custody, regardless of the location of the resource home/ facility and regardless of which county has responsibility for conducting the investigation, must accept immediate and full responsibility for the safety, permanency and well-being of that child, including assessing the placement in terms of the incident reported and investigated and making immediate contact with the child. The placement of the child must be evaluated by the COR in terms of safety, permanency and well-being regardless of the outcome of the investigation.

"A report of corporal punishment of a foster child which does not meet the criteria for screening delineated in "Screening Reports and Assigning Response" in this section- that is, a report

indicating that a foster child has been subjected to corporal punishment but there is no report of injury, indication that the child is not safe, nor information suggesting that the child is in danger of harm – will be screened in as an ANE report requiring a level 3 investigation strictly due to the requirement that the prohibition of corporal punishment in Resource/Facility Settings requires the report of such corporal punishment be investigated as potential child abuse. If the investigation determines that corporal punishment did occur but there is no injury to the child and the punishment administered in a reasonable manner, child abuse shall not be substantiated. The investigation will indicate the occurrence of a policy violation and referred to the appropriate Licensure Specialist for corrective action."

15. ~~The RD/designee shall ***immediately*** complete a Serious Incident Report (SIR) using the automated SIR link http://dfcsmacweb/SIR and submit electronically to the Division Director/Director of Field Operations/Permanency Unit/Protection Unit/*Olivia Y* Monitor. They~~ The RD/designee shall ~~also~~ notify by phone and/or email the COR and COS if applicable, and the Resource ASWS of the allegations. The COR ASWS for all other children residing in the home should be notified as well.

16. The RD/designee shall assign the investigation to a Worker who has been trained in conducting maltreatment investigations in Resource/Facility Settings and will notify his/her ASWS before the assignment is made. The Worker shall not have been involved in the licensure of the Resource Home and shall have no ongoing connection to the foster care case.

17. The assigned Resource Specialist shall accompany the assigned Worker to the home to assess possible policy and/or licensure violations.

18. The RD, ASWS, COR and COS if applicable must make a determination if the identified victim and other children should remain in the home until the investigation/assessment is completed. The investigation and decisions should be based on a full and systematic evaluation of the factors that may place a child in DFCS custody at risk.

19. The Permanency Unit will log all reports on DFCS homes and monitor completion of the investigation/assessment and the final report.

20. The RD will monitor the timeliness of initiating and completing investigations of reports of maltreatment in foster care on a monthly basis.

21. Within 24 hours of the allegations being made the child's COR Worker shall verbally notify parents or caretaker from whom the child was removed and the Guardian *ad litem* of the allegations involving the child. This notification must be documented in the child(ren)'s case record and the investigation/assessment report.

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22. All alleged victim(s) must be seen and interviewed within 24 hours of initial intake "report date and time" ~~receipt of the report~~ to assess risk, safety, and well-being.

23. No additional children may be placed in the home pending the completion of the investigation/assessment.

24. The assigned Investigative Worker shall:
    h. Interview:
        1. Alleged victim(s); privately
        2. All DFCS children in the home; privately
        3. DFCS Worker(s) of the alleged victim
        4. Resource Specialist
        5. Former DFCS Staff, as appropriate
        6. Children formerly in the home, as appropriate
        7. Other professionals and collateral contact persons associated with the children in the home
        8. Other household members, if applicable
        9. Alleged perpetrators.
    i. Review Cases of:
        1. Alleged victim(s)
        2. Other child(ren) in the home
        3. Resource Home
    j. Staff report of initial findings within 3 days with the RD in the region where the home is located and advise the RD as additional information is obtained.
    k. Provide written notice to the District Attorney within 48 hours of finding evidence that a child has been abused.
    l. Complete the Safety and Risk Assessment for resource reports within DFCS timeframes. (*See* DFCS Connection Website under *"Forms"*)
    m. Give a verbal report to the RD at the conclusion of the investigation/assessment
    n. Submit the completed report to the RD in the region where the home is located within 25 calendar days from ~~of~~ initial intake "report date and time" ~~receipt of the report~~. The RD has 5 calendar days to approve the investigation.

25. After the initial safety assessment is completed, the Resource Specialist and the assigned Worker shall discuss with the Resource Supervisor the corrective actions needed. This emergency corrective action plan, if needed, is then verbally submitted to RD.

26. The RD will notify the Permanency Unit Director/Director of Field Operations/Division Director/Bureau Director of Prevention/Protection via electronic mail regarding the completed investigative findings, recommendations, and corrective actions. The completed investigation is available for viewing in the MACWIS system.

27. Once the final report, recommendations, and corrective action plans are approved, the Resource Specialist, Resource ASWS and COR Worker will convene a FTM with the resource family and COS Worker, if applicable, to notify them of the findings and recommendations.

28. When a maltreatment investigation involves a resource home, DFCS shall file a copy of the approved final investigation report, and any ~~with~~ recommendations and/or corrective actions DFCS has deemed necessary, ~~made by the investigative Worker or Resource Specialist shall be filed~~ in the case record of the foster child, the file of the foster/adoptive parents ~~and~~ with a copy of the letter of notification ~~letter~~ to the foster or adoptive parents, and in the DFCS ~~Permanency Unit in~~ State Office. DFCS shall also provide those ~~forward these~~ records to the Youth Court Judge with jurisdiction over the child, the Guardian *ad litem* and to the ~~*Olivia Y*~~ Monitor.

29. ~~Any foster child who remains in the same out-of-home placement following an investigation into a report that he/she was maltreated, or subjected to corporal punishment, in that placement shall be visited in the home, face-to-face, by the assigned DFCS Worker twice-a-month for 3 months after the conclusion of the investigation to assure the child's continued safety and well-being.~~ (Moved to bottom of page 55)

ccc) Licensed facilities

Upon receipt of a report of child maltreatment in a DFCS licensed group home, emergency shelter, child placing agency ~~foster~~ resource home, ~~or residential child caring agency, the~~ DFCS ~~Licensure Unit~~ shall undertake a ~~separate~~ licensure investigation, that is in addition to, and independent of, any child protective investigation, ~~a DFCS investigation~~ that shall include an on-site inspection of the facility or home to determine the contract provider's compliance with DFCS licensure standards. If the provider is found to be in violation of licensure standards, it ~~they~~ shall have 30 calendar days to submit a Corrective Action Plan (CAP) with timeframes to rectify the violation and comply with the approved CAP and timeframes. If the provider does not comply with the licensure standards based on the approved CAP and timeframes, DFCS shall revoke the license.

~~and residential child caring agencies~~. ~~If a foster child is placed in a facility licensed by another licensing authority and allegations of maltreatment are made, DFCS will follow the same investigative protocol assessing the safety and well-being of the child.~~

If a report involves felony child abuse, law enforcement must be notified immediately.

The RD of the region in which the facility is located will assign a Worker who has been trained in conducting maltreatment investigations in out-of-home placements and has no ongoing connection to the foster care case. ~~The RD/designee shall ***immediately*** complete a Serious Incident Report (SIR) using the automated SIR link http://dfcsmacweb/SIR and submit electronically to the Division Director/Director of Field Operations/Permanency Unit/Protection Unit. The Permanency Unit will forward the SIR to the *Olivia Y* Monitor.~~

Upon arriving at the facility, the Worker will confer with the director or staff member in charge to inform them of the report. The regular investigation protocol shall be followed with these additions:

- Parents/guardians/custodians of children identified as victims will be informed after child is interviewed and immediately if medical treatment is needed;
- Referral of above child(ren) to physician or other professionals as appropriate to assist in the investigation;
- Interviews with other appropriate personnel;
- Interview with any other DFCS foster child(ren) currently in the facility or who has left the facility, who may have information regarding the incident;
- Interview with alleged perpetrator if law enforcement is not involved or if law enforcement has indicated you may do so;
- View of physical premises where incident is alleged to have occurred;
- Review of documents or records related to the incident; If access to records is denied contact Youth Court in that jurisdiction for assistance; and
- Review of facility policy and procedures and obtain a copy of the facility's policy/procedures regarding behavior management, if report involves physical abuse as a result of behavior management technique.

If immediate protection is needed, Youth Court and the licensing agency should be contacted and protective measures taken.

When a maltreatment investigation involves an agency ~~DFCS will investigate reports on other DFCS licensed facilities, such as~~ group home, emergency shelter, private child placing agency ~~foster~~ resource home, or other facility licensed by DFCS, a copy of the final investigative report shall be filed in the following:

- child's case record,
- DFCS State Office licensing file, and
- sent to the licensed provider facility.

DFCS shall also provide the report to the following:

- Youth Court Judge with jurisdiction over the child and
- the Monitor.

~~Upon completion of the investigation and approval by the RD, copies of the report with recommendations for corrective action will be disbursed as follows:~~

- ~~Child's case record~~
- ~~Facility Licensing file in DFCS Permanency Unit~~
- ~~Youth Court Judge having jurisdiction over the child~~
- ~~Guardian *ad litem*~~
- ~~*Olivia Y* Monitor~~

The completed investigation is available for viewing and printing via the MACWIS system.

Any foster child who remains in the same out-of-home placement following an investigation into a report that he/she was maltreated, or ~~was the~~ subject to ~~of~~ corporal punishment in that placement shall be visited ~~in the placement, face-to-face~~ by the ~~assigned~~ DFCS Worker twice a month for 3 months after the conclusion of the investigation to assure the child's continued safety and well-being.

Within 30 days of the completion of any investigation of maltreatment of a child in custody, DFCS shall review the maltreatment investigation. This review shall include:

1. identification of any case practice deficiencies;
2. identification of any remedial actions necessary to ensure the safety of the child who is the subject of the investigation as well as any other child in the home or placement as well as the timeframe in which such remedial action must take place; and
3. identification of any corrective action that is necessary to address deficiencies in case practice demonstrated by the investigation as well as the timeframe in which such remedial action must take place.

DFCS will monitor the initiation and completion of the remedial actions regarding individual child safety and case practice. DFCS shall notify the Area Social Work Supervisor (ASWS), Regional Director, and Director of Field Operations when such remedial actions have not been initiated within five days of identification or timely completed.

ddd) Special Investigations

Any abuse/neglect report received by Intake that names a DFCS employee as a possible perpetrator, or victim or indicates a DFCS employee is somehow involved with this report (i.e. related, past or present relationship that is more than casual) requires a special investigation/assessment.

Once the intake is entered into MACWIS the RD in the region where the employee resides will receive a notification tickler of the intake. The RD shall assign a Worker from outside the county/region to conduct the investigation and make the assignment in MACWIS. The RD shall notify the Director of Field Operations immediately upon receipt of the Intake regarding the report and shall keep the Director informed of the progress. The assigned Worker shall initiate the investigation/ assessment and document in MACWIS within 24 hours of initial intake "report date and time" ~~receipt of the assignment~~. The assigned Worker shall staff the investigation/ assessment with the RD throughout the investigative/assessment process.

Other than the above differences, the assigned Worker should follow the standard investigative time frames. The RD shall notify the Director of Field Operations upon completion of the investigation, which is available for viewing in the MACWIS System.

3. Expanded Investigations In Extraordinary Circumstances

eee) Native American Children

The Mississippi Band of Choctaw Indians or any other Indian Tribe to which the child belongs has the right to accept or deny jurisdiction of the said child and to help with placement resources.

The Federal *Indian Child Welfare Act (ICWA)* was passed in 1978 and grants Indian tribes exclusive jurisdiction in child welfare cases involving Native American children. Because of this Act's existence, DFCS has no jurisdiction to investigate allegations of abuse or neglect occurring on Native American tribal lands. However, DFCS has and will continue to receive reports of abuse/neglect regarding Native American children whether they live on or off tribal lands. Should MCI receive such a report, a determination shall be made as to whether:

- The child is a member of a Native American Tribe and falls under the purview of ICWA;

- The child resides on designated tribal lands where an Indian tribe has jurisdiction.

The Mississippi Band of Choctaw Indians has tribal land in Neshoba, Attala, Jones, Kemper, Leake, Newton, Scott, and Winston counties.

If a child is identified at Intake as a member of the Choctaw tribe or another Indian tribe and lives on tribal land, the MCI Worker will screen the report to the county where the child resides. The COR Intake Supervisor will in turn notify the Mississippi Band of Choctaw Indians or any other tribal court and provide them with the allegations and all identifying information. If they do not wish to retain jurisdiction and request the county to investigate the allegations, the county will follow normal investigative procedures. The contact information for the Mississippi Band of Choctaw Indians is located on the MACWIS Web.

Workers must resolve the issue of Indian heritage as soon as possible after contact is made with the family, either through a report of abuse/neglect or a referral for services. The Worker shall ask the family the following questions to gain knowledge in deciding what is in the best interest of the child and document the discussion in the narrative section of MACWIS:

7. Is parent or child of Native American heritage?
8. Is parent eligible for tribal membership?
9. Is parent registered with Native American tribe?
10. Is child eligible for tribal membership?
11. Has child been registered with Native American tribe?
12. Does the family live on tribal land?

(refer to Section D, ICWA)

fff) Medical Neglect of Handicapped Infants

Federal regulations (*Child Abuse Amendments of 1984, P.L. 98-457*) requires DFCS to respond to reports of medical neglect, including instances of withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants less than one year of age with life threatening conditions.

DFCS will investigate all allegations of medical neglect of a handicapped infant. Once a report of medical neglect of a handicapped infant is received by MCI it will be screened in for the county where the child/family resides.

4) ASWS shall

a. Assign the report for investigation immediately.

b. Notify immediately designated contact person at the health care facility/hospital if applicable and the facility's Social Services Department, if applicable.

c. If the child is in a health care facility/hospital the Worker shall conduct interviews with the following:

6. Designated contact person
7. Family
8. Others involved with the infant
9. Infant Care Review Committee (ICRC) if one is established at the health care facility.
10. The assigned Worker shall complete the following:

d. Obtain an independent assessment from a medical consultant, if there is a determined need.

e. Review infant's medical records, if necessary with the assistance of designated contact person. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.

f. Request an independent medical examination of the infant, if necessary, to assure an appropriate resolution of the report. If the parents or facility do not cooperate, contact the Youth Court Judge or designee for a court order.

5) If the findings of the investigation indicate that the infant is medically neglected, the ASWS must:

a. Contact the Youth Court Judge to request an order to:

3. Require parents to seek appropriate medical care, or
4. Place custody with DFCS to obtain appropriate medical care.

b. Document request to Youth Court Judge in the narrative section in the MACWIS System.

c. Assign case to a Worker.

6) At the conclusion of the investigation, the ASWS must:

a. Notify the RD of the findings that are available for viewing via the MACWIS system which includes the following:

7. Names of:
   - Child
   - Parents

- Alleged perpetrator
- Designated contact person
- Attending physician

8. Circumstances surrounding allegations of medical neglect.
9. Identities of persons interviewed.
10. Investigation/assessment information
11. Case disposition
12. Action taken, if valid report

b. Share the report with the Worker assigned to the case.
c. Send letter to the facility administrator regarding disposition.

ggg) Death of a Child

When MCI receives a report of the death of a child, DFCS will investigate these reports when the death of a child is caused by or is suspected of being caused by abuse or neglect. In addition to the standard investigative/assessment protocol the following procedures must be followed:

5. Notifications

   a. The ASWS immediately notifies the RD by phone and completes the SIR and submits electronically to the RD for approval
   b. District Attorney
   c. Law Enforcement
   d. Coroner, if not already informed
   e. The RD reviews and approves the SIR and submits electronically to the Division Director/Director of Field Operations/Bureau Director of Protection Unit and the Director of Permanency Unit, who then forwards the SIR to the *Olivia Y* Monitor.

6. DFCS staff who learn of the death of a child where there is suspicion of abuse or neglect, shall immediately notify MCI and provide the following additional information if known, to their immediate supervisor.

   a. The child is in DFCS custody;
   b. The child or family has an open or closed DFCS case;
   c. A DFCS investigation is pending at the time of the child's death;

d. Prior reports concerning the child or family were screened out for DFCS investigation;
e. Other children remain in the home and safety and protection issues must be addressed; or
f. It is not known if other children reside in the home and require protection.

7. Assignment

a. If there is an active/closed case or open investigation on the alleged victim or immediate household/family member the RD will thoroughly review the case records and arrange for the investigation to be handled by a Worker from outside the Region.
b. If it was unknown initially that there was past involvement with the child/family and the report was already assigned, then the ASWS must notify his/her RD who shall instruct the ASWS to re-assign the report to a specific Worker from outside the Region.

8. Investigation/Assessment

a. The assigned Worker shall meet with law enforcement and others as appropriate to outline roles, responsibilities and procedures for sharing information. It is very important to coordinate the investigation/assessment with law enforcement to avoid duplication and negating valuable evidence.
b. Death of a child under the age of two (2) years where death results from an unknown cause or where the circumstances surrounding the death indicate that sudden infant death syndrome may be the cause of death. (MISS. CODE ANN. § 41-61-59(2)(j))
   - Autopsy is performed by State Medical Examiner's Office or one of its designated pathologists.
c. The assigned Worker should request a verbal report and the final autopsy report from the coroner in order to aid in investigation/assessment.
   - The assigned Worker reports the initial findings within 24 hours to his/her ASWS who then notifies the RD regarding whether it is an active/closed case, and shall advise as additional information is obtained.
     a. The investigation will then be transferred electronically by his/her ASWS to the newly assigned Worker.
     b. The initial Worker will relay all pertinent information to the newly assigned Worker.

- The assigned Worker submits a written report to the District Attorney within 48 hours of finding evidence of abuse or neglect, § 43-21-353(8).
- The completed report shall be submitted electronically within 25 calendar days to his/her ASWS.
- When a child died as a result of abuse/neglect the COR sets up a case record with the following:
  4. Referral Information
  5. Autopsy Report
  6. Completed report of investigation/assessment and findings.

Public Disclosure
According to the U.S. Department of Human Services' Child Welfare Policy Manual, disclosure of information related to child fatalities or near fatalities is mandatory.

A "near fatality" is defined under section 106 (b)(4)(A) as "an act that, as certified by a physician, places the child in serious or critical condition." For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality" under CAPTA. In situations of non-DFCS involvement in which there is alleged abuse or neglect that results in a "near fatality", an SIR is required. Refer to "Death of a Child" for the steps in completing an investigation on a "near fatality".

MISS. CODE ANN. § 43-21-257 states the general rule: "any record involving children…shall be kept confidential and shall not be disclosed except as provided in § 43-21-261."
The exception in § 43-21-261 (18) specifies that:

> *In every case where there is any indication or suggestion of either abuse or neglect and a child's physical condition is medically labeled as medically "serious" or "critical" or a child dies, the confidentiality provisions of this section shall not apply. In cases of child deaths, the following information may be released by the MDHS: (a) child's name; (b) address or location;(c) verification from the Department of Human Services of case status (no case or involvement, case exists, open or active case, case closed); (d) if a case exists, the type of report or case (physical abuse, neglect, etc.), date of intake(s) and investigation(s), and case disposition (substantiated or unsubstantiated). Notwithstanding the aforesaid, the confidentiality provisions of this section shall continue if there is a pending or planned investigation by any local, state or federal governmental agency or institution.*

The information specified above should be provided immediately by the county ASWS to the Deputy Director of DFCS. The Deputy Director has the authority to release this information.

hhh) Out of Home

DFCS does not investigate reports in Out-of-Home settings unless otherwise ordered to do so by the Youth Court. DFCS may assist in these investigations if requested by law enforcement, etc. (refer to MISS. CODE ANN. § 43-21-105(x))

iii) Investigations of Meth Labs

Definitions:

Active "meth lab"
A setting wherein crystal methamphetamine is being manufactured.

Inactive "meth lab"
A setting where crystal methamphetamine has ever been manufactured but without a decontamination process being completed by the Mississippi Bureau of Narcotics (MBN), MBN affiliate, MBN designee or MBN approved source.

3. Protocol for Social Workers

- No DFCS Worker shall knowingly enter an active or inactive "meth lab" for any reason.
- All reports of children currently residing in "meth labs" active or inactive should be "screened in" for investigation. The appropriate local law enforcement entity and the regional MBN office must be contacted and requested to assist the investigating Worker on each "meth lab" investigation. If local law enforcement is unable or unwilling to assist, the administrative chain of command should be followed in seeking advice as to how the matter should be handled (i.e., Worker-ASWS-RD). During a "meth lab" investigation, the investigating Worker should remain outside, at least 100 feet from the "meth lab", while law enforcement officers remove the child/children from the lab unless instructed otherwise by law enforcement.
- The Worker shall request copies of any photographs taken by law enforcement at the scene and follow-up to ensure that this information is received and placed in the DFCS's files.
- The child/children must be decontaminated by law enforcement or medical staff either at the scene or at a medical facility. The Worker should not place the child/children into her/his vehicle without the decontamination process having been conducted.

- If the victim(s) is/are taken to a medical facility, the Worker shall make a request to receive the results of any examinations and/or tests performed on the child/children, and follow-up to ensure that this information is received and placed in the DFCS's files.
- If decontamination occurs on the scene, the Worker should advocate that the procedure be performed in such a way that does not further traumatize the child.
- If it is determined that a child is residing in a setting wherein an active or inactive "meth lab" exists a Family Team Meeting would be held and a Safety Plan developed.
- Recommendations for vulnerable adults should be reported using the same MCI number 1-800-222-8000 or www.msabusehotline.mdhs.ms.gov.

4. Reasons to Consider the Removal of Children

Child(ren) may be removed for the following reasons:

c. If child(ren) is in imminent danger that cannot be resolved by a Safety Plan or by providing services.
d. If it is determined that a child is residing in a setting wherein an active "meth lab" exists, this shall be viewed as a situation in which the victim cannot remain safely in the home.

jjj) Reports Involving More Than One County

When a report is screened to the child's county of residence and the incident happened in another county the responsibility of the Intake County is as follows:
(*See* section on Resource Investigations for children in custody)

3. Responsibilities of county of residence:

- Accept report;
- Initiate legal action, as needed for child's protection;
- Coordinate ongoing legal/court intervention;
- Coordinate investigation with county where incident occurred;
- Arrange treatment services for child and family as appropriate in county of residence;
- Notify law enforcement if needed;
- Complete investigation in MACWIS.
- Contact alleged perpetrator's county of residence to coordinate interviews
- Coordinate interviews on a child who may be visiting in another county.

4. Responsibilities of county where incident occurred:

If a child is receiving services at a hospital or medical facility in a county other than his/her county of residence, and a report is received, the county Worker where the child is located at the time of the report shall assist in any way, including initiating the contact with the child and assessing the safety of the child(ren). The Worker (where the child is located at the time of the report) shall conduct the following interviews:

- Interview alleged perpetrator;
- Interview alleged victim or any other children who may still be in the county where incident occurred.
- Interview reporter unless he or she has chosen to remain anonymous.
- Assist with coordination of services if needed.

All information gathered shall be entered in the MACWIS system in the investigative report.

kkk) Abused Child from Another State

When the child, who is the subject of an allegation of abuse, is a resident of another state and the abuse occurred in that state, and the child is currently located in Miss. the MCI Worker receiving the report will:

- Complete the Information and Referral (I&R) and notify the MCI Supervisor, MDHS/DFCS Protection Unit Director and e-mail and/or fax the information to the other state.
- If services are needed, the ASWS in the county where the child is currently located will coordinate services with the child's state of residence.

lll) Mississippi Child Abused in Another State

When the child who is the subject of an allegation of abuse is a resident in Mississippi and has been allegedly abused in another state, the MCI Worker shall:

- Complete the requested data on the MACWIS Intake Screens and forward the information to COR Intake Supervisor. (The contact information for the state in which the alleged abuse occurred will be listed within the location information of the MACWIS Intake.)

- Make an oral report to the Child Protective Service Unit in the state where the abuse allegedly occurred.
- Request the other state's assistance in completing the investigation.

mmm) Family Moves out of State

If a family moves out of state during an investigation of a child abuse/neglect and the family's new address can be obtained, a letter to the Child Protective Service Division in the other state must be written informing them of the report and must be sent to the Office of Protective Services, Division of Family and Children's, for the other state.

If the report indicated that there may be imminent danger of harm or threatened harm to the child, a protective service referral must be made immediately by telephone to the other state and confirmed in writing through the other state's DFCS as soon as possible after making the oral report.

nnn) Protective Services Alert

Protective Service alerts are used when the family and/or victim's exact whereabouts is unknown **and** the Worker is of the opinion that further harm may come to the child victim(s) unless protective services are provided.

In the case of a child fatality, when the family has moved to another county or state while the case is under investigation, **and siblings** to the deceased child have moved with the parents, a child protective alert needs to be sent by the assigned Worker and/or supervisor to the appropriate state and/or county office.

Protective Service Alerts received in the State Office from other states will be forwarded from the Protection Unit via electronic mail to each county office.

If a county needs to send a Protective Service Alert to another county or all counties within Mississippi, the county office will forward the alert to the Protection Unit to be disseminated via electronic mail to the other counties.

If a county office needs to send a Protective Service Alert to a Family and Children's Services' office in another state, the county office will forward the alert to the Protection Unit to be forwarded to the other state via electronic mail.

ooo) Requests from Another State

A county office may receive a request from another state for completion of a child abuse/neglect investigation when the incident occurred in that state with a child and the alleged perpetrator resides in Mississippi. An assigned Worker from the county office shall interview the alleged perpetrator for the other state.

VI. Family Centered Practice

A. Family Team Meeting (FTM)

A Family Team Meeting (FTM) is a planned, structured, facilitated decision making process to which members of the family both formal/informal, are invited along with required DFCS staff and any other support system identified by the family and DFCS. The key to a successful FTM is the engaging and bringing together of those individuals, both formal and informal, who are a part of the family's support system. FTMs allow for the gathering of information critical to the assessment process, to the development of the case plan, monitoring of the case plan and involvement of the family and other pertinent individuals in key decision making.

1. FTM Philosophy and Practice

At all times a FTM should be a family led, youth guided and agency supported process. The primary focus must always be the safety and well being of the children and youth. As a philosophy, it reflects the belief that families can solve their own problems most of the time if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. The family team decision making approach is also a practice in that it describes the basic method by and through which DFCS seeks to serve children/youth and families. A child welfare supervisor's participation in a FTM is an opportunity to assess the Worker's use of Family Centered Practice principles. The Family Centered Practice Principal encompasses the following components:

- A clear but open-ended purpose;
- An opportunity for the family to be involved in decision-making and planning;
- Options for the family to consider and decisions for the family to make;
- The family's involvement in the development of specific safety or permanency plans and in the development of services and supports;
- Engagement;
- Relationship building;
- Problem solving; and
- The outcome of the meeting will be reflected in the development of a case plan with tasks and goals.

2. FTM Requirements

A FTM is required during:

- An investigation if removal is necessary for the safety of the child.
- This meeting should occur prior to the removal when possible, or within 24 hours of removal unless the Worker is unable, after diligent efforts documented in the case record, to identify, locate, and engage the family.
- An investigation when safety and risk factors are identified and a safety plan is needed.
- An investigation when evidence of abuse or neglect is found or if there are safety and risk factors present to warrant opening a case.

On all cases, an Initial FTM shall be completed within thirty (30) calendar days from the opening of the case. The case is considered open when the ASWS makes the decision in MACWIS for continuing services. The ASWS should make a decision within five (5) calendar days of the Worker's recommendation for continuing services.

~~Ongoing FTMs shall be convened, at a minimum, every time the Individual Service Plan (ISP) is updated. FTMs bring together all relevant parties at frequent intervals to identify needed services, put them into place, and monitor their effectiveness. (Refer to ISP Timeframes for timeframes for ISP completion.)~~

B. Mobilizing Services

In providing services to the family or child, DFCS, in collaboration with the family members, and based on assessment information, should recommend services that are determined to be the most beneficial and least intrusive to the family while maintaining the child's safety. This recommendation should include consideration of the ability of family members to access services as needed, provision of needed services in the home and/or community in which the family members live, and providers that can best meet the family members' needs.

Services shall be mobilized at any point in an investigation when services are needed to maintain a child's safety or reduce risks for abuse and neglect. The decision to mobilize services should be based on the safety and risk assessment and parental protective factors. Cases with active safety concerns requiring a safety plan or protective custody must be opened for services. Services with no active safety concerns but assessed to have a moderate or high level of risk may be opened for services. In those situations, the Worker should:

- Make decisions with the family regarding the identification of services needed, appropriate providers, and locations of services;
- Make prompt referrals to service providers; and
- Follow up to help ensure prompt service initiation.

If the case is opened for services, the Worker should use the ~~Strength and Risk Assessment (SARA)~~ Comprehensive Family Assessment (CFA) and FTM to identify services that need to continue or to be initiated based on the goals, assessment, and case plan. If the case is not opened for service, but the Worker and family determine that services would benefit the family, the Worker shall assist the family with referrals to community based resources.

C. Disposition of Cases

1. Cases in which the Family's Whereabouts Become Unknown before Completion of an Investigation

Some families with whom DFCS is working will move without notification. If a family moves without leaving a forwarding address, and the investigation is incomplete and the Safety and Risk Assessments have not been completed which would alleviate harm or imminent danger, the Worker should immediately make every effort to locate them via neighbors, family, schools, law enforcement, courts, mental health facilities, etc. and if located, alert the appropriate DFCS office in the family's new locale. The case should be terminated upon transferring the incomplete investigation to the family's new location.

If the family relocates to another state and that state's DFCS requests information, the information regarding this family should be sent expeditiously.

VII. Appendices

INTAKE & ASSESSMENT

~~Appendix A~~

~~Form DFCS 510~~
~~Revised 08/2011~~

~~MISSISSIPPI DEPARTMENT OF HUMAN SERVICES~~
~~DIVISION OF FAMILY AND CHILDREN'S SERVICES~~

~~Mississippi Centralized Intake~~
~~Justification for Reconsideration Form~~

~~**Primary Caretaker's Name:**~~	~~**Intake Worker:**~~
~~**Intake Date/Time:**~~	~~**Assigned County & Region:**~~
~~**Reason ASWS selected for Screen Out:**~~ ~~(*second report, unable to locate, out of home setting, etc.*)~~	~~**Date of Reconsideration:**~~

~~**Cite policy and/or statutory criteria for reconsideration:**~~
~~(*completed by Regional Director only*)~~

~~**Please submit the completed form to**~~
~~**Tammy.miller@mdhs.ms.gov**~~ and ~~**tamara.garner@mdhs.ms.gov**~~

INTAKE & ASSESSMENT

Appendix A ~~B~~

Reports which may be screened out at intake:

- Dirty houses or dirty children and no indication of life or health endangering situation. If school/day care officials report dirty children, they should be requested to talk to parents first. If their attempts to meet with parents or to correct situation fail, then accept report.
- Children inappropriately dressed and no indication of neglect of a life or health endangering situation.
- Allegations that speak more to the parent's behaviors rather than the child's condition; (e.g., parent drinks beer or takes drugs; mother has boyfriend) and there is no indication of neglect or life or health endangering situation. – Exception: All reports of mother/child testing positive for drugs will be screened in.
- Reports of crowded conditions or too many people living in a home and no indication of neglect or life or health endangering situation.
- Allegations that parent is not spending TANF, Food Stamps, Child Support or other income on children, and there is no indication of neglect of basic necessities, or of a life or health endangering situation. Reporters should be referred to local Economic Assistance office.
- Reports which suggest a need to be addressed by another agency and there is no indication of a life or health endangering situation. (i.e., lack of school attendance, presence of lice, delinquency, lead/asbestos poisoning). These reports should be referred to the appropriate agency for handling (i.e., school attendance officer, health department).
- Reports on teen pregnancy where there is no suspicion of abuse/neglect.
- Sufficient information is not provided to enable the Department to locate the family, and this information cannot be secured through other sources after all reasonable efforts have been made.
- Reports of incidents that occurred when a person now eighteen (18) or over was a child. When adults report that abuse/neglect was perpetrated on them as children, they must have some other information or reason to believe that children presently cared for by perpetrator are being abused/neglected.
- Reports on an unborn child and there are no other children at risk.
- Reports of sexual relations involving victims age 16 and over that meet all of the criteria below. If any one criteria does not apply, the report should be considered for investigation.

a. Alleged victim was age sixteen (16) or over at the time incident occurred, and
b. Alleged victim is a normally functioning child, and
c. Alleged victim, age 16 or over, willfully consented, and
d. Alleged perpetrator is not a parent, guardian, relative, custodian or person responsible for the child's care or support and resides in the child's home, or an employee of a residential child care facility licensed by MDHS, and or a person in a position of trust or authority.
e. No parental or caretaker neglect is suspected.

If a report is considered outside the jurisdiction of the DFCS, the report shall be documented and be referred to law enforcement of proper jurisdiction for investigation. Other services of the Department may be provided.

- Reports of rape, sexual molestation, or exploitation of any age child that meet all of the criteria below. If either (a) or (b) does not apply, the report should be considered for investigation.

  a. Alleged perpetrator is not a caretaker, friend of caretaker, relative, other person living in the home, or employee of a child care facility where the child attends or lives.
  b. No parental or caretaker neglect is suspected.
  c. Law Enforcement has been informed of the report.

If law enforcement has not been contacted, County DFCS will immediately make the report to them. Other services of County DFCS will be offered to law enforcement (i.e., interviewing children) and the family (i.e., mental health referrals, counseling) as needed.

- Reports of children who have not had their immunizations. Reporter should be referred to the County Health Department by County DFCS to contact a public health social worker or to the school attendance officer as appropriate.
- Threats or attempts of suicide by children if there is no suspicion of parental/caretaker abuse or neglect. If the nature of the report suggests that the child is in immediate danger of self harm, a referral should be made immediately to Mental Health and/or Law Enforcement. If reporter is a professional, they should be requested to refer the family to counseling. If family does not follow through, then case can be referred to DFCS for neglect. If reporter is a non-professional, the DFCS should determine if family is seeking

counseling. If not, DFCS should investigate for neglect. If reporter feels suspicion exists just because suicide attempt was made, DFCS will investigate.

- Physical injury committed by one child on another that meet all of the following criteria:

  a. Child is not in a caretaking role over the other child.
  b. No parental or caretaker neglect is suspected.
  c. Child victim and perpetrator are not in a residential child caring facility or a home licensed or approved by DFCS.

Additional and Duplicate Reports:

The DFCS sometimes receives additional reports regarding an incident or situation that has already been investigated. If a report regarding abuse or neglect is received and it includes any of the following information, it must be investigated as a new report if a DFCS Assessment is not currently in progress:

- A new alleged perpetrator;
- A new victim;
- A new category of child maltreatment not previously reported;
- A new incident involving the same type of child maltreatment(s).

In order to classify a report as the duplicate report and to screen it out for investigation, the CPS social worker must determine if the new information includes:

- Same alleged perpetrator(s);
- Same victim(s);
- Same types of child maltreatment(s); and
- Same incident

Before any decision is made to screen out any report as being the same report, the ASWS must always make sure the prior report was thoroughly investigated.

Second reports of abuse or neglect will not be investigated if it is the same report, same victim and same incident.

INTAKE & ASSESSMENT

~~Appendix C~~

~~Form DFCS 501~~
~~Revised 08/2011~~

~~Confidentiality Form~~

~~Statement Regarding Confidential Information~~

~~In order to protect the alleged victim, alleged perpetrator, and the facility, and in order for the Department of Human Services to conduct a fair and impartial investigation, I agree not to discuss with anyone other than Law Enforcement staff the contents of any interviews conducted with me by the Department of Human Services, nor to discuss any allegations of abuse/neglect regarding the above, due to confidentiality requirements of the Youth Court Act, Sections 43-21-251 thru 267.~~

~~Signed: _____~~

~~Date: _____~~

INTAKE & ASSESSMENT

~~Appendix D~~

~~Form DFCS 517~~
~~Revised 02/2011~~

~~NOTICE OF PARENT/GUARDIAN'S RIGHTS INVESTIGATIONS~~

~~You have rights and responsibilities while you are involved with DFCS of Family and Children's Services (DFCS) during an open investigation. The normal hours of operation for the DFCS are 8:00 a.m. until 5:00 p.m. Monday through Friday, excluding state holidays. In case of emergencies, contact may be made after hours, weekends, and/or on state holidays at 1-800-222-8000.~~

~~YOU HAVE THE RIGHT TO:~~

1. ~~Know what has been reported to DFCS about your family.~~
2. ~~Be informed that a Worker has spoken to your child.~~
3. ~~Help from your Worker in correcting any problems discovered during the investigation.~~
4. ~~Have office phone numbers and office addresses for your Worker and your Worker's supervisor.~~
5. ~~Participate in any court hearings which may result from the investigation.~~
6. ~~Know the outcome of the investigation.~~
7. ~~Have your Native American (Indian) ancestry recognized and respected. We will tell the Bureau of Indian Affairs about our involvement with your family and follow the tribe's decisions for handling your investigation.~~
8. ~~Be treated with dignity and respect and receive services without regard to age, race, color, creed, religion, national origin, sex, disability, or political affiliation.~~

~~_____ / _____ _____~~
~~**Client(s) initials** **Worker initials**~~

~~YOU HAVE THE RESPONSIBILTY TO:~~

1. ~~Provide full names, dates of birth, social security numbers for household members and other necessary information requested by your Worker.~~
2. ~~Cooperate with your Worker and participate in service decisions.~~
3. ~~Ask for and be a part of all Family Team Meetings.~~
4. ~~Give to your Worker the names, phone numbers, and addresses of your relatives who may be able to care for your child if necessary.~~

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5. ~~Give your Worker all requested medical and educational information about your child.~~
6. ~~Pay the cost or part of the cost of some elements of the investigation (such as paying for a drug screen or a medical exam)~~ **~~if requested.~~**

_____ / _____ _____
~~Client(s) initials~~ **~~Worker initials~~**

~~CONFIDENTIALITY:~~

~~Your family's information is confidential and private. We will not disclose any information without your written permission or by order of the court. However, information may be shared with law enforcement or the Office of the District Attorney without your written permission. We may contact other people to assess the safety of your child.~~

~~Confidentiality laws additionally limit the information we can share with you. We are not able to name the reporter in any investigation, tell you what anyone else said, or give you a copy of any investigation.~~

_____ / _____ _____
~~Client(s) initials~~ **~~Worker initials~~**

The court of your county has the authority to modify any of the statements above.

~~Client(s) :~~ _____ / _____ **~~Date:~~** _____

~~Worker:~~ _____ **~~Date:~~** _____

INTAKE & ASSESSMENT

~~Appendix E~~

~~Form DFCS 508~~
~~Revised 02/2011~~

~~SAFETY ASSESSMENT~~

~~Part 1: Primary Caretaker Information~~

~~Primary Caretaker's Name:~~	~~MACWIS #:~~	~~Date:~~
~~Worker's Name:~~		~~Time:~~
~~Do they have Native American Heritage? (If **YES**, proceed with instructions outlined in the Indian Child Welfare Act (ICWA) and MDHS.~~		

~~Part 2: Child Safety Assessment~~

~~The following is a list of behaviors or conditions that may be associated with a child being in danger of serious harm.~~

- ~~Identify the presence of each factor by checking **YES** for all safety concerns marked **YES**.~~
- ~~Describe the specific behaviors, conditions and circumstances associated with that safety concern.~~

~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~1. Select YES and explain if a child has received serious physical harm or injury that appears to be inflicted (non-accidental).~~ ~~Select NO and speak to the appropriate type of discipline used by the family and/or the physical condition of the child.~~ ~~Select N/A if report does not concern physical harm.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~2. Select YES and explain if a child has physical injuries resulting from use of instruments (e.g. cigarette burns, hot water, belts, sticks) to inflict severe pain upon a child or injuries due to dangerous acts (e.g. choking, shaking of an infant, or cruelty).~~ ~~Select NO if the injury is considered accidental.~~ ~~Select N/A if report does not concern physical harm.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~	~~3. Select YES and explain if the caregiver has given an explanation that is inconsistent, insufficient, or will not explain the serious physical injury, and/or if it does not match the child's explanation.~~

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☐	~~Select NO and note the response if the caregiver can explain that the physical injury is not due to abuse.~~ ~~Select N/A if report does not concern physical harm.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~4. Select YES and explain if a child has special needs, behaviors, or medical concerns that are not being met resulting in the child being in danger of harm. Select NO and explain if these needs are being met.~~ ~~Select N/A if the child has none of these issues.~~
~~YES~~ ☐ ~~NO~~ ☐	~~5. Select YES and explain if the caregiver is not protective of the child.~~ ~~Select NO and explain the caregiver's strengths in protecting the child.~~
~~YES~~ ☐ ~~NO~~ ☐	~~6. Select YES and explain if the caregiver or other person is threatening to harm the child.~~ ~~Select NO if no one is threatening the child.~~
~~YES~~ ☐ ~~NO~~ ☐	~~7. Select YES and explain if the behavior of anyone inside or outside the home is violent and this behavior places the child in danger.~~ ~~Select NO if behavior does not place the child in danger.~~
~~YES~~ ☐ ~~NO~~ ☐	~~8. Select YES and explain if the caretaker perceives the child in extremely negative terms and that perception/belief places the child in danger.~~ ~~Select NO and explain the caretaker's positive perception/belief concerning the child.~~
~~YES~~ ☐ ~~NO~~ ☐	~~9. Select YES and explain if the caretaker has extremely unrealistic expectations of the child which places the child in danger.~~ ~~Select NO and speak to the caretakers strengths concerning realistic expectations of the child.~~
~~YES~~ ☐ ~~NO~~ ☐	~~10. Select YES and explain if drug and/or alcohol use by anyone related to the report places the child in danger.~~ ~~Select NO if substance abuse is not a factor with this family.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~11. Select YES if anyone related to the case has behaviors symptomatic of mental or physical illness or disability that are uncontrolled and places the child in danger. Select NO and explain if there are controlled behavior issues.~~ ~~Select N/A if no behavior issues are noted.~~

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~~YES~~ ☐ ~~NO~~ ☐	~~12. Select YES and explain if the caretaker is unwilling, or unable to meet the child's needs for supervision, food, clothing, and/or shelter.~~ ~~Select NO and document the caretaker's strengths if these needs are being met.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~13. Select YES if the immediate physical and/or mental health needs of a child with physical or mental health handicaps is not being met by the caretaker.~~ ~~Select NO and document the strength if a handicapped child's needs are being met.~~ ~~Select N/A if the child has no physical or mental health needs.~~
~~YES~~ ☐ ~~NO~~ ☐	~~14. Select YES and explain if there are household environmental hazards or living condition concerns for the child.~~ ~~Select NO and document the strength if there are no concerns with this issue.~~
~~YES~~ ☐ ~~NO~~ ☐	~~15. Select YES and explain if domestic violence was found or suspected concerning this family.~~ ~~Select NO if there are no concerns of domestic violence with this family.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~16. Select YES and explain if sexual abuse/exploitation is suspected and circumstances place the child in danger.~~ ~~Select NO and explain if this issue is suspected but the child is safe from danger. Select N/A if no sexual abuse/exploitation is suspected.~~
~~YES~~ ☐ ~~NO~~ ☐	~~17. Select YES and explain if the child is exposed to dangerous activities concerning the manufacture and distribution of drugs, drug trafficking or sale of illegal drugs, or any alcohol related offense.~~ ~~Select NO if there are no concerns related to this issue.~~
~~YES~~ ☐ ~~NO~~ ☐	~~18. Select YES and explain if the family refuses access to the child, the child's whereabouts cannot be ascertained, caregiver's whereabouts cannot be ascertained, or there is reason to believe the family will flee.~~ ~~Select NO if there are no concerns with this issue.~~
~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~19. Select YES and explain if a child is fearful of caregiver(s), other family members, or other people living in or having access to the home. Speak to the credibility of the threat.~~ ~~Select NO if the child does not relate any fear.~~

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~~YES~~ ☐ ~~NO~~ ☐ ~~N/A~~ ☐	~~20. Select YES and explain if there are uncovered problems that cause the child to be unsafe.~~ ~~Select NO and explain if any strength the family may have that ensures safety has not been documented.~~ ~~Select N/A if all concerns and strengths have been covered in this assessment~~

~~Describe safety factors checked 'YES' [in the Mississippi Automated Child Welfare System (MACWIS), each 'YES' answer will give the Worker a 'pop-up' box where they can describe the safety factors.]~~

~~**If any safety factors are checked 'YES', a full Investigation must be completed. If a safety plan is needed, consult with a Supervisor and implement one immediately. (If 'YES' is checked, MACWIS will take the Worker automatically to the Safety Plan.)**~~

~~**Part 3: Maltreatment Findings (Complete only on Safety Factors checked 'YES')**~~

~~Describe what you determined regarding the allegations of abuse or neglect reported. Detail contacts made, observations made, statements related to the allegations, collateral contacts and any other concerns identified during the Safety Assessment. Detail any referrals made.~~

~~**Signatures**~~

~~Worker: _____ Date: _____~~

~~Supervisor: _____ Date: _____~~

INTAKE & ASSESSMENT

~~Appendix F~~

~~Form DFCS 509~~
~~Revised 02/2011~~

~~MISSISSIPPI DEPARTMENT OF HUMAN SERVICES~~
~~DIVISION OF FAMILY AND CHILDREN'S SERVICES~~

~~Case Name:~~ _____
~~Child(ren) Name(s):~~ _____
_____
_____

Safety Plan

1) **Safety plans should be developed only when a decision of "unsafe" has been determined and workers, with supervisory approval, assess that without the plan, the child(ren) cannot remain safely in the home.**
2) **Safety plans are completed during an investigation and on any Prevention or Protection case in which safety issues are identified. The safety plan must be related to the safety factors identified in the safety assessment. Describe the safety plan as follows:**

~~1) Identify specific serious harm or the immediate safety threat of serious harm as identified in the Safety Assessment.~~

~~2) What actions have or will be taken to protect each child (ren) in relation to the current safety concern?~~

~~3) Will the plan involve: (a) In home services? Yes_____ No____~~
~~(b) Alternative caregiver? Yes_____ No_____~~

~~4) If "yes" for alternative caregiver in # 3, has a background check been completed on all household members over the age of 14? Yes_____ No_____~~

~~5) Who is responsible for implementing each plan component?~~

~~6) How will the plan be monitored and evaluated and by whom?~~

~~7) What is the beginning and ending date imposed by this plan?~~

~~8) Under what conditions will termination of the Safety Plan occur?~~

~~**SIGNATURES AND DATES FOR SAFETY PLAN**~~
~~**(Do not complete if child(ren) are removed from the home and placed in the DFCS's custody)**~~

~~The safety plan and the ramifications of non-compliance have been discussed with the caretaker and all those who are responsible for carrying out the plan. They have agreed to enter into this agreement with the Department of Human Services (DHS) and the conditions set forth.~~

~~**DFCS Worker**_____ **Date**_____~~
~~**Worker's Phone number**_____~~
~~**Supervisors Name and Phone Number**_____~~

~~We have discussed the safety plan with the Worker. We understand the contents and that this plan is voluntary, and agree to abide by the terms and conditions of the plan. If something happens that prevents us from carrying out the plan we will immediately notify the Worker/supervisor. We understand that failure to agree to the plan or to carry out the plan may result in a reassessment of our home and possible protective custody of our child(ren) and removal from our care. We will then have the opportunity to appear in court and present my case.~~

~~**Parent/Guardian**_____**Date**_____~~
~~**Other Parent/Caretaker**_____**Date**_____~~
~~**(if more than one caretaker in the home)**~~

~~**Person most responsible for carrying out the safety plan, if other that parent or caretaker:**~~
~~**Name**_____**Relationship**_____**Date:**_____~~

~~**OTHER SAFETY PLAN PARTICIPANTS:**~~

~~**Name**_____**Relationship**_____**Date:**_____~~
~~**Name**_____**Relationship**_____**Date:**_____~~
~~**Name**_____**Relationship**_____**Date:**_____~~

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~~SAFETY PLAN MONITOR:~~

~~DFCS WORKER/SUPERVISOR_____~~
~~DATE_____~~

~~SUPERVISORY APPROVAL OF SAFETY PLAN~~

~~Supervisor gave verbal approval by phone~~
~~Name of Supervisor_____Date_____Time_____~~

~~Supervisor's Approval of written plan_____Date_____Time_____~~
~~_____(Signature)~~
~~Supervisor's Phone:_____~~

~~The safety plan is in effect from _____until_____.~~

~~Original-Case file~~
~~Copy 1-Parent/Caretaker (the parent/caretaker must both sign and be given a copy of the plan)~~
~~Copy 2- Person most responsible if other than parent/caretaker~~

~~Appendix G~~

~~Form DFCS 507~~
~~Revised 02/2011~~

~~Risk Assessment~~

~~1. What is the exact nature of the abuse and/or neglect? Describe the parent/caretaker's initial response. Describe the maltreatment found and describe any injuries.~~

~~2. If abuse and /or neglect is found how long has it been going on and what is the impact on the child?~~

~~3. How do the parents/caretakers and the children view their current situation? Describe the caregiver's ability to provide basic needs.~~

~~4. Describe the parents/caretakers level of functioning. Are the parents/caretakers capable of addressing issues related to the maltreatment?~~

~~5. Describe any mental/physical health concerns of household members. Do any concerns pose danger to the child?~~

INTAKE & ASSESSMENT

~~6. Describe how the each child's functioning ability as it relates to such things as age, communication skills, school performance, physical and behavioral health, and fear of harm.~~

~~7. Describe the family's support system. What kinship resources are available to family?~~

~~8. Identify and describe caregiver and family strengths, and protective capacities.~~

~~9. Describe family and caregiver-child relationships. Include things such as parenting style, parenting knowledge and skill, and discipline techniques.~~

INTAKE & ASSESSMENT

~~Appendix H~~

~~Mississippi~~
~~Form MDHS-SS-437~~
~~Revised 05-01-99~~

~~Safety Checklist for Children~~

~~**Yes, No, N/A**~~

~~POISONS~~

_____ ~~1. Are dangerous/poisonous items kept out child's reach? (i.e. Medicines, lighters, matches, dye, bleach, poisons, cleansers, mothballs, motor oil, antifreeze)~~

~~FIRE HAZARDS~~

_____ ~~2. Are utilities obtained legally?~~
_____ ~~3. If electricity/gas are off, is the means of heating and lighting safe? (i.e. candles should not be near curtains, no open flames)~~
_____ ~~4. If heating with fire place, wood heaters, etc. is there a protective barrier between the heater and the child? (i.e. gate, screen guard, etc.?)~~
_____ ~~5. Is there a safe place for the child to be while the parent is cooking or unable to give the child rheir full attention? (i.e. playpen, crib, high chair?)~~
_____ ~~6. Are electrical cords/plugs in good condition? (i.e. no loose wires coming out of the wall)~~
_____ ~~7. Are electrical outlet covers on all plugs not in use?~~
_____ ~~8. Is there a fire extinguisher in the home in working condition?~~
_____ ~~9. Is there a working smoke alarm in the home? (test it)~~
_____ ~~10. Is the temperature of the hot water heater between 120 and 130 degrees Fahrenheit?~~

~~DROWNING HAZARDS~~

_____ ~~11. Is there constant supervision while the child is bathing or near water?~~
_____ ~~12. Are toilet seats kept down and do sinks and tubs drain properly to prevent unwanted collections of water? (Child can drown in less than 2 inches of water)~~
_____ ~~13. If mop buckets are used in the home, are they emptied and stored away after uses?~~
_____ ~~14. If home has a pool, is the pool properly safe guarded with a fence and life saving devices?~~

INTAKE & ASSESSMENT

~~FIREARM HAZARDS~~

~~_____ 15. If guns are in the home, are they locked away from children?~~
~~_____ 16. Is ammunition kept in a separate place from the firearms and is it locked away or out of child's reach?~~

~~CAR SAFETY~~

~~_____ 17. Does the child have a car seat? (A child should use a safety seat at least until the age of five and if a child weighs more than 20 lbs., he should face forward in the automobile.)~~

~~GENERAL SAFETY~~

~~_____ 18. Does the child have a safe and secure sleeping space? (Children have suffocated when sleeping with adults; they have fallen off adult beds and sofas and have become lodged between the wall and the bed.)~~
~~_____ 19. Is the home free of rat or roach infestation? (Both carry disease which can be harmful to adults and children.)~~
~~_____ 20. Are kitchen knives stored out of children's reach?~~
~~_____ 21. Is there a caretaker available to provide supervision if the parent has to leave the home for any amount of time? (Children should not be left without proper adult supervision.)~~
~~_____ 22. Is the inside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, etc.)~~
~~_____ 23. Is the outside of the home free of any hazardous debris? (Undisposed trash, cans, bottles, glass, exposed rusty nails, tall grass and weeds, car parts, etc.)~~

~~_____~~
~~Social Worker Parent or Caretaker~~

~~This checklist should be discussed with the parent or caretaker of all children during all investigations. It should be signed by the social Worker and the parent or caretaker. A copy of the form should be left with the parent or caretaker.~~

INTAKE & ASSESSMENT

Appendix B ~~I~~

Form DFCS 506
Revised 02/2011

BEHAVIORAL INDICATORS OF ABUSE

Preadolescent :

18. Stylized behavior, excessive seductiveness
19. Unusual interest in sex organs of self or others (either children or adults
20. Fearful or suspicious of adults
21. Tugging at clothing in genital area
22. Tired, lethargic, sleepy appearance
23. Regressive behaviors: such as whining, negative changes in toilet habits
24. Persistent fears or overwhelming nightmares
25. Blaming or dislike of self
26. Change in school grades
27. Public or excessive masturbation
28. Developmental delays
29. Child is perceived and/or treated by parent as “bad,” unusual, and/or different
30. Behavioral extremes (e.g. extremely aggressive or passive; persistent crying)
31. Child assumes parental role (i.e., caretaker of one or both parents and/or siblings beyond normal “role playing “for child’s age)
32. Lack of peer interaction
33. Threatens or attempts suicide
34. Psychosomatic illness

Adolescent:

20. Stylized behavior, excessively provocative beyond the norm for the child
21. Shy, withdrawn, overburdened appearance
22. Change in school grades
23. Running away
24. Self-destructive behavior
25. Substance abuse that is more experimental
26. Unwillingness to participate in group activities
27. Stealing; shoplifting
28. Pregnancy wishes
29. Prostitution
30. Fear or distrust of men, adults
31. Statements about being “bad” or “undesirable”
32. Way of/avoidance of physical contact

33. Excessive longing for affection
34. Child assumes parental role or role as spouse of parent (i.e., care giving of one or both parents and/or siblings beyond normal “role playing” for child’s age)
35. Reluctance to change clothes for gym class
36. Lack of peer interaction
37. Threatens or attempts suicide
38. Psychosomatic illness

~~Appendix J~~

~~Notification of Investigation~~

~~STATE OF MISSISSIPPI~~
~~HALEY REEVES BARBOUR PHIL BRYANT, GOVERNOR~~
~~DEPARTMENT OF HUMAN SERVICES~~
~~DON THOMPSON RICHARD A. BERRY~~
~~EXECUTIVE DIRECTOR~~

~~Date:~~

~~Dear_____~~

~~The _____Department of Human Services, Division of Family and Children's Services received a report of abuse/neglect on _____ regarding your family. After a complete investigation the allegations were____were not____ substantiated. If you do not agree with the findings you have the right to appeal the decision by contacting your county DFCS office at _____ for instructions on how you may appeal the decision.~~

~~Sincerely,~~

~~Appendix K~~

~~Form DFCS 511~~
~~Revised 02/2011~~

~~Resource Report Risk Tab~~
~~(Only activated for Resource Report)~~

INTAKE & ASSESSMENT

~~1) In what type of placement was the maltreatment alleged to have occurred (foster care placement or adoptive placement)? If foster care then what type setting (foster home, group home, residential treatment, therapeutic foster home, relative placement, etc)?~~

~~2) Who is the Alleged Perpetrator? What is the relationship with the victim?~~

~~3) Describe the nature, frequency, and duration of the maltreatment:~~

~~4) What is the permanent plan for the child(ren)? How does the child(ren) perceive the placement where the alleged maltreatment occurred?~~

~~5) Does the Resource have a history of maltreatment with DFCS? If so, were any of the allegations substantiated? __Yes __No~~

INTAKE & ASSESSMENT

~~6) Is there a violation of DFCS policy or licensure standards?~~

~~7) Would the child be in any danger if left in this placement? Yes__ No__~~
~~If the child is in danger in the placement DFCS will address the danger with Removal __ Safety Plan only (child not removed) __ N/A__. Explain your answers:~~