

II. REFERRALS TO ASSESS FAMILY STRENGTHS ~~and~~ AND NEEDS

POLICY II-A: ~~PREVENTION SUPPORTIVE~~ SERVICES

0202/20202515

OVERVIEW

Prevention services are designed to reduce the likelihood of future child maltreatment by providing interventions to help caregivers in their child-rearing role, to strengthen family functioning, and to promote the healthy development of children. Services may be provided directly by Division of Children and Family Services (DCFS or Division) staff via purchased services, by referral to another appropriate agency, or some combination of these options. Examples may include, but are not limited to, parenting education and service referrals such as counseling or Supplemental Nutrition Assistance Program (SNAP). A family's participation in a prevention services case is voluntary.

If the needs of the family require only a referral for services and do not require further follow-up from DCFS, Division staff will make the necessary referrals as soon as possible but are not required to open a prevention services case for the family in the Division's information management system.

If the family is in need of needs assistance beyond a single referral to another community provider and consents to participate in a prevention services case, DCFS will open a prevention services case for the family in the Division's information management system. Prevention services cases are generally time-limited but may remain open for the duration necessary for appropriate service provision. DCFS will close a prevention service- case upon request of the caregivers.-

DCFS will complete the Division's approved safety and risk assessment tools for households involved in prevention services cases. Prevention services cases opened from Differential Response or investigative pathways will have already had initial risk assessments in the course of Differential Response or an investigation. Please see below for more information regarding how a prevention services case may be opened following a Differential Response or investigation.

DCFS will collect and assess information about the family's strengths and needs utilizing the Division's approved family assessment tool. For any prevention services case open longer than thirty (30) days, DCFS will also develop a prevention services case plan with the family within that thirty-day period. Case plan services and supports will be based on the needs and strengths identified via the Division's approved family assessment tool. The assigned Family Service Worker (FSW) will maintain regular contact with family as needed based on the risk assessment rating. If the risk assessment rating is low or moderate, contact should be at least weekly during the first month of the case and at least monthly thereafter. For risk assessment ratings of high or very high, at least weekly contact is recommended throughout the life of the case or until measurable risk reduction has occurred.

If a safety threat is identified or child maltreatment is suspected at any point during an interaction

with a household with a prevention services referral, DCFS staff will fulfill their mandated reporter duty by making a report to the Child Abuse Hotline.

TRADITIONAL PREVENTION SERVICES CASES

The Division ~~will~~ accept referrals for ~~children and families~~ households in who need of assistance ~~for~~ a wide range of ~~service problems~~ based on ~~family the assessed needs of the household~~. Such referrals will not ~~come be accepted~~ through the Child Abuse Hotline ~~as child maltreatment reports~~. Rather, a household member may request a prevention services case from the DCFS supervisor in their local Department of Human Services (DHS) office if they feel they are in need of services. ~~Families who need assistance may accept services on a voluntary basis. If the family accepts, a prevention services~~ Supportive Services case will be opened. ~~Supportive Services are generally time limited for a period of three months.~~

Prevention services cases may be eligible for Family First prevention services. As such, foster care candidate eligibility screens must be completed for each prevention services case. Cases determined to be eligible as a foster care candidate must also have a prevention plan completed.

~~Supportive Services are intended to protect children, to help parents in their child-rearing role, to strengthen family functioning, and to promote the healthy development and social functioning of children. Services may be provided directly by DCFS staff or in combination with purchased services, or by referral to another appropriate agency.~~

PREVENTION SERVICES CASE FOLLOWING A CHILD MALTREATMENT INVESTIGATION

A prevention services case will be offered when the Division has contact with a household through an investigation if the Division's approved safety and risk assessment results recommend opening a case, but the investigation is unsubstantiated. The goal of the prevention services case in these instances is to provide services to strengthen the family and prevent future maltreatment.

PREVENTION SERVICES FOR UNDERAGED JUVENILE OFFENDERS

A prevention services case may be provided to a family when one of the household members is an underaged juvenile offender (UJO). The Division will offer services to the caregivers for the UJO to include, but not limited to, referrals for offender treatment and collaborating with the child's school to ensure safety of the child or other children in the classroom.

PROCEDURE II A1: Community and Self Referrals for Supportive Services

PREVENTION SERVICES FOLLOWING DIFFERENTIAL RESPONSE

For families involved in Differential Response that require services beyond sixty (60) days to remedy the conditions or issues that resulted in the child maltreatment report sent to the

Differential Response pathway, those services may be offered through a prevention services case (see Policy II-B: Differential Response for more information), particularly if the Division's approved safety and risk assessment results recommend opening a case.

PREVENTION SERVICES VIA FAMILY IN NEED OF SERVICES

There are some situations in which a judge may order family services for a household through a Family In Need of Services (FINS). The agency will provide such family services through the opening of a prevention services case (see Policy II-I: Family In Need of Services for more information).

02/2015

The Family Service Worker will:

- A. Accept referrals from families, community agencies, or other DHS Divisions via the DHS 3300: Information and Referral.
- B. Collect and assess information about the family's strengths and needs utilizing the Family Advocacy and Support Tool (FAST).
- C. Develop a supportive services case plan based on the needs and strengths identified via the FAST within 30 days of case opening.
- D. Refer to other Divisions/agencies as appropriate via the DHS 3300.

POLICY II-B: DIFFERENTIAL RESPONSE

~~020618/20252015~~

OVERVIEW

Differential Response (DR) is a family engagement approach that allows the Division of Children and Family Services (DCFS or Division) to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment approach (FA) rather than ~~at the~~ traditional investigative response. The goals of Differential Response are to prevent removal from the home and engage and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports, ~~and~~ focuses on the safety and well-being of the child, and promotes permanency. ~~Having two different response options in the child welfare system. Due to~~ recognizes that there are variations in the severity of ~~the~~ reported maltreatment, having two (2) different response options and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child ~~neglect~~ maltreatment.

Investigations require the gathering of forensic evidence in order to formally determine whether there is a preponderance of evidence that child abuse or neglect has occurred. Differential Response is an approach that uses a non-adversarial, non-accusatory ~~Family Assessment~~ family assessment approach. With DR, there is no determination finding of “~~true~~ substantiated” or “unsubstantiated”, and no one is identified as a perpetrator or offender. Development of a family’s support network, C community involvement and connecting families to informal, supportive resources in their local communities are crucial aspects to a successful intervention for all types of cases, but particularly for DR.

~~Differential Response is more likely to create situations where a family is receptive to services and is more likely to engage in those services.~~ DR involves a comprehensive and collaborative ~~f~~Family ~~A~~assessment that includes an assessment of:

A. The household strengths and acts of protection;

~~A.B.~~ The household child’s safety and risks; and

~~B.C.~~ Any underlying issues, needs, or additional child maltreatment concerns that may not have been identified in the original hotline report; and,

~~C. The family’s strengths.~~

Differential Response also partners with families to build upon strengths and identified during the family assessment process as well as to provides services to meet the family’s identified needs, and support positive parenting. The information obtained through the family assessment will be used to create a Family Plan with the family, if applicable. Services within the Family Plan may include referrals, formal or informal services, and/or supports. Services will be put into place

to strengthen existing acts of protection with the family, ~~required to help~~ meet the needs of the family, and ~~and/or~~ address the conditions or issues that resulted in the child maltreatment report.

The information obtained through the Family Assessment ~~DR process~~ will be used to create a Family Plan, if applicable, which will be designed to strengthen protective factors within the family and mitigate any risk factors facing the family.

DIFFERENTIAL RESPONSE ELIGIBILITY CRITERIA

All of the following factors must be present for a report to be assigned to Differential Response unless the exceptions on the following page apply:

- A. Identifying information for the family members and their current address or a means to locate them is known at the time of the report;
- B. Those alleged to be responsible for the allegations ~~The alleged perpetrators~~ are parents, birth or adoptive, legal guardians, custodians, or any person standing in loco parentis;
- C. The family has no pending investigation or open ~~protective services, or case of any kind~~ supportive services case;
- D. The children alleged ~~victim~~ to be maltreated, siblings or other household members, are not currently in the care and custody of Arkansas Department of Children and Family Services or wards of the court;
- E. Protective custody of the children has not been taken or required in the current investigation; and,
- F. The reported allegations shall only include:
 - 1) Inadequate Supervision
 - 2) Inadequate Food
 - 3) Inadequate Clothing
 - 4) Inadequate Shelter
 - 5) Educational Neglect
 - 6) Environmental Neglect
 - 7) Lock Out
 - 8) Medical Neglect
 - 9) Human bites
 - 10) Sprains/dislocations
 - 11) Striking a child ~~age seven~~ (7) years of age or older on the face
 - 12) Striking a child with a closed fist
 - 13) Throwing a child

The ~~following circumstances involving the~~ allegations prohibit the report from being assigned to a Differential Response pathway:

- A. Inadequate Supervision reports involving a child or children under ~~the age of five~~ (5) years of age or a child five (5) years of age ~~and or~~ older with a physical or mental disability which limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned the investigative pathway.
- B. Educational Neglect reports involving a child that was never enrolled in an educational program.
- C. Environmental Neglect reports involving a child or children under ~~the age of three~~ (3) years of age; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- D. Lock out reports involving a child or children under ~~the age of ten~~ (10) years of age; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- E. Medical Neglect reports involving a child or children under ~~the age of thirteen~~ (13) years of age or a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned the investigative pathway.
- F. Reports of human bites, sprains ~~or /~~ dislocations, striking a child ~~age seven~~ (7) years of age or older on the face, striking a child with a closed fist, and throwing a child when these allegations occurred:
 - 1) Less than one (1) year ago; ~~and/or~~;
 - 2) If the caller to the hotline can verify an injury either through physical signs (~~for example e.g.~~, scarring), medical information, dated photographs, ~~etc or other~~ forms of documentation, as applicable.

~~If upon initial DR contact with the family it is determined that there are additional children in the home who were not included in the hotline report and whose ages would, as outlined above, prohibit assignment to the Differential Response pathway, the DRT Supervisor and Specialist shall assess on a case by case basis whether a case will remain a DR case or be reassigned to the investigative pathway.~~

DIFFERENTIAL RESPONSE INITIATION TIMEFRAMES

Face-to-face contact with the ~~victim child(ren)~~ named in the report and at least one (1) parent ~~or /~~ caregiver involved in a Differential Response report must take place in the victim child(ren)'s ~~household me~~ within seventy-two (72) hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five (5) days of receipt of the initial hotline report.

SAFETY AND RISK ASSESSMENT

Upon initial contact, DCFS will complete the Division's approved safety assessment. If a safety threat is identified and the safety assessment indicates the children are safe with a plan, the DR Worker will develop an immediate safety plan with the household and their identified network. The DR Worker will obtain approval of the immediate safety plan from the DR Supervisor or designee prior to leaving the home. The DR Worker will leave a copy or photo of the immediate safety plan with the household and their network.

If a safety threat is identified and the safety assessment indicates the children are unsafe, the DR Worker will take a seventy-two--(72)--hour hold of the children in consultation with the DR Supervisor or designee.

The safety assessment will be entered into the applicable information management system within two (2) business days of contact with the family and updated as needed throughout the family's involvement with DCFS.

The Division's approved risk assessment tool will be used to guide staff in their assessment of the likelihood of future maltreatment. The risk assessment tool will be completed in the applicable information management system as soon as there is enough information to do so, but no later than the conclusion of the DR and prior to any decision about case opening, if applicable.

Differential Response cases are intended to be short-term lasting no longer than sixty (60) 30 days ~~with the possibility of only two 15-day extensions if necessary~~. If a DR case is not closed by the end of sixty (60)30 days ~~or the allowed extension timeframes~~, then it will be closed or reassigned as a Supportive prevention sServices case or as an investigation as appropriate.

DIFFERENTIAL RESPONSE TEAM

Family Assessments will be conducted by specific Differential Response Teams (DCFS teams or contract provider teams) whose role is to assess for safety and strengths, identify service needs, and arrange for the services to be put in place. The local Differential Response Team ~~(DRT)~~ may consist of up to three (3) primary roles:

- A. ~~DR~~ Supervisor -- Provides management services including review and approval of assessments, case plans, and appropriateness of service referrals, case file documentation, service extensions, and requests to close family assessment cases.
- B. ~~DR~~ Specialist(s) Worker -- Initiates contact with family and assumes the role of the family's advocate and case manager.

- C. DR ~~Program Assistant(s)~~ – Provides support and assistance as needed to the DR ~~Specialist(s)~~ Worker and families involved in DR cases.

At minimum, a local Differential Response Team will be ~~comprised~~ composed of a DR ~~Supervisor~~ and a DR ~~Worker~~ Specialist.

REASSIGNMENTS FROM DIFFERENTIAL RESPONSE TO INVESTIGATIONS

A DR will be reassigned to the investigative pathway if:

- A. ~~If DCFS is unable to conduct a Health and Safety Assessment; or,~~
B. ~~and/or the case information indicates that a refusal to participate in the DR Family Assessment or associated services compromises a child's safety, the case will be reassigned to the investigative pathway. If DCFS conducts the Health and Safety Assessment and does not identify a safety threat factor and the caregiver is assessed to be a risk to a vulnerable population.~~

1) The results of the Division's approved risk assessment tool assesses the likelihood of future maltreatment within that household. The risk assessment does not serve as the sole determinant when assessing if a caregiver poses a risk to a vulnerable population which includes without limitation children, the elderly, persons with a disability, and persons with a mental health illness. A separate assessment of whether a caregiver poses a threat to a vulnerable population must be conducted before requesting a DR to be reassigned to the investigative pathway. The following factors will be considered when determining whether an offender poses a risk of maltreatment to a vulnerable population:

- a) The severity of the child maltreatment;
- b) The nature and severity of an injury or other adverse impact caused by the child maltreatment;
- c) The current or future access the caregiver has or could have to a vulnerable population;
- d) The caregiver's previous child maltreatment history and whether there are similar fact patterns related to the current allegation and past child maltreatment history;
- e) Subsequent reports of child maltreatment against the caregiver; and,
- a) Criminal history of the offender, but a need is identified, a DR case will be opened in order to address the need with appropriate services. If neither a safety factor nor a need is identified, then the family may decline services.
- f) _____

Additionally, if it is determined that there are additional children in the home who were not included in the Child Abuse Hotline report and whose ages would prohibit assignment to the

Differential Response pathway, the DR Supervisor and Worker will assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.

~~If the family complies with the Family Plan, the services will continue to be provided through the DR case. If the family does not comply with the Family Plan, then the case will be reassigned to investigations.~~

Further, if upon initial contact with the family an additional Priority II child maltreatment allegation (not related to the allegation connected to the DR referral provided by the Child Abuse Hotline) is identified by the DR Team, the DR ~~Specialist-Worker~~ Specialist-Worker will contact the DCFS DR ~~Coordinator-Program Manager~~ Coordinator-Program Manager or designee to add the additional Priority II allegation to the DR referral.

If upon initial contact with the family a Priority I child maltreatment allegation is identified by the DR Team, the DR ~~Specialist-Worker or designee~~ Specialist-Worker or designee will immediately call the Child Abuse Hotline to report the new Priority I allegation and then notify the DR ~~Program ManagerCoordinator~~ Program Manager or designee of the new Priority I report.

If at any time during the DR service delivery period the DR ~~Specialist-Worker~~ Specialist-Worker, network member, contract provider, or other service provider has reasonable cause to believe that a safety ~~threatfactor~~ is present and, as such, the child's health ~~and/or~~ physical well-being are in immediate danger (as related to the allegation(s) for which the initial DR referral was made), then an immediate safety plan will be developed and implemented with the family. If an immediate safety plan cannot mitigate the safety threat, the DR ~~Supervisor~~ Supervisor ~~or designee will~~ or designee will ~~should~~ should ~~determine if taking protective custody is necessary and if at any point, in consultation with contact~~ the DCFS DR ~~Coordinator-Program Manager~~ Coordinator-Program Manager or designee, whether the DR should be immediately for reassignment of the case reassigned to the investigative pathway due to the caregiver posing a risk to a vulnerable population.

If at any time during the DR service delivery period the DR ~~Specialist-Worker~~ Specialist-Worker, contract provider, or other service provider identifies a new child maltreatment allegation (not related to the allegation connected to the DR referral), a call will be made immediately to the Child Abuse Hotline by the individual who suspects the new child maltreatment allegation.

REASSIGNMENTS FROM INVESTIGATIONS TO DIFFERENTIAL RESPONSE

If ~~upon~~ initial review of the ~~hotline~~ investigation referral it is determined that the referral is eligible for Differential Response, the local DCFS Supervisor may send an email request to the Child Abuse Hotline to assess for reassignment to the Differential Response pathway.

~~Procedure II B1: Child Abuse Hotline Referral to Differential Response~~

07/2020

The Child Abuse Hotline Worker will:

~~Receive and document all child maltreatment allegation reports with sufficiently identifying information as defined by Arkansas law. Situations in which the hotline assesses as an immediate danger to the child's health and physical well-being based upon the severity of the allegations shall be excluded from the Differential Response pathway and referred to DCFS as an investigation.~~

~~Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone number, and email address (for online reporting).~~

~~Confirm receipt of fax transmission via a return fax transmission.~~

~~Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children three (3) years of age and younger regardless of wait time.~~

~~Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:~~

~~Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information;~~

~~Current risk of harm to the child;~~

~~Mental and physical condition of alleged offender;~~

~~Potential danger to staff assessing the report;~~

~~Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment;~~

~~Relevant addresses and directions;~~

~~Licensing authority and facility involved (if applicable).~~

~~Prioritize the report by keying the "Ref. Accept" screen. Central Registry Search results is a mandatory field on this screen.~~

~~If the referral meets the Differential Response eligibility criteria noted above, forward the report to the Differential Response Coordinator or designee for assessment along with any pertinent Central Registry information.~~

~~Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.~~

~~Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within two business days.~~

Procedure II-B~~12~~²³: Receipt and Assignment of Differential Response Referral 0205/20252014

Upon receipt of the DR referral from the Child Abuse Hotline, the ~~DCFS~~ Differential Response ~~(DR) Coordinator (DRC) Supervisor~~ or designee will:

- A. Determine if the referral meets the criteria for Differential Response by completing a child maltreatment history check on the family to determine if there is an open case or investigation.
 - 1) Contact the DR Program Manager or designee to reassign the DR to the investigative pathway if it does not meet DR criteria.
- B. Review and assign Differential Response reports to the appropriate DR Worker no later than two (2) hours after receipt of reports, excluding evenings, weekends, and holidays, provided initial face-to-face contact with the victim child(ren) and at least one (1) parent/caregiver is made in the home within seventy-two (72) hours of receipt of initial hotline report.

The DR Program Manager or designee will:

- A. Reassign the referral to the investigative pathway (hotline call not required) if the DR referral is determined to be ineligible.

~~Review and assign Differential Response reports to the appropriate county's DR Team or contract provider no later than two (2) hours after receipt of reports, excluding evenings, weekends, and holidays, provided initial face-to-face contact with the victim child(ren) and at least one parent/caregiver is made in the home within 72 hours of receipt of initial hotline report.~~

Procedure II-B~~23~~²³: Differential Response Initiation and Family Assessment 0208/20252015

The Differential Response ~~Team~~ (DR~~T~~) Supervisor will:

- A. Assign each new report to a DR~~T~~ Specialist Worker within two (2) hours of receipt from the DR Program Manager Coordinator (or designee). ~~Keep in mind that~~ initial face-to-face contact with the victim child(ren) and at least one (1) parent ~~or~~ caregiver must be made in the home within seventy-two (72) hours of receipt of initial hotline report.
- B. Conference with the DR~~T~~ Worker Specialist:
 - 1) Immediately upon the identification of a safety threat;
 - 1)2) Specialist W-within twenty-four (24) hours (excluding weekends and holidays in which case the conference will take place the next business day) after the DR~~T~~ Worker Specialist's initial face-to-face contact with the ~~victim~~ child(ren) named in the

report and at least one (1) parent/caregiver and identify a plan for the next steps to be taken.

~~B. Determine whether a transfer to investigation is appropriate:~~

- ~~1) If a transfer is appropriate due to a safety factor being present for the same child maltreatment allegation for which the DR referral was made, or because the DRT Specialist was unable to conduct the Health and Safety Assessment, or because a need was identified and the family refused services, the DRT Supervisor will contact the DR Coordinator or designee to request reassignment of the DR referral to the investigative pathway; or;~~
- ~~2) If a transfer is not appropriate, conference with DRT Specialist to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information):~~
 - ~~a) Review and approve Family Assessments, Family Plans, and appropriateness of service referrals, case file documentation, and requests to close family assessment cases.~~

- C. Document all supervisor activities in the Division information management system CHRIS within two (2) business days ~~twenty-four hours~~ of completion of each activity. ~~(excluding weekends and holidays in which case information will be entered on the next business day).~~
- D. Regarding families with whom the DR ~~T-Worker~~ Specialist cannot make face-to-face contact, assess information and determine whether DRT ~~Specialist~~ Worker has met due diligence no later than the seventh day after case assignment.
- E. Provide consultation to the DRT ~~Specialist~~ Worker as appropriate.

The Differential Response ~~-Team~~ (DRT) ~~Specialist~~ Worker will:

- A. Prepare for meeting the family by completing the following activities prior to making initial face-to-face contact with the family:
- 1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the report;
 - 2) Conduct a Division of County Operations (DCO) records check of members of the household;
 - 3) Conduct a ~~CHRIS~~ history search in the Division information management system prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
 - 4) Contact the family by phone within twenty-four (24) -hours of case assignment, if a phone number is provided in the report and ~~/or~~ if appropriate considering initiation timeframe requirements to:
 - a) Explain Differential Response;
 - b) Schedule the initial in-home family visit that will include at least the ~~victim~~ child(ren) named in the report and one parent/caretaker; and,

- c) Verify the names and dates of birth of all family members and other persons living in the household.
- B. Consider the DR report initiated when:
- 1) The health and safety of ~~the -victim-~~ child ~~(ren)~~ named in the report in the family's ~~household~~ ~~me~~ has been assessed within seventy-two (72) hours from the time the referral was received from the Child Abuse Hotline, and the DR ~~T~~ Specialist Worker has also met with at least one (1) parent/caregiver in the home within seventy-two (72) hours from the time the referral was received at the Child Abuse Hotline (based on the reported needs and ~~for~~ safety issues of the family, DR ~~T~~ Supervisor may require that the initial contact with the family occur sooner than seventy-two (72) hours).
 - 2) A ~~health and~~ safety ~~a~~assessment of the ~~victim-~~ child ~~(ren)~~ named in the report could not be made but due diligence has been exercised and documented within seventy-two (72) hours of receipt of the hotline referral.
 - a) Due diligence must include making an announced (or unannounced, if needed) visit to the child's home at least three (3) times at different times of the day or on different days (provided the three (3) visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the ~~victim-~~ child ~~(ren)~~ named in the report.
 - b) In addition, completion of as many of the following activities necessary ~~is required as part of to -meeting~~ due diligence in establishing face-to-face contact with the ~~victim-~~ child ~~(ren)~~ named in the report and at least one parent/caretaker:
 - i. Contacting the reporter again ~~if the reporter is known~~;
 - ii. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
 - iii. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
 - iv. Contacting appropriate local Division of County Operations (DCO) staff and requesting research of the ~~AASIS and ANSWER~~ Arkansas Integrated Eligibility System (ARIES)-systems and other files to obtain another address; ~~;~~
 - v. Asking the local, county, and state law enforcement agencies to check their records for information that may locate the child and family; ~~;~~
 - vi. Asking relatives and friends of the subjects to provide information to help locate the subjects; ~~;~~
 - vii. Contacting the local post office, utility companies, and schools to request a check of their records; ~~;~~
 - viii. Conducting a CLEAR or similar records ~~Lexis Nexis~~ search to attempt to locate the family; ~~and;~~
 - viii.ix. Complete other actions listed on the CFS-155: Unable to Locate Checklist.

- c) If, after completion of all the due diligence activities listed above, no contact is made with the family by the sixth business day after case assignment, document information on a case contact. The DR Supervisor will assess the information and determine whether due diligence has been met, no later than the seventh day after case assignment.
 - d) If DR Supervisor deems that due diligence has been met, close the assessment as Unable to Locate.:
 - i. ~~Close assessment as Unable to Locate; or,~~
 - ii. ~~In certain cases, where the severity of the allegation and/or other known conditions warrant a reassignment to the investigative pathway, contact the DR Coordinator or designee to determine whether such a reassignment should be made.~~
 - ~~(1) If it is determined that a reassignment to investigations is needed, ask the DR Coordinator to reassign to the investigative pathway.~~
 - ~~(2) If it is determined that a reassignment to investigations is not needed, close assessment as Unable to Locate.~~
- C. Provide the following information to the parent/caregiver and other household members during the initial in-home visit:
- 1) Explanation of Differential Response including the disclosure that the DRT Specialist Worker must assess the safety of the child(ren) as well as the need for services, and that the Division must address any safety threat factors or service needs as appropriate; and
 - a) If the family will not allow the worker access to the ~~child or child(ren)~~, the family has declined family assessment services (see Procedure II-C4: Management of Family's Refusal to Participate for more information); and
 - 2) PUB-85: Differential Response: A Family-Centered Response to Strengthen and Support Families.
 - ~~3) CFS 100: Differential Response Program Authorization for Release of Information (to be completed by family).~~
- D. Gather information during the initial in-home visit through the activities listed below:
- 1) Identify information and legal relationships of all household members.
 - ~~a) If it is discovered that there are additional children in the home who were not included in the hotline report and whose ages would prohibit assignment to the DR pathway, conference with DRT Supervisor to assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.~~
 - 2) Obtain the names and addresses of any non-custodial parents.

- 3) Obtain DHS-~~400081~~: ~~DHS~~ Consent for Release of information signed by a family member with the authority to give consent as needed.
- 4) Complete a ~~Health and s~~Safety ~~a~~Assessment for the family.
 - If the ~~Health and s~~Safety ~~a~~Assessment identifies safety ~~threat~~factor~~s~~, the DR ~~Worker~~Specialist will contact the DRT Supervisor to do:
 - a) Discuss the results of the safety assessment and corresponding actions that will take place based on those results and as informed by professional judgement.
 - i. ~~to determine whether a call to the Child Abuse Hotline and/or notification to the DR Coordinator or designee is appropriate.~~
- E. Request a supervisor conference to review and /discuss case information (meaningi.e., allegations, risk or /safety ~~threat~~concerns, immediate needs, and other case specific information).
- F. Document all activities, including the ~~Health and s~~Safety ~~a~~Assessment, in the applicable information management system-CHRIS within two (2) business days~~24 hours~~ after they are completed ~~_(excluding weekends and holidays in which case all activities will be documented on the next business day)_~~.
- G. Visit with all other household members within five (5) days from the time the referral was received at the ~~C~~child ~~a~~Abuse ~~H~~Hotline.
- H. Update the ~~Health and s~~Safety ~~a~~Assessment in the applicable information management system-CHRIS for the family after all household members have been contacted.

~~DR Coordinator or designee will:~~

- A. ~~Conference with DRT Supervisor and Specialist regarding cases in which no contact with the family can be made to determine if the assessment should be closed as Unable to Locate or reassigned to the investigative pathway.~~
- 1) ~~If it is determined that the assessment should be reassigned, reassign the referral to the investigative pathway.~~

Procedure II-B~~34~~: Management of Family's Refusal to Participate

0208/20252015

~~When working with a family who refuses to participate, the DRT Specialist will:~~

If the DRT ~~Specialist-Worker~~ has been unable to conduct a ~~Health and s~~Safety ~~a~~Assessment and/or is unable to assess underlying issues or additional child maltreatment concerns that may not have been identified in the original hotline report, then the DR Worker will inform the family, if reasonably possible, that the ~~DRT Specialist-DR Worker~~ ~~may~~ust refer the ~~case~~family to the investigative pathway if there are safety threat concerns and the caregiver poses a risk to a vulnerable population. The DR Worker will then

~~Conference with DRT Supervisor immediately to discuss the need or lack thereof to and~~
contact DR Program Manager or designee~~Coordinator~~ for reassignment of case to the
investigative pathway.

~~If the DRT Specialist is able to conduct a Health and Safety Assessment and an assessment of
underlying issues or additional child maltreatment concerns not identified in the original hotline
report, but there is neither a safety factor nor a need identified but the family does not
otherwise want to participate in a DR case, ask the family to contact the DRT Specialist within
24 hours of the denial if the family members reconsider and decide to participate in the Family
Assessment or related services.~~

~~1) Contact the DRT Supervisor within one hour of completion of the initial contact
with the family to discuss case information and possible referral to the
investigative pathway. Information to be discussed should include:~~

- ~~a) Referral;~~
- ~~b) Information obtained from available collaterals;~~
- ~~c) Observations made during the initial family contact;~~
- ~~d) Health and Safety Assessment; and,~~
- ~~e) Other pertinent information.~~

~~If the DRT Supervisor determines that:~~

- ~~a) Safety factors exist that are related to the child maltreatment allegation for which the DR
referral was made:
 - ~~i. No other action is required of the DRT Specialist. The DRT Supervisor will contact the DCFS DR
Coordinator or designee immediately to request that the report be reassigned to the
investigative pathway.~~
 - ~~b) Safety factors exist but they are new child maltreatment allegations that were not included in
the initial DR referral:
 - ~~i. The DRT Specialist will contact the Child Abuse Hotline immediately to report the new
allegations and notify the DRT Supervisor or designee of the new suspected allegation(s).~~
 - ~~c) No safety factors exist but needs are identified and the family refuses to participate in DR
services:
 - ~~i. The DRT Supervisor will contact the DCFS DR Coordinator or designee immediately to request
that the report be reassigned to the investigative pathway.~~
 - ~~d) There are no safety factors and no needs identified:
 - ~~i. Close the case in CHRIS.~~
 - ~~C. If, after reconsideration, the family ultimately contacts the DRT Specialist to request
participation in a DR case and an investigation has not been opened on the family:
 - ~~1) Continue the DR case in CHRIS if the DR report/case has not yet been closed; or,~~
 - ~~2) Open a Supportive Services case in CHRIS if the DR report/case has already been closed in
CHRIS.~~~~~~~~~~~~

The DRT Supervisor will:

A. Discuss and assess case information and possible referral to the investigative pathway with the DRT ~~Worker~~ Specialist. ~~See above for information to be discussed.~~ The primary consideration for reassigning a report to the investigative pathway is whether the caregiver poses a risk to a vulnerable population.

~~B. If it is determined that~~ If it is determined that:

- ~~1) safety~~ Safety threat factors exist or are likely to exist based on the initial interaction with the family that are related to the child maltreatment allegation for which the DR referral was made and the caregiver poses a risk to a vulnerable population, the DR Supervisor will :
 - ~~2) 1) Contact the DCFS DR Program Manager~~ Coordinator or designee immediately to request that the report be reassigned to the investigative pathway.
 - ~~3) Safety factors exist but are new child maltreatment allegations that were not included in the initial DR referral:~~
 - ~~a) Conference with the DRT Specialist regarding safety factor(s).~~
 - ~~b) Notify the DR Coordinator or designee of the new suspected allegation(s) and that the DRT Specialist has made a new call to the Child Abuse Hotline/need for an investigation.~~
 - ~~4) There are no safety factors:~~
 - ~~a) Instruct the DRT Specialist to close the case in CHRIS.~~

The DRT ~~Program Manager~~ Coordinator will:

- A. Reassign any DR case in which the DRT ~~Specialist~~ Worker is unable to conduct a ~~Health and Safety~~ a Assessment to the investigative pathway if the assessment is that the caregiver poses a risk to a vulnerable population.

Procedure II-B45: Differential Response Services Management

0208/20252015

The DRT ~~Specialist~~ Worker will:

- A. Engage the ~~household~~ parents in a comprehensive and collaborative Family Assessment of the family's strengths and needs (and gather other relevant, corresponding information) within fourteen (14) days of receipt of referral from the Child Abuse Hotline. The Family Assessment may include:
- 1) Family's financial status;
 - 2) Basic educational screening for the children;
 - 3) Physical health, mental health and behavioral health screening for all family members;
 - 4) Names and addresses of those persons who provide a support system for the family; and,

- 5) Names and addresses of any service providers that have been or are currently involved in providing services to the family.
- B. Initiate services to meet any immediate needs of the family, including food, shelter, and clothing.
- C. Place a copy of the Family Assessment in the family record.
- D. Maintain a minimum of twice weekly contacts with the householdfamily, which must include contact with the children as appropriate in the household, unless the DR ~~T~~ Supervisor and the householdfamily determine that the contacts should occur more frequently.
 - 1) While the initial home visit/contact must be conducted by the DR ~~T~~ Specialist Worker and include face-to-face contact with at least the ~~victim~~ child(ren named in the report) and one parent/caregiver, the DR ~~T~~ Specialist Worker may ask the DR Program Assistant to make subsequent contacts with the family provided the majority of the face-to-face contacts are conducted by the DR ~~T~~ Specialist Worker.
 - 2) Children do not necessarily have to be seen at each subsequent face-to-face family contact if primary purpose of a specific contact is to discuss issues and/or services relating directly to the parent(s) and provided DR ~~T~~ Specialist Worker has assessed, based on previous contacts and other information, that children's safety is ensured for the time being and will be reassessed at a subsequent face-to-face contact with the children not to exceed two (2) weeks from the date of the contact in which the children were not present.
- E. ~~Develop~~ Establish a Family Plan with ~~input from~~ the householdfamily. The Family Plan will be completed within fourteen (14) days of receipt of referral to the hotline. The Family Plan ~~can~~ may be modified and revised as needed.
- F. Identify and implement services to address the issues that resulted in the hotline report as well as any additional child maltreatment concern that may not have been identified in the original hotline report.
- G. Assess the householdfamily's reasonable progress in resolving the issue that brought them to the attention of the Division.
- H. Maintain ongoing contact with the involved service providers as appropriate.
- I. Create and maintain community partnerships that will benefit DR client outcomes.
- J. ~~Develop~~ Establish an Aftercare Plan with ~~input from~~ the householdfamily.
- K. Submit the following documents to the DR ~~T~~ Supervisor before formalizing case closure with the family:
 - 1) Case Closing Summary;
 - 2) Child and Family Service Aftercare Plan;
 - 3) Case note documentation of interviews, contacts and activities;
 - 4) Provider treatment reports; and

- 5) Updated Family Assessment~~SNA~~ and Health and Safety ~~a~~Assessment.
- L. Participate in a closure staffing with the DR ~~T~~ Supervisor to discuss the closure request.
- M. Close the case in ~~CHRIS~~ the Division information management system upon receiving DR ~~T~~ Supervisor approval for case closure.

The DR ~~T~~ Program Assistant will:

- A. Help ensure clients are meeting the Family Plan goals in a DR case.
- B. Assist with referrals to services identified in the Family Plan.
- C. Provide transportation for clients as needed.
- D. Assist DR ~~T~~ Specialist Worker in maintaining contact with the family provided the DR ~~T~~ Specialist Worker conducts the initial face-to-face contact and the majority of subsequent family contacts. Some PA contacts may be made by phone provided documentation supports that health and safety of children will still be ensured.
- E. Conference with DR ~~T~~ Worker Specialist on household family progress.
- F. Create and maintain community partnerships that will benefit DR client outcomes.
- G. Document all activities in the Division information management system ~~CHRIS~~ within two (2) business days ~~24 hours~~ of completion ~~(excluding weekends and holidays in which case activities will be documented the next business day).~~

The DR ~~T~~ Supervisor will:

- A. Conference with the DR Worker ~~T Specialist~~ and DR ~~T~~ Program ~~A~~ssistant as needed regarding the family's Differential Response case and associated services.
- B. Review and approve Family Assessments, Family Plans, and appropriateness of service referrals.
- C. Review DR case closure request including:
 - 1) Case Closing Summary;
 - 2) Child and Family Service Aftercare Plan;
 - 3) Case note documentation of interviews, contacts and activities;
 - 4) Provider treatment reports; and
 - 5) Updated Family Assessment~~SNA~~ and Health and Safety Assessment.
- D. Hold a closure staffing with the DR Worker ~~T Specialist~~ to discuss the closure request and determine if the request will be approved or denied.
- E. Approve or deny case closure request as appropriate.

Procedure II-B6: Service Extensions

01/2015

If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Specialist will:

- ~~A. Conference with DRT Supervisor regarding reason(s) for which Family Plan cannot be completed.~~
- ~~B. Obtain approval for 15-day extension from DRT Supervisor if appropriate (note: an extension cannot be approved earlier than the 25th day from the day the initial referral was opened).~~
- ~~C. Document approval of 15-day extension in CHRIS.~~
- ~~D. Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.~~
- ~~E. Obtain approval for extended Family Plan (if applicable) from DRT Supervisor.~~
- ~~F. Assist family with implementation of extended Family Plan as appropriate/applicable.~~
- ~~G. Monitor progress of extended Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.~~
- ~~H. If family:~~
 - ~~1) Successfully meets extended Family Plan:~~
 - ~~a) Establish an Aftercare Plan with input from the family.~~
 - ~~b) Submit the following documents to the DRT Supervisor before formalizing case closure with the family.~~
 - ~~i. Case Closing Summary~~
 - ~~ii. Child and Family Service Aftercare Plan~~
 - ~~iii. Case note documentation of interviews, contacts and activities~~
 - ~~iv. Provider treatment reports~~
 - ~~v. Updated FSNA and Health and Safety Assessment~~
 - ~~c) Close the case in CHRIS upon receiving DRT Supervisor approval for case closure.~~
 - ~~2) Does not complete extended Family Plan:~~
 - ~~a) Conference with DRT Supervisor regarding reasons for which plan is not completed.~~
 - ~~b) Obtain approval from DRT Supervisor for another 15-day extension if appropriate.~~
 - ~~c) Document approval of second 15-day extension in CHRIS.~~
 - ~~d) Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.~~
 - ~~e) Obtain extended Family Plan approval (if applicable) from DRT Supervisor.~~
 - ~~f) Assist family with implementation of Family Plan as appropriate.~~
 - ~~g) Monitor progress of Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.~~
 - ~~h) If family:~~

II. REFERRALS TO ASSESS FAMILY STRENGTHS ~~and~~ AND NEEDS

POLICY II-A: ~~PREVENTION SUPPORTIVE~~ SERVICES

0202/20202515

OVERVIEW

Prevention services are designed to reduce the likelihood of future child maltreatment by providing interventions to help caregivers in their child-rearing role, to strengthen family functioning, and to promote the healthy development of children. Services may be provided directly by Division of Children and Family Services (DCFS or Division) staff via purchased services, by referral to another appropriate agency, or some combination of these options. Examples may include, but are not limited to, parenting education and service referrals such as counseling or Supplemental Nutrition Assistance Program (SNAP). A family's participation in a prevention services case is voluntary.

If the needs of the family require only a referral for services and do not require further follow-up from DCFS, Division staff will make the necessary referrals as soon as possible but are not required to open a prevention services case for the family in the Division's information management system.

If the family is in need of needs assistance beyond a single referral to another community provider and consents to participate in a prevention services case, DCFS will open a prevention services case for the family in the Division's information management system. Prevention services cases are generally time-limited but may remain open for the duration necessary for appropriate service provision. DCFS will close a prevention service- case upon request of the caregivers.-

DCFS will complete the Division's approved safety and risk assessment tools for households involved in prevention services cases. Prevention services cases opened from Differential Response or investigative pathways will have already had initial risk assessments in the course of Differential Response or an investigation. Please see below for more information regarding how a prevention services case may be opened following a Differential Response or investigation.

DCFS will collect and assess information about the family's strengths and needs utilizing the Division's approved family assessment tool. For any prevention services case open longer than thirty (30) days, DCFS will also develop a prevention services case plan with the family within that thirty-day period. Case plan services and supports will be based on the needs and strengths identified via the Division's approved family assessment tool. The assigned Family Service Worker (FSW) will maintain regular contact with family as needed based on the risk assessment rating. If the risk assessment rating is low or moderate, contact should be at least weekly during the first month of the case and at least monthly thereafter. For risk assessment ratings of high or very high, at least weekly contact is recommended throughout the life of the case or until measurable risk reduction has occurred.

If a safety threat is identified or child maltreatment is suspected at any point during an interaction

with a household with a prevention services referral, DCFS staff will fulfill their mandated reporter duty by making a report to the Child Abuse Hotline.

TRADITIONAL PREVENTION SERVICES CASES

The Division ~~will~~ accept referrals for ~~children and families~~ households in who need of assistance ~~for~~ a wide range of ~~service problems~~ based on ~~family the assessed needs of the household~~. Such referrals will not ~~come be accepted~~ through the Child Abuse Hotline ~~as child maltreatment reports~~. Rather, a household member may request a prevention services case from the DCFS supervisor in their local Department of Human Services (DHS) office if they feel they are in need of services. ~~Families who need assistance may accept services on a voluntary basis. If the family accepts, a prevention services~~ Supportive Services case will be opened. ~~Supportive Services are generally time limited for a period of three months.~~

Prevention services cases may be eligible for Family First prevention services. As such, foster care candidate eligibility screens must be completed for each prevention services case. Cases determined to be eligible as a foster care candidate must also have a prevention plan completed.

~~Supportive Services are intended to protect children, to help parents in their child-rearing role, to strengthen family functioning, and to promote the healthy development and social functioning of children. Services may be provided directly by DCFS staff or in combination with purchased services, or by referral to another appropriate agency.~~

PREVENTION SERVICES CASE FOLLOWING A CHILD MALTREATMENT INVESTIGATION

A prevention services case will be offered when the Division has contact with a household through an investigation if the Division's approved safety and risk assessment results recommend opening a case, but the investigation is unsubstantiated. The goal of the prevention services case in these instances is to provide services to strengthen the family and prevent future maltreatment.

PREVENTION SERVICES FOR UNDERAGED JUVENILE OFFENDERS

A prevention services case may be provided to a family when one of the household members is an underaged juvenile offender (UJO). The Division will offer services to the caregivers for the UJO to include, but not limited to, referrals for offender treatment and collaborating with the child's school to ensure safety of the child or other children in the classroom.

PROCEDURE II A1: Community and Self Referrals for Supportive Services

PREVENTION SERVICES FOLLOWING DIFFERENTIAL RESPONSE

For families involved in Differential Response that require services beyond sixty (60) days to remedy the conditions or issues that resulted in the child maltreatment report sent to the

Differential Response pathway, those services may be offered through a prevention services case (see Policy II-B: Differential Response for more information), particularly if the Division's approved safety and risk assessment results recommend opening a case.

PREVENTION SERVICES VIA FAMILY IN NEED OF SERVICES

There are some situations in which a judge may order family services for a household through a Family In Need of Services (FINS). The agency will provide such family services through the opening of a prevention services case (see Policy II-I: Family In Need of Services for more information).

02/2015

The Family Service Worker will:

- A. Accept referrals from families, community agencies, or other DHS Divisions via the DHS 3300: Information and Referral.
- B. Collect and assess information about the family's strengths and needs utilizing the Family Advocacy and Support Tool (FAST).
- C. Develop a supportive services case plan based on the needs and strengths identified via the FAST within 30 days of case opening.
- D. Refer to other Divisions/agencies as appropriate via the DHS 3300.

POLICY II-B: DIFFERENTIAL RESPONSE

~~020618/20252015~~

OVERVIEW

Differential Response (DR) is a family engagement approach that allows the Division of Children and Family Services (DCFS or Division) to respond to reports of specific, low risk allegations of child maltreatment with a Family Assessment approach (FA) rather than ~~at the~~ traditional investigative response. The goals of Differential Response are to prevent removal from the home and engage and strengthen the families involved. As with investigations, Differential Response is initiated through accepted Child Abuse Hotline reports, ~~and~~ focuses on the safety and well-being of the child, and promotes permanency. ~~Having two different response options in the child welfare system. Due to~~ recognizes that there are variations in the severity of ~~the~~ reported maltreatment, having two (2) different response options and allows for a Differential Response or an investigation, whichever is most appropriate, to respond to reports of child ~~neglect~~ maltreatment.

Investigations require the gathering of forensic evidence in order to formally determine whether there is a preponderance of evidence that child abuse or neglect has occurred. Differential Response is an approach that uses a non-adversarial, non-accusatory ~~Family Assessment~~ family assessment approach. With DR, there is no determination finding of “~~true~~ substantiated” or “unsubstantiated”, and no one is identified as a perpetrator or offender. Development of a family’s support network, C community involvement and connecting families to informal, supportive resources in their local communities are crucial aspects to a successful intervention for all types of cases, but particularly for DR.

~~Differential Response is more likely to create situations where a family is receptive to services and is more likely to engage in those services.~~ DR involves a comprehensive and collaborative ~~f~~Family ~~A~~assessment that includes an assessment of:

A. The household strengths and acts of protection;

~~A.B.~~ The household child’s safety and risks; and

~~B.C.~~ Any underlying issues, needs, or additional child maltreatment concerns that may not have been identified in the original hotline report; and,

~~C. The family’s strengths.~~

Differential Response also partners with families to build upon strengths and identified during the family assessment process as well as to provides services to meet the family’s identified needs, and support positive parenting. The information obtained through the family assessment will be used to create a Family Plan with the family, if applicable. Services within the Family Plan may include referrals, formal or informal services, and/or supports. Services will be put into place

to strengthen existing acts of protection with the family, ~~required to help~~ meet the needs of the family, and ~~and/or~~ address the conditions or issues that resulted in the child maltreatment report.

The information obtained through the ~~Family Assessment~~DR process will be used to create a Family Plan, if applicable, which will be designed to strengthen protective factors within the family and mitigate any risk factors facing the family.

DIFFERENTIAL RESPONSE ELIGIBILITY CRITERIA

All of the following factors must be present for a report to be assigned to Differential Response unless the exceptions on the following page apply:

- A. Identifying information for the family members and their current address or a means to locate them is known at the time of the report;
- B. Those alleged to be responsible for the allegations ~~The alleged perpetrators~~ are parents, birth or adoptive, legal guardians, custodians, or any person standing in loco parentis;
- C. The family has no pending investigation or open ~~protective services, or case of any kind~~supportive services case;
- D. The children alleged ~~victim~~to be maltreated, siblings or other household members, are not currently in the care and custody of Arkansas Department of Children and Family Services or wards of the court;
- E. Protective custody of the children has not been taken or required in the current investigation; and,
- F. The reported allegations shall only include:
 - 1) Inadequate Supervision
 - 2) Inadequate Food
 - 3) Inadequate Clothing
 - 4) Inadequate Shelter
 - 5) Educational Neglect
 - 6) Environmental Neglect
 - 7) Lock Out
 - 8) Medical Neglect
 - 9) Human bites
 - 10) Sprains/dislocations
 - 11) Striking a child ~~age~~-seven (7) years of age or older on the face
 - 12) Striking a child with a closed fist
 - 13) Throwing a child

The ~~following circumstances involving the~~ allegations prohibit the report from being assigned to a Differential Response pathway:

- A. Inadequate Supervision reports involving a child or children under ~~the age of five~~ (5) years of age or a child five (5) years of age ~~and or~~ older with a physical or mental disability which limits his or her skills in the areas of communication, self-care, self-direction, and safety will be assigned the investigative pathway.
- B. Educational Neglect reports involving a child that was never enrolled in an educational program.
- C. Environmental Neglect reports involving a child or children under ~~the age of three~~ (3) years of age; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- D. Lock out reports involving a child or children under ~~the age of ten~~ (10) years of age; and those situations in which the hotline assesses an immediate danger to the child's health or physical well-being based upon the severity.
- E. Medical Neglect reports involving a child or children under ~~the age of thirteen~~ (13) years of age or a child with a severe medical condition that could become serious enough to cause long-term harm to the child if untreated will be assigned the investigative pathway.
- F. Reports of human bites, sprains ~~or /~~ dislocations, striking a child ~~age seven~~ (7) years of age or older on the face, striking a child with a closed fist, and throwing a child when these allegations occurred:
 - 1) Less than one (1) year ago; ~~and/or~~;
 - 2) If the caller to the hotline can verify an injury either through physical signs (~~for example e.g.~~, scarring), medical information, dated photographs, ~~etc or other~~ forms of documentation, as applicable.

~~If upon initial DR contact with the family it is determined that there are additional children in the home who were not included in the hotline report and whose ages would, as outlined above, prohibit assignment to the Differential Response pathway, the DRT Supervisor and Specialist shall assess on a case by case basis whether a case will remain a DR case or be reassigned to the investigative pathway.~~

DIFFERENTIAL RESPONSE INITIATION TIMEFRAMES

Face-to-face contact with the ~~victim child~~ (ren) named in the report and at least one (1) parent ~~or /~~ caregiver involved in a Differential Response report must take place in the victim child(ren)'s ~~household me~~ within seventy-two (72) hours of receipt of the initial hotline report. All other household members must be seen face-to-face within five (5) days of receipt of the initial hotline report.

SAFETY AND RISK ASSESSMENT

Upon initial contact, DCFS will complete the Division's approved safety assessment. If a safety threat is identified and the safety assessment indicates the children are safe with a plan, the DR Worker will develop an immediate safety plan with the household and their identified network. The DR Worker will obtain approval of the immediate safety plan from the DR Supervisor or designee prior to leaving the home. The DR Worker will leave a copy or photo of the immediate safety plan with the household and their network.

If a safety threat is identified and the safety assessment indicates the children are unsafe, the DR Worker will take a seventy-two--(72)--hour hold of the children in consultation with the DR Supervisor or designee.

The safety assessment will be entered into the applicable information management system within two (2) business days of contact with the family and updated as needed throughout the family's involvement with DCFS.

The Division's approved risk assessment tool will be used to guide staff in their assessment of the likelihood of future maltreatment. The risk assessment tool will be completed in the applicable information management system as soon as there is enough information to do so, but no later than the conclusion of the DR and prior to any decision about case opening, if applicable.

Differential Response cases are intended to be short-term lasting no longer than sixty (60) 30 days ~~with the possibility of only two 15-day extensions if necessary~~. If a DR case is not closed by the end of sixty (60)30 days ~~or the allowed extension timeframes~~, then it will be closed or reassigned as a Supportive prevention sServices case or as an investigation as appropriate.

DIFFERENTIAL RESPONSE TEAM

Family Assessments will be conducted by specific Differential Response Teams (DCFS teams or contract provider teams) whose role is to assess for safety and strengths, identify service needs, and arrange for the services to be put in place. The local Differential Response Team ~~(DRT)~~ may consist of up to three (3) primary roles:

- A. ~~DR~~ Supervisor -- Provides management services including review and approval of assessments, case plans, and appropriateness of service referrals, case file documentation, service extensions, and requests to close family assessment cases.
- B. ~~DR~~ Specialist(s) Worker -- Initiates contact with family and assumes the role of the family's advocate and case manager.

- C. DR ~~Program Assistant(s)~~ – Provides support and assistance as needed to the DR ~~Specialist(s)~~ Worker and families involved in DR cases.

At minimum, a local Differential Response Team will be ~~comprised~~ composed of a DR ~~Supervisor~~ and a DR ~~Worker~~ Specialist.

REASSIGNMENTS FROM DIFFERENTIAL RESPONSE TO INVESTIGATIONS

A DR will be reassigned to the investigative pathway if:

- A. If DCFS is unable to conduct a ~~Health and Safety~~ aAssessment; or,
B. and/or the case information indicates that a refusal to participate in the DR Family Assessment or associated services compromises a child's safety, the case will be reassigned to the investigative pathway. If DCFS conducts the Health and Safety Assessment and does not identify a safety ~~threat~~factor and the caregiver is assessed to be a risk to a vulnerable population.

1) The results of the Division's approved risk assessment tool assesses the likelihood of future maltreatment within that household. The risk assessment does not serve as the sole determinant when assessing if a caregiver poses a risk to a vulnerable population which includes without limitation children, the elderly, persons with a disability, and persons with a mental health illness. A separate assessment of whether a caregiver poses a threat to a vulnerable population must be conducted before requesting a DR to be reassigned to the investigative pathway. The following factors will be considered when determining whether an offender poses a risk of maltreatment to a vulnerable population:

- a) The severity of the child maltreatment;
- b) The nature and severity of an injury or other adverse impact caused by the child maltreatment;
- c) The current or future access the caregiver has or could have to a vulnerable population;
- d) The caregiver's previous child maltreatment history and whether there are similar fact patterns related to the current allegation and past child maltreatment history;
- e) Subsequent reports of child maltreatment against the caregiver; and,
- a) Criminal history of the offender, but a need is identified, a DR case will be opened in order to address the need with appropriate services. If neither a safety factor nor a need is identified, then the family may decline services.
- f) _____

Additionally, if it is determined that there are additional children in the home who were not included in the Child Abuse Hotline report and whose ages would prohibit assignment to the

Differential Response pathway, the DR Supervisor and Worker will assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.

~~If the family complies with the Family Plan, the services will continue to be provided through the DR case. If the family does not comply with the Family Plan, then the case will be reassigned to investigations.~~

Further, if upon initial contact with the family an additional Priority II child maltreatment allegation (not related to the allegation connected to the DR referral provided by the Child Abuse Hotline) is identified by the DR Team, the DR ~~Specialist-Worker~~ Specialist-Worker will contact the DCFS DR ~~Coordinator-Program Manager~~ Coordinator-Program Manager or designee to add the additional Priority II allegation to the DR referral.

If upon initial contact with the family a Priority I child maltreatment allegation is identified by the DR Team, the DR ~~Specialist-Worker or designee~~ Specialist-Worker or designee will immediately call the Child Abuse Hotline to report the new Priority I allegation and then notify the DR ~~Program ManagerCoordinator~~ Program Manager or designee of the new Priority I report.

If at any time during the DR service delivery period the DR ~~Specialist-Worker~~ Specialist-Worker, network member, contract provider, or other service provider has reasonable cause to believe that a safety ~~threatfactor~~ is present and, as such, the child's health ~~and/or~~ physical well-being are in immediate danger (as related to the allegation(s) for which the initial DR referral was made), then an immediate safety plan will be developed and implemented with the family. If an immediate safety plan cannot mitigate the safety threat, the DR ~~Supervisor~~ Supervisor ~~or designee~~ or designee ~~will~~ should ~~determine if taking protective custody is necessary and if at any point, in consultation with contact~~ the DCFS DR ~~Coordinator-Program Manager~~ Coordinator-Program Manager or designee, whether the DR should be immediately for reassignment of the case reassigned to the investigative pathway due to the caregiver posing a risk to a vulnerable population.

If at any time during the DR service delivery period the DR ~~Specialist-Worker~~ Specialist-Worker, contract provider, or other service provider identifies a new child maltreatment allegation (not related to the allegation connected to the DR referral), a call will be made immediately to the Child Abuse Hotline by the individual who suspects the new child maltreatment allegation.

REASSIGNMENTS FROM INVESTIGATIONS TO DIFFERENTIAL RESPONSE

If ~~upon~~ initial review of the ~~hotline~~ investigation referral it is determined that the referral is eligible for Differential Response, the local DCFS Supervisor may send an email request to the Child Abuse Hotline to assess for reassignment to the Differential Response pathway.

~~Procedure II B1: Child Abuse Hotline Referral to Differential Response~~

07/2020

The Child Abuse Hotline Worker will:

~~Receive and document all child maltreatment allegation reports with sufficiently identifying information as defined by Arkansas law. Situations in which the hotline assesses as an immediate danger to the child's health and physical well-being based upon the severity of the allegations shall be excluded from the Differential Response pathway and referred to DCFS as an investigation.~~

~~Receive fax transmission in non-emergency situations by identified reporters who provide their name, phone number, and email address (for online reporting). Confirm receipt of fax transmission via a return fax transmission.~~

~~Conduct a history check on all reports unless call waiting to be answered by the hotline have been waiting for 15 minutes or longer. History checks will be conducted on serious maltreatment allegations or allegations involving children three (3) years of age and younger regardless of wait time.~~

~~Attempt to secure all information requested in each screen within the Referral Section of CHRIS and elicit all information requested on the "Referral" and "Narrative" screens:~~

~~Reason(s) the reporter suspects child maltreatment and how the reporter acquired the information;~~

~~Current risk of harm to the child;~~

~~Mental and physical condition of alleged offender;~~

~~Potential danger to staff assessing the report;~~

~~Identity and location of possible witnesses or persons knowledgeable about the alleged child maltreatment;~~

~~Relevant addresses and directions;~~

~~Licensing authority and facility involved (if applicable).~~

~~Prioritize the report by keying the "Ref. Accept" screen. Central Registry Search results is a mandatory field on this screen.~~

~~If the referral meets the Differential Response eligibility criteria noted above, forward the report to the Differential Response Coordinator or designee for assessment along with any pertinent Central Registry information.~~

~~Inform the caller if the report does not constitute a report of child maltreatment and make appropriate referrals.~~

~~Notify each mandated reporter who makes a call to the hotline if the mandated reporter's call is not accepted or is screened out on a subsequent hotline supervisor review. Said notification should be made within two business days.~~

Procedure II-B~~12~~²³: Receipt and Assignment of Differential Response Referral 0205/20252014

Upon receipt of the DR referral from the Child Abuse Hotline, the ~~DCFS~~ Differential Response ~~(DR) Coordinator (DRC) Supervisor~~ or designee will:

- A. Determine if the referral meets the criteria for Differential Response by completing a child maltreatment history check on the family to determine if there is an open case or investigation.
 - 1) Contact the DR Program Manager or designee to reassign the DR to the investigative pathway if it does not meet DR criteria.
- B. Review and assign Differential Response reports to the appropriate DR Worker no later than two (2) hours after receipt of reports, excluding evenings, weekends, and holidays, provided initial face-to-face contact with the victim child(ren) and at least one (1) parent/caregiver is made in the home within seventy-two (72) hours of receipt of initial hotline report.

The DR Program Manager or designee will:

- A. Reassign the referral to the investigative pathway (hotline call not required) if the DR referral is determined to be ineligible.

~~Review and assign Differential Response reports to the appropriate county's DR Team or contract provider no later than two (2) hours after receipt of reports, excluding evenings, weekends, and holidays, provided initial face to face contact with the victim child(ren) and at least one parent/caregiver is made in the home within 72 hours of receipt of initial hotline report.~~

Procedure II-B~~23~~²³: Differential Response Initiation and Family Assessment 0208/20252015

The Differential Response ~~Team~~ (DR~~T~~) Supervisor will:

- A. Assign each new report to a DR~~T~~ Specialist Worker within two (2) hours of receipt from the DR Program Manager Coordinator (or designee). ~~Keep in mind that~~ initial face-to-face contact with the victim child(ren) and at least one (1) parent ~~or~~ caregiver must be made in the home within seventy-two (72) hours of receipt of initial hotline report.
- B. Conference with the DR~~T~~ Worker Specialist:
 - 1) Immediately upon the identification of a safety threat;
 - 1)2) Specialist W-within twenty-four (24) hours (excluding weekends and holidays in which case the conference will take place the next business day) after the DR~~T~~ Worker Specialist's initial face-to-face contact with the ~~victim~~ child(ren) named in the

report and at least one (1) parent/caregiver and identify a plan for the next steps to be taken.

~~B. Determine whether a transfer to investigation is appropriate:~~

- ~~1) If a transfer is appropriate due to a safety factor being present for the same child maltreatment allegation for which the DR referral was made, or because the DRT Specialist was unable to conduct the Health and Safety Assessment, or because a need was identified and the family refused services, the DRT Supervisor will contact the DR Coordinator or designee to request reassignment of the DR referral to the investigative pathway; or;~~
- ~~2) If a transfer is not appropriate, conference with DRT Specialist to review/discuss case information (i.e., allegation, risk/safety concerns, immediate needs, and other case specific information):~~
 - ~~a) Review and approve Family Assessments, Family Plans, and appropriateness of service referrals, case file documentation, and requests to close family assessment cases.~~

- C. Document all supervisor activities in the Division information management system CHRIS within two (2) business days ~~twenty-four hours~~ of completion of each activity. ~~(excluding weekends and holidays in which case information will be entered on the next business day).~~
- D. Regarding families with whom the DR ~~T-Worker~~ Specialist cannot make face-to-face contact, assess information and determine whether DRT ~~Specialist~~ Worker has met due diligence no later than the seventh day after case assignment.
- E. Provide consultation to the DRT ~~Specialist~~ Worker as appropriate.

The Differential Response ~~-Team~~ (DRT) ~~Specialist~~ Worker will:

- A. Prepare for meeting the family by completing the following activities prior to making initial face-to-face contact with the family:
- 1) Interview other persons, including the individual(s) who called the report into the hotline, with information listed on the report;
 - 2) Conduct a Division of County Operations (DCO) records check of members of the household;
 - 3) Conduct a ~~CHRIS~~ history search in the Division information management system prior to contacting the family unless the report is received after hours or during the weekend or a holiday; and,
 - 4) Contact the family by phone within twenty-four (24) -hours of case assignment, if a phone number is provided in the report and ~~/or~~ if appropriate considering initiation timeframe requirements to:
 - a) Explain Differential Response;
 - b) Schedule the initial in-home family visit that will include at least the ~~victim~~ child(ren) named in the report and one parent/caretaker; and,

- c) Verify the names and dates of birth of all family members and other persons living in the household.
- B. Consider the DR report initiated when:
- 1) The health and safety of ~~the -victim-~~ child ~~(ren)~~ named in the report in the family's ~~household~~ ~~me~~ has been assessed within seventy-two (72) hours from the time the referral was received from the Child Abuse Hotline, and the DR ~~T~~ Specialist Worker has also met with at least one (1) parent/caregiver in the home within seventy-two (72) hours from the time the referral was received at the Child Abuse Hotline (based on the reported needs and ~~for~~ safety issues of the family, DR ~~T~~ Supervisor may require that the initial contact with the family occur sooner than seventy-two (72) hours).
 - 2) A ~~health and~~ safety ~~a~~assessment of the ~~victim-~~ child ~~(ren)~~ named in the report could not be made but due diligence has been exercised and documented within seventy-two (72) hours of receipt of the hotline referral.
 - a) Due diligence must include making an announced (or unannounced, if needed) visit to the child's home at least three (3) times at different times of the day or on different days (provided the three (3) visits are within the appropriate DR initiation timeframes) in an attempt to assess the health and safety of the ~~victim-~~ child ~~(ren)~~ named in the report.
 - b) In addition, completion of as many of the following activities necessary ~~is required as part of to -meeting~~ due diligence in establishing face-to-face contact with the ~~victim-~~ child ~~(ren)~~ named in the report and at least one parent/caretaker:
 - i. Contacting the reporter again ~~if the reporter is known~~;
 - ii. Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
 - iii. Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;
 - iv. Contacting appropriate local Division of County Operations (DCO) staff and requesting research of the ~~AASIS and ANSWER~~ Arkansas Integrated Eligibility System (ARIES)-systems and other files to obtain another address; ~~;~~
 - v. Asking the local, county, and state law enforcement agencies to check their records for information that may locate the child and family; ~~;~~
 - vi. Asking relatives and friends of the subjects to provide information to help locate the subjects; ~~;~~
 - vii. Contacting the local post office, utility companies, and schools to request a check of their records; ~~;~~
 - viii. Conducting a CLEAR or similar records ~~Lexis Nexis~~ search to attempt to locate the family; ~~and;~~
 - ~~viii.~~ ix. Complete other actions listed on the CFS-155: Unable to Locate Checklist.

- c) If, after completion of all the due diligence activities listed above, no contact is made with the family by the sixth business day after case assignment, document information on a case contact. The DR Supervisor will assess the information and determine whether due diligence has been met, no later than the seventh day after case assignment.
 - d) If DR Supervisor deems that due diligence has been met, close the assessment as Unable to Locate.:
 - i. ~~Close assessment as Unable to Locate; or,~~
 - ii. ~~In certain cases, where the severity of the allegation and/or other known conditions warrant a reassignment to the investigative pathway, contact the DR Coordinator or designee to determine whether such a reassignment should be made.~~
 - ~~(1) If it is determined that a reassignment to investigations is needed, ask the DR Coordinator to reassign to the investigative pathway.~~
 - ~~(2) If it is determined that a reassignment to investigations is not needed, close assessment as Unable to Locate.~~
- C. Provide the following information to the parent/caregiver and other household members during the initial in-home visit:
- 1) Explanation of Differential Response including the disclosure that the DRT Specialist Worker must assess the safety of the child(ren) as well as the need for services, and that the Division must address any safety threat factors or service needs as appropriate; and
 - a) If the family will not allow the worker access to the ~~child or child(ren)~~, the family has declined family assessment services (see Procedure II-C4: Management of Family's Refusal to Participate for more information); and
 - 2) PUB-85: Differential Response: A Family-Centered Response to Strengthen and Support Families.
 - ~~3) CFS 100: Differential Response Program Authorization for Release of Information (to be completed by family).~~
- D. Gather information during the initial in-home visit through the activities listed below:
- 1) Identify information and legal relationships of all household members.
 - ~~a) If it is discovered that there are additional children in the home who were not included in the hotline report and whose ages would prohibit assignment to the DR pathway, conference with DRT Supervisor to assess on a case-by-case basis whether a case will remain a DR case or be reassigned to the investigative pathway.~~
 - 2) Obtain the names and addresses of any non-custodial parents.

A. Discuss and assess case information and possible referral to the investigative pathway with the DRT ~~Worker~~ Specialist. ~~See above for information to be discussed.~~ The primary consideration for reassigning a report to the investigative pathway is whether the caregiver poses a risk to a vulnerable population.

~~B. If it is determined that~~ If it is determined that:

- ~~1) safety~~ Safety threat factors exist or are likely to exist based on the initial interaction with the family that are related to the child maltreatment allegation for which the DR referral was made and the caregiver poses a risk to a vulnerable population, the DR Supervisor will :
 - ~~2) 1) Contact the DCFS DR Program Manager~~ Coordinator or designee immediately to request that the report be reassigned to the investigative pathway.
 - ~~3) Safety factors exist but are new child maltreatment allegations that were not included in the initial DR referral:~~
 - ~~a) Conference with the DRT Specialist regarding safety factor(s).~~
 - ~~b) Notify the DR Coordinator or designee of the new suspected allegation(s) and that the DRT Specialist has made a new call to the Child Abuse Hotline/need for an investigation.~~
 - ~~4) There are no safety factors:~~
 - ~~a) Instruct the DRT Specialist to close the case in CHRIS.~~

The DRT ~~Program Manager~~ Coordinator will:

- A. Reassign any DR case in which the DRT ~~Specialist~~ Worker is unable to conduct a ~~Health and Safety~~ a Assessment to the investigative pathway if the assessment is that the caregiver poses a risk to a vulnerable population.

Procedure II-B45: Differential Response Services Management

0208/20252015

The DRT ~~Specialist~~ Worker will:

- A. Engage the ~~household~~ parents in a comprehensive and collaborative Family Assessment of the family's strengths and needs (and gather other relevant, corresponding information) within fourteen (14) days of receipt of referral from the Child Abuse Hotline. The Family Assessment may include:
- 1) Family's financial status;
 - 2) Basic educational screening for the children;
 - 3) Physical health, mental health and behavioral health screening for all family members;
 - 4) Names and addresses of those persons who provide a support system for the family; and,

- 5) Names and addresses of any service providers that have been or are currently involved in providing services to the family.
- B. Initiate services to meet any immediate needs of the family, including food, shelter, and clothing.
- C. Place a copy of the Family Assessment in the family record.
- D. Maintain a minimum of twice weekly contacts with the householdfamily, which must include contact with the children as appropriate in the household, unless the DR ~~T~~ Supervisor and the householdfamily determine that the contacts should occur more frequently.
 - 1) While the initial home visit/contact must be conducted by the DR ~~T~~ Specialist Worker and include face-to-face contact with at least the ~~victim~~ child(ren named in the report) and one parent/caregiver, the DR ~~T~~ Specialist Worker may ask the DR ~~T~~ Program Assistant to make subsequent contacts with the family provided the majority of the face-to-face contacts are conducted by the DR ~~T~~ Specialist Worker.
 - 2) Children do not necessarily have to be seen at each subsequent face-to-face family contact if primary purpose of a specific contact is to discuss issues and/or services relating directly to the parent(s) and provided DR ~~T~~ Specialist Worker has assessed, based on previous contacts and other information, that children's safety is ensured for the time being and will be reassessed at a subsequent face-to-face contact with the children not to exceed two (2) weeks from the date of the contact in which the children were not present.
- E. ~~Develop~~ Establish a Family Plan with ~~input from~~ the householdfamily. The Family Plan will be completed within fourteen (14) days of receipt of referral to the hotline. The Family Plan ~~can~~ may be modified and revised as needed.
- F. Identify and implement services to address the issues that resulted in the hotline report as well as any additional child maltreatment concern that may not have been identified in the original hotline report.
- G. Assess the householdfamily's reasonable progress in resolving the issue that brought them to the attention of the Division.
- H. Maintain ongoing contact with the involved service providers as appropriate.
- I. Create and maintain community partnerships that will benefit DR client outcomes.
- J. ~~Develop~~ Establish an Aftercare Plan with ~~input from~~ the householdfamily.
- K. Submit the following documents to the DR ~~T~~ Supervisor before formalizing case closure with the family:
 - 1) Case Closing Summary;
 - 2) Child and Family Service Aftercare Plan;
 - 3) Case note documentation of interviews, contacts and activities;
 - 4) Provider treatment reports; and

- 5) Updated Family Assessment~~SNA~~ and Health and Safety ~~a~~Assessment.
- L. Participate in a closure staffing with the DR ~~T~~ Supervisor to discuss the closure request.
- M. Close the case in ~~CHRIS~~ the Division information management system upon receiving DR ~~T~~ Supervisor approval for case closure.

The DR ~~T~~ Program Assistant will:

- A. Help ensure clients are meeting the Family Plan goals in a DR case.
- B. Assist with referrals to services identified in the Family Plan.
- C. Provide transportation for clients as needed.
- D. Assist DR ~~T~~ Specialist Worker in maintaining contact with the family provided the DR ~~T~~ Specialist Worker conducts the initial face-to-face contact and the majority of subsequent family contacts. Some PA contacts may be made by phone provided documentation supports that health and safety of children will still be ensured.
- E. Conference with DR ~~T~~ Worker Specialist on household family progress.
- F. Create and maintain community partnerships that will benefit DR client outcomes.
- G. Document all activities in the Division information management system ~~CHRIS~~ within two (2) business days~~24 hours~~ of completion ~~(excluding weekends and holidays in which case activities will be documented the next business day).~~

The DR ~~T~~ Supervisor will:

- A. Conference with the DR Worker ~~T Specialist~~ and DR ~~T~~ Program ~~A~~ssistant as needed regarding the family's Differential Response case and associated services.
- B. Review and approve Family Assessments, Family Plans, and appropriateness of service referrals.
- C. Review DR case closure request including:
 - 1) Case Closing Summary;
 - 2) Child and Family Service Aftercare Plan;
 - 3) Case note documentation of interviews, contacts and activities;
 - 4) Provider treatment reports; and
 - 5) Updated Family Assessment~~SNA~~ and Health and Safety Assessment.
- D. Hold a closure staffing with the DR Worker ~~T Specialist~~ to discuss the closure request and determine if the request will be approved or denied.
- E. Approve or deny case closure request as appropriate.

Procedure II-B6: Service Extensions

01/2015

If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Specialist will:

- ~~A. Conference with DRT Supervisor regarding reason(s) for which Family Plan cannot be completed.~~
- ~~B. Obtain approval for 15-day extension from DRT Supervisor if appropriate (note: an extension cannot be approved earlier than the 25th day from the day the initial referral was opened).~~
- ~~C. Document approval of 15-day extension in CHRIS.~~
- ~~D. Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.~~
- ~~E. Obtain approval for extended Family Plan (if applicable) from DRT Supervisor.~~
- ~~F. Assist family with implementation of extended Family Plan as appropriate/applicable.~~
- ~~G. Monitor progress of extended Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.~~
- ~~H. If family:~~
 - ~~1) Successfully meets extended Family Plan:~~
 - ~~a) Establish an Aftercare Plan with input from the family.~~
 - ~~b) Submit the following documents to the DRT Supervisor before formalizing case closure with the family.~~
 - ~~i. Case Closing Summary~~
 - ~~ii. Child and Family Service Aftercare Plan~~
 - ~~iii. Case note documentation of interviews, contacts and activities~~
 - ~~iv. Provider treatment reports~~
 - ~~v. Updated FSNA and Health and Safety Assessment~~
 - ~~c) Close the case in CHRIS upon receiving DRT Supervisor approval for case closure.~~
 - ~~2) Does not complete extended Family Plan:~~
 - ~~a) Conference with DRT Supervisor regarding reasons for which plan is not completed.~~
 - ~~b) Obtain approval from DRT Supervisor for another 15-day extension if appropriate.~~
 - ~~c) Document approval of second 15-day extension in CHRIS.~~
 - ~~d) Revise Family Plan (if appropriate) with input from family for family to complete within 15 days.~~
 - ~~e) Obtain extended Family Plan approval (if applicable) from DRT Supervisor.~~
 - ~~f) Assist family with implementation of Family Plan as appropriate.~~
 - ~~g) Monitor progress of Family Plan including maintaining a minimum of twice weekly contacts with the family, which will include contact with the children in the home.~~
 - ~~h) If family:~~

- ~~i. Successfully meets extended Family Plan:
(1) Follow Aftercare Plan and case closure procedure as outlined above.~~
- ~~ii. Does not successfully meet extended Family Plan:
(1) Conference with DRT Supervisor and DR Coordinator (or designee) to determine if case should be closed, reassigned as a Supportive Services case, or reassigned as an investigation.
(2) Close case in CHRIS or reassign as a supportive services or an investigation as appropriate.~~

~~If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Supervisor will:~~

- ~~A. Conference with DRT Specialist regarding reason(s) for which Family Plan cannot be completed.~~
- ~~B. Conference with DRT Specialist regarding monitoring of extended and/or revised Family Plan as applicable.~~
- ~~C. If family:
 - ~~1) Successfully meets extended Family Plan:
 - ~~a) Review DR case closure request including:
 - ~~i. Case Closing Summary~~
 - ~~ii. Child and Family Service Aftercare Plan~~
 - ~~iii. Case note documentation of interviews, contacts and activities~~
 - ~~iv. Provider treatment reports~~
 - ~~v. Updated FSNA and Health and Safety Assessment~~~~
 - ~~b) Approve or deny case closure request as appropriate.~~~~
 - ~~2) Does not successfully meet extended Family Plan:
 - ~~a) Conference with DRT Specialist and Program Assistant regarding reasons for which plan is not completed.~~
 - ~~b) If appropriate, request second 15 day extension from DR Coordinator (or designee) at least 3 days prior to the expiration of the first extension.~~
 - ~~c) Conference with DRT Specialist regarding monitoring of extended Family Plans as appropriate.~~
 - ~~d) If family:
 - ~~i. Successfully meets second extended Family Plan:
(1) Follow case closure procedure as outlined above.~~
 - ~~ii. Does not meet second extended Family Plan:
(1) Conference with DRT Specialist and DR Coordinator (or designee) to determine if case should be closed, reassigned as a supportive services case, or reassigned as an investigation.~~~~~~~~

~~DR Coordinator or designee will:~~

- ~~A. Conference with DRT Supervisor regarding reasons for second extension request.~~
- ~~B. Approve or deny second 15-day extension requests as appropriate.~~
- ~~C. Conference with Differential Response Team regarding DR cases that have already been granted two (2) 15-day extensions to determine most appropriate course of action (i.e., case closure, reassignment to supportive services case, or reassignment to an investigation).~~

~~D.~~

~~DRT Program Assistant will:~~

- ~~A. Help ensure clients are meeting the revised Family Plan goals.~~
- ~~B. Assist with referrals to services identified in revised Family.~~
- ~~C. Conference with DRT Specialist on family progress.~~
- ~~D. Provide transportation for clients as needed.~~

~~Document all activities in CHRIS within 24 hours of completion (excluding weekends and holidays in which case activities will be documented on the next business day).~~

- ~~i. Successfully meets extended Family Plan:
(1) Follow Aftercare Plan and case closure procedure as outlined above.~~
- ~~ii. Does not successfully meet extended Family Plan:
(1) Conference with DRT Supervisor and DR Coordinator (or designee) to determine if case should be closed, reassigned as a Supportive Services case, or reassigned as an investigation.
(2) Close case in CHRIS or reassign as a supportive services or an investigation as appropriate.~~

~~If a family involved in a Differential Response case will not be able to complete the Family Plan within 30 days, the DRT Supervisor will:~~

- ~~A. Conference with DRT Specialist regarding reason(s) for which Family Plan cannot be completed.~~
- ~~B. Conference with DRT Specialist regarding monitoring of extended and/or revised Family Plan as applicable.~~
- ~~C. If family:
 - ~~1) Successfully meets extended Family Plan:
 - ~~a) Review DR case closure request including:
 - ~~i. Case Closing Summary~~
 - ~~ii. Child and Family Service Aftercare Plan~~
 - ~~iii. Case note documentation of interviews, contacts and activities~~
 - ~~iv. Provider treatment reports~~
 - ~~v. Updated FSNA and Health and Safety Assessment~~~~
 - ~~b) Approve or deny case closure request as appropriate.~~~~
 - ~~2) Does not successfully meet extended Family Plan:
 - ~~a) Conference with DRT Specialist and Program Assistant regarding reasons for which plan is not completed.~~
 - ~~b) If appropriate, request second 15 day extension from DR Coordinator (or designee) at least 3 days prior to the expiration of the first extension.~~
 - ~~c) Conference with DRT Specialist regarding monitoring of extended Family Plans as appropriate.~~
 - ~~d) If family:
 - ~~i. Successfully meets second extended Family Plan:
(1) Follow case closure procedure as outlined above.~~
 - ~~ii. Does not meet second extended Family Plan:
(1) Conference with DRT Specialist and DR Coordinator (or designee) to determine if case should be closed, reassigned as a supportive services case, or reassigned as an investigation.~~~~~~~~

~~DR Coordinator or designee will:~~

- ~~A. Conference with DRT Supervisor regarding reasons for second extension request.~~
- ~~B. Approve or deny second 15-day extension requests as appropriate.~~
- ~~C. Conference with Differential Response Team regarding DR cases that have already been granted two (2) 15-day extensions to determine most appropriate course of action (i.e., case closure, reassignment to supportive services case, or reassignment to an investigation).~~

~~D.~~

~~DRT Program Assistant will:~~

- ~~A. Help ensure clients are meeting the revised Family Plan goals.~~
- ~~B. Assist with referrals to services identified in revised Family.~~
- ~~C. Conference with DRT Specialist on family progress.~~
- ~~D. Provide transportation for clients as needed.~~

~~Document all activities in CHRIS within 24 hours of completion (excluding weekends and holidays in which case activities will be documented on the next business day).~~

POLICY II-D: Investigation of Child Maltreatment Reports

~~0021/20252022~~

OVERVIEW

All reports of known or suspected child maltreatment are promptly investigated. The safety of the child is always the first priority during the course of a child maltreatment investigation. If an safety threat is identified, and immediate steps will be~~are~~ taken to protect a maltreated child and any other child who may also be in danger -under the care of the same alleged offender ~~who may also be in danger of maltreatment. The health and safety of the child are always of paramount concern.~~

While the Department of Human Services (DHS or department), Division of Children and Family Services (DCFS or Division) is responsible for ensuring the ~~health and~~ safety of children in Arkansas, the Arkansas State Police Crimes Against Children Division (CACD) collaborates with DCFS to conduct investigations of child maltreatment allegations. DCFS and CACD will assess Priority I and Priority II referrals as outlined in the "Agreement Between the Department of Human Services and the Arkansas State Police" and is subject to renewal annually. To determine the individual responsibilities and operational protocol of the two agencies, see the specifics of the agreement. The agreement is written in accordance with Act 586 of 2007, the Governor's Executive Order, and all applicable federal and state laws.

DCFS and CACD, as appropriate, will issue notices regarding child maltreatment allegations to all persons pursuant to § A.C.A 12-18-501 et seq. The Division will issue notices in such a way as to ensure the rights to due process of the alleged offender and to protect others who may be at risk of harm from the alleged offender. ~~For more information on child maltreatment notices, see Policy XIV A: Notices Regarding Child Maltreatment and related procedures.~~

INVESTIGATION INITIATION TIMEFRAMES

All investigations will begin within seventy-two (72) hours with the exception of investigations of the following allegations. These allegations will begin within twenty-four (24) hours:

- A. Allegations of severe maltreatment, excluding an allegation:
 - 1) Of sexual abuse if the most recent allegation of sexual abuse was more than one (1) year ago or if the alleged victim does not currently have contact with the alleged offender;
 - 2) Of abandonment and the child is in a facility ~~or;~~
 - 3) Of cuts, welts, bruises, or suffocation if the most recent allegation was more than one (1) year ago and the alleged victim is in the custody of the Department of Human Services; or

- 4) In which the alleged victim is in a facility and does not currently have contact with the alleged offender.
- B. The allegation is that a child has been subjected to neglect as defined in A.C.A. 12-18-103(14)(B) (in other words; ~~i.e.~~, Garrett's Law referral); or
- C. A child has died suddenly and unexpectedly.

Investigations are considered to be initiated when, as age appropriate, the investigator conducts a face-to-face interview with the alleged victim outside the presence of the alleged offender or observes the alleged victim outside the presence of the alleged offender, or the investigator has otherwise met due diligence ~~(see Procedure II-D3 for more information)~~. Once the investigation has begun, the primary focus will be to determine whether or not the alleged offender has access to the child and whether the child or any other children as well as any elderly persons or individuals with a disability or mental illness with whom the alleged offender works are at risk such that they need to be protected.

NOTICE OF ALLEGATION

The investigative agency at the local level is responsible for providing the notice of allegation to all applicable parties as outlined in Procedure XIV-A1: Notices of Allegations of Child Maltreatment.

AT RISK DETERMINATIONS UPON INITIATION

~~Upon initiation the investigative agency must determine:~~

- ~~A. Alleged offender's employer, including the physical address;~~
- ~~B. Alleged offender's job duties at his employment; and,~~
- ~~C. Alleged offender's supervisor.~~

~~In addition to gathering the information above, the investigative agency must also gather any other necessary information to determine if~~ children, the elderly, or individuals with disabilities or mental illness under the care of the alleged offender appear to be at risk of maltreatment by the alleged offender. Such information includes but is not limited to:

- A. Alleged offender's employer, including the physical address; or
- B. Alleged offender's job duties at his employment and whether those duties result in the alleged offender:
 - 1) Working with c
 - 2) Works with children or is otherwise engaged in paid or volunteer child-related activities;
 - 1) Working or volunteerings with the elderly;
 - 2)

- ~~4) Working or volunteerings~~ with an individual with a disability or mental illness; or,
~~3)~~
~~5)4)~~ Is a juvenile (and therefore has access to other juveniles in a school or similar setting).

If so, the investigative agency must immediately ascertain the name and address of the person in charge of those activities. ~~The investigative agency must then immediately determine whether or not children, the elderly, or individuals with disabilities or mental illness under the care of the alleged offender appear to be at risk of maltreatment by the alleged offender.~~

The investigative agency supervisor and Area Director (as applicable) may consult with the Office of Chief Counsel (OCC) as necessary, prior to ~~making a determination as to~~deciding whether children, the elderly, or individuals with disabilities or mental illness appear to be at risk. If the investigative agency determines children, the elderly, ~~or~~ individuals with disabilities or mental illness under the care of the alleged offender, or other juveniles are at risk of maltreatment by the alleged offender, then the investigative agency may notify the people and entities listed below of the hotline report if the DCFS Director or designee approves the at risk determination and gives written approval to the investigative agency to provide notifications of the ~~at-at~~-risk determination to:

- A. The alleged offender's employer;
- B. The school superintendent, principal, or a person in an equivalent position where the alleged offender is employed;
- C. The person in charge of a paid or volunteer activity; and,
- D. The appropriate licensing or registering authority to the extent necessary to carry out its official responsibilities.

~~See Procedure XIV-A2 for number of notification form and other specific instructions regarding providing at risk notifications to the persons and entities listed above.~~

The "~~at-at~~-risk" determination will be changed immediately if, upon further investigation, it is determined that the children under the care of the alleged offender are not at risk. ~~See Procedure XIV-A3 for more information.~~

OVERALL INVESTIGATION GOALS

During the investigation of an allegation of child maltreatment, and if the alleged offender is a household-family member, or lives in the home of the alleged victim, the assigned investigative agency will conduct an investigation to determine:

A. The existence, cause, nature, and extent of child maltreatment with particular attention to any of the Arkansas ~~Health and Safety factors~~ safety threats that may be present. The Arkansas ~~Health and Safety Factors~~ threats are:

- 1) Caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm in the current investigation/ or differential response (DR), as indicated by:
 - a) Serious injury or abuse to the child other than accidental.
 - b) Caregiver fears harming the child.
 - c) Caregiver has threatened to cause harm or retaliate against the child.
 - d) Caregiver has made substantial or unreasonable use of physical force.
 - e) Substance-exposed infant is in danger.
- 2) Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
- 3) Caregiver is aware of the potential harm and is unwilling or unable to protect the child from actual or threatened serious harm by others. This may include physical abuse, emotional abuse, sexual abuse, sexual exploitation, trafficking, or neglect.
- 4) Caregiver's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
- 5) Caregiver does not meet the child's immediate needs for supervision, food, and/or clothing.
- 6) Caregiver does not meet the child's immediate needs for medical or critical mental health care (e.g., the child is suicidal or /homicidal).
- 7) Physical living conditions are hazardous and immediately threatening to the child's health and/or safety.
- 8) Caregiver's substance abuse seriously impairs their ability to supervise, protect, or care for the child.
- 9) Domestic violence exists, and offender behavior poses an imminent danger of serious physical and/or emotional harm to the child.
- 10) Caregiver frequently describes the child in predominantly negative terms or acts toward the child in negative ways; and these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn or anxious.
- 11) Caregiver's mental instability, developmental status, or cognitive deficiency seriously impairs their current ability to supervise, protect, or care for the child.
- 12) Family currently refuses access to or hides the child and/or seeks to hinder an investigation/DR.
- 13) The child may be in immediate danger because of current circumstances and because the caregiver severely maltreated a child in their care in the past (where the incident was resolved or unresolved) or because the caregiver has been unable to resolve a prior pattern of severe maltreatment.
- 14) Other act or omission by the caregiver that presents an immediate safety threat to the child (which requires specification if selected).
 - 1) ~~Caretaker's behavior toward child is violent or out of control.~~

- ~~2) Caretaker describes or acts towards the child in predominantly negative terms or has extremely unrealistic expectations.~~
- ~~3) Caretaker caused serious physical injury to child or made plausible threat to cause severe physical injury.~~
- ~~4) Caretaker's explanation for injury is unconvincing.~~
- ~~5) Family refuses access to child there is reason to believe that family is about to flee, or child's whereabouts cannot be ascertained.~~
- ~~6) Caretaker has not, cannot, or will not provide supervision necessary to protect child from potentially dangerous harm.~~
- ~~7) Caretaker is unwilling or unable to meet child's needs for food, clothing, shelter, or medical or mental health care.~~
- ~~8) Child is fearful of caretaker, other family members, or other people living in or having access to the home.~~
- ~~9) Child's physical living conditions are hazardous and immediately threatening, based on child's age and developmental status.~~
- ~~10) Child sexual abuse is suspected, and circumstances suggest that child safety may be an immediate concern.~~
- ~~11) Caretaker's current substance use seriously affects his/her ability to supervise, protect, or care for the child.~~
- ~~12) Caretaker fails to protect child from serious physical or threatened harm.~~
- ~~13) Caretaker's emotional stability seriously affects current ability to supervise, protect, or care for child.~~
- ~~14) Caretaker has previously maltreated a child and severity of maltreatment or caretaker's response to previous incidents suggest child safety may be an immediate concern.~~

~~A.B.~~ _____ The existence and extent of previous injuries; ~~and,~~

~~B.C.~~ _____ The names and conditions of other children in the home.

If the alleged offender is not a household family member or does not live in the home of the alleged victim, the assigned investigative agency will conduct an investigation to determine:

- A. The existence, cause, nature, and extent of child maltreatment with particular attention to any of the Arkansas Arkansas Health and Safety Factors~~safety threats~~ that may be present ~~(see above for list of the fourteen Arkansas Health and Safety Factors);~~
- B. The identity of the person responsible for the maltreatment; ~~and,~~
- C. The existence and extent of previous maltreatment perpetrated by the alleged offender; ~~and,~~
- ~~C.D.~~ _____ Factors influencing child vulnerability.

In addition to the other information described in this section (~~i.e., more specifically the in other words,~~ Overall Investigation Goals section), the assigned investigative agency will also attempt to determine:

- A. The identity of the person responsible for the maltreatment;
- B. The relationship of the children with the parents or caretakers and their circumstances;
- C. The child's environment in terms of risk and protective factors; and,
- D. All other pertinent information.

Ultimately, the information described above that is collected during the fact-finding phase of the child maltreatment investigation allows the Division to determine:

- A. If services are necessary to assist the household family and allow the child to remain safely at home (per A.C.A. §12-18-604, the Department has the authority to make referrals or provide services during ~~the course of~~ the child maltreatment investigation);
- B. If separation of the child from the family is necessary to protect the health and safety of the child; and,
- C. Whether there is a preponderance of the evidence (see Appendix I: Glossary) to support the report.

If at any time before or during an investigation it is determined that the alleged offender is not a caretaker of a child and the alleged victim has reached eighteen (18) years of age prior to notification the child maltreatment investigation shall be closed, notwithstanding any criminal investigation.

REASONABLE EFFORTS TO PREVENT REMOVAL

Throughout the investigation the Division will ensure reasonable efforts are made to preserve the family and to prevent the need to remove the child from the ~~household~~ unless the ~~health and immediate~~ safety of the child warrants ~~immediate~~ removal for the protection of the child. When the investigative agency's first contact with the family has occurred during an emergency in which the child could not safely remain ~~at home in the household~~, even with reasonable services being provided, the Division will be deemed to have made reasonable efforts to prevent or eliminate the need for removal.

INVESTIGATION COMPONENTS

The child maltreatment investigation will consist of, but is not limited to, completion of the Division's approved a Health and sSafety aAssessment and interviews with:

- A. Alleged victim;
- B. Parents, both custodial and non-custodial;
- C. If neither parent is the alleged offender, the alleged offender;

- D. Any siblings of the victim or other children under the care of the alleged offender;
- E. Current or past healthcare providers when the allegation of child maltreatment was reported by a healthcare provider;
- E.F. Any other household members; and,
- F.G. Any other relevant collaterals.

DCFS staff are encouraged to bring child victims of Priority I reports involving sexual abuse, physical abuse, neglect, and witness to violence to the nearest Child Safety Center for the interview whenever available and appropriate. In some cases, it may also be appropriate to bring child victims of certain Priority II maltreatment reports to the nearest Child Safety Center for the interview.

The Health and Division's approved sSafety aAssessment allows for a systematic review of potential safety threats and creates consistent thresholds for the presence of imminent danger of serious harm. Further, this safety assessment is designed to:

- A. Identify Arkansas ~~Health and S~~safety threatFactors in the householdme that which affect the child's immediate health and physical well-beingsafety at a point in time.
- ~~B.~~ Guide the Family Service Worker (FSW) in determining whether or not the child can remain safely in the home with or without safety interventions.
- ~~B.~~
- ~~C.~~ Serve as a structured decision-making tool. For example, information collected on the Health and Safety Assessment can be used to document reasonable efforts or aggravated circumstances. It can also be used to assist in completing the court report, and at important case decision points, or when there are major changes in case circumstances.
- ~~D.~~ Assess the child's health and safety at placement changes if the child is removed from the home.
- ~~E.~~
- ~~F.C.~~ If the alleged offender is identified as a parent or primary caregiver, the Health and Safety Assessment in the Division's information management system will be completed based on the conditions present when the child and the parent or primary caregiver are together in the home. Determine what interventions will be initiated or maintained to provide appropriate protectionChildren ages zero (0) six (6), children with developmental disabilities or children who have been repeatedly victimized shall be considered especially vulnerable.

The Division's approved safety assessment will be completed upon initial contact with the child and any household members present. The safety assessment will be entered into the applicable

information management system within two (2) business days of contact with the household and updated as needed throughout the family's involvement with DCFS.

Every subsequent contact with the family will include an assessment of any safety threats present as well as any acts of protection by the caregivers. Information to complete the The Health and Division's approved sSafety aAssessment may be updated as needed in the Division information system as the investigative agency will be gather s information through any additional ed during the child maltreatment interviews or review of applicable records and other sources of information pertinent to the investigation. All interviews ~~and the entirety of the Health and Safety Assessment~~ must be completed by the investigator within thirty (30) calendar days of the receipt of the child maltreatment report. The interviews Health and Safety Assessment must be approved by the FSW Supervisor within forty-five (45) calendar days of the receipt of the child maltreatment report.

~~The Health and Safety Assessment is comprised of three components:~~

- ~~A. Health and Safety Checklist~~
- ~~B. Safety Planning~~
- ~~C. Investigation Risk Assessment~~

~~The Health and Safety Assessment cannot be closed until both the Health and Safety Checklist and Safety Planning screens are completed.~~

~~A description of each of the Health and Safety Assessment sections and their associated actions during an investigation follows:~~

~~Health and Safety Checklist~~

~~The Health and Safety Checklist is the first component of the Health and Safety Assessment. It contains the fourteen (14) Arkansas Health and Safety Factors (hereinafter referred to as "safety factors"). Upon the investigation initiation, the primary investigative agency will assess whether or not any of the fourteen (14) safety factors are present. The presence or absence of safety factors must be documented by the primary investigative agency in the Health and Safety Checklist screen in the Division's information management system within two (2) business days of the investigation initiation. Every subsequent contact with the family should also include an assessment for any safety factors; however, the Health and Safety Checklist is only completed again in the event that additional safety factors are identified or facts change.~~

If CACD is assigned primary on an investigation and, after interviewing the alleged victim and completing Sections 1 and 2 of the Division's approved safety assessment tool, identifies a safety threat and the ~~the~~ need for DCFS to further assess the child's safety, complete a safety

~~assessment, the CACD Investigator~~ will immediately contact DCFS for further assessment and completion of Sections 3 and 4, as applicable, of the safety assessment tool to conduct the Health and Safety Assessment (Safety Planning and Investigation Risk Assessment) as appropriate. DCFS will then be assigned as the secondary investigator on that ~~particular~~ i investigation.

Each investigative agency will enter its applicable safety assessment sections into the appropriate information management system within two (2) business days of the investigation initiation or identification of new safety threats, as applicable.

The primary investigative agency is responsible for completing the Division's approved risk assessment tool for the household in the Division information management system prior to investigation closure and prior to any decision regarding case opening. If CACD is assigned primary on an investigation and does not identify the need for DCFS to conduct a safety assessment, the CACD Investigator is responsible for completing the Investigation Risk Assessment if the allegation is found true and an in-home or out-of-home case will be opened.

~~If DCFS is assigned primary on an investigation, DCFS will complete all components of the Health and Safety Assessment as appropriate regardless of whether safety factors are identified. The identification of the presence or absence of safety factors is critical to safety planning.~~

Safety Planning

~~If a safety threat is identified, Safety Planning is the second component of the Health and Safety Assessment. Safety planning is then required to implement specific actions to be taken to ensure a child's safety during the course of an investigation.~~ If a safety ~~threat~~ factor is identified, there are only two (2) options to implement during the safety planning process:

- A. Develop ~~a protection~~ an immediate safety plan to mitigate the identified safety ~~factors~~ threats to allow the child to remain safely in the home; or,
- B. Take protective custody and Remove the child from the home ~~and take protective custody.~~

If there are risk factors or evidence that maltreatment has occurred, but no safety threats are present, then neither an immediate safety plan nor removal of the child is necessary at that point in time. When no safety threats are present, per A.C.A. § 12-18-1009, the parents retain the right to keep the child at home or to place the child outside the home. However, as appropriate, the FSW may make referrals or provide services during the child maltreatment investigation to address any risk factors. All referrals made or services provided during the child maltreatment investigation will be documented in the Division's information management system.

These Additional information regarding immediate safety plans and taking protective custody are as follows: two options are described below:

A. Protection Immediate Safety Plans

Protection Plan Development and Content

When any safety factors-threats are present, an immediate protection-safety plan must be developed to address each identified safety factor-threat if the child will remain in the home. An immediate safety protection-plan is a written plan developed by DCFS staff in conjunction with the family and their network to address identified safety factors-threats. The actions and any services needed to address safety factors-threats contained in an immediate safety protection-plan will depend on the dynamics of a particular investigation (or case) and the family involved household and their network. This documentation describing the actual use or consideration of using protecting interventions establishes reasonable efforts to prevent removal of the child from the home.

An immediate safety plan must be developed and receive DCFS supervisory approval prior to DCFS staff leaving the home. The immediate safety plan serves as a written agreement between the Division and the family. As such, a copy or picture of the plan will be provided to the caregiver and to other members participating in the plan prior to the DCFS staff person leaving the home. The immediate safety plan, if applicable, will also be documented in the appropriate information management system within two (2) business days of its creation. If any other actions were taken or services put in place to ensure the safety of the child victim or other children in the home, then these activities must also be documented in- an applicable information management system within two (2) business days.

Regardless of the actions included in an immediate safety protection-plan, immediate safetyprotection planning is a process that occurs with the family and may include the family's selected support network. Protection planning and oversight on the part of the Division continues throughout involvement with the family household as long as safety factors-threats are present. The plan must be sufficient to manage and control safety threatsfactors based on a high degree of confidence that it can be implemented, sustained, and closely monitored by DCFS- in partnership with the household's identified

~~network(see below for more information).~~ The Division will assure that the roles and responsibilities of the ~~protection-immediate safety~~ plan are clearly described to and discussed with the ~~person providing those services~~people involved.

~~A protection plan must be developed and receive DCFS supervisory approval prior to DCFS staff leaving the home. The protection plan serves as a written agreement between the Division and the family. As such, a copy of the plan will be provided to the caregiver and to other members participating in the plan prior to the investigator leaving the home.~~

However, ~~immediate safety~~protection plans may not:

1. Make a change to the current physical or legal custody arrangement of the child; or,
- ~~2.~~ Otherwise limit the right of a parent or legal custodian to visit or have access to his or her child, including supervised visits,
- ~~3-2.~~ unless a dependency-neglect petition is first filed with the court to address identified safety ~~threats~~factors and a corresponding court order is obtained to make a change to the current custody arrangements or otherwise limit the right of a parent or legal custodian to have access to his or her child. An alternate method of ensuring child safety must be implemented until the required court order is issued to alter custody or visitation arrangements.

To file a dependency-neglect petition to ensure a child's safety in the home, the Family Service Worker (FSW) will contact his or her Office of Chief Counsel (OCC) attorney immediately (or at the start of the next business day if the safety assessment occurred after hours or on the weekend) to request OCC to file the appropriate petition. It is crucial that the FSW ~~Investigator~~, with support from his or her supervisor, determines exactly what the Division is requesting the court to order, if applicable, to address the identified dependency-neglect issues ~~(i.e., safety factors)~~.

If the requested court order is issued, the FSW ~~Investigator~~ will ~~then craft a corresponding~~update the protection-immediate safety plan, as applicable, that reflects the orders of the court as well as any other actions or information that need to be included in the ~~protection-immediate safety~~ plan to ensure child safety. The FSW ~~Investigator~~ will ~~then~~ thoroughly explain any of the changes ~~the contents of the protection plan~~ to the caregivers, household members, a and other individuals in the family's network who may be a part of the ~~protection-immediate safety~~ plan.

Order of Less Than Custody

An order of less than custody is one action that could potentially be included in an immediate safety protection plan (once the order is issued by a court), if appropriate. An order of less than custody legally restricts the alleged offender from contact with the child while allowing the child to remain in the home with the non-offending custodian (if the non-offending custodian is already a legal custodian of the child) as part of the protection immediate safety plan.

In addition to the situation above in which the non-offending custodian is the legal custodian of the child and wants to restrict the alleged offender's access to the child, orders of less than custody may also be applicable to situations in which:

- a) The legal custodian placed or otherwise allowed the child to reside with another person for more than six (6) months; ~~and,~~
- b) The legal custodian is named as an alleged offender in the investigation; ~~and,~~
- c) The child's current caretaker and DCFS assess that the legal custodian's (who is also the alleged offender) access to the child poses an immediate danger to the child's health or physical well-being; ~~and,~~
- d) DCFS has no immediate health or physical well-being concerns with the current placement; ~~and,~~
- e) DCFS has determined that specific safeguards in the court order will ensure the child's immediate health and physical well-being while remaining in the current home.

The Division will thoroughly assess for safety ~~factors-threats(to be documented in the Health and Safety Checklist)~~ to ensure that an immediate safety protection plan is in place for a child before leaving that child in a home where DCFS has petitioned the court for an order of less than custody.

To file a dependency-neglect petition to obtain an order of less than custody, the FSW will contact OCC immediately to request OCC to file the appropriate petition.

~~Protection Plan Documentation~~

~~The Safety Planning screen in the Division's information management system documents the actions taken to ensure a child's safety during the course of an investigation. If a protection plan is developed, it must be documented in the Safety Planning screen in the Division's information management system within two (2) business days of the investigation initiation.~~

~~If any other actions were taken or services put in place to ensure safety of the child victim or other children in the home, then these activities must also be documented in the Safety Planning screen in the Division's information management system within two (2) business days.~~

Immediate Safety Protection Plan Monitoring and Assessment

All ~~protection-immediate safety~~ plans will be monitored via a ~~n-initial~~ face-to-face contact with the ~~household~~family (to include alleged victim(s), alleged offender(s), and any other children in the home) within at least seventy-two (72) hours and then via a minimum of weekly face-to-face contact for the remaining life of the ~~protection-immediate safety~~ plan. In addition, the immediate safety plan will be formally reviewed within fourteen (14) days of its implementation.

While the health and safety of the child is always assessed each time the Division comes into contact with the child, per A.C.A. 12-18-1001(d)(2)(A)-(B), the health and safety of the child and any corresponding ~~protection-immediate safety~~ plan will be formally reassessed within ~~thirty (30-days) days~~ of the date on which the ~~immediate safety protection~~ plan was implemented. If after this formal reassessment is performed, the Division determines that a substantial risk of harm to the health and safety of the child remains and that the ~~protection-immediate safety~~ plan must stay in place to ensure the health and safety of the child, then the Division will file a petition for dependency-neglect (however, note that the Division may file a petition for dependency-neglect at any point to if needed to ensure the health and safety of the child) unless the parent, guardian or custodian is not:

- 1) The alleged offender; or,
- 2) Alleged to have failed to protect the juvenile.

If a case connect has already occurred, then the assigned FSW Caseworker and FSW Investigator who implemented the ~~protection-immediate safety~~ plan will collaborate to reassess the ~~protection-immediate safety~~ plan and provide the affidavit and a copy of the CFS-200: ~~Immediate Safety Protection~~ Plan to OCC to file any necessary petitions for dependency-neglect at ~~thirty (30)~~ days.

Case Opening, Assessment, and Case Plan as a Result of a Protection Plan Filed with the Court

For a petition filed as the result of a protection plan, if in a dependency neglect petition is filed, a corresponding family case plan, informed by the Division's approved family assessment tool, will be filed with the court within thirty (30) days per A.C.A. § 9-27-402.

The assigned FSW will continue to monitor the ~~protection~~immediate safety plan until it is no longer needed. The assigned FSW will complete the ~~Family Advocacy and Support Tool (FAST)~~Division's approved family needs and strengths assessment in collaboration with the family, FSW Investigator, and other appropriate stakeholders (see Policy IV-A: Family Assessments for more information~~regarding the FAST~~). The FSW Caseworker will also have the primary responsibility of developing the family case plan with the family and ensuring the implementation of the family case plan (see Policy IV-B: Services-Family Case Plans for more information).

~~If a reasonable protection plan cannot be developed, then the child must be removed and placed in an approved placement (see below for more information regarding protective custody). Removal must also be documented in the Safety Planning screen in the Division's information management system within two (2) business days of the act of removal of the child.~~

~~If there are risk factors or evidence that maltreatment has occurred, but no safety factors are present, then neither a protection plan nor removal of the child is necessary at that point in time. When no safety factors are present, per A.C.A. § 12-18-1009, the parents retain the right to keep the child at home or to place the child outside the home. However, as appropriate, the FSW Investigator may make referrals or provide services during the course of the child maltreatment investigation to address any risk factors. All referrals made or services provided during the course of the child maltreatment investigation shall be documented in the Investigation Finding screen in the Division's information management system.~~

B. Protective Custody

If a safety ~~threat~~factor is identified in the home and it cannot be mitigated with the implementation of ~~a protection~~an immediate safety plan, the Division must remove the child from the home and take protective custody. This requirement applies to any point during a child maltreatment investigation or open case when the health and physical well-being of a child are in immediate danger. When a child is taken into protective custody, the child ~~will~~shall be placed in an appropriate licensed or approved placement. This may include an identified relative or fictive kin (fictive kin means a person selected by the Division of Children and Family Services- who is not related to the child by blood or marriage, and has a strong, positive, and emotional tie or role in the child's life or the child's parent's life if the child is an infant) home if it is in the best interest of the child and all criteria for opening a provisional resource~~foster~~ home and placing the specific child for

whom the provisional ~~resource~~foster home was opened have been met (see Policy VI-B: Consideration of Relatives and Fictive Kin for Children in Foster Care and Policy VII: Development of ResourceFoster Homes and Support to Resource Parents for more information).

The Division may file a motion to transfer any other prior or subsequent legal proceeding concerning the juvenile (~~for example e.g.~~, if a relative of the child taken into custody attempts to obtain guardianship or custody of the juvenile) to the court that is hearing the dependency-neglect petition if the Division:

- a) Takes a ~~seventy-two (72)~~-hour hold; ~~or,~~
- b) Files a petition for ex parte emergency order; ~~or,~~
- c) Files a petition for dependency-neglect.

~~If See Procedure II-D11: Protective Custody of a Child in Immediate Danger for information regarding how to proceed when~~ a child is taken into protective custody by a non-DCFS stakeholder, see Procedure II-D8: Protective Custody of a Child in Immediate Danger for more information.

~~Investigation~~ Risk Assessment

The Division's approved Investigation r~~isk a~~ssessment ~~is the third component of the Health and Safety Assessment. It~~ is designed to a:

~~Assess the family's level of risk during the child maltreatment investigation~~likelihood of future maltreatment and -

~~Establish a baseline level of risk for a family.~~

~~Identify the factors and circumstances that indicate the child may be at risk of future abuse or neglect.~~

~~i~~ndicate the necessary level of the Division's ongoing involvement to assure the child's continued well-being.

~~Provide a structured decision-making tool in case planning (the investigation risk assessment informs the case plan if a case is opened after the completion of the investigation).~~

The Division's approved risk assessment tool will be completed in the applicable information management system as soon as there is enough information to do so, but prior to the conclusion of the investigation and prior to any decision about case opening.

~~The Investigation Risk Assessment in the Division's information management system will be completed on all cases with a child maltreatment determination of "True." As such, the Investigation Risk Assessment must be completed by the investigator within thirty (30) calendar days of receipt of the hotline report and must receive supervisory approval within forty five (45) calendar days of receipt of the hotline report.~~

~~Levels of risk are classified as intensive, high, moderate, and low. The higher the score, the higher the risk of future harm. The level of risk determined during the Investigation Risk Assessment will be considered the baseline level of risk for any subsequent case that is opened, if applicable.~~

~~Overrides to Risk Levels have been established to assist the FSW in ensuring that the level of risk for a case accurately reflects the risk level for the children. A supervisor is allowed to make discretionary policy overrides when a unique circumstance warrants a higher risk level than assigned by the risk level chart.~~

~~The discretionary Risk Level Override options are listed below and require the supervisor to upgrade the risk level to Intensive at the initial investigation, regardless of the risk scale score.~~

- ~~A. Sexual abuse cases where the perpetrator is likely to have access to the victim child.~~
- ~~B. Cases with non-accidental physical injury to an infant.~~
- ~~C. Serious non-accidental physical injury requiring hospital or medical treatment.~~
- ~~D. Death (previous or current) of a sibling as a result of abuse or neglect.~~

~~Risk Level Overrides must be reassessed when the case plan is updated.~~

INVESTIGATION CLOSURES AND DETERMINATIONS AND RESULTING REFERRALS AND CASE OPENINGS

Within the appropriate timeframes outlined above and utilizing PUB-357: Child Maltreatment Investigation Determination Guide as a reference where applicable, the Department will either:

- A. Administratively close an investigation of a child maltreatment report pursuant to A.C.A. §12-18-601 without a determination of whether the allegation is unsubstantiated, true, true but exempted, or inactive (see Procedure II-D14 for administrative closure criteria and related requirements); or
- B. Close the investigation with a determination that the allegations of child maltreatment are either:
 - 1) Unsubstantiated; ~~or~~
 - 2) True; ~~or~~
 - 3) True but exempted for:
 - a) Neglect as defined by A.C.A. § 12-18-103(14)(B) (i.e, Garrett's Law)
 - b) Religious beliefs
 - c) Underaged juvenile offenders; or,
 - 4) Inactive.

DCFS will then make a decision regarding the need for opening a corresponding case to provide services, assist the family with expanding and strengthening their network, and monitor child safety and risk on an ongoing basis. The decision to open a case will be made as guided by:

- The results of the Division's approved safety assessment tool
- The results of the Division's approved risk assessment tool
- Investigation determination
- Professional judgement
- Supervisory consultation

The investigation determination will then be used to determine the type of case offered or opened, as applicable.

Criteria for the administratively closed investigations and child maltreatment determinations are as follows:

Administratively Closed

A child maltreatment investigation will be administratively closed without further action or determination if:

- A. A preliminary investigation has been completed, to include:
 - 1) Interview with the alleged victim outside the presence of the alleged offender.
 - 2) Assessment of the alleged victim's home environment, as appropriate.
 - 3) Interview of a collateral witness;~~;~~
 - 4) Review prior history of child maltreatment related to the family of the child and to the alleged offender.
- B. There has not been an additional report of abuse or neglect that has been committed by the alleged offender who is the subject of the current report; ~~and,~~
- C. The health and safety of the child can be assured without further investigation by DCFS based on review of prior child maltreatment history; ~~and~~
- D. There is a determination that abuse or neglect of the child did not occur; and at least one of the following criteria are met:
 - 1) There are indications of malicious reporting; ~~or,~~
 - 2) Details of the allegations are insufficient to investigate; ~~or,~~
 - 3) Reporter was anonymous, and no evidence exists to corroborate the report; or,
 - 4) There is no available evidence to support or refute the allegation(s) due to the passage of time between the alleged occurrence of the maltreatment and the time the report was made; ~~and,~~

The DCFS Director or designee approves the administrative closure of an investigation conducted by DCFS.

Unsubstantiated Determination

A child maltreatment investigation will be determined unsubstantiated in the event that:

- A. The allegation of child maltreatment is not supported by a preponderance of the evidence following an investigation by Division staff.
- B. The investigation concludes the injuries were the result of reasonable and moderate physical discipline inflicted by a parent or guardian for the purpose of restraining or correcting the child.

True Determination

A child maltreatment investigation will be determined true in the event of:

- A. An admission of the fact of maltreatment by persons responsible;
- B. An adjudication of dependency-neglect;
- C. A determination of the existence of maltreatment by Division staff, based on a preponderance of the evidence;
- D. A medical diagnosis of failure to thrive. The Family Service Worker should, however, complete the Child Maltreatment Investigation in accordance with the procedures included to determine the identity of the caretaker and to ~~conduct an investigation of~~investigate the family for the purposes of determining appropriate service delivery; or
- E. Any other medical or legal form of confirmation deemed valid by the Division.

If a report is determined to be true, the names and conditions of any minor children of the alleged offender, and whether these children have been maltreated, or are at risk of maltreatment, will also be determined unless the investigating agency has determined that there is no indication of risk to the children. If the report is determined to be true, and is a report of sexual abuse, sexual contact, or sexual exploitation, an assessment of any other children previously or currently under care of the alleged offender, to the extent practical, and whether these children have been maltreated, or are at risk of maltreatment, will be conducted unless the investigating agency has determined that there is no indication of risk to the children. The ~~worker~~FSW conducting the investigation shall also seek to ascertain all other relevant data.

If a report is determined to be true and involves any children ~~under the age of~~ under three (3) years of age, the ~~one-child~~children must will be referred to the Division of Developmental Disabilities Children's Services for an early intervention screening per the Child Abuse and Prevention Treatment Act (CAPTA) if the children were not already receiving early intervention services or were not already referred during the ~~course of the~~ investigation (see Policy II-J: Early Intervention Referrals and Services and related procedures for more information).

If a report of sexual abuse is determined to be true and the alleged offender is under ~~the age of~~ eighteen (18) years of age at the time the act or omission occurred, the parents or legal guardians of the alleged juvenile or underaged juvenile offender and victim shall be provided with a list of mental health professionals or agencies available to evaluate and treat the alleged juvenile offender or underaged juvenile offender and victim, if necessary. Providing this information does not necessarily require the Division to pay for the mental health evaluation or any subsequent mental health treatment or services.

If a child maltreatment report is determined to be true, the Division will then also determine the risk level of the offender and any vulnerable population to which the offender may pose a risk of maltreatment, including without limitation children, the elderly, persons with a disability, and persons with a mental health illness. ~~This assessment includes the Risk Assessment tool rating but is not determined upon the Risk Assessment rating alone.~~ The following factors will be considered when determining whether an offender poses a risk of maltreatment to a vulnerable population:

- A. The severity of the child maltreatment;
- B. The nature and severity of an injury or other adverse impact caused by the child maltreatment;
- C. The current or future access the offender has or could have to a vulnerable population;
- D. Offender's previous child maltreatment history and whether there are similar fact patterns related to current offense and past child maltreatment history;
- E. Subsequent reports of child maltreatment against the offender; and;
- F. Criminal history of the offender; ~~and~~;
- ~~G. Risk assessment tool rating.~~

If the Division determines the offender poses a risk to a vulnerable population, the investigative determination will continue to be documented as ~~t~~True, and the offender's name will be placed in the Child Maltreatment Central Registry. If the Division determines the offender does not pose a risk to a vulnerable population, the investigation determination will be documented in the Division information management system as ~~E~~exempted-~~n~~No ~~r~~Risk. The DCFS Director or designee will approve determinations for true but exempted for no risk to vulnerable populations.

True but Exempted Determination

A determination of true but exempted, which means the offender's name will not be placed in the Child Maltreatment Central Registry, will be entered for the reasons listed below. The following circumstances do not require a consideration of the risk level of the offender and any

vulnerable population to which the offender may pose a risk of maltreatment as these conditions warrant a determination of ~~t~~True ~~b~~But ~~e~~Exempted pursuant to A.C.A. § 12-18-702.

Garrett's Law Exemptions

A child maltreatment investigation that documents the presence of an illegal substance in either the bodily fluids or bodily substances in the mother or child at the time of birth resulting from the mother knowingly using any illegal substance (i.e., Garrett's Law case) will be found true but exempted and will not be placed on the Arkansas Child Maltreatment Central Registry. —Family First Services are available for Garrett's Law investigations and services cases with the completion of the prevention plan for the family.

~~A protective services case shall be opened to establish a plan of safe care.~~

If the FSW determines ~~on an individual basis~~ the child's health or physical well-being is in immediate danger, he or she ~~will~~should take the newborn into protective custody. The FSW must also assess any siblings of the newborn or other children under the care of the alleged offender. If it is determined that there is an immediate danger to the siblings' (or any other children under the care of the alleged offender) health or physical well-being, then they must also be brought into emergency ~~seventy-two (72)~~-hour protective custody.

"Acceptable" reporters include any one of the following mandated reporters, who have reasonable cause to suspect that a newborn has been subjected to an illegal substance before birth or the mother had an illegal substance in her bodily fluids or bodily substances at the time of the birth:

- licensed nurse;
- osteopath;
- physician;
- medical resident or intern;
- surgeon;
- hospital social worker; or,
- any medical personnel who may be engaged in the admission, examination, care, or treatment of persons in hospitals or similar medical settings.

During ~~the course of~~ an investigation, or when DCFS has custody, if the mother or newborn has tested positive for the presence of an illegal substance in the bodily fluids or bodily substances, and the mother indicates that she wants to place the newborn for adoption through a private agency or private entity, the ~~Family Service Worker~~FSW must

contact OCC immediately. If the infant is placed with a private adoption agency, then do not open a ~~Protective Services~~ case.

Religious Belief Exemptions

A child maltreatment investigation will be determined to be true but exempted due to religious beliefs exemption in the event that the Family Service Worker (FSW) determines that the parent's decision to withhold medical treatment was based solely upon a religious belief, choosing instead to furnish the child with prayer and spiritual treatment in accordance with a recognized religious method of healing by an accredited practitioner.

An FSW will place a child whose health or physical well-being is in immediate danger in a safe environment in DHS custody regardless of the beliefs of the parents. The religious exemption does not preclude the FSW's right and responsibility to take appropriate action, including petitions to the court, to obtain necessary medical services.

Underaged Juvenile Offender Exemptions

A child maltreatment investigation will have an individual finding of true but exempted for underaged juvenile offenders if there is an overall true finding of sexual abuse by a child under ~~the age of~~ fourteen (14) years of age to another child.

Juvenile is Less than Fourteen (14) Years of Age Exemption

A child maltreatment investigation will have an individual finding of true but exempted if an offender is a juvenile less than fourteen (14) years of age.

Inactive Determination

Per A.C.A. § 12-18-619(c), if at any time before or during the investigation the Department is unable to locate or identify the alleged offender or alleged victim, the Department may consider the report unable to be completed and determine the report to inactive if a true or unsubstantiated determination cannot be established without interviewing the alleged offender or alleged victim.

Failure to complete the investigation within the required 45 days is NOT a reason to place a case on inactive status. The report must document why the investigation is determined to be inactive. All activities on the CFS-155: Unable to Locate Checklist must be completed by the FSW investigator before determining an investigation to be inactive and verified by the FSW Supervisor before approving the investigation.

For investigations determined to be inactive but information obtained from a subsequent report would permit the assigned investigative agency to gather additional evidence, the assigned investigative agency will provide notice of the allegations as per A.C.A. 12-18-501 et seq. and conduct the investigation. The assigned investigative agency will amend the determination of the earlier report accordingly based on evidence collected. The allegations contained in the most recent report will be investigated separately and an associated determination made based on the evidence collected during the investigation of the more recent report.

For information regarding how to proceed when DCFS is assigned to a report previously found to be inactive and CACD is assigned to a new report that would permit DCFS to gather additional evidence on the report previously determined to be inactive, please see the Agreement Between the Arkansas Department of Human Services (ADHS), Division of Children and Family Services (DCFS) and the Arkansas State Police (ASP), Crimes Against Children Division (CACD).

PROCEDURE II-D3: Investigation Initiation

~~0205/2025~~2022

The FSW will:

- ~~A. Initiate the child maltreatment investigation within seventy-two (72) hours with the exception of investigations of the following allegations. These allegations will begin within twenty-four (24) hours:~~
- ~~B. Allegations of severe maltreatment, excluding an allegation:~~
- ~~C. Of sexual abuse if the most recent allegation of sexual abuse was more than one (1) year ago or if the alleged victim does not currently have contact with the alleged offender;~~
- ~~D. Of abandonment and the child is in a facility or;~~
- ~~E. Of cuts, welts, bruises, or suffocation if the most recent allegation was more than one (1) year ago and the alleged victim is in the custody of the Department of Human Services; or~~
- ~~F. In which the alleged victim is in a facility and does not currently have contact with the alleged offender.~~
- ~~G. The allegation is that a child has been subjected to neglect as defined in A.C.A. 12-18-103(14)(B) (i.e., Garrett's Law referral);~~
- ~~H. A child has died suddenly and unexpectedly.~~
- ~~I. A. Consider the investigation initiated:~~
 - 1) By interviewing or observing, when appropriate, the alleged victim child outside the presence of the alleged offender; or,
 - 2) ~~E~~l~~f~~a~~fter~~ exercising and documenting due diligence when, an interview or examination of the child could not be made. Due diligence includes, but is not limited to:
 - a) Making an unannounced visit to the child's home at least three (3) times at different times of the day or on different days (provided the three (3) visits are within the appropriate investigation initiation timeframes) in an attempt to interview the child;
 - b) Contacting the reporter again if the reporter is known;
 - c) Visiting or contacting the child's school, child care facility, and all other places where the child is said to be located;
 - d) Sending a certified letter to the location given by the reporter, if attempts to locate the child have failed;

- e) Contacting appropriate local Division of County Operations staff and requesting research of their information systems and other files to obtain another address;
and
 - f) Completing other activities listed on the CFS-155: Unable to Locate Checklist as needed.
- C. Document initiation activities within two (2) business days.
 - D. Submit the record to the supervisor for approval of due diligence to locate and interview the child after all these efforts have been made.
 - E. Document initiation activities within two (2) business days.

The FSW Supervisor will:

Conduct a supervisory conference with investigator within seventy-two (72) hours of investigator initiating the investigation.

PROCEDURE II-D4: Child Maltreatment Report Investigation Interviews

0207/20252020

The FSW will:

- A. Prepare for interviews by reviewing intake report and any prior child maltreatment reports, etc. See “Gathering Information” practice guide series for more information.
- B. Conduct a separate interview with the alleged victim outside the presence of the alleged offender and the alleged offender’s attorney in reports involving both in-home and out-of-home offenders. Exceptions must be approved by a supervisor.
 - 1) If not age appropriate for an interview, observe alleged victim outside the presence of the alleged offender and the alleged offender’s attorney.
- C. Interview any siblings of the alleged victim and any other children under the care of the alleged offender (including during investigations with alleged out-of-home offenders) as the siblings and other children under the care of the alleged offender may have collateral information or have been within access of the alleged offender. Exceptions must be approved by a supervisor.
 - 1) Interview all siblings and other children under the care of the alleged offender outside the presence of the alleged offender and the alleged offender’s attorney.
 - a) If not age appropriate for an interview, observe all siblings and other children under the care of the alleged offender outside the presence of the alleged offender and the offender’s attorney.

- 2) Considering the best interest of the child, limit, as appropriate, other persons allowed to be present when a child is interviewed concerning allegations of child maltreatment.
- D. Conduct a cursory physical examination of children in the least invasive manner possible during the interview. A cursory physical examination is the observation of a child's external, physical condition which may require that the child's clothing be removed or rearranged.
 - 1) If the child is under the age of five (5), conduct the exam with the assistance of the parent/caretaker.
- E. Complete CFS-327a: Physical Documentation--Body Diagram when applicable and if a medical provider has not already completed CFS-327-A or similar diagram specific to the current allegation.
- F. Photograph visible injuries; label and date photos.
- G. Interview the custodial and non-custodial parent of the alleged victim child and inform them of DCFS responsibility to assess.
- H. Interview alleged offender.
 - 1) In addition to gathering information about the alleged maltreatment, ascertain the alleged offender's:
 - a) Employer, including the physical address;
 - b) Job duties at place of employment; and,
 - c) Supervisor's name.
- I. Interview collateral sources, as appropriate, including teachers, neighbors, witnesses, and the person making the report.
- J. When interviewing a child at school, provide the principal or designee with a copy of CFS-213-A: School District Prohibition from Notifying Parent, Guardian, or Custodian of a Child Maltreatment Investigation.
- K. Enter interview notes within ~~forty-eight (48) hours~~ two (2) business days of completion of interviews.
- L. If it is discovered that any interviewee is an unlicensed ~~child-care~~ childcare provider (i.e., caring for more than five (5) children including an individual's own pre-school children), notify the ~~Division of Child Care and Office of Early Childhood Education~~.
- M. Assist the investigative supervisor with the coordination of interviews when primary (i.e., where the child is currently located) and secondary counties are involved.
 - 1) The FSW of the primary county will:
 - a) Interview all applicable subjects in his or her county within required timeframes; and
 - b) Complete the ~~Health and Division approved s~~ Safety a ~~Assessment (including Health and Safety Checklist, Safety Planning, and Investigation Risk~~

~~Assessment)~~ in the ~~Division-applicable~~ information system with information obtained during primary investigator interviews and information obtained from secondary investigator from secondary's interviews.

2) The FSW of the secondary county will:

a) Contact the primary county by phone no later than twenty-four (24) hours after interviews are conducted to discuss:

- i. Any identified safety ~~factors-threats~~ and supporting documentation (~~e.g., examples include, but are not limited to,~~ statements made by children, observations of children, ~~or~~ caregiver statements, ~~etc.~~);
- ii. Determination of any additional children, elderly persons, or individuals with a disability or mental illness who may be at risk;
- iii. Provisions of the protection plan if one has been implemented;
- iv. Other persons interviewed, their relationship to the family, and how information provided was obtained (~~such as e.g.,~~ first-hand, hearsay, ~~or~~ investigator observations, ~~etc.~~);
- v. Verification of identity of persons interviewed; ~~and~~
- vi. Projected completion date for secondary investigation if it is not completed at time of phone conference.

b) Forward any hard copy information to the primary investigator within seventy-two (72) hours after receipt.

N. Reinitiate the investigation in the second county within ~~twenty-four (24—to -seventy-two (24-72)~~ hours when an investigation is transferred from one ~~(1)~~ county to another and the victim or any other children believed to reside in the home where the report originated have not been seen.

O. Complete and document all interviews in the Division's information management system within thirty (30) calendar days of the receipt of the child maltreatment report.

If any parties required to be interviewed (parents, children, alleged victim child, or alleged perpetrator) cannot be located or are unable to communicate, the FSW will, after exercising due diligence, document efforts to locate or communicate with required parties and proceed with the child maltreatment investigation.

~~PROCEDURE II-D8: Health & Safety Checklist~~

~~01/2019~~

~~The FSW Investigator or the (CACD) Investigator (depending on which agency is assigned as primary) will:~~

~~Identify any safety factors that may contribute to the immediate danger of the child's health or physical well-being.~~

~~If CACD is assigned primary and after interviewing the alleged victim identifies one or more safety factors, contact the DCFS supervisor or designee immediately to conduct a Health and Safety Assessment (i.e., Safety Planning and Investigative Risk Assessment).~~

~~If after completing the Health and Safety Assessment as requested by CACD, the FSW Investigator assesses that there is not a safety factor involved, the FSW Investigator will:~~

~~Document in an investigation contact why the FSW Investigator determined there was not a safety factor and, as such, why the FSW Investigator did not select to implement a protection plan or remove the child.~~

~~Communicate with the CACD Investigator regarding both the CACD initiation and the DCFS safety assessment including why the FSW Investigator determined there was not a safety factor present.~~

~~Document the communication between CACD and DCFS in an investigations contact.~~

~~Complete the Health and Safety Checklist for each child in the family by identifying the presence or absence of any safety factors by checking "yes" or "no", respectively within two business days.~~

~~Provide narrative documentation on the Health and Safety Checklist for each safety factor identified.~~

~~In cases involving CACD as primary and DCFS as secondary, both agencies will collaborate to ensure that DCFS has all relevant information needed to conduct the Health and Safety Assessment (i.e., Safety Planning and Investigation Risk Assessment; see Procedures II-D9 and II-D10, respectively, for more information).~~

PROCEDURE II-D9: Safety Planning

01/2019

The FSW investigator will:

~~Make the appropriate child protecting decisions if the child's health or physical well-being are in immediate danger.~~

~~If a safety factor is not identified on the Health and Safety Checklist, but it is determined that services or other actions can be put in place to address risk factors or otherwise strengthen the family during the course of the investigation:~~

~~Implement the services or other actions accordingly.~~

~~Document services provided or other actions taken in the Service Log and investigation contact screen in CHRIS.~~

~~If all of the statements on the Health and Safety Checklist screen are selected "no," then the default decision on the Safety Planning screen will be "safe" indicating that there are no children whose health or physical well-being are likely to be in immediate danger. As such, the FSW will not have to enter any information in the Safety Planning screen.~~

~~If a safety factor(s) is/are identified, establish the appropriate protecting intervention for each identified safety factor.~~

~~If a protection plan can be put into place to mitigate the identified safety factor(s):~~

~~Determine the suitability of the person or persons responsible for carrying out the protection actions by assuring that those persons:~~

~~Are present and participate in the development of the protection plan;~~

~~Are fully informed about the safety factors and concerns;~~

~~Understand and accept their responsibility to protect the child;~~

~~Accept and believe that the safety factors and potential dangers exist;~~

~~Are available in terms of time and accessibility;~~

~~Are aligned with and responsive to DCFS;~~

~~Are trustworthy, dependable and have no substance use, mental health issues, or other major life issues that may prevent them from meeting their responsibilities in the plan; and,~~

~~Provide a home that is suitable and safe if the child will be staying there.~~

~~Assure that the protection plan is sufficient to manage and control identified safety factors and prevent subsequent dangers to the child by meeting the following criteria:~~

~~Does not rely on promises from caregivers or court orders prohibiting behaviors;~~
~~Focuses on enhancing caregiver protective capacities as the highest priority for change;~~
~~Includes immediate supports and/or services that have an impact on controlling identified safety factors;~~
~~Is individualized to the needs and dynamics of the family and the specific safety factor(s) identified;~~
~~Has a mechanism for ongoing oversight and monitoring by the FSW that allows FSW to provide feedback to the family and problem solve with the family as needed; and,~~
~~Is time limited noting when each activity must be completed or in place and when the plan should expire.~~
~~If applicable, inform the non-offending caretaker of the right to file a petition in accordance with the "Domestic Abuse Act," Ark. Code Ann. § 9-15-101 et seq. in Circuit Court to have the offender removed from the home as part of the protection plan.~~
~~Before leaving the home, obtain supervisory approval of the protection plan developed with the family.~~
~~Provide a copy of the protection plan with the family via CFS-200: Protection Plan before leaving the home.~~
~~Refer the family to the local TDM Facilitator for a Team Decision Making (TDM) meeting within two hours of putting a protection plan in place, if applicable (i.e., if working in a county in which TDM has been implemented; see Policy II-F: Team Decision Making for more information).~~
~~If a TDM Meeting will be held regarding the protection plan, and it is determined a petition for dependency neglect is needed in association with the protection plan, then the affidavit (to include information from the TDM Meeting Summary Report) must be submitted to the local OCC attorney in order to file the petition with the court within two business days following the TDM Meeting.~~
~~Document the protection plan in CHRIS on the Safety Planning screen and otherwise complete the Safety Planning screen in CHRIS for any safety factors that have been identified within two business days of investigation initiation.~~

~~For investigations remaining open longer than 30 days, formally reassess the health and safety of the child within thirty (30) days of the date on which the protection plan was implemented;~~

~~If the formal reassessment determines that a substantial risk of harm to the health and safety of the child remains, then submit the affidavit and a copy of the CFS-200: Protection Plan to OCC to file a petition for dependency neglect.~~

~~If at any point a petition for dependency neglect is filed in relation to a protection plan, then within five days of the petition being filed, accompany the assigned FSW caseworker to the family's home to begin the Family Advocacy Support Tool (FAST) assessment.~~

~~If a protection plan cannot be put into place to mitigate the identified safety factor(s), then the children must be removed from the home and placed in an approved placement.~~

~~For all safety factors with a "yes" response, there should be corresponding documentation in the Safety Planning screen indicating if:~~

~~A written, supervisor approved protection plan was developed with and provided to the family via CFS-200: Protection Plan thereby allowing the child to remain safely in the home (select the appropriate radio button on the first question in the Safety Planning screen);~~

~~The safety decision on the Safety Planning screen will then be "Conditionally Safe," meaning a protection plan has been implemented and interventions outlined in the protection plan have resolved the unsafe situation for the present time.~~

~~The child was removed from the home.~~

~~The safety decision on the Safety Planning screen will then be "Unsafe" meaning a protection plan could not be established so removal is the only protecting intervention for the children (i.e., without it, the children's health or physical well-being are likely to be in immediate danger).~~

~~Document in CHRIS all other FSW activities, services, and/or contacts associated with the investigation.~~

~~Monitor family's implementation of Protection Plan, if one has been put in place, via face-to-face contact with family within at least 72 hours and a minimum of weekly face-to-face contact while the plan continues to be~~

~~necessary to protect the health and safety of the juvenile.
If during the course of an investigation a protection plan is put into place by DCFS, but the investigation is ultimately unsubstantiated and/or the court dismisses the petition associated with the protection plan, the FSW investigator will ensure the protection plan is reassessed with the family and communicates with other involved DCFS staff as applicable.~~

~~Note: While a protection plan must be developed during the course of an investigation if a safety factor is identified and the child is to be left in the home, protection plans will also be amended as necessary and/or developed after a protective services case is opened if a safety factor is identified.~~

~~The FSW Supervisor will:~~

~~Conference with the FSW investigator regarding the protection plan as needed.
Approve the protection plan, as appropriate, prior to the FSW investigator leaving the home.~~

~~Communicate as necessary with other DCFS staff to ensure an FSW caseworker is assigned to families for whom a protection plan has been implemented that has an accompanying court order for dependency neglect.~~

~~Approve the Safety Planning screen as appropriate within 45 days of receipt of the hotline report.~~

~~Communicate as necessary with DCFS staff to ensure that the protection plan is formally reassessed at thirty (30) days, and, if needed due to a substantial risk of harm to the child's health and safety remaining, a petition for dependency neglect is filed.~~

~~When a protection plan that has an accompanying dependency neglect petition filed with the court has been put into place, the assigned FSW caseworker will:~~

~~Accompany the FSW investigator to the family's home within five days of the filing of the petition to begin completing the Family Advocacy Support Tool with the family and FSW Investigator.~~

~~Ensure other appropriate stakeholders provide input when completing the FAST (see Policy IV-A: Family Assessments for more information).~~

~~Develop a case plan with the family based on the ratings of the FAST (see Policy IV-B: Services Case Plan for more information (within 30 days of the dependency neglect petition being filed.~~
~~Update CHRIS contacts as needed.~~

PROCEDURE II-D10: Investigation Risk Assessment

08/2013

~~The Primary Investigator (including CACD when CACD is primary) will:~~

- ~~A. Complete the Investigation Risk Assessment on each child within 30 days of receipt of the hotline report to help determine the likelihood of future abuse when there is an overall true finding.~~
- ~~B. Complete both the abuse and neglect scale of the "Investigation Risk Assessment" screen in CHRIS for all "True" child maltreatment findings.~~
- ~~C. Establish the level of risk (i.e., intensive, high, moderate, or low).~~

~~The FSW Supervisor will:~~

- ~~A. Review the completed Investigation Risk Assessment.~~
- ~~B. Determine if an override is necessary due to a unique circumstance warranting a higher level of risk than assigned by the risk level chart.~~
 - ~~1) Select appropriate policy override action in CHRIS if needed.~~

PROCEDURE II-D~~811~~: Protective Custody of Child in Immediate Danger

~~0201/2025~~2020

The FSW ~~Investigator or On-Call Worker~~ will:

- A. Take a child into protective custody for up to seventy-two (72) hours if:
 - a) The circumstances present an immediate danger to the child's health or physical well-being; ~~or,~~
 - b) The child is neglected as defined under Garrett's Law pursuant to A.C.A. §12-18-103(14)(B), and the FSW investigator determines that the child and any other children, including siblings, are at substantial risk of serious harm such that the children need to be removed from the custody or care of the parent/legal guardian (see Appendix I: Glossary, for definition of "neglect"); ~~or,~~
 - c) Any child who is dependent as defined at A.C.A. §9-27-301 et. seq. (see Appendix I: Glossary, for definition of "dependent").
- B. If a police officer, law enforcement, a juvenile division of circuit court judge during proceedings concerning the child or sibling of the child, a designated employee of the Department of Human Services, any person in charge of a hospital or similar institution, or any physician treating a child has taken a child into protective custody pursuant to A.C.A. §12-18-1001, assume custody of the child and assess the health and safety of each child to determine whether to continue or release custody of the child.
 - 1) Release custody of a child who is taken into custody pursuant to A.C.A. §12-18-1001 if the FSW Investigator in consultation with his or her supervisor determines that custody is no longer required; and
 - 2) Notify the circuit court if the department releases custody of a child whom the circuit court has taken into custody.
- C. When a child upon whom a seventy-two (72)-hour hold has been placed is currently located in a school, residential facility, hospital, or similar institution, the FSW will notify the institution. The FSW will be aware that the institution is obliged to do the following upon receiving notice, in accordance with A.C.A. §12-18-1005:
 - 1) Retain the child until the Division takes a hold on the child;
 - 2) Not notify the parent until the child has been removed by the Division; and,
 - 3) Provide the parent or guardian with the name and contact information of the Division employee regarding the hold on the child.
- D. Notify the OCC attorney immediately that protective custody was exercised and request an *ex parte* emergency order from the court.
- E. If a minor child's safety is a concern, contact OCC immediately to request that DCFS petition the court for an order of less than custody. ~~Thoroughly review the Health and Safety Checklist and Investigation Risk Assessment and ensure that a protection plan is in place for a child before leaving a child in a home where an order of protection has been filed or DCFS has petitioned the court for an order of less than custody.~~
- F. Determine whether to recommend to the court that reunification services should or should not be provided to reunite the child with his family (see Policy VI-A).
- G. Determine whether the grandparents have the right to notice and right to be heard. In a child custody or dependency-neglect case, grandparents have this right if all the following

conditions are present ("Grandparent does not mean a parent of a putative father of a child for the purpose of this determination):

- 1) The grandchild resided with the grandparent for at least six (6) consecutive months prior to the child's first birthday or lived with the grandparent for at least one (1) continuous year regardless of age;
 - 2) The grandparent was the primary financial caregiver during the time the child resided with the grandparent; and,
 - 3) The continuous custody occurred within one (1) year of the initiation of the custody proceeding.
- H. Provide the OCC attorney with the name and address of any grandparent who is entitled to notice based on the above conditions.
- I. Prepare an affidavit immediately and submit it to the OCC attorney (CACD shall prepare affidavits containing facts obtained during ~~the course of their~~the child maltreatment investigation).
- J. Arrange for a physician to examine the child thoroughly within twenty-four (24)- hours of removal for allegations of severe maltreatment under A.C.A. §12-18-602 or if the allegation is that a child has been subjected to neglect as defined in A.C.A. §12-18-103(14)(B) (Garrett's Law) and arrange for a physician to examine the child thoroughly within seventy-two (72)- hours of removal for all other children who enter the custody of DHS.
- 1) The FSW or Health Services ~~Specialist Worker~~ HSSW (HSSW) must sign the consent for treatment prior to the child receiving medical and dental services during protective custody. The FSW or HSSW may:
 - a) Go to the medical or dental office where treatment is to be provided and sign the consent for treatment forms; ~~or,~~
 - b) Have the form faxed, sign the form, and fax it back to the service provider;
 - c) Have the form signed electronically and emailed back to the service provider; ~~or,~~
 - ~~b)d) Have the form signed with a wet signature, scanned, and emailed back~~
 - e)to the service provider; or,
 - ~~e)e) If the provider allows phone consent, they may provide consent via the telephone.~~
- This should be completed prior to the ~~foster resource~~ parent accompanying the child for treatment. In emergency situations, the on-call FSW will be available to sign for medical or dental treatment.
- K. Place the child in an appropriate licensed or approved placement.
- L. If a provisional placement will be pursued:
- 1) Notify the area Resource Worker Supervisor by email within twenty-four (24)- hours of removal that children have been removed and a potential provisional placement has been identified.
 - a) In the notification email provide the area Resource Worker Supervisor with:
 - i. Names and ages of the children who have been removed;
 - ii. Name(s) of potential provisional placement;
 - iii. Relationship of potential provisional placement to children;
 - iv. Contact information for potential provisional placement; and

- v. Any other information collected regarding potential provisional placement (see CFS-450: Prospective Provisional ~~ResourceFoster~~ Parent Information and Questionnaire for more information).
- 2) Interview the child(ren), if age appropriate, to assess how the child may feel about placement with a specific relative.
- 3) See Policy VI-B: Consideration of Relatives for Children in Foster Care for further information on provisional placements.
- M. Complete and route CFS-323: Protective Custody/Parental Notification.
- N. Open an Out-of-Home Placement case within one (1) business day.
- O. Return the child to the legal custodian if the emergency necessitating protective custody passes or if the judge does not grant custody to the Department. -Protective custody cannot be extended.
- P. Complete the CFS-336: Expiration of Protective Custody/Parental Notification and provide to the parent.
- Q. If the parent refuses to accept custody of the child, file an emergency petition.

PROCEDURE II-D~~912~~: Using Interpreter Services During an Investigation

~~0201/20252020~~

**No content changes. Formatting change only to revise procedure number.*

PROCEDURE II-D1~~03~~: Request for Investigative Timeframe Extension

~~0208/20252013~~

**No content changes. Formatting change only to revise procedure number.*

PROCEDURE II-D1~~14~~: Child Maltreatment Investigation Closures and Determinations

~~0202/20252020~~

**No content changes. Formatting change only to revise procedure number.*

PROCEDURE II-D1~~25~~: Referrals and Case Openings Based on Investigative Findings

~~0208/20252013~~

The FSW ~~Investigator~~ will:

- A. For reports of sexual abuse determined to be true and involving an alleged offender under eighteen (18) years of age at the time the act or omission occurred, refer the alleged offender and victim for mental health services by:
 - 1) Providing the parents or legal guardians of the alleged offender and victim with a list of mental health professionals or agencies available to evaluate and treat the alleged offender and victim, if necessary; and;
 - 2) Assisting the parents or legal guardians of the alleged offender and victim with a referral for a mental health evaluation, if necessary.
- ~~B. For true reports regardless of allegation type, open a protective services or foster care case as appropriate and/or make referrals as appropriate.~~
 - ~~1) If a protective services or foster care case will not be opened on a true report, supervisor and Area Director approval are required in CHRIS.~~
- B. If a protective services or foster care case will not be opened on a true report involving any children in the home under the age of three (3), make a referral to the DHS Division of Developmental Disabilities Services Children's Services for an early intervention screening ~~via DHS-3300 in CHRIS~~ (see Policy II-~~IJ~~: Early Intervention Referrals and Services and related procedures for more information) if the child is not already participating in early intervention services.
- ~~C. For unsubstantiated reports, open a supportive services case if the family needs and agrees to services.~~

The FSW Supervisor will:

- A. Assist FSW Investigator, as ~~appropriate/~~ needed, with any referrals.
- B. ~~Complete/~~Approve the "Investigation Case Connect" screen as appropriate and assign and open a case if appropriate.

However, when CACD is assigned as the primary investigator and the determination is unsubstantiated, CACD will:

- A. Complete ~~and/~~ approve the "Investigation Case Connect" screen.

PROCEDURE II-D1~~36~~: DCFS and Law Enforcement Interfaces and Responses

0201/2025~~2020~~

When a parent or custodian is arrested and can no longer care for his or /her child~~ren~~, law enforcement often contacts DCFS. The DCFS response depends upon whether the arrest of the parent or custodian is related to a child maltreatment or non-child maltreatment offense, if, based on the safety assessment, the parent or custodian presents an immediate danger to the health or physical well-being of the child, and ~~as well as~~ other factors ~~that must be~~ assessed by DCFS. Staff will consult with their supervisor or designee and OCC, if necessary, regarding the appropriate response and subsequent actions. ~~Some situations and appropriate DCFS responses include the following:~~

~~CHILD MALTREATMENT RELATED CHARGE WITHOUT IMMEDIATE DCFS NOTIFICATION~~

~~When law enforcement arrests a custodian on a child maltreatment related charge, (e.g., driving drunk with the child) and does not notify DCFS prior to placing the child with an appropriate relative or fictive kin, but DCFS learns of the placement at a later point in time, the FSW will:~~

- ~~A. Call the Child Abuse Hotline to make a report.~~
- ~~B. Assess whether child can safely remain in the custody of the relative or fictive kin to whom law enforcement released the child (if the child has not already been returned to his or her legal parent(s)).~~
 - ~~1) To determine safety and appropriateness of placement, conduct:~~
 - ~~a) Child Maltreatment Central Registry Check;~~
 - ~~b) Arkansas State Police Criminal Background Check;~~
 - ~~c) Vehicle Safety Program (DMV) Check;~~
 - ~~d) Individual interview with each child involved; and,~~
 - ~~e) Visual inspection of the identified home.~~
 - ~~i. If results of these background checks and the visual inspection of the home indicate the placement is safe and appropriate, then the FSW will:~~
 - ~~(1) Allow child to remain with that relative or fictive kin;~~
 - ~~(2) Seek, if appropriate, an order of less than custody prohibiting the parent or legal guardian from removing the child from the relative.~~
 - ~~ii. If the results of these background checks and visual inspection of the home do not indicate the placement is safe and appropriate, then the FSW will:~~
 - ~~(1) Take a 72 hour hold on the child and place the child in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined by A.C.A. §9-28-402.~~
 - ~~(2) Initiate a dependency-neglect action by completing the affidavit and notifying the Office of Chief Counsel.~~
 - ~~(3) Determine if there is a non-custodial parent, other appropriate relative, or fictive kin who is not involved in the arrest and is willing and able to care for the child. If so:~~
 - ~~(a) For relatives and fictive kin to the child, discuss the option of opening as a provisional home (see Procedure VI B1 for more information).~~
 - ~~(b) If the relative or fictive kin declines the option of opening as a provisional home, discuss with the individual the option of assuming custody of the child (see Procedure VI B3 for more information).~~

~~CHILD MALTREATMENT RELATED CHARGE WITH IMMEDIATE DCFS NOTIFICATION~~

~~When law enforcement arrests a custodian on a child maltreatment related charge, (e.g., driving drunk with the child) and notifies DCFS, the FSW will:~~

- ~~A. Ensure the Child Abuse Hotline has been called regarding the incident.~~

- ~~B. Take a 72-hour hold and place the child in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined by A.C.A. §9-28-402.~~
- ~~C. Initiate a dependency-neglect action by completing the affidavit and notifying the Office of Chief Counsel.~~
- ~~D. Determine if there is a non-custodial parent, other appropriate relative, or fictive kin who is not involved in the arrest and is willing and able to care of the child. If so:
 - ~~1) For a non-custodial parent, discuss the option of a trial home placement (see Policy VI-B and Procedure VI-B1 for more information);~~
 - ~~2) For relatives or fictive kin, discuss the option of opening as a provisional foster home (see Procedure VI-B2 for more information);~~
 - ~~3) If the relative or fictive kin declines the option of opening as a provisional, discuss with the individual the option of assuming custody of the child (see Procedure VI-B3 for more information);~~
 - ~~4) The child must remain in approved out-of-home placement until the relative or fictive kin is opened as a provisional home or until the court grants custody to the non-custodial parent, relative, or fictive kin.~~~~

~~NON-CHILD MALTREATMENT RELATED CHARGE WITH IMMEDIATE DCFS NOTIFICATION~~

~~When law enforcement arrests a custodian for reasons not related to child maltreatment (e.g., writing hot checks, outstanding warrant unrelated to child abuse or neglect, etc.) the FSW will:~~

- ~~A. Determine via phone if law enforcement is aware of whether parents have made or are attempting to make child care arrangements:
 - ~~1) If the parents cannot make child care arrangements:
 - ~~a) Take a 72-hour hold and place the child in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined by A.C.A. §9-28-402.~~
 - ~~b) Initiate a dependency-neglect action by completing the affidavit and notifying the Office of Chief Counsel.~~
 - ~~c) Determine if there is a non-custodial parent, other appropriate relative, or fictive kin who is not involved in the arrest and is willing and able to care for the child. If so:
 - ~~i. For a non-custodial parent, discuss the option of a trial home placement (see Policy VI-B and Procedure VI-B1 for more information).~~
 - ~~ii. For relatives or fictive kin, discuss the option of opening as a provisional home (see Procedure VI-B2 for more information).~~
 - ~~iii. If the relative or fictive declines the option of opening as a provisional home or the person identified is fictive kin, discuss with the individual the option of assuming custody of the child (see Procedure VI-B3 for more information).~~~~~~
 - ~~2) If the parents are making or have made child care arrangements, then determine:
 - ~~a) Identity of prospective caretaker;~~
 - ~~b) Whether prospective caretaker is assumed to be an appropriate caregiver;~~
 - ~~c) When prospective caretaker is expected to arrive;~~~~~~

~~d) Whether child may wait with or without DCFS representative at present location until caretaker arrives.~~

~~i. If child may wait at present location and identified caretaker is a custodian with equal or joint custody (divorced custodian must show proof of equal or joint custody), allow child to remain with that custodial parent with no further action from DCFS.~~

~~ii. If child may wait at present location and identified caretaker is not custodian with equal or joint custody but:~~

~~(1) Is/has been approved by the parent, and,~~

~~(2) Arrives in timely manner; and,~~

~~(3) Is otherwise appropriate; then,~~

~~Allow child to go with identified caregiver with no further action from DCFS.~~

~~iii. If child may remain at present location but identified caretaker:~~

~~(1) Is NOT/has NOT been approved by the parent; or,~~

~~(2) Does NOT arrive in timely manner; or,~~

~~(3) Is otherwise inappropriate; then,~~

~~FSW will take a 72-hour hold and place the child in a licensed or approved foster home, shelter, or facility, or an exempt child welfare agency as defined by A.C.A. §9-28-402.~~

~~iv. If the caretaker is a non-custodial parent, other appropriate relative, or fictive kin who is not involved in the arrest and is willing and able to care for the child:~~

~~(1) For a non-custodial parent, discuss the option of a trial home placement (see Policy VI-B and Procedure VI-B1 for more information).~~

~~(2) For relatives and fictive kin, discuss the option of opening as a provisional home (see Procedure VI-B2 for more information).~~

~~(3) If a relative or fictive declines the option of opening as a provisional home or the person identified is fictive kin, discuss with the individual the option of assuming custody of the child (see Procedure VI-B3 for more information).~~

POLICY VII-K: Child Maltreatment Allegations Concerning Out-of-Home Placements

0205/20252022

OVERVIEW

All child maltreatment allegations concerning any person in a foster-resource home will be investigated in accordance with the Child Maltreatment Act § 12-18-602. As with all children whose interest becomes the concern of DCFS, the safety and welfare of all children in foster care will be paramount.

If any child in foster care is the subject (alleged offender or alleged victim) of an allegation of child maltreatment, the Child Abuse Hotline will notify the appropriate DCFS and CACD Executive Staff as well as the Area Director for the DCFS service area in which the foster home named in the report is located. The DCFS Area Director will then ensure that the appropriate Division staff notify the child~~(ren)~~'s family, the primary and secondary Family Service Worker (FSW) for the child, as applicable, the Office of Chief Council (OCC) attorney, the child~~(ren)~~'s CASA, if applicable, and the child~~(ren)~~'s attorney ad litem. The attorneys ad litem for any other children placed in the home will be notified as well.

If there is an allegation of child maltreatment in which a child in foster care is named as the alleged offender, see Policy II-D: Investigation of Child Maltreatment Reports under "Legal Representation for Child in Foster Care Named as an Alleged Offender" for more information.

The Arkansas State Police Crimes Against Children Division (CACD) will conduct all child maltreatment investigations (Priority I and II) involving a foster-resource parent or household member of a resource ~~foster~~ home excluding reports that meet Differential Response criteria involving a child in foster care that allegedly occurred prior to the child entering foster care.

However, when any household member of a foster-resource home (to include resource~~foster~~ parents, biological and adopted children of the resource~~foster~~ parents, and children in foster care placed in the home) is the subject of a child maltreatment allegation, DCFS staff will also conduct an individualized evaluation to assess the safety of the child~~(ren)~~ within twenty-four (24) hours of the receipt of the report to determine if the child~~(ren)~~ can safely remain in the home during the course of the investigation. DCFS staff will try to coordinate this visit to the home to assess safety with CACD staff.

If ~~any of the fourteen (14) Arkansas Health and Safety threat factors~~ are identified in the resource~~foster~~ home, staff will review the Division's approved safety assessment for resource

providers in consultation with a DCFS supervisor and make a determination regarding whether,
the child~~ren~~ will be moved ~~into~~ another approved placement or an immediate safety plan can be
developed to mitigate the safety threat.

~~However, if no Health and Safety threat factors are identified, but there are other concerns to~~
~~be addressed related to the resource home or any household members, and if it can be shown~~
~~that it is in the best interest of any or all of the children currently placed in that foster home, a~~
corrective action plan may be ~~considered to put in place to~~ allow ~~any or all of the children~~ in
foster care to remain safely in ~~a the resource home involved in a child maltreatment report.~~ A
corrective action plan is designed to ensure the safety and well-being of the child~~ren~~ in the home
as long as the concern ~~was not directly related to~~ an act or omission rising to the level of
~~maltreatment a safety threat on the part of the foster parent(s) (e.g., a biological child of the~~
~~foster parent posed a risk, but not the foster parents themselves).~~ All relevant information will
be reviewed to make a decision regarding the implementation of an immediate safety plan or
corrective action plan for the resource~~foster~~ home. This ~~would~~ includes, but is not limited to:

A. The characteristics and history of the child in foster care;

~~A.~~B. Best interest of the child in foster care;

~~B.~~C. The characteristics and history of the foster resource parents and their own
children (if any);

~~C.~~D. The nature of the allegation;

~~D.~~E. Information collected during the investigation; and

~~E.~~F. The services, supports, and/or monitoring that will be put in place during the
investigation.

The appropriate Assistant Director ~~of Community Services~~ or designee must approve all
immediate safety plans and corrective action plans for foster resource homes prior to the DCFS
staff leaving the home in which the immediate safety plan or corrective action plan will be
implemented. If the safety and welfare standards of the Division cannot be met and the child~~ren~~
cannot safely remain in the home, the child~~ren~~ in care will be moved to another approved
placement.

If after the initial safety evaluation conducted by DCFS staff it is determined that there are no risk
factors or safety ~~threat factors~~ present, ~~and, as such, then~~ neither an immediate safety plan nor a
corrective action plan is ~~not~~ required while the investigation is being completed. In these
situations, the Area Director may approve leaving the child~~ren~~ in the home if it is in the best
interest of the child~~ren~~. The Area Director will notify the appropriate Assistant Director ~~of~~
~~Community Services~~ or designee when a child~~ren~~ ~~is~~ are left in a resource~~foster~~ home with a

pending investigation but for which neither an immediate safety plan nor a corrective action plan was ~~not~~ necessary.

While any foster-resource home is being investigated because of a child maltreatment allegation, no additional children in foster care may be placed there (regardless of whether an immediate safety plan or corrective action plan was required ~~or not~~). As such, the foster-resource home will be placed on unavailable status in the Division's information management system.

PROCEDURE VII-K1: Initial Report Response

0201/20252019

When any initial report of child maltreatment is made and concerns any person in a foster resource home, the CACD investigator will begin an investigation within twenty-four (24) hours for Priority I allegations or within seventy-two (72) hours for Priority II allegations.

The assigned DCFS staff will then:

- A. Within twenty-four (24) hours, assess the safety and risk of the child victim and any other children in the foster-resource home and determine if the child(ren) in care can remain in the home with the implementation of a corrective action plan for the foster-resource home on an individual, case-by-case basis. This includes determining the placement structure that best meets all the needs of the children and all members of the foster resource home. For example:
 - 1) The alleged victim child in care may be removed from the home; ~~or,~~
 - 2) The alleged offender child may be removed from the home; ~~or,~~
 - 3) Any of the children in care who are neither an alleged offender nor an alleged victim may be removed or remain in the home based on an individual, case-by-case determination of what is in their best interest and welfare; ~~and,~~
- B. If a corrective action plan for the foster-resource home is implemented:
 - 1) Develop the corrective action plan for the foster-resource home with the foster resource parents and child(ren) in the home, as age and developmentally appropriate, review it, and answer any questions the participants may have;
 - 2) Utilizing the appropriate chain of command, notify the appropriate Assistant Director ~~of Community Services~~ or designee of the corrective action plan via phone prior to leaving the home; and
 - 3) If the corrective action plan is approved by the appropriate Assistant Director ~~of Community Services~~ or designee:
 - a) Leave a copy of the corrective action plan with the foster-resource parents.
 - b) File the corrective action plan for the foster-resource home in the provider record.

- c) Document the corrective action plan for the ~~foster-resource~~ home and reasons behind the implementation of the plan in ~~CHRIS~~-contacts in the Division's information management system.
- d) Inform other parties to the case of the corrective action plan for the ~~resource foster~~ home immediately but no later than the next business day via email or text.
- e) Visit the home at least weekly to meet with the children and ~~resource foster~~ parents while the corrective action plan for the ~~resourcefoster~~ home is in place.
 - 1) During the home visit, meet individually with ~~foster-resource~~ parents and children in care, if age appropriate, to assess the corrective action plan for the ~~foster-resource~~ home, the continued well-being of the children, and to determine any adjustments that may need to be made;.
- C. If the child(ren) must be removed (which includes removal because the appropriate Assistant Director ~~of Community Services~~ or designee does not approve the corrective action plan by phone), refer to Policy VII-L: Changes to Out-of-Home Placement and related procedures regarding notifications of the placement move;.
- D. Provide a briefing of the safety ~~/risk~~-assessment within twenty-four (24) hours of conducting the safety ~~/risk~~ assessment by emailing the completed CFS-329: ~~Foster-Child in Foster Care~~ Maltreatment Disclosure Case Briefing Summary to the DCFS Assistant Director of ~~Community Services~~Field Operations or designee, the Assistant Director of Prevention and Reunification, and the Child Protective Services (CPS) Manager;.
- E. Notify immediately, but no later than five (5) business days the child(ren)'s custodial/non-custodial parent(s), attorney ad litem, and OCC attorney whenever the child is the victim or offender named in an allegation of child maltreatment. Notify via email, text, and/or with the following forms:
 - 1) CFS-204-A: Notice of Child Maltreatment Allegation to Legal Parent(s), Legal Guardian(s) and Current ~~Foster-Resource~~ Parent(s) of Alleged Offender in Foster Care;.
 - 2) CFS 205-A: Notice of Child Maltreatment Allegation to Legal Parent(s), Legal Guardian(s), and Current ~~Foster-Resource~~ Parent(s) of Alleged Victim(s) in Foster Care;.
 - 3) CFS 208-A: Notice of Child Maltreatment Allegation to Attorney Ad Litem and CASA of Alleged Offender;.
 - 4) CFS 206-A: Notice of Child Maltreatment Allegation to Attorney Ad Litem, CASA, and Counsel in Dependency Neglect or FINS Case of Alleged Victim(s); ~~and,.~~
- F. Notify attorneys ad litem for all children placed in the same out-of-home placement but not named as victims in the report, via email, text, ~~and/~~ or the CFS-209-A: Notice of Child Maltreatment Allegation to AAL or CASA of Child in ~~Foster-Resource~~ Home Where Maltreatment Is Reported or Where an Alleged Juvenile Offender or Underaged Juvenile Offender is Placed, immediately, but no later than five (5) business days.

The Area Director or designee will:

- A. Ensure the appropriate DCFS field staff are notified (~~e.g. examples include, but are not limited to, notifying~~ County Supervisor(s), FSW Unit Supervisor(s), and primary and secondary FSWs for the child(ren), ~~etc.~~) of the allegation so that these staff can then notify the child(ren)'s family, the OCC attorney, the child(ren)'s CASA, if applicable, and the child(ren)'s attorney(s) ad litem of the allegation;

- B. Notify the Resource Worker and Resource Worker Supervisor of the maltreatment allegation so that the Resource Worker may place the home on unavailable status in ~~CHRIS~~the Division's information management system; and,
- C. Conference with FSW Supervisor as needed.

The FSW Supervisor will:

- A. Conference with the FSW as needed; and,
- B. Notify the Area Director of the initial response outcomes.

The Resource Worker will:

- A. At the direction of the Area Director or designee, classify the home under investigation as "unavailable" in ~~CHRIS~~the Division's information management system immediately but no later than the next business day, so that no additional children may be placed in that home until the resolution of the investigation; and,
- B. Assist with the monitoring of the corrective action plan for the ~~foster-resource~~ home as appropriate.

The Assistant Director of ~~Community Services~~Field Operations or designee will:

- A. Notify the DCFS Director when a child is left in a ~~foster-resource~~ home in which a member of the ~~foster-resource~~ household has been named as an alleged offender and a corrective action plan has been implemented to allow the child to stay in the home in order to ensure the child's best interest;
- B. Review the CFS-329: ~~Foster-Child~~ in Foster Care Maltreatment Disclosure Case Briefing Summary;
- C. Conference with field staff as necessary; and,
- D. Share the CFS-329: Foster Child Maltreatment Disclosure Case Briefing Summary with the Assistant Director of Placement Supports and Community Outreach and the Foster Care Manager as appropriate.

PROCEDURE VII-K2: Response to Unsubstantiated Finding

0201/20252019

If the child maltreatment allegation is unsubstantiated, the FSW Resource Worker will:

- A. Collaborate with the FSW Investigator and the child(ren)'s FSW Caseworker to write a request to the Resource Family Review Committee regarding how to proceed with the ~~foster-resource~~ home;.
- B. Submit a request to the Resource Family Review Committee within one (1) week of the determination.
 - 1) The request will include the FSW Resource Worker's recommendation regarding:
 - a) Ending the corrective action plan for the ~~foster-resource~~ home, if applicable;
 - b) The placement arrangements for the child(ren) (~~e.G~~such as., returning any children who may have been removed from the ~~foster-resource~~ home as a result of the allegation); ~~and,~~

- c) Whether the foster resource home will be left on unavailable status or be returned to available status; and
- d) Whether any other actions are required; and
- C. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable; and
- D. Update the status of the foster resource home in CHRIS-the Division's information management system as needed as well as in the CHRIS contacts screen as necessary.

The Resource Worker Supervisor will:

- A. Conference with the FSW Resource Worker as needed; and
- B. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable; and
- C. Update the Area Director as needed.

The FSW Investigator will:

- A. Collaborate with the FSW Resource Worker and the child(ren)'s FSW Caseworker to write a request to the Resource Family Review Committee regarding how to proceed with the foster resource home; and
- B. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable.

The FSW Caseworker for the child(ren) will:

- A. Collaborate with the FSW Resource Worker and the FSW Investigator to write a request to the Resource Family Review Committee regarding how to proceed with the foster resource home; and
- B. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable; and
- C. Update the child(ren)'s strengths and needs assessment-CANS following the implementation of the Resource Family Review Committee's decision.

The FSW Supervisor(s) will:

- A. Conference with the FSW Investigator and FSW Caseworker as needed; and
- B. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable.

The Area Director or designee will:

- A. Participate in the Resource Family Review Committee meeting upon request.
 - 1) Phone participation in the Resource Family Review Committee meeting is acceptable.

The Resource Family Review Committee will:

- A. Review the request from the FSW Resource Worker and determine the appropriate action(s) that may include, but are not limited to:
 - 1) Ending the corrective action plan for the resource foster home, if applicable;
 - 2) Revising the placement arrangements for the child(ren) (examples include, but are not limited to e.g., returning any children who may have been removed from the foster resource home as a result of the allegation);
 - 3) Determining whether the resource foster home will be left on unavailable status or be returned to available status; and,
 - 4) Determining whether any other actions are required;.
- B. Notify the FSW Resource Worker who submitted the request of the committee's decision in writing within one (1) business day; and,
- C. Document the recommendation in the pProvider sScreen in the Division's information management system CHRIS.

The Resource Family Review Committee will:

- A. Review the recommendation from the FSW Resource Worker as to whether the resource foster home will be left on unavailable status or returned to available status and if any other actions are required; and,
- B. Notify the FSW Resource Worker who submitted the request of the committee's decision in writing within one (1) business day.

PROCEDURE VII-K5: Response to True Finding Overturned on Administrative Appeal When the Foster Home has Previously Been Closed

0201/20252019

If the foster resource home has been closed and requests DCFS to re-open the home, the FSW Resource Worker will:

- A. Arrange and hold a staffing within three (3) business days of the administrative hearing to determine on a case-by-case case-by-case basis if the local staff believe it is appropriate to pursue re-opening the foster resource home.
 - 1) If local staff believe it is appropriate to pursue re-opening the foster resource home, collaborate with other local staff, as appropriate, to write a request to the Resource Family Review Committee to consider re-opening the foster resource home and submit the request to the Resource Family Review Committee.
 - 2) If local staff believe it is not appropriate to pursue re-opening the foster resource home, inform the family of the decision.
- B. The following staff shall participate in this staffing:
 - 1) Resource Worker Supervisor.
 - a) The Resource Worker Supervisor will update the Area Director regarding the decision if the Area Director did not participate in the staffing.
 - 2) FSW Investigator.

3) FSW Caseworker.

1)4) Area Director or designee, on a case-by-case basis and upon request.

~~The Resource Worker Supervisor will:~~

- ~~A. Participate in the staffing to determine on a case by case basis if the local staff believe it is appropriate to pursue re-opening the foster home; and,~~
- ~~B. Update the Area Director as necessary.~~

~~The FSW Investigator will:~~

~~Participate in the staffing in person or via phone to determine on a case by case basis if the local staff believe it is appropriate to pursue re-opening the foster home.~~

~~The FSW Caseworker will:~~

~~Participate in the staffing in person or via phone to determine on a case by case basis if the local staff believe it is appropriate to pursue re-opening the foster home.~~

~~The Area Director or designee will:~~

~~Participate in the staffing in person or via phone to determine on a case by case basis if the local staff believe it is appropriate to pursue re-opening the foster home.~~

The Resource Family Review Committee will:

- A. Review the request from the FSW Resource Worker and determine if it is appropriate to re-open the home and, if so, under what conditions (examples include, but are not limited to e.g., once additional training has been completed or, with certain restrictions on characteristics of children that can be placed in the home, etc.); and,
- B. Notify the FSW Resource Worker who submitted the request of the committee's decision in writing within one (1) business day.

PROCEDURE VII-K6: Response to True Determination Finding Upheld on Administrative Appeal

0201/20252019

If the true determination finding is upheld by the administrative hearing, the resource foster home may remain open for any of the children currently placed in the home if it can be shown that it is in the best interest of the child(ren) to remain in the home. This will be done on an individual basis for each child.

The FSW will:

- A. Arrange and hold a staffing with the FSW Supervisor, Resource Worker, and Resource Worker Supervisor within two (2) ~~three~~ business days of the administrative hearing to

determine on a case-by-case basis if it is in the best interest of the child(ren) to remain in that resourcefoster home, if applicable.

- 1) If the results of the staffing determine that it is appropriate to allow the child(ren) involved in the allegation to remain in the home, reassess the corrective action plan for the fosterresource home and adjust accordingly if necessary.
- 2) If the staffing determines that any child(ren) still in the resourcefoster-home must be removed, remove the child(ren) from the home.
 - a) If the child(ren) must be removed, refer to Policy VII-L: Changes to Out-of-Home Placement and related procedures regarding notifications of the placement move.
 - b) Staff are highly encouraged to update the child's strengths and needsCANS assessment during this staffing or once the child(ren) moves into a new placement, if applicable.;
- B. Conference with the FSW Supervisor, Resource Worker, and Resource Worker Supervisor regarding at what point the resourcefoster home will be closed.;
- C. Provide the Resource Worker with any needed and/or requested information for an alternative compliance and/or policy waiver request, if applicable.;
- D. Update ~~CHRIS~~ contacts in the Division's information management system as needed.;
- E. If at any point the policy waiver and/or alternative compliance request is denied, conference with the FSW Supervisor and:
 - 1) Remove all child(ren) in care from the fosterresource home.
 - ~~2) Refer to Policy VII-L: Changes to Out-of-Home Placement and related procedures regarding notifications of the placement move.~~
 - 2)

~~The FSW Supervisor will:~~

~~Participate in the staffing to determine on a case by case basis if it is in the best interest of the children to remain in that foster home, if applicable;~~

~~Conference with the FSW, the Resource Worker, and the Resource Worker Supervisor regarding at what point the foster home will be closed; and,~~

~~Update the Area Director as needed.~~

The Area Director or designee will:

- A. Participate upon request in the staffing in-person or via phone to determine on a case-by-case basis if it is in the best interest of the children to remain in that fosterresource home, if applicable;
- B. Submit the recommendation from the staffing to the Assistant Director of ~~Community Services~~Field Operations or designee for final approval;
- C. Review any received policy waiver and/or alternative compliance request(s) and supporting materials for resource foster-homes for which a true finding has been upheld and the child(ren) will remain in that home due to it being in the best interest of the child(ren);
- D. Grant or deny approval for policy waiver and/or alternative compliance request(s) as appropriate; and;

E. If approved, forward the request(s) to the DCFS Director or designee for approval.

The Resource Worker will:

~~A. Conference with the FSW, FSW Supervisor, and Resource Worker Supervisor regarding at what point the foster home will be closed;~~

~~B.A.~~ Complete ~~the any~~ necessary documents for requesting that the ~~resourcefoster~~ home be granted an alternative compliance ~~and/or~~ policy waiver (see Appendix 7: Alternative Compliance and Policy Waiver Protocol for more information), if needed to allow the ~~resourcefoster~~ home to remain open for the child(ren) involved in the report because it is in their best interest to remain in that home.;

~~C.B.~~ Complete CFS-475-F: True Reports of Child Maltreatment Against ~~ResourceFoster~~ Family Members and file it in the provider record.;

~~D.C.~~ Forward all applicable case information for the alternative compliance ~~and/or~~ policy waiver request, including investigative outcomes, ~~strengths and needs assessment~~CANS, and the corrective action plan for the ~~resourcefoster~~ home, to the Resource Worker Supervisor for review.;

~~E.D.~~ Inform the FSW and FSW Supervisor of the outcome of the alternative compliance ~~and/or~~ policy waiver request.

1) Close any ~~resourcefoster~~ home that is denied a policy waiver ~~and/or~~ alternative compliance approval at any point during the request review and document in ~~the Division's information management system CHRIS~~ that the home is closed.

a) Provide the reason for closure in ~~the comment box in the Provider Services Tab~~Division's information management system.

2) Update ~~CHRIS~~ contacts ~~in the Division's information management system~~ regarding the results of ~~the any~~ alternative compliance ~~and/or~~ policy waiver request and as otherwise necessary.;

~~F.E.~~ Complete CFS-475-G: Checklist for ~~ResourceFoster~~ Home Closure, as applicable, and file the form in the provider record.;

1) Complete all other required steps to close a ~~resourcefoster~~ home.

The Resource Worker Supervisor will:

~~A. Conference with the FSW, FSW Supervisor, and Resource Worker regarding at what point the foster home will be closed;~~

~~B.A.~~ Review ~~the any~~ alternative compliance ~~and/or~~ policy waiver requests and supporting documentation, if applicable; and;

~~C.B.~~ Forward ~~the any~~ alternative compliance ~~and/or~~ policy waiver requests and supporting documentation, if applicable, to the Area Director.

The Assistant Director of ~~Community Services~~Field Operations will:

Notify the DCFS Director or designee of the decision regarding placement of the children and availability status of the ~~resourcefoster~~ home.

The Division Director or designee will:

- A. Review any received policy waiver ~~and/or~~ alternative compliance request(s) and supporting materials;
- B. Grant or deny approval for policy waiver ~~and/or~~ alternative compliance request(s) as appropriate; and,
- C. If approved, forward any alternative compliance request(s) to the Placement and Residential Licensing Unit (PRLU) ~~Administrator~~Manager and staff.

The Placement and Residential Licensing Unit (PRLU) ~~Manager~~Administrator or designee will:

- A. Review the request for an alternative compliance; and,
- B. Place the request on the agenda of the next scheduled meeting of the Child Welfare Agency Review Board (CWARB).

PROCEDURE VII-K3 Response to True Determination~~Finding~~ Pending Due Process

~~0204/2025~~2019

If the child maltreatment allegation is determined to be true, the FSW Caseworker will:

- A. Reassess the corrective action plan for the resource ~~foster~~ home, if applicable, in collaboration with the FSW Resource Worker and FSW Investigator;
- B. Remove any or all of the children from the home, determined on a case-by-case basis in consultation with the FSW Supervisor, if necessary to ensure their safety and well-being;
 - 1) If the child(ren) must be removed, refer to Policy VII-L: Changes to Out-of-Home Placement and related procedures regarding notifications of the placement move;
- C. Hold a staffing within three (3) business days of the determination with the FSW Supervisor, FSW Resource Worker, and, if needed, the FSW Investigator~~finding~~ to ~~decide~~determine if the corrective action plan for the resource~~foster~~ home, if applicable, needs to be revised and/or if changes to the child(ren)'s placement are needed until due process for the resource~~foster~~ parents has been met;
- D. Update ~~CHRIS~~ contacts in the Division's information management system as necessary; and,
- E. Update the FSW Resource Worker and Resource Worker Supervisor as necessary.

~~The FSW Supervisor will:~~

- ~~A. Conference with the FSW regarding the determination; and,~~
- ~~B. Participate in the staffing to determine if the corrective action plan for the foster home, if applicable, needs to be revised and/or if changes to the child(ren)'s placement are needed until due process for the foster parents has been met.~~

The FSW Resource Worker will:

- ~~A. Participate in the staffing upon request; and,~~

B.A. Update the availability of the resourcefoster home and CHRIS contacts in the Division's information management system as applicable.

The FSW Investigator will:

~~Participate in the staffing upon request.~~

The Area Director or designee will:

- A. Participate in the staffing upon request ~~in person or via phone~~ to determine if the corrective action plan for the ~~foster-resource~~ home, if applicable, needs to be revised ~~and~~ or if changes to the child(ren)'s placement are needed until due process for the resourcefoster parents has been met; and,
- B. Notify the Assistant Director of Community ServicesField Operations or designee if the child(ren) will remain in a ~~foster-resource~~ home with a true determinationfinding while due process is pending.

The Assistant Director of Community ServicesField Operations or designee will:

Notify the DCFS Director if the child(ren) will remain in a resourcefoster home with a true ~~finding~~ determination while due process is pending.

PROCEDURE VII-K4: Response to True ~~Determination~~Finding Overturned on Administrative Appeal When the ~~ResourceFoster~~ Home is Still Open

~~0201/2025~~2019

The FSW Caseworker will:

- A. Arrange and hold a staffing with the FSW Supervisor, Resource Worker, and Resource Worker Supervisor within three (3) business days of the administrative hearing to determine on a case-~~by-~~case basis if it is in the best interest of the children to remain in or return to that ~~resourcefoster~~ home, as applicable.
 - 1) If the results of the staffing determine that it is appropriate to allow the children involved in the allegation to remain in ~~/or~~ return to the home, reassess the corrective action plan, if applicable, for the ~~resourcefoster~~ home, and adjust accordingly if necessary.
 - 2) If the staffing determines that any children still in the ~~resourcefoster~~ home must be removed, remove the children from the home.
 - a) If the child(ren) must be removed, refer to Policy VII-L: Changes to Out-of-Home Placement and related procedures regarding notifications of the placement move.
- B. Conference with the FSW Supervisor, Resource Worker, and Resource Worker Supervisor regarding the recommendation as to whether the ~~resourcefoster~~ home will be left on unavailable status or returned to available status and if any other actions are required; ~~and,~~
- C. Update ~~CHRIS~~ contacts in the Division's information management system as necessary.

~~The FSW Supervisor will:~~

- ~~A. Participate in the staffing regarding the children's placement to determine, as applicable, if it is in the child(ren)'s best interest to remain in/return to the foster home;~~
- ~~B. Conference with the FSW Caseworker, Resource Worker, and Resource Worker Supervisor regarding the recommendation as to whether the foster home will be left on unavailable status or returned to available status and if any other actions are required; and,~~
- ~~C. Update the Area Director as necessary.~~

The Area Director or designee will:

- A. Participate in the staffing (~~in person or via phone~~)upon request regarding the placement of the children;
- B. Submit the recommendation developed during the staffing regarding the placement of the children to the Assistant Director of ~~Community Services~~Field Operations or designee for final approval; ~~and,~~
- C. Conference with the FSW Supervisor and Resource Worker Supervisor regarding the recommendation as to whether the ~~resourcefoster~~ home will be left on unavailable status or returned to available status and if any other actions are required.

Mark-Up

The Resource Worker will:

- ~~A.~~ Participate in the staffing regarding the children's placement to determine, as applicable, if it is in the child(ren)'s best interest to remain in/return to the foster home;
- ~~B.~~A. Take lead on the reevaluation of the resourcefoster home if it is still open;
- ~~C.~~B. Conference with the FSW, FSW Supervisor, and Resource Worker Supervisor regarding the recommendation as to whether the resourcefoster home will be left on unavailable status or returned to available status and if any other actions are required;
- ~~D.~~C. Submit the recommendation, if applicable, to place the resourcefoster home back on available status to the Resource Family Review Committee;
- ~~E.~~D. Based on the response from the Resource Family Review Committee, update the status of the resourcefoster home in the Division's information management system~~CHRIS~~, if applicable, or close the resourcefoster home in the Division's information management system~~CHRIS~~, if applicable;
- ~~F.~~E. Complete CFS-475-F: True Reports of Child Maltreatment Against ResourceFoster Family Members and file it in the provider record;
- ~~G.~~F. Complete CFS-475-G: Checklist for ResourceFoster Home Closure and other required steps to close a resourcefoster home, if applicable; and,
- ~~H.~~G. Update ~~CHRIS~~ contacts in the Division's information management system as necessary.

The Resource Worker Supervisor will:

~~Conference with the FSW, FSW Supervisor, and Resource Worker regarding the recommendation as to whether the foster home will be left on unavailable status or returned to available status and if any other actions are required.~~

The Assistant Director of ~~Community Services~~Field Operations or designee will:

- ~~A.~~ Notify the DCFS Director or designee of the decision regarding placement of the children and availability status of the resourcefoster home.

Mark-Up

APPENDIX 1: GLOSSARY

025/20252

INDEPENDENCE-ANOTHER PLANNED PERMANENT LIVING ARRANGEMENT (APPLA) – Permanency planning hearing disposition (more specifically, “authorizing a plan for –known as–Another Planned Permanent Living Arrangement”) (APPLA) for the juvenile who will not be reunited with his or her family and because another permanency plan is not in the juvenile’s best interest. Any authorization of a plan for APPLA must include a permanent planned living arrangement and address the quality of services, including, but not limited to, independent living services and a plan for supervision and nurturing the juvenile will receive. APPLA may only be selected if:

- A. The department has documented to the circuit court a compelling reason for determining that it would not be in the best interest of the child to follow another permanency plan;
- B. The child is sixteen (16) years of age or older; and;
- C. The court makes a judicial determination explaining why, as of the date of the hearing, APPLA is the best permanency plan for the juvenile and the court finds compelling reasons why it continues to not be in the best interest of the juvenile to:
 - 1) Return home;
 - 2) Be placed for adoption;
 - 3) Be placed with a legal guardian; or;
 - 4) Be placed with a fit and willing relative.

FICTIVE KIN – Persons not related by blood, or marriage, or adoption but who have a strong, positive emotional tie to the child, and have a positive role in the child’s life, such as, godparents, neighbors, or family friends.

GROOMING – Means to knowingly disseminate to a child thirteen (13) years of age or younger with or without consideration to a visual or print medium depicting sexually explicit content with the purpose to entice, induce, or groom the child to engage in the following with another person:

- A. Sexual intercourse;
- B. Sexually explicit conduct; or;
- C. Deviate sexual activity.

Under this definition of grooming, “disseminate” means to allow to view, expose, furnish, present, sell, or otherwise distribute, including on an electronic device or virtual platform, and is not limited to an act that takes place in the physical presence of a child.

MANDATED REPORTER – Individuals identified in the “Child Maltreatment Reporting Act” who must immediately notify the Child Abuse Hotline or law enforcement if they have reasonable cause to suspect that a child has been subjected to or died from child maltreatment, or who observe the child being subjected to conditions or circumstances which would reasonably result in child maltreatment. These individuals include:

- AR State Police Crimes Against Children Division (CACD) Employee
- Attorney ad litem in the course of his or her duties as Attorney ad litem
- Child abuse advocate or volunteer
- Child advocacy center employee

Child ~~c~~Care center worker

Child ~~c~~Care worker

Child safety center employee

Child welfare ombudsman

Clergyman*

Coroner

Court Appointed Special Advocate (CASA) program staff or volunteer

Dental hygienist

Dentist

Department of Human Services employee

DHS contractor when acting within the scope of his or her employment

Domestic abuse advocate

Domestic violence shelter employee

Domestic violence volunteer

Employee of a reproductive health care facility

Employee working under contract for the Division of Juvenile Services

Foster care worker

Foster parent

Full-time or part-time employee of a public school or private school, including without limitation:

- A. A school counselor;
- B. A school official;
- C. A teacher;
- D. A coach or director of a public or private athletic organization, team, or club;
- E. A coach or director of a public or private nonathletic organization, team, or club;
- F. A person who is at least twenty-one (21) years of age and volunteers in a public school or private school:
 - 1) As a coach or director of a public or private athletics organization, team, or club; or
 - 2) As a coach or director of a public or private nonathletic organization, team, or club;
and
- G. A person employed as a school official in an institution of higher education

Judge

Juvenile intake or probation officer

Law enforcement official

Licensed massage therapist

Licensed nurse

Medical personnel who may be engaged in admission, examination, care, or treatment of persons

Mental health paraprofessional

Mental health professional

Osteopath

Peace officer

Person who is eighteen (18) years of age or older and observes abuse, sexual abuse, or sexual exploitation of a child

Physician

Prosecuting attorney

Rape crisis advocate or volunteer

Resident intern

Sexual abuse advocate or volunteer

Social worker

Surgeon

Victim assistance professional or volunteer

Victim/witness coordinator

Volunteer at a reproductive healthcare facility

Individual not otherwise identified in this list who is engaged in performing his or her employment duties with a nonprofit charitable organization other than a nonprofit hospital

*Clergyman includes a minister, a priest, rabbi, accredited Christian Science practitioner, or other similar functionary of a religious organization, or an individual reasonably believed to be so by the person consulting him, except to the extent he has acquired knowledge of suspected maltreatment through communications required to be kept confidential pursuant to the religious discipline of the relevant denomination or faith, or he received knowledge of the suspected maltreatment from the offender in the context of a statement of admission.

NEGLECT — Acts or omissions of a parent, guardian, custodian, foster parent, or any person who is entrusted with the juvenile's care by a parent, custodian, guardian, or foster parent, including, but not limited to, an agent or employee of a public or private residential home, child care facility, public or private school, or any person legally responsible under state law for the juvenile's welfare, but excluding the spouse of a minor and the parents of a married minor, which constitute:

- A. Failure or refusal to prevent the abuse of the child when the person knows or has reasonable cause to know the child is or has been abused;
- B. Failure or refusal to provide the necessary food, clothing, or shelter, or medical treatment necessary for the child's well-being, except when the failure or refusal is caused primarily by the financial inability of the person legally responsible and no services for relief have been offered;
- C. Failure to take reasonable action to protect the child from abandonment, abuse, sexual abuse, sexual exploitation, or neglect, or parental unfitness where the existence of such condition was known or should have been known, and, if for abuse and neglect, the failure to take reasonable action to protect the juvenile causes the juvenile serious bodily injury;
- D. Failure or irremediable inability to provide for the essential and necessary physical, mental, or emotional, needs of the child, including the failure to provide a shelter that does not pose a risk to the health or safety of the child;
- E. Failure to provide for the child's care and maintenance, proper or necessary support, or medical, surgical, or other necessary care;
- F. Failure, although able, to assume responsibility for the care and custody of the child or participate in a plan to assume such responsibility;

- G. Failure to appropriately supervise the child that results in the child being left alone at an inappropriate age creating a dangerous situation or a situation that puts the child at risk of harm; or, in inappropriate circumstances creating a dangerous situation ~~or a situation that puts the child at risk of harm;~~
- H. Failure, regardless of whether the parent, guardian, custodian, foster parent, or any person who is entrusted with the child's care, etc. is present, to appropriately supervise the child that results in the child being placed in inappropriate circumstances creating a dangerous situation ~~or in a situation that puts the child at risk of harm;~~ and
- I. Failure to ensure a child between six (6) and seventeen (17) years of age is enrolled in school or is legally being home schooled or as a result of an act or omission by the child's parent or guardian, the child is habitually and without justification absent from school.

PROTECTION-IMMEDIATE SAFETY PLAN ~~→~~ A written plan developed by the Division in conjunction with the family and support network to protect the juvenile from harm and which allows the juvenile to remain safely in the home.

RELATIVE (FOR PROVISIONAL RESOURCE FOSTER HOMES) ~~→~~ A person within the fifth degree of kinship by virtue of blood, marriage, or ~~or~~ adoption (A.C.A. 9-28-402(18) & the Child Welfare Licensing Act). -The fifth degree is calculated according to the child.

~~SAFEGUARD MEASURE~~ RESOURCE HOME SAFETY PLAN – If, at any time during the ~~foster/adoptive~~ resource family application or re-evaluation process, a Resource Worker ~~or Adoption Specialist~~ determines that any aspect of the home ~~does not meet Minimum Licensing Standards or DCFS policy requirements~~ may pose a safety risk to children placed in the home, the prospective or current ~~foster or adoptive~~ resource family, as applicable, may be asked to implement a safeguard measure resource home safety plan to ensure the home is safe and in compliance with policy and licensing standards and otherwise adequately planning for the safety of children. Examples may include swimming pool safety plans, 4-wheeler or any other all-terrain vehicle safety plan, and trampoline safety plans. -The safeguard measure resource home safety plan must be implemented, as applicable, before the family can be approved as a foster or adoptive resource home and will be documented via CFS-454: Resource Home Safety Plan.

SEXUAL ABUSE – Any of the following acts committed:

- A. By a person 14 (fourteen) years of age or older to a person younger than 18 (eighteen) years of age:
 - 1) Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
 - 2) Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;
 - 3) Indecent exposure; or;
 - ~~3)4)~~ Forcing the watching of pornography or live sexual activity;
- B. By a person eighteen (18) years of age or older to a person not his or her spouse who is younger than 15 (fifteen) ~~16~~ years of age:
 - 1) Sexual intercourse, deviate sexual activity or sexual contact;
 - 2) Attempted sexual intercourse, deviate sexual activity, or sexual contact; or;
 - ~~2)3)~~ Solicitation of sexual intercourse, deviate sexual contact, or sexual contact;
- C. By a person twenty (20) years of age or older to a person not his or her spouse who is younger than sixteen (16) years of age;

- 1) Sexual intercourse, deviate sexual activity, or sexual contact;
- 2) Attempted sexual intercourse, deviate sexual activity, or sexual contact; or;
- 3) Solicitation of sexual intercourse, deviate sexual activity, or sexual contact;

~~C~~.D. By a caretaker to a person younger than eighteen (18) years of age:

- 1) Sexual intercourse, deviate sexual activity, or sexual contact;
- 2) Attempted sexual intercourse, deviate sexual activity, or sexual contact;
- 3) Forcing or encouraging the watching of pornography;
- 4) Forcing, permitting, or encouraging the watching of live sexual activity;
- 5) Forcing listening to a phone sex line;
- 6) Committing an act of voyeurism; or;

~~6~~7) Solicitation of sexual intercourse, deviate sexual activity, or sexual contact;

~~D~~.E. By a person younger than fourteen (14) years of age to a person younger than eighteen (18) years of age:

~~1~~) Sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion; or

~~1~~)

~~2~~) Attempted sexual intercourse, deviate sexual activity, or sexual contact by forcible compulsion;

F. By a person eighteen (18) years of age or older to a person younger than eighteen (18) years of age, the recruiting, harboring, transporting, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act; or;

G. Grooming, by a:

- 1) Person eighteen (18) years of age or older to a person not his or her spouse who is younger than fourteen (14) years of age; or
- 2) Caretaker to a person younger than fourteen (14) years of age.

RULES SUBMITTED FOR REPEAL

Rule #1: PUB 50: Be Your Own Advocate: A Roadmap
to your Time in Arkansas Foster Care

Rule #2: PUB 52: Child Protective Services A
Caretaker's Guide

Be Your Own Advocate!

REPEAL

PUB-50 (10/2015)

Created in partnership with the Arkansas Youth Advisory Board

Table of Contents

Why am I here?1

How long will I stay in foster care?1

Is it normal to feel this way?1

Who’s here to help me?2

What are my rights?3

Where will I live?3

When will I see my family?4

Do I have a say in what happens to me and my case?5

What services and supports are available to me?6

Casey-Ansell.....7

Youth Advisory Board7

Arkansas ETV Program.....8

What about school?8

Can I just be a normal teen?8

Who makes health decisions for me?9

REPEAL

What else do I need to know?	10
<u>Credit Reports.....</u>	<u>11</u>
<u>Driver's License or Other Identification</u>	<u>11</u>
<u>Permanency</u>	<u>11</u>
<u>Extended Foster Care</u>	<u>12</u>
<u>After Care Services.....</u>	<u>13</u>
So now what?	13
Appendix I: Responsibilities	14
Appendix II: Who else is here to help?	15
Appendix III: DHS County Office Contact Information.....	17
Appendix IV: Area Map.....	18
Appendix V: The Court Process	19
Appendix VI: Educational and Training Voucher (ETV) Program Eligibility Requirements.....	21
Appendix VII: Glossary.....	22

REPEAL

Why am I here?

Being separated from your home and family is a big deal. But it's important for you to know that it's not your fault. Your parents have a responsibility to take good care of you. When this isn't happening a report may be made to the Arkansas Child Abuse Hotline. If the report is accepted, people from the Department of Human Services, **Division of Children and Family Services** (DCFS) (see Appendix VII: Glossary for more information) and the courts will get involved to help you and your family. Sometimes this involvement results in children and youth like you being temporarily placed out of your home and into foster care.

How long will I stay in foster care?

The answer is different for each youth depending on a lot of different things. Right when a foster care case opens, it is difficult to guess how long that foster care case may last. Some youth may only be in foster care for a few weeks, others a few months, and some for over a year or longer.

No matter how long you may be in foster care, we hope this book gives you information to help make more sense of your time in foster care. The quotes in the orange boxes throughout this document include tips and advice from other youth who have been or are in the Arkansas foster care system. Be sure to talk to your FSW caseworker and your attorney ad litem (see page 2 for more information) to get more information about the progress of your family's specific case.

Teens coming into foster care need to realize that it will be very difficult in the beginning, but I promise, it does get better. When I came into foster care I was very upset and didn't want to cooperate with anybody. But after a couple months living with my foster parents, I have grown to love them....Teens who just arrive in foster care think it's so horrible and they'll never be happy, but if it turned out well for me, it could turn out well for anyone.

◆Rachel, Yellville◆

Is it normal to feel this way?

Foster care is not easy. It can be difficult being separated from your family, moving to a new place, meeting new people — even under the best of circumstances. You might be confused, relieved, angry, sad, scared, or you might not even know how you feel. All of these feelings are completely natural.

Some of these feelings will go away or change and some may not. Some feelings will take longer than others to work through and figure out. Remember, you don't have to handle everything by yourself. Talking about how you're feeling can help a lot, so be sure to share what you're going through with your therapist, your caseworker, or anyone else you trust. If you want to talk with other youth in foster care who have gone through some of the same things you have, there are resources like your Youth Advisory Board (see page 7 for more information) and FosterClub.org (see page 16 for more information).

Who's here to help me?

There are a lot of people who are here to help. Your Family Service Worker (FSW) caseworker is the DCFS person whose job it is to look out for you. However, if you are placed in a different county from your home county, you may also have a secondary FSW caseworker. Both your primary and secondary FSW caseworkers will help you understand why you are here. Every situation is different so you should talk to your FSW caseworker about why you are in foster care.

Some tips to help you through foster care...

"When I first entered into foster care...I had no idea about what was going to happen or even if I was going to see my parents again. I can tell you if you're scared, it's normal and it's ok. I also want you to know that it will get better. You're only in foster care because they want to help you."

♦Alyssa, Morrilton♦

In your first month in foster care or when you move to a new foster home or other placement, your **FSW caseworker** must visit you at least once a week. After the first month of foster care, your FSW caseworker must visit you at least once a month in your foster home, but then your FSW caseworker must also contact you once a week by phone and/or see you in other places like at school or driving you to appointments. Your FSW caseworker will give you his or her contact information so you can contact him or her whenever you have a question or need help.

Sometimes your FSW caseworker may change, so be sure to know who your FSW caseworker's **Supervisor** is if you can't reach your FSW caseworker. Supervisors can help provide extra support when needed.

If you are 14 years old or older, you will also have a Transitional Services Coordinator who will help you with your transitional plan (see page 5 for more information). Your **Transitional Services Coordinator**, along with the rest of your team, will help make sure you are learning skills and gaining information that you will need when you become an adult.

Other people you may meet from DCFS are **Program Assistants** (PAs) who sometimes help drive youth to appointments or supervise visits with your parents if supervised visitation is a part of your case plan.

Some tips to help you through foster care...

"Be calm and respectful. It will pay off! Know that you are not alone! Find out who your caseworker is and get his or her contact info. Be patient and try to ask lots of questions. Try to be positive and be very honest!"

♦Shady, Fort Smith♦

Your **attorney ad litem (AAL)** is the person who will represent your best interests in court. It is his or her job to make sure that your legal rights are protected. He or she will help you

YOU HAVE THE RIGHT TO...

- ✓ Be nurtured by foster parents who meet your needs or be placed in the custody or foster home of relatives or fictive kin, if appropriate
- ✓ Be heard and involved with the decisions in your life
- ✓ Have complete information and direct answers to your questions
- ✓ Be informed about and have involvement when appropriate with your birth family and siblings
- ✓ Have ongoing contact with other important people in your life
- ✓ Have reasonable access to your caseworker or other person at DCFS
- ✓ Express your opinion and have it treated respectfully
- ✓ Request support and services that you need
- ✓ Have individualized care and attention
- ✓ Be notified of changes impacting your permanence, safety, and well-being
- ✓ Have a stable, appropriate placement
- ✓ Be notified of placement changes
- ✓ Receive free appropriate education, training, and career guidance to prepare you for adulthood
- ✓ Have reasonable access to and have your best interest represented by an attorney ad litem in all court proceedings
- ✓ Receive quality child welfare services
- ✓ Have a plan for your future and the support needed to achieve it
- ✓ Receive a copy of your case record upon exiting foster care
- ✓ Be cared for without regard to race, gender, religion, or disability

better understand your rights and the legal process. You should also make sure you have your attorney ad litem's contact information so that you can easily call or email him or her with questions or concerns.

Sometimes, you may also have a **CASA** volunteer. CASA stands for Court Appointed Special Advocate. This is a person from the community who volunteers to help you while you are in foster care. They will spend time with you and get to know you, so they can help the judge understand how you feel and what you want. Every case is different, so not everyone has a CASA. But if you don't have one and you think you'd like one, ask the judge if it's possible.

You may also have a **therapist**. This person is here to listen to you and talk with you. They are specially trained to help you deal with your emotions in a healthy way.

What are my rights?

Be your own advocate! The most important right you have is to know your rights. When you know your rights, you can be a stronger advocate for yourself. Speak up. Voice your concerns. Ask questions. Talk to your primary or secondary FFW caseworker, attorney ad litem, CASA, or therapist. They are here to help you.

The blue box on the left of this page provides you with a summary of your rights. The other information on the next few pages will provide a few more details about your rights related to your living situation, visitation, court participation, education, health, etc. and what to expect in foster care.

Where will I live?

While you are away from your family, you have **the right to have a stable, appropriate placement**. There are different kinds of places you may live:

In a foster home, you will live with a temporary family who will take care of you. You will have a foster mom or a foster dad or both. You may have foster brothers and sisters. You might also live in a foster home that is considered **Therapeutic Foster Care (TFC)**. TFC foster parents are specially trained to help youth who are dealing with emotional and behavioral issues.

If you have a relative you have a **right to live with them if they meet safety standards**. You also have the **right to live with other people you know and trust like a godparent, a good friend's parent, or a coach** (sometimes called "fictive kin") who are willing and able to take care of you, if appropriate. This is called a **Provisional Foster Home**.

Tell your FSW caseworker if you know of any relatives or fictive kin who might serve as your Provisional Foster Family. As mentioned above, relative and fictive kin have to meet certain safety standards before DCFS can make them a Provisional Foster Home. Once those safety standards are met, then the good news is Provisional Foster Homes can be opened more quickly than non-provisional foster homes. Sometimes Provisional Foster Homes can be opened as quickly as a couple of days.

When you first come into care, you might stay at an **Emergency Shelter** if there are not any available foster homes or appropriate relatives or fictive kin. Emergency Shelters care for youth on a short-term basis. You might also live in a **Residential Facility**, sometimes called a **Group Home**. This is a home or facility where a number of unrelated youth live with **house parents** (check the glossary) or staff who will care for you. If you have emotional and behavioral difficulties, you may be placed in a **Residential Treatment Facility** where specially trained staff can help meet your needs.

If DCFS has to change your placement, you have the right to be notified by DCFS of a placement change in advance. You also have the right to ask your attorney ad litem to object to any proposed placement changes. Your attorney ad litem may or may not be able to stop a placement change, but he or she can at least try to stop a placement change if you do not want to move to a different placement.

When will I see my family?

You have the **right to spend time with your parents** unless the judge decides that it is not in your best interest. You can also write them and call them if the judge allows it.

You have a **right to live with your siblings while you are in foster care**. Sometimes this may not happen because either DCFS or the courts believe that it is not in your best interest, or there is not a foster home that has room for you and all of your siblings. In these situations, it is DCFS' job to keep trying to find a place where you and your siblings can all live together.

If you and your siblings have been placed in different homes, you have the **right to spend time with your siblings at least once a week**. This weekly contact with your siblings might be face-to-face or it might be a phone call, email, or through Skype, FaceTime or a similar program.

There are some exceptions. If your sibling has been placed in a residential treatment facility or the case plan says you cannot see your siblings, you may not be able to see or talk to them weekly. Another reason visits or other contact may not happen weekly is if there is a safety

concern related to siblings spending time together. However, DCFS or your placement provider should never prevent you from seeing your siblings due to bad behavior.

Because staying connected with your siblings is so important, you also have the **right to spend birthdays and holidays with your siblings and even attend events like their athletic games, school plays, and graduations**. DCFS needs to include you in your siblings' **case plan staffings** (see Appendix VII: Glossary for the definition) and decisions affecting them even if you have different FSW caseworkers.

Your FSW caseworker will also let you know if your sibling goes to a new foster home or other placement or leaves foster care. If you have siblings who are not in foster care, DCFS will do its best to make sure you can also have contact with those siblings as long as it is in your best interest and approved by the court.

You have the **right to spend time with other relatives such as your grandparents and great-grandparents as long as the courts approve too**. Talk to your FSW caseworker and attorney ad litem about spending time with your family.

Do I have a say in what happens to me and my case?

Absolutely! You have the **right to be heard and involved with the decisions that affect your life**. This includes the right to help develop the case plan, including your **Transitional Plan** (see below for more information), and the right to participate in all **staffings and court hearings related to your foster care case**. Be sure your FSW caseworker and/or attorney ad litem let you know ahead of time when your staffings and court dates are. And be prepared, some youth say sometimes it feels like there are a lot of court dates.

Some tips to help you through foster care...

"You can call your caseworker anytime. DHS is on your side even if it may not seem like it sometimes."

♦Anonymous♦

If you are 16 or older, you should expect the court to ask you about your desired permanency goal. If you do not feel comfortable speaking up in court, your attorney ad litem can share information about your wishes regarding permanency with the court on your behalf.

If you enter foster care when you turn 14 or if you come into care after the age of 14, DCFS will make sure you are actively involved in the development of your **Transitional Plan**. The Transitional Plan includes all of the life skills, resources, and future-planning for your successful transition to adulthood. It is a way for you to be involved in planning for your future. By the time you turn 17 years old, your transitional plan will include plans and services to help you reach your goals related to education, employment, health, housing, and lifelong connections.

To help you create your Transitional Plan, **you have the right to a Transitional Team**. In addition to helping you with your Transitional Plan, the Transitional Team is there to support you and make sure you develop and maintain healthy relationships with adults you trust who will continue help you even after you leave foster care.

In addition to your FSW caseworker, Transitional Services Coordinator, attorney ad litem, and CASA you can choose other people who you want on your Transitional Team. The Division is allowed to have input on who you select to be on your Transitional Team. If you are comfortable with it, you can lead the Transitional Team meetings with assistance from your FSW caseworker.

Your FSW caseworker will schedule your Transitional Team meetings at least once every six months. If you want to have your Transitional Team meetings more often, just ask your FSW caseworker.

What services and supports are available to me?

You have the right to receive quality child welfare services. Your FSW caseworker will work with you and your family to make a **case plan** (look in Appendix VII: Glossary for more information). The goal of the case plan is to help address the issues that caused a case to be open as well as provide other supports to your family. The services in a family's case plan will depend on family members' individual needs and strengths. Services required in the case plan might include counseling or tutoring.

You were brought into foster care in order to keep you safe. Parents, with the support of DCFS, must meet their case plan goals so DCFS can safely return you to your parents. The case plan also describes what DCFS must do in order to best take care of you while you are in foster care and help you to prepare for adulthood. Eventually the judge will decide if the case plan goals have been achieved or not, and what the next steps will be in terms of your permanency goal. Please see page 11 for more information about permanency and the different permanency goals.

Some tips to help you through foster care...

"Don't be afraid to tell them how you feel.

Tell them what you need or want.

Don't be afraid to talk to other kids in foster care."

♦Anonymous♦

As a teenager, **life skills** (see Appendix VII: Glossary for more information) classes will be offered to you. Life skills classes will cover different topics like how to cook, how to open a bank account, how to fill out a college application, and write your resume. Life skills classes are also a great opportunity to spend time with other youth who are in foster care. If you are not currently participating in life skills classes, talk to your FSW caseworker or Transitional Services Coordinator.

Your foster parents or other caregivers receive a payment each month to help with costs like housing, food, clothing, school supplies, and other personal care items for you. They are also supposed to give you an allowance from that payment each month. The amount of the allowance is decided by the foster parent based on your age.

Sometimes if there is a need your foster parent may request an additional clothing voucher for you for something like a special event, but DCFS must approve this. Sometimes DCFS can also help your foster parents or other caregivers pay for things like sports uniforms, school field trips, and summer camps as appropriate.

In addition, some youth may have a trust fund while they are in foster care that comes from child support payments or certain federal benefits. A trust fund account can help pay for some expenses. Ask your FSW caseworker if you have a trust fund and what that money can be used for.

Here are some other services and supports you should know about:

Casey-Ansell

If you are 14 to 18 years old, you will take the Casey-Ansell or similar assessment, which is like a test. You won't get a grade on the assessment. The assessment just helps DCFS know what kinds of life skills classes and other services or supports would be most helpful to you.

Youth Advisory Board

The Arkansas Youth Advisory Board (YAB) is made up of a group of foster youth between the ages of 16-21 who are or have been in Arkansas's foster care system. These current and former foster youth are here to help represent your wants, goals, and needs and to advocate for you. YAB's goal is to make foster care in Arkansas better.

A YAB member will be available to talk to you upon your request—just ask your Transitional Services Coordinator who your YAB representative is. Anything you say to a YAB member is strictly confidential unless you say you may harm yourself or someone else. If the YAB member feels that your ideas need to be shared to help improve the foster care system, he or she may ask your permission to share those ideas with your Transitional Services Coordinator or other DCFS staff.

Usually the YAB puts on a Youth Leadership Conference each year. Be sure to ask your FSW caseworker, Transitional Services Coordinator, or YAB representative about it if you are interested in attending.

If you would like to know more about the Youth Advisory Board, or you would like to know more about how you can get involved with the YAB, ask your FSW caseworker or your Transitional Services Coordinator.

Arkansas ETV Program

The Educational and Training Voucher (ETV) Program awards grants to current and former foster youth to help pay for college or vocational training programs. Students may receive up to \$5,000 a year based on the cost of attendance. Funds can be used to pay for tuition, balances due at school, on-campus room and board, meal cards, books, and school supplies (such as uniforms and equipment), federal student loans, and study abroad through qualifying schools. Please see Appendix VI for more information on ETV Eligibility Requirements.

What about school?

You have the **right to receive a public education, training, and career guidance to help prepare you for adulthood.** Even if your foster care placement is in a different school district from the school you went to before you came into foster care, there are laws that say DCFS and the schools will work together to develop a transportation plan to help you stay in your same school if that is in your best interest, if your foster care placement and your original school are relatively close.

If you have to change schools, that change will happen quickly so you don't miss out on classes. Even if the new school hasn't received your records from your old school, you can still go ahead and start attending classes.

Each school district should have a staff member who helps make sure youth who are in foster care are getting what they need. This person is called the foster care liaison. If you want to, ask your teacher or principal who your foster care liaison is.

You also have the **right to participate in all school resources, services, and extracurricular activities that are available to all of the other students in the school.**

Can I just be a normal teen?

There is nothing normal about foster care, but you are a normal teen. You have a right to "normalcy." Normalcy means participating in age appropriate activities and having similar opportunities that other youth have like hanging out with friends, going on field trips, getting a job, dating, participating in sports and other extracurricular activities, and using social media responsibly.

However, normalcy does not mean doing whatever you want. Even teens who are not in foster care have rules to follow. Everyone has slightly different rules for their homes. Your foster parents should let you know what their house rules and expectations are early on so you can all be on the same page. Please be respectful of the rules and other boundaries your foster parents or other caregivers set. For example, be sure to follow curfew. Expect foster parents to monitor your social media activity enough to make sure you are safe and following court orders. And even though it might be annoying, your foster parents or other caregivers are doing a good job if they are asking you questions about what you are doing, how you are spending your time, and who you are hanging out with.

For day-to-day normalcy activities your foster parents are expected to make decisions on your behalf just like they would for their biological children. When making decisions related to age appropriate activities, foster parents and other caregivers must consider things like your age, maturity level, potential risk factors and appropriateness of the activity, your best interest, and your behavioral history. Foster parents and other caregivers then balance that information with the importance of encouraging your emotional and developmental growth.

If you are in a group home or other residential facility, there should be someone there who is designated to make decisions related to normalcy.

Foster parents and other caregivers can always ask for guidance from the FSW caseworker if they need to. There are some situations for which they must get approval from your FSW caseworker like if you want to travel out of state.

***So what does normalcy look like?
A few more examples...***

- ✓ *Spending the night with friends - no background checks required.*
- ✓ *Learning how to drive - ask your caseworker about the DCFS Driver's License & Car Insurance Reimbursement Program.*
- ✓ *Connecting with friends on social media - but be safe and watch what you post online. Never post anything you would not say to someone's face and remember once something is online, it follows you forever.*

If you want to participate in a particular activity or event, let your foster parent or other caregiver know ahead of time. If you let them know ahead of time, they have more time to consider it, support you if appropriate, and even help arrange for transportation if needed. If you do not think some of the decisions your foster parent or other caregivers make are fair, respectfully talk with your caregiver and FSW caseworker about it.

Some tips to help you through foster care...

"You do have rights. Look at your situation from the adults' view. Be happy with yourself and don't depend on others to make you happy.

♦Akala, Vilonia♦

Who makes health decisions for me?

DCFS, with help from your foster parents or other caregiver, is responsible for making sure you receive regular and appropriate physical and mental health services. There are certain times DCFS is required to take you to the doctor and other health care providers, but you have the **right go to the doctor or dentist whenever you need to go.**

Your FSW caseworker must also give you information about meeting your health care needs once you exit foster care. This includes options for health insurance after transitioning out of care. Your FSW caseworker should also speak to you about the importance of designating another person to make health care treatment decisions for you in case something happens to you and you do not have a relative authorized to make those decisions.

As a teenager, you need to know how to make safe, smart decisions about your body and sexuality. You are encouraged to wait before becoming sexually active. If you choose to be in a relationship with someone, always make sure you feel safe and respected in that relationship. Never feel pressured to be sexually active if you are not ready to be.

However, if you choose to be sexually active, do so responsibly and within a healthy, loving relationship. For young women, you have a right to be on regular birth control like the pill or patch if you want to be, but you are not required to be on regular birth control. Both young men and young women who choose to be sexually active need to protect themselves and their partners from sexually transmitted infections (STIs) and pregnancy each time they are sexually active by using condoms.

Talk to your FSW caseworker, foster parent, or placement provider about questions you may have about safe sex. Your local Health Department is another great place to get quality information about and services related to health needs.

What else do I need to know?

Credit Reports

You want to have a good credit score so that when you are an adult, it will be easier to do things like turn on utilities (such as water and electricity) in your apartment, apply for your own credit cards, and even apply for a loan to buy a home one day.

If you are 14 years old or older, you have the **right to obtain a copy of your credit report free of charge to you each year you are in foster care.** It is important to review your credit report each year to make sure other people have not tried to use your identity to open credit card accounts or other types of loans or services. You do not want other people using your identity to open credit card accounts or other services because that could hurt your credit score.

You have the **right to receive help with understanding your credit report.** If you are 14-years-old or older, DCFS will work with the credit reporting agencies to make sure there are not any problems with your credit reports. If there are problems with your credit report, DCFS or its partners will help fix those problems.

If you are 18 or older, you can access your credit report by going to www.annualcreditreport.com. You are entitled to a free credit report one time each year from each of the three national credit reporting companies (Experian, TransUnion, Equifax).

Driver's License or Other Identification

Before you transition out of foster care, you have the **right to either earn your driver's license or get a state-issued official identification card.** You must meet certain requirements before you can earn your driver's license. Use your license and driving privileges responsibly.

DCFS can also help you or your foster parents pay for car insurance if you meet the program requirements. Ask your FSW caseworker for more information about the DCFS Driver's License and Car Insurance Reimbursement Program.

Permanency

One word you may hear a lot while you are in foster care is “permanency.” Permanency can mean different things to different people (see the text box on the side). Generally permanency means a legally established relationship through reunification (going back to your parents or the person from whom you were removed), adoption, or guardianship. Permanency can also mean an emotional attachment between you and your caregivers, family members, and other adults who play a positive role in your life.

Placement in foster care is meant to be temporary. At some point you will no longer be in foster care. You might reunite with your family. You might get a **legal guardian** (check Appendix VII: Glossary). You might be adopted by a relative or another family. Or you might **transition out** (see Appendix VII: Glossary for more information) of foster care at age 18 or 21. No matter what your situation is, it is important to maintain and develop meaningful relationships with caring adults that will last a lifetime.

Take time to think about who is important to you and who you want to be in your life forever—even after you leave foster care. Your FSW caseworker can help you get connected and stay connected with the important people in your life.

You might think you don't want to be adopted now, but having someone you are permanently and legally connected to may become more important as you get older. It's never too late to be adopted! You can have a safe and permanent adoptive family and keep connections to past families who are important to you.

Look at the following questions in the blue box and see just a few of the reasons why having supportive, caring adults in your life is important!

Talk to your FSW caseworker if you have more questions about lifelong connections and permanency.

29 Things a Permanent Connection Can Mean

1. Lifelong relationship
2. Family
3. Friendship
4. Unconditional love
5. Ongoing support
6. Extended family-like relationship
7. Knowing that someone cares
8. Continuity
9. Someone to go home to
10. Sharing life's ups and downs
11. Someone to call on in times of crisis
12. Someone to call “just because”
13. Being there
14. Defining family together
15. Spending holidays
16. Celebrating special times together
17. Someone to check in with regularly
18. Shared history
19. Assistance with major decisions
20. Growing and changing together
21. Being accepted no matter what
22. Someone to trust
23. Having someone to stand by you
24. Knowing someone is proud of you
25. Knowing that you are not alone
26. Having a safe haven
27. Being a part of something
28. Feeling free to be yourself
29. Having positive role models

- ◆ Where will you go for the holidays?
- ◆ Where will you do laundry?
- ◆ Who will you turn to for health and legal advice?
- ◆ Who will you talk to about your problems?
- ◆ Who will you call in an emergency? Where will you stay if you have an emergency?
- ◆ Who will make medical decisions for you if you become sick or seriously injured?
- ◆ When you have children, who will they call grandma and grandpa?

Extended Foster Care

If you are in foster care when you turn 18, you also have the **right to transition into and participate in the Extended Foster Care Program until you turn 21 years old**. While staying in foster care may seem like the last thing you want to do, there are actually really great reasons to stay in foster care until you are 21.

Participating in the Extended Foster Care Program allows you to have continued support from DCFS. You do not necessarily have to live in a foster home, but you can if you want to and if there are appropriate foster homes available. Depending on your strengths, needs, and goals, you may live in a dorm of the college you attend or maybe even get your own apartment, if appropriate. In Extended Foster Care, you will continue to receive a board payment, participate in life skills classes, and receive other important benefits.

Because participating in the Extended Foster Care Program is another turning point in terms of you reaching adulthood, you must do at least one of the following requirements or have a reasonable and workable plan to meet one of the following requirements:

- 1) Be completing high school or a program leading to an equivalent credential like earning your GED;
- 2) Be enrolled in an institution which provides a college or vocational education (this includes out-of-state colleges if you are accepted to a college out-of-state and can arrange for paying for the tuition through scholarships, grants, etc.);
- 3) Be participating in a program or activity designed to promote, or remove barriers to, employment like JobCorps or AmeriCorps;
- 4) Be working at least 80 hours per month;
- 5) Have a medical condition that prevents you from doing any of the activities described above.

Remember, adoption or guardianship are about having a lifelong, legal connection to someone who loves you. But if neither of these is an option, you should strongly consider staying in care until you are 21. Otherwise you could be missing out on major benefits such as money to help you pay for housing, college, health care, transportation, and more.

If you do not choose to participate in the Extended Foster Care Program when you turn 18 or leave the Extended Foster Care Program any time after you turn 18 and before you turn 21, you may have the opportunity to return to the court's jurisdiction and/or foster care any time before your 21st birthday under certain circumstances and if you meet at least one of the Extended Foster Care Program requirements or have a reasonable and workable plan designed to help you meet one of those requirements. Let your former FSW caseworker or attorney ad litem know if you want to re-enter care.

After Care Services

If you choose to leave foster care after you turn 18 but before you turn 21, there are some funds for after care services. To access after care services, you must have been in foster care until your 18th birthday but then elect to leave foster care within a reasonable time frame before you turn 21. You must also have a budget and a plan that includes participation in education, employment, training, or treatment in order to be eligible for after care.

You can request after care support for up to \$2,000, but generally cannot receive more than \$500 of aftercare support in any one month. After care support may include money for things like education or training programs, housing, insurance, housing set-up, transportation, utility bills like your water or electricity bills, or utility deposits.

After care services money will not be given directly to you. Instead, it will be paid to the person or business providing the service or good to you. However, reimbursement for appropriate purchases may be made to you if appropriate documentation of the expense (like a receipt) is provided. After care support does not include amounts available through the Education Training Voucher (ETV) program (see Appendix A for more information). Youth eligible for after care may also participate in life skills classes.

So now what?

We know there is a lot of information in this booklet. Take time to read through it, or at least keep it somewhere you can find it if you want to read through it or have questions later. If there is anything you don't understand in this booklet or you don't find the answers you are looking for, please ask your FSW caseworker, Transitional Services Coordinator, or attorney ad litem. Remember they are here to help you!

Don't ever forget how important you are! Remember to always speak up, ask questions, and

BE YOUR OWN ADVOCATE!

Appendix I: Responsibilities

In this booklet we've talked about your rights and responsibilities. Here is a summary of others' responsibilities.

What are DCFS' responsibilities to me?

1. Find the best place for you to live while in foster care. This means finding a foster home, relative foster home, or other facility that best meets your needs in the least restrictive environment and is close to your family to make it easier to stay in contact (as long as you can still be safe).
2. Make sure you have planned, regular visits with your family and relatives.
3. Provide you with the opportunity to practice your faith and participate in the religious activities of your choice.
4. Give you honest information regarding your case and any DCFS or court decision affecting you.
5. Protect your rights.
6. Involve you in your case planning, conferences, staffings, and court hearings whenever possible.
7. Keep a record of your legal documents such as birth certificate, social security card, and court orders for you while you are in care.
8. Communicate with your school about what is going on in your life to make sure you are getting what you need while you are in school.
9. Help your family to reunify if it is in your best interest or find another form of permanency for you if you cannot safely return home.
10. Support you as you grow up, and help you learn skills you will need as an adult.

What are DCFS' responsibilities to my biological family?

1. Offer and provide services that will help keep your family together.
2. Let you and your parents know why it was necessary to place you in foster care.
3. Not judge or criticize your family. Acknowledge that your family is part of your life.
4. Let your family know how they can still be involved in your life while you are in foster care.
5. Let your family know what they must do before you can return home.
6. Include your family when creating the case plan.
7. Give your family services and supports to meet the case plan goals to help you return home.
8. Return you to your family if and when the changes or conditions required by the court are met.

What responsibilities does my biological family have?

1. Provide any and all important information about you and your family to DCFS.
2. Tell your caseworker about you, including health conditions, school information, important family customs or cultural practices, and any special needs.
3. Participate in staffings and court hearings.
4. Work with your FSW caseworker to create a case plan that will help you return home.
5. Participate in the services required in the case plan and work on meeting the case plan goals.
6. Be involved, as often as possible, in your medical appointments, educational decisions and issues, and social or religious activities as long as the case plan allows that involvement.
7. Keep in contact with DCFS to give updates on how they are meeting the case plan goals.
8. Maintain contact and communication with you and keep appointments to visit with you.
9. Talk to your FSW caseworker or their lawyer if they have any concerns.
10. Provide financial support to you. The court will decide if and how much your parents need to pay to help DCFS take care of you.

Appendix II: Who else is here to help?

While DCFS and the courts have an official responsibility to you, there are lots of other organizations with lots of people who can help you, too. Here are just a few:

Arkansas Legal Services Partnership: 1-800-952-9243 /<http://www.arlegalservices.org/about>

The Arkansas Legal Services Partnership is comprised of the Center for Arkansas Legal Services and Legal Aid of Arkansas. These organizations assist thousands of clients every year with various legal issues at no or little cost, such as family law, consumer issues, bankruptcy, or evictions. They provide assistance in every county across the state.

Boys Town/Girls Town National Hotline: 1-800-448-3000/www.boystown.org

Open 24 hours a day, 365 days a year, this hotline is staffed by specially trained counselors who can help with suicide prevention, sexual abuse, parenting troubles, anger, physical abuse, school issues, chemical dependency, relationship problems, depression, emotional abuse, and runaways.

National Domestic Violence Hotline: 1-800-799-SAFE (7233)/ www.nvdh.org

Help is available to callers **24 hours a day, 365 days a year**. Hotline advocates are available for victims and anyone calling on their behalf to provide crisis intervention, safety planning, information and referrals to agencies in all 50 states, Puerto Rico and the U.S. Virgin Islands. Assistance is available in English and Spanish with access to more than 170 languages through interpreter services. If you or someone you know is frightened about something in your relationship, please call the National Domestic Violence Hotline.

National Human Trafficking Resource Center: 1-800-900-5088

Human trafficking is a form of modern-day slavery. This crime occurs when a trafficker uses force or fraud to control another person and force them to participate in selling sex and/or sexual acts or doing a job against his/her will and often for very little money.

Nationwide RAINN National Rape Crisis Hotline: 800-656-4673/www.rainn.org

This nationwide partnership of more than 1,100 local rape treatment hotlines provides victims of sexual assault with free, confidential services around the clock.

National Runaway Switchboard: 1-800-RUNAWAY/www.1800runaway.org

Call if you are a teenager who is thinking of running away from home, if you have a friend who has run away and is looking for help, or if you are a runaway ready to go home. The **24-hour crisis line** has an experienced front-line team member ready to help you now. They provide crisis intervention and travel assistance to runaways. They provide information and local referrals to adolescents and families. They give referrals to shelters nationwide. They also relay messages to or set up conference calls with parents at the request of the youth.

National Suicide Prevention Lifeline: 1-800-273-TALK (8255)/www.suicidepreventionlifeline.org

Are you feeling desperate, alone or hopeless? Call the National Suicide Prevention Lifeline. It's a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Your call will be routed to the nearest crisis center to you. Call for yourself or someone you care about. It's free and confidential.

National Youth Crisis Hotline: 800-442-HOPE (4673)

Provides counseling and referrals to local drug treatment centers, shelters, and counseling services. Responds to youth dealing with pregnancy, molestation, suicide, and child abuse. **Operates 24 hours, seven days a week.**

FosterClub

FosterClub is the national network for young people in foster care—a place to turn for advice, information, and hope.

Being placed in foster care can be a chaotic and difficult experience for a young person. FosterClub is dedicated to providing a peer support network for children and youth in foster care. Further, FosterClub believes that the experiences young people have in foster care place them in a position to effect change within the system, inform and motivate their peers, build public awareness and create public will for improved care for abused and neglected children.

FosterClub is about providing youth a voice within the system that so heavily impacts their lives. Whether advocating on their own behalf, in concern for siblings or family members, or speaking out on behalf of their 513,000 peers currently in the system, FosterClub's websites, publications and events provide a youth-friendly network which helps the voices of young people to be heard.

FosterClub is dedicated to providing the tools, training and forum to help young people secure a brighter future for themselves and the foster care system. Join today at www.fosterclub.org!

Helpful suggestions from Toby at FosterClub

Friends. Don't lose connection! Some of the best people that I knew, I lost connections with because I don't speak to them anymore. I miss them a lot. I regret not keeping communication with some of them.

Moving. Many foster youth tend to move very often. At times they are unable to take everything they want with them in such a short time. It really sucks that people have to think in a mind setting where they could be moving any day. But realistically, if you know you might be moving, think of the stuff that you want to take with you, wherever you may go.

School. I know that personally I moved from school to school very often. Let your voice be heard, and talk about staying in the same school district! I, on occasion, moved from school district to school district, and I was very lucky to graduate on time.

Documents. DOCUMENTS ARE VERY IMPORTANT! Your State ID, Birth Certificate, Social Security Card, etc. are very important wherever you are in life. If you have them in your possession, great! Don't lose them.

Employment. If you have a job, try to stay with it! I know personally that on many times in my life I had to quit a job because of my foster care situation. Don't bury yourself in that hole!

Keep a positive attitude! In general, life can get you down. This is especially true for foster youth and/or anyone aging out of the system. Keeping a positive attitude will make things run a bit smoother. Promise!

Appendix III: DHS County Office Contact Information

If you can't get a hold of your caseworker, here are the phone numbers for all of the DHS County Offices. Ask the operator to speak with your caseworker or the DCFS County Supervisor when you call.

Area 1 County Office Phone Numbers:

Benton: 479-273-9011
Carroll: 870-423-3351
Madison: 479-738-2161
Washington: 479-521-1270

Area 2 County Office Phone Numbers:

Crawford: 479-474-7595
Franklin: 479-667-2379
Johnson: 479-754-2355
Logan: 479-963-2783
Scott: 479-637-4141
Sebastian: 479-782-4555
Yell: 479-495-2723

Area 3 County Office Phone Numbers:

Clark: 870-246-9886
Garland: 501-321-2583
Hot Spring: 501-332-2718
Howard: 870-845-4334
Montgomery: 870-867-3184
Perry: 501-889-5105
Pike: 870-285-3111
Polk: 479-395-3100
Saline: 501-815-1600

Area 4 County Office Phone Numbers:

Columbia: 870-234-4190
Hempstead: 870-777-8656
Lafayette: 870-921-4283
Little River: 870-898-5155
Miller: 870-773-0563
Nevada: 870-887-6626
Ouachita: 870-836-2591
Sevier: 870-642-2623
Union: 870-862-6631

Area 5 County Office Phone Numbers:

Baxter: 870-425-6011
Boone: 870-741-6107
Conway: 501-354-2418
Faulkner: 501-730-9900
Marion: 870-446-2237
Newton: 870-446-2237
Pope: 479-968-5596
Searcy: 870-448-3153
Van Buren: 501-745-4192

Area 6 Office Phone Numbers:

Pulaski South: 501-682-9330
Pulaski North: 501-682-0141

Pulaski Southwest: 501-371-1121
Pulaski East: 501-371-1309
Pulaski J'ville: 501-371-1260

Area 7 County Office Phone Numbers:

Bradley: 870-226-5879
Calhoun: 870-798-4201
Cleveland: 870-325-6218
Dallas: 870-352-5115
Grant: 870-942-5151
Jefferson: 870-534-4200
Lincoln: 870-628-4105
Lonoke: 501-676-3113
Prairie: 870-998-2581

Area 8 County Office Phone Numbers:

Clay: 870-598-2282
Craighead: 870-972-1732
Fulton: 870-895-3309
Greene: 870-236-8723
Izard: 870-368-4318
Lawrence: 870-886-2408
Mississippi: 870-763-7093
Randolph: 870-886-2408
Sharp: 870-856-1053

Area 9 County Office Phone Numbers:

Cebulak: 501-362-3298
Crittenden: 870-732-5170
Cross: 870-238-8553
Independence: 870-698-1876
Jackson: 870-523-9828
Poinsett: 870-578-5491
Stone: 870-269-4321
White: 501-268-8696
Woodruff: 870-347-2537

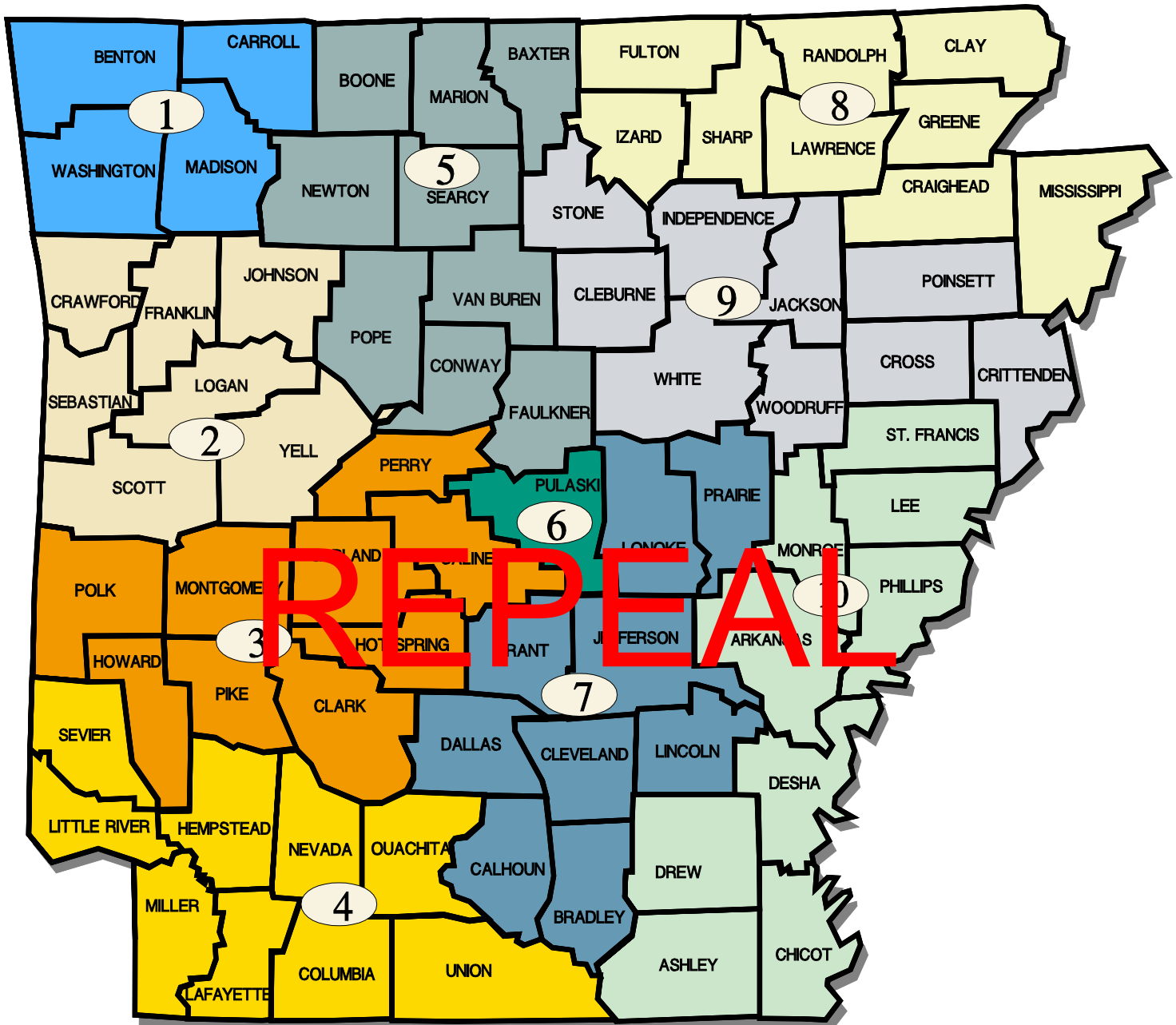
Area 10 County Office Phone Numbers:

Arkansas: 870-946-4519
Ashley: 870-853-9816
Chicot: 870-265-3821
Desha: 870-222-4144
Drew: 870-367-6835
Lee: 870-295-2597
Monroe: 870-747-3329
Phillips: 870-338-8391
St. Francis: 870-633-1242

REPEAL

Appendix IV: Area Map

In order to be your own advocate, it is helpful for you to know what county you live in and the area number to which that county belongs. Find your county and corresponding area on the map below.



Finally, here are some important phone numbers for state level offices:

Division of Children and Family Services (DCFS) State Central Office: 501-682-8770

Attorney Ad Litem (AAL) State Program: 501-682-9400

Court Appointed Special Advocates (CASA) State Program: 1-866-284-8111 or 501-410-1952

Appendix V: The Court Process

When you come into foster care, there will be several different types of court hearings – and you have a right to participate in all of them! Below is a description of the different kinds of court hearings involved in foster care cases. If at any time you have questions regarding the court process, talk to your FSW caseworker, attorney ad litem, or CASA. For any questions about your legal rights, ask your attorney ad litem.

Emergency (Probable Cause) Hearing – The emergency hearing must be held within five working days after an emergency removal to determine if DCFS acted correctly in removing you from your biological parents, guardians, or custodians.

Adjudication Hearing – The adjudication hearing is held within 30 days after the probable cause hearing unless the court finds a good reason to wait until 60 days after the day you were removed to have the adjudication hearing. During the adjudication hearing, the judge decides if there is enough evidence for your case to continue and for you to stay in foster care.

Disposition Hearing – The disposition hearing usually occurs right after the adjudication hearing if the judge has decided you are **dependent-neglected** (see Appendix VI: Glossary). The disposition hearing is to decide what action will be taken. The judge will decide if it is safe for you to return home or if you must stay in foster care for a longer period of time. If the court determines you must stay in foster care, the court will approve a case plan for you and your parents, guardians, or custodians. The case plan will include orders like how often you and your parents will visit each other and what kind of services will be put in place to help you safely return home.

Review Hearings – The first review hearing must be held within at least six months of you coming into care and must be held at least every six months for as long as you are in foster care. The review hearing is for the judge to reexamine the situation, decide whether the court orders and approved case plan are being followed, and decide whether everyone is working to achieve the goals of the case plan. If you and your siblings are not placed together, the court will review your case every three months to make sure DCFS is still working to find a place where you and your siblings can live together and that you are having some kind of contact with your siblings at least once a week as appropriate.

Permanency Planning Hearing – The permanency planning hearing must be held no later than 12 months from coming into foster care. During the permanency planning hearing, the judge decides what your permanency goal will be. These options include, in order of preference, 1) Placing you with a fit parent, 2) Returning you to another guardian or custodian if that is who you were removed from 3) Giving your parents more time to work on their case plan goals if they have made progress but still need some extra time to finish meeting their case plan goals, 4) Adoption, 5) Guardianship, 6) Permanent custody with a relative or fictive kin, 7) Assigning the goal of Another Planned Permanent Living Arrangement (APPLA) which means the Division is responsible for preparing you to age out of foster care at 18 or 21. Only youth who are 16 years old or older may have a goal of APPLA.

Termination of Parental Rights – Termination of Parental Rights (TPR) is a permanent, legal action that means a parent no longer has rights and responsibilities as a parent. TPR legally ends the relationship between a parent and his or her child. Parents can volunteer to have their parental rights terminated or the court may order TPR. After TPR, another family can adopt the youth.

REPEAL

Appendix VI: Educational and Training Voucher (ETV) Program Eligibility Requirements

What are the ETV Eligibility Requirements?

1. You must be a current or former foster student who:
 - was in foster care on your 18th birthday and aged out at that time; OR
 - was adopted from foster care with the adoption finalized AFTER your 16th birthday; OR
 - remains in foster care and have completed a secondary education; OR
 - will have your foster care case closed between the ages of 18 and 21.
2. You must be a U.S. citizen or qualified non-citizen.
3. Your personal assets (bank account, car, home, etc.) are worth less than \$10,000.
4. You must be at least 18 but younger than 21 to apply for the first time. You may reapply for ETV funds, if you have a current grant, up to the age of 23.
5. You must have been accepted into or be enrolled in a degree, certificate, or other accredited program at a college, university, technical, vocational school. To remain eligible for ETV funding, you must show progress toward a degree or certificate.

How do I use the funds?

Funds can be used to pay for tuition, balances due at school, on-campus room and board, meal cards, books, and school supplies (such as uniforms and equipment), one computer package, federal student loan, and student abroad through qualifying schools.

If there are remaining funds after the above expenses have been paid, ETV funds may pay for other items, including rent, food, transportation, health insurance premiums, disability services, and dependent child care expenses to licensed child care providers as appropriate.

Funds may not be used for educational or vocational courses shorter than one year in duration and/or which do not lead to a degree or certification, coursework at non-Title-IV schools, cell phone bills, personal loan repayments, banking late fees, bounced check fees or lost/stolen debit card transactions, computer games or DVDs, and dorm room or apartment damages.

If you have any other questions about the ETV program, access the link below.

To apply, go to <http://humanservices.arkansas.gov/dcfs/Pages/dcfsServices.aspx>, click on Arkansas Education and Training Voucher Program (ETV) and follow the instructions.

Appendix VII: Glossary

Advocate—A person who speaks up on behalf of themselves or someone else in an effort to ensure that their rights are protected and/or to gain services or other benefits.

Ansell-Casey Life Skills Assessment—This is a test that all youth in foster care ages 14 and older will take to help evaluate their life skills in the following nine areas: career planning, communication, daily living, home life, housing and money management, self-care, social relationships, work life, and work and study skills. Youth will take the test every six months to see what progress they have made. When youth get a high enough grade to show that they have the necessary life skills, they no longer have to take the test.

Case Plan—This is a written plan that a youth and his or her family along with foster parents, caseworker, and attorney ad litem AAL will make. The goal of a case plan is to help find a permanent placement for a youth, either with biological parents or someone else who will love and care for the youth.

DCFS—The Division of Children and Family Services is the state agency whose job is to keep children and youth safe. DCFS is just one of ten divisions within the Department of Human Services.

Dependent-Neglected Juvenile—This is the term used for a child or youth whose health and/or safety are at substantial risk of harm.

DHS—The Department of Human Services is the bigger agency of which DCFS is a part. In addition to DCFS, DHS includes the following divisions:

Division of Aging & Adult Services (DAAS)
Division of Behavioral Health Services (DBHS)
Division of Child Care & Early Childhood Education (DCCECE)
Division of County Operations (DCO)
Division of Developmental Disabilities Services (DDS)
Division of Medical Services (DMS)
Division of Services for the Blind (DSB)
Division of Youth Services (DYS)
Division of Community Service and Nonprofit Support (DCSNS).

House Parents—People who supervise and provide care to young people in a group home or residential facility.

Legal Guardianship—Placement with a person who is charged with the legal responsibility for the care and management of a child or youth. A legal guardian will be required to appear in court from time to time to give reports about the youth's status, but other involvement such as caseworker visits and the youth appearing in court will stop. A youth is no longer in

foster care if a legal guardian is appointed for him or her.

Life Skills—Important abilities and skills for a young person to possess so he or she can successfully transition to adulthood. These include skills and knowledge about taking care of daily life, relationships, employment, housing and home life, money management, health and self-care.

Mentor—Somebody, usually older and with more experience, who provides advice and support to a young person.

Permanence—For a child or youth in foster care, to have an enduring family-like relationship that is safe and meant to last a lifetime.

Staffing – A meeting led by DCFS that involves you, your attorney ad litem, your parents, your parents’ attorney, the DCFS attorney, foster parents, and may also include others who may have helpful information about you or your family’s case such as the therapist. The purpose of the meeting is to share information about how you and your family’s case is progressing and to then work together as a team to help support you and your family in meeting case plan goals and problem solve as necessary. The first staffing will be held within 30 days of you coming into care. Staffings will then be held at least every three months after the first staffing, but can be held more frequently as necessary.

Transition Out—When a youth leaves foster care because they turn a certain age, usually 18 or 21. Transitioning out usually results in loss of support from the state for things such as foster care payments, housing, living costs, and health services. Consider staying in care as long as possible so you can receive these important benefits!

Transitional Plan – This is a written plan that is a part of your larger case plan. The transitional plan includes all of the life skills, resources, and future-planning for your successful transition to adulthood. By the time you turn 17 years old, your transitional plan will include plans and services to help you reach your goals related to education, employment, health, housing, and lifelong connections.

Who can I contact?

Who is my **Primary FSW Caseworker**? _____

Phone _____

Who is my **Secondary FSW Caseworker**? _____

Phone _____

Who is my **Attorney Ad Litem (AAL)**? _____

Phone _____

Who is my **CASA volunteer**? _____

Phone _____

Who is my **therapist**? _____

Who is my **County Supervisor**? _____

Phone _____

Who is my **Area Director**? _____

Phone _____

REPEAL

What is child maltreatment?

Child maltreatment means abuse, neglect, or abandonment of a child by the caretaker (a parent, guardian, custodian, or foster parent). The caretaker may be anyone who is 14 years of age or older and entrusted with the care of the child. Child maltreatment occurs when the caretaker harms the child, lets harm come to the child, or fails to meet the child's basic needs. Child maltreatment also includes sexual abuse and exploitation of a child whether by a caretaker or by another person.

Who reports child maltreatment?

Anyone who suspects child maltreatment may make a report. Some people (for example, doctors, teachers, and school counselors) are required by law to report suspected child maltreatment.

What happens when there is a report of child maltreatment?

When the Child Abuse Hotline accepts a report of suspected child maltreatment, Arkansas law says that the Division of Children and Family Services (DCFS) or the Arkansas State Police Crimes Against Children Division (CACD) will investigate the report. Generally, CACD will investigate severe maltreatment allegations, referred to as Priority I allegations, but DCFS may help provide services to families involved in these cases if appropriate. DCFS will generally investigate less severe maltreatment allegations that are referred to as Priority II allegations and also provide services to families involved in Priority II cases if appropriate. DCFS and/or CACD will work with you to make sure that children in your care are protected and their basic needs met. If you do not protect the children in your care, court action may be taken and your children could be removed from your home.

What happens if the report is true?

If you are named as an offender in a true investigative determination, you will be provided notice and have thirty (30) days from the day you receive the notice to request an administrative hearing. The administrative hearing is your opportunity to appeal the investigative determination. If you do not request the administrative hearing within thirty (30) days or the judge at the hearing decides the true determination will remain a true finding, your name will be placed in the Arkansas Child Maltreatment Central Registry.

Under certain situations, your name can be removed from the Central Registry. Please contact your local DCFS County Office for more information. If there is a true finding of sexual abuse, but the offender is under 14 years old (Underage Juvenile Offender), his or her name will not be added to the Central Registry.

What if the report is unsubstantiated (not true)?

If you are named as an offender in an unsubstantiated report, your name will not be placed on the Child Maltreatment Central Registry. If you are the

subject* of a report, you may request a copy of the report. See "Obtaining a Copy of the Report" below. Hard copy records of unsubstantiated reports are destroyed at the end of the month in which the determination is made. Therefore, requests for unsubstantiated reports must be made before the record is destroyed if a complete copy of the record is wanted. Information contained in the automated database will continue to be available to authorized recipients even after the hard copy is destroyed. The Division will not release any information regarding a pending child maltreatment report to you. If requested, DCFS can tell the court and the prosecuting attorney about the report.

How can you obtain a copy of the report?

DCFS will tell you in writing. You will not be told who made the report. If you are the subject* of the report, send a written, notarized request to get a copy of your report. The written request must give your name and address and the name of the child(ren) involved.

A true report may be released only if: (1) the offender has failed to request an administrative hearing within thirty (30) days of receiving notification of the investigative finding; or, (2) a hearing has been held and the judge decides that investigative finding of true should remain as a true finding.

If you are a parent requesting a copy of a child maltreatment report on your child(ren) and you are **NOT** a subject* of the report, your request must include a statement attesting to your legal relationship to the child(ren).

The request for a copy of a report must be accompanied by a check or money order made payable to the Department of Human Services (DHS) in the amount of ten dollars (\$10.00).

Thank you for taking the time to review this important information.

Family Service Worker Signature

Phone

Or

CACD Investigator Signature

Phone

***A subject of the report includes the offender, the victim child, and the victim child's parents (custodial and non-custodial), guardians or legal custodians.**

Where do I send the request?

You should send the written, notarized request to:

**Arkansas Department of Human Services
Division of Children and Family Services
Central Registry Unit
P.O. Box 1437, (Slot S566)
Little Rock, Arkansas 72203-1437**

If I have more questions, where can I get the answers?

Call your own attorney or Legal Services in your community, if you have any legal questions.

Call your local DHS county office if you have questions about available services.

This information is available in different formats such as: large print, audiotape, etc. If you need another format, contact the ADA Coordinator at 682-8747 or TDD 682-1442.

**CHILD
PROTECTIVE
SERVICES**

**A
Caretaker's
Guide**

REPEAL

**ARKANSAS DEPARTMENT
of
HUMAN SERVICES**

**Division of Children and Family Services
in partnership with the Arkansas State Police
Crimes Against Children Division**

PUB-052 (R.08/2013)

State of Arkansas
94th General Assembly
Regular Session, 2023

A Bill

SENATE BILL 347

By: Senator Hester
By: Representative C. Fite

For An Act To Be Entitled

AN ACT TO PROMOTE CHILD SAFETY WHILE REDUCING CHILD
WELFARE AGENCY INVOLVEMENT IN THE LIVES OF ARKANSAS
RESIDENTS; TO AMEND AND UPDATE THE LAW REGARDING
DEPENDENCY-NEGLECT AND CHILD MALTREATMENT; TO AMEND
AND UPDATE DEFINITIONS UNDER THE ARKANSAS JUVENILE
CODE OF 1989 AND THE CHILD MALTREATMENT ACT; TO AMEND
INVESTIGATION ACCEPTANCE, ASSIGNMENT, AND NOTICE
PROVISIONS UNDER THE CHILD MALTREATMENT ACT; TO AMEND
LANGUAGE REGARDING PROTECTION PLANS IN THE CHILD
MALTREATMENT ACT; AND FOR OTHER PURPOSES.

Subtitle

TO PROMOTE CHILD SAFETY WHILE REDUCING
CHILD WELFARE AGENCY INVOLVEMENT IN THE
LIVES OF ARKANSAS RESIDENTS.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 9-27-303(37)(A)(iii)-(viii), concerning the
definition of "neglect" under the Arkansas Juvenile Code of 1989, are amended
to read as follows:

(iii) Failure to take reasonable action to protect
the juvenile from abandonment, abuse, sexual abuse, sexual exploitation, or
~~neglect, or parental unfitness~~ when the existence of this condition was known
or should have been known, and, if for abuse or neglect, the failure to take
reasonable action to protect the juvenile causes the juvenile serious bodily



1 injury;

2 (iv) Failure or irremediable inability to provide
3 for the essential and necessary physical, mental, or emotional needs of the
4 juvenile, including failure to provide a shelter that does not pose a risk to
5 the health or safety of the juvenile;

6 (v) Failure to provide for the juvenile's care and
7 maintenance, proper or necessary support, or medical, surgical, or other
8 necessary care;

9 (vi) Failure, although able, to assume
10 responsibility for the care and custody of the juvenile or to participate in
11 a plan to assume the responsibility;

12 (vii) Failure to appropriately supervise the
13 juvenile that results in the juvenile's being left alone:

14 (a) At an inappropriate age, creating a
15 dangerous situation ~~or a situation that puts the juvenile at risk of harm;~~ or

16 (b) In inappropriate circumstances, creating a
17 dangerous situation ~~or a situation that puts the juvenile at risk of harm;~~

18 (viii) Failure to appropriately supervise the
19 juvenile that results in the juvenile being placed in+

20 ~~(a) Inappropriate~~ inappropriate circumstances,
21 creating a dangerous situation; or

22 ~~(b) A situation that puts the juvenile at risk~~
23 ~~of harm; or~~

24
25 SECTION 2. Arkansas Code § 9-27-303(53)(D), concerning acts that are
26 considered sexual abuse under the Arkansas Juvenile Code of 1989 when the act
27 is performed by a caretaker to a person younger than eighteen (18) years of
28 age, is amended to add an additional subdivision to read as follows:

29 (vii) Solicitation of sexual intercourse, deviant
30 sexual activity, or sexual contact;

31
32 SECTION 3. Arkansas Code § 9-27-303(53), concerning the definition of
33 "sexual abuse" under the Arkansas Juvenile Code of 1989, is amended to add an
34 additional subdivision to read as follows:

35 (G) Grooming, by a:

36 (i) Person eighteen (18) years of age or older to a

1 person not his or her spouse who is younger than fourteen (14) years of age;
2 or

3 (ii) Caretaker to a person younger than fourteen
4 (14) years of age;

5
6 SECTION 4. Arkansas Code § 9-27-303, concerning the definitions under
7 the Arkansas Juvenile Code of 1989, is amended to add an additional
8 subdivision to read as follows:

9 (67)(A) "Grooming" means to knowingly disseminate to a child
10 thirteen (13) years of age or younger with or without consideration a visual
11 or print medium depicting sexually explicit content with the purpose to
12 entice, induce, or groom the child to engage in the following with a person:

13 (i) Sexual intercourse;

14 (ii) Sexually explicit conduct; or

15 (iii) Deviant sexual activity.

16 (B) As used in subdivision (67)(A) of this section,
17 "disseminate" means to allow to view, expose, furnish, present, sell, or
18 otherwise distribute, including on an electronic device or virtual platform,
19 and is not limited to an act that takes place in the physical presence of a
20 child.

21 (C) It is an affirmative defense to an allegation of
22 grooming that the actor is not more than three (3) years older than the
23 victim.

24
25 SECTION 5. Arkansas Code § 12-18-103(14)(A)(iii)-(viii), concerning
26 the definition of "neglect" under the Child Maltreatment Act, are amended to
27 read as follows:

28 (iii) Failure to take reasonable action to protect
29 the child from abandonment, abuse, sexual abuse, sexual exploitation, or
30 neglect, ~~or parental unfitness~~ when the existence of the condition was known
31 or should have been known, and, if for abuse or neglect, the failure to take
32 reasonable action to protect the juvenile causes the juvenile serious bodily
33 injury;

34 (iv) Failure or irremediable inability to provide
35 for the essential and necessary physical, mental, or emotional needs of the
36 child, including the failure to provide a shelter that does not pose a risk

1 to the health or safety of the child;

2 (v) Failure to provide for the child's care and
3 maintenance, proper or necessary support, or medical, surgical, or other
4 necessary care;

5 (vi) Failure, although able, to assume
6 responsibility for the care and custody of the child or to participate in a
7 plan to assume such responsibility;

8 (vii) Failure to appropriately supervise the child
9 that results in the child's being left alone:

10 (a) At an inappropriate age creating a
11 dangerous situation ~~or a situation that puts the child at risk of harm~~; or

12 (b) In inappropriate circumstances creating a
13 dangerous situation ~~or a situation that puts the child at risk of harm~~;

14 (viii) Failure to appropriately supervise the child
15 that results in the child's being placed in+

16 ~~(a) Inappropriate~~ inappropriate circumstances
17 creating a dangerous situation; ~~or~~

18 ~~(b) A situation that puts the child at risk of~~
19 ~~harm~~;

20
21 SECTION 6. Arkansas Code § 12-18-103(20), concerning the definition of
22 "sexual abuse" under the Child Maltreatment Act, is amended to add an
23 additional subdivision to read as follows:

24 (G) Grooming, by a:

25 (i) Person eighteen (18) years of age or older to a
26 person not his or her spouse who is younger than fourteen (14) years of age;
27 or

28 (ii) Caretaker to a person younger than fourteen
29 (14) years of age;

30
31 SECTION 7. Arkansas Code § 12-18-103, concerning the definitions under
32 the Child Maltreatment Act, is amended to add an additional subdivision to
33 read as follows:

34 (32)(A) "Grooming" means to knowingly disseminate to a child
35 thirteen (13) years of age or younger with or without consideration a visual
36 or print medium depicting sexually explicit content with the purpose to

entice, induce, or groom the child to engage in the following with a person:

(i) Sexual intercourse;

(ii) Sexually explicit conduct; or

(iii) Deviate sexual activity.

(B) As used in subdivision (32)(A) of this section, "disseminate" means to allow to view, expose, furnish, present, sell, or otherwise distribute, including on an electronic device or virtual platform, and is not limited to an act that takes place in the physical presence of a child.

(C) It is an affirmative defense to an allegation of grooming that the actor is not more than three (3) years older than the victim.

SECTION 8. Arkansas Code § 12-18-304(d), concerning acceptance of a report of child maltreatment under the Child Maltreatment Act involving a bruise to a child even if at the time of the report the bruise is not visible, is repealed.

~~(d)(1) The Child Abuse Hotline shall accept a report of child maltreatment involving a bruise to a child even if at the time of the report the bruise is not visible if the bruising occurred.~~

~~(A) Within the past fourteen (14) days; and~~

~~(B) As a result of child maltreatment as described under subsections (a) (c) of this section.~~

~~(2) However, the report under this subsection shall not be determined to be true unless the existence of the bruise is corroborated.~~

SECTION 9. Arkansas Code § 12-18-304, concerning what reports qualify for acceptance by the Child Abuse Hotline, is amended to add an additional subsection to read as follows:

(h) The Child Abuse Hotline shall accept a report from a medical provider concerning a child eleven (11) years of age or younger if there is documented evidence of the child being pregnant or having a sexually transmitted disease, despite insufficient evidence of child maltreatment.

SECTION 10. Arkansas Code § 12-18-506(a), concerning notice of a report made to the Child Abuse Hotline when the alleged offender is engaged

1 in certain activities or employment, is amended to add an additional
2 subdivision to read as follows:

3 (5) The school the alleged offender is enrolled in, if the
4 alleged offender is eighteen (18) years of age or older.

5
6 SECTION 11. Arkansas Code § 12-18-601(a)(1), concerning procedures
7 followed after the Child Abuse Hotline's acceptance of a report of child
8 maltreatment under the Child Maltreatment Act, is amended to read as follows:

9 (a)(1) If a report of child maltreatment is accepted by the Child
10 Abuse Hotline, an investigation shall be conducted under procedures
11 established by the Department of Human Services unless the report is accepted
12 for triage under subdivision (a)(2)(C) of this section.

13
14 SECTION 12. Arkansas Code § 12-18-601(a)(2)(B)(ii), concerning the
15 circumstances in which a report of child maltreatment is assigned to the
16 Division of Arkansas State Police under the Child Maltreatment Act, is
17 amended to read as follows:

18 (ii) ~~A person,~~ An agency, corporation, or
19 partnership that provides substitute care for a child who is in the custody
20 of the Department of Human Services; or

21
22 SECTION 13. Arkansas Code § 12-18-601(b)(1)(A), concerning the
23 initiation of an investigation under the Child Maltreatment Act after the
24 assignment of a report of child maltreatment, is amended to read as follows:

25 (b)(1)(A) After the assignment of a report of child maltreatment, the
26 investigating agency shall initiate an investigation as provided under this
27 subchapter or follow triage procedures under subdivision (a)(2)(C) of this
28 section.

29
30 SECTION 14. Arkansas Code § 12-18-601(c)(1), concerning the
31 development and implementation of triage procedures for accepting and
32 documenting reports of child maltreatment of a child not at risk of immediate
33 harm under the Child Maltreatment Act, is amended to read as follows:

34 (c)(1) The Department of Human Services and the Division of Arkansas
35 State Police may develop and implement triage procedures for accepting ~~and,~~
36 documenting, and assigning reports of child maltreatment ~~of a child not at~~

1 ~~risk of imminent harm.~~

2
3 SECTION 15. Arkansas Code § 12-18-710(e)(1), concerning the release of
4 information on a true investigative determination pending due process to the
5 alleged offender under the Child Maltreatment Act, is amended to read as
6 follows:

7 (1) The alleged offender and any person, agency, or potential employer
8 with the written consent of the alleged offender;

9
10 SECTION 16. Arkansas Code § 12-18-807(a), concerning the filing of a
11 certified copy of a judicial determination with the Office of Appeals and
12 Hearings, is amended to read as follows:

13 (a) If a court of competent jurisdiction adjudicates a question that
14 is an issue to be determined by the Office of Appeals and Hearings ~~of the~~
15 ~~Department of Human Services~~, the prevailing party to the judicial
16 adjudication who is also a party to the administrative adjudication shall
17 file a ~~certified~~ copy of the judicial adjudication with the office.

18
19 SECTION 17. Arkansas Code § 12-18-1001(d)(1) and (2), concerning the
20 implementation of a protection plan under the Child Maltreatment Act, are
21 amended to read as follows:

22 (d)(1) If the department assesses the health and safety of a child and
23 determines that the child cannot safely remain in the care, custody, or
24 control of the legal parent, guardian, or custodian without the
25 implementation of ~~a protection plan~~ an immediate safety plan, the department
26 may implement ~~a protection plan~~ an immediate safety plan that allows the
27 child to remain in his or her place of residence and includes services to
28 address the safety of the child.

29 (2)(A) If ~~a protection plan~~ an immediate safety plan is
30 implemented under subdivision (d)(1) of this section, then the department
31 shall reassess the health and safety of the child within thirty (30) days of
32 the date on which the ~~protection plan~~ immediate safety plan was implemented.

33 (B) If the department determines that a substantial risk
34 of serious harm to the health and safety of the child remains after a
35 reassessment under subdivision (d)(2)(A) of this section is performed, then
36 the department shall file a petition for dependency-neglect

1

APPROVED: 3/21/23

2

State of Arkansas

As Engrossed: H3/16/23

94th General Assembly

A Bill

Regular Session, 2023

HOUSE BILL 1560

By: Representative Vaught

By: Senator K. Hammer

For An Act To Be Entitled

AN ACT TO AMEND THE CHILD MALTREATMENT ACT; TO CLARIFY THE LAW REGARDING REPORTS THAT ARE RECEIVED BY THE CHILD ABUSE HOTLINE CONCERNING ALLEGED VICTIMS WHO ARE EIGHTEEN YEARS OF AGE OR OLDER; TO PROHIBIT ANONYMOUS REPORTING TO THE CHILD ABUSE HOTLINE; TO AMEND PENALTIES AND THE STATUTE OF LIMITATIONS FOR FAILURE TO REPORT CHILD MALTREATMENT; TO AMEND THE LAW REGARDING WHO IS A MANDATED REPORTER; AND FOR OTHER PURPOSES.

Subtitle

TO CLARIFY THE LAW REGARDING REPORTS OF CHILD MALTREATMENT WITH ALLEGED VICTIMS WHO ARE EIGHTEEN YEARS OF AGE OR OLDER; TO PROHIBIT ANONYMOUS REPORTING OF CHILD MALTREATMENT; AND TO AMEND PENALTIES FOR FAILURE TO REPORT CHILD MALTREATMENT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code § 5-1-109(a), concerning the periods of limitation for the prosecution of certain offenses, is amended to add an additional subdivision to read as follows:

(4) A prosecution for failure to notify by a mandated reporter in the first degree, § 12-18-201, and failure to notify by a mandated reporter in the second degree, § 12-18-202, if the child victim in



1 question was subject to child maltreatment, may be commenced by the later of
2 the following:

3 (A) Ten (10) years after the child victim reaches
4 eighteen (18) years of age; or

5 (B) The period of limitation for an offense
6 underlying the child maltreatment.

7
8 SECTION 2. Arkansas Code § 5-1-109(b)(3)(B), concerning the periods of
9 limitation for the prosecution of certain offenses, is amended to read as
10 follows:

11 (B) However~~+~~,

12 ~~(i) For failure to notify by a mandated~~
13 ~~reporter in the first degree, § 12-18-201, and failure to notify by a~~
14 ~~mandated reporter in the second degree, § 12-18-202, the period of limitation~~
15 ~~is ten (10) years after the child victim reaches eighteen (18) years of age~~
16 ~~if the child in question was subject to child maltreatment; and~~

17 ~~(ii) For~~ for a nine-point or greater violation
18 of an Arkansas State Game and Fish Commission regulation or rule, the period
19 of limitation is three (3) years; and

20
21 SECTION 3. Arkansas Code § 12-18-201, concerning failure to notify by
22 a mandated reporter in the first degree, is amended to add an additional
23 subsection to read as follows:

24 (c) This section does not apply to a person who is a:

25 (1) Mandated reporter under § 12-18-402(b)(42); and

26 (2) Victim of any of the following committed by the same
27 offender whom the person observed subjecting a child to abuse, sexual abuse,
28 or sexual exploitation:

29 (A) Domestic abuse as defined in § 9-4-102;

30 (B) An offense involving physical injury, the threat
31 or risk of physical injury, or apprehension of imminent physical injury; or

32 (C) A sex offense as defined in § 12-12-903.

33
34 SECTION 4. Arkansas Code § 12-18-202, concerning failure to notify by
35 a mandated reporter in the second degree, is amended to add an additional
36 subsection to read as follows:

1 (c) This section does not apply to a person who is a:

2 (1) Mandated reporter under § 12-18-402(b)(42); and

3 (2) Victim of any of the following committed by the same
4 offender whom the person observed subjecting a child to abuse, sexual abuse,
5 or sexual exploitation:

6 (A) Domestic abuse as defined in § 9-4-102;

7 (B) An offense involving physical injury, the threat
8 or risk of physical injury, or apprehension of imminent physical injury; or

9 (C) A sex offense as defined in § 12-12-903.

10
11 SECTION 5. Arkansas Code § 12-18-205(b), concerning lawful disclosure
12 of data or information under the Child Maltreatment Act, is amended to read
13 as follows:

14 (b) Unlawful disclosure of data or information under this
15 chapter is ~~a Class A misdemeanor~~ an unclassified misdemeanor and subject to a
16 fine of up to five thousand dollars (\$5,000) or imprisonment of up to one (1)
17 year, or both.

18
19 SECTION 6. Arkansas Code § 12-18-302(b)-(d), concerning reports by
20 mandated reporters, is amended to read as follows:

21 (b) ~~Facsimile transmission and online~~ Online reporting may be
22 used in nonemergency situations by an identified mandated reporter under this
23 chapter who provides the following contact information:

24 (1) Name and phone number; and

25 (2) ~~In the case of online reporting, the~~ The email address
26 of the identified mandated reporter under this chapter.

27 (c) The Child Abuse Hotline shall provide confirmation of the
28 receipt of a ~~facsimile transmission via a return facsimile transmission or~~
29 report made via online receipt submission.

30 ~~(d) A mandated reporter under this chapter who wishes to remain~~
31 ~~anonymous shall make a report through the Child Abuse Hotline toll-free~~
32 ~~telephone system.~~

33
34 SECTION 7. Arkansas Code § 12-18-303(e)(1), concerning minimum
35 requirements for a report to be accepted by the Child Abuse Hotline, is
36 amended to read as follows:

1 (e)(1)(A)(i) A report of child maltreatment that does not meet the
2 requirements of subsection (a) of this section shall not be accepted by the
3 Child Abuse Hotline.

4 (ii) The Child Abuse Hotline shall document a report
5 of an allegation of abuse, sexual abuse, or sexual exploitation of an alleged
6 victim who is eighteen (18) years of age or older and refer the report to
7 local law enforcement for criminal investigation if the alleged victim is:

8 (a) Enrolled in high school; or

9 (b) In the extended foster care program under
10 § 9-28-114.

11 (B) The Child Abuse Hotline may accept a report of child
12 maltreatment that does not meet the requirements of subsection (a) of this
13 section if sufficient information is provided to accept the report under §§
14 12-18-304 – 12-18-310.

15 (C) The Child Abuse Hotline shall not accept an anonymous
16 report.

17
18 *SECTION 8. Arkansas Code § 12-18-402(b), concerning individuals who*
19 *are mandated reporters under the Child Maltreatment Act, is amended to add an*
20 *additional subdivision to read as follows:*

21 (42) A person who is eighteen (18) years of age or older
22 and observes abuse, sexual abuse, or sexual exploitation of a child.

23
24 *SECTION 9. Arkansas Code § 12-18-601(b)(2)(B), concerning procedures*
25 *established by the Department of Human Services for the investigation of an*
26 *allegation of child maltreatment, is amended to read as follows:*

27 (B) The procedures established by the Department of Human
28 Services shall require the:

29 (i) Closure of an investigation if there is no
30 evidence to support the report of child maltreatment other than the report
31 made to the Child Abuse Hotline;

32 (ii) Closure of an investigation if there is
33 insufficient detail to investigate the report of child maltreatment;

34 ~~(iii)(a) Closure of an investigation that is based~~
35 ~~on an allegation made by an anonymous reporter if there is no evidence to~~
36 ~~corroborate the report of child maltreatment after the investigating agency~~

1 ~~has conducted a preliminary investigation to determine whether there is any~~
2 ~~evidence to corroborate the report of child maltreatment.~~

3 ~~(b) A preliminary investigation shall include:~~

4 ~~(1) An interview with the alleged~~
5 ~~victim;~~

6 ~~(2) A visit to the home of the alleged~~
7 ~~victim if appropriate given the type of child maltreatment alleged; and~~

8 ~~(3) Evidence from a collateral witness;~~

9 ~~(iv)~~(iii) Closure of an investigation if:

10 (a) There has not been an additional report of
11 abuse or neglect that has been committed by the alleged offender who is the
12 subject of the current report;

13 (b) The investigator reviews the prior history
14 of child maltreatment related to the family of the child and to the alleged
15 offender and determines that the health and safety of the child can be
16 assured without further investigation by the Department of Human Services or
17 the Division of Arkansas State Police; and

18 (c) The investigator determines that abuse or
19 neglect of the child did not occur; and

20 ~~(v)~~(iv) Approval of the:

21 (a) Director of the Division of Children and
22 Family Services of the Department of Human Services or his or her designee
23 for the administrative closure of an investigation that is conducted by the
24 Department of Human Services; or

25 (b) Director of the Division of Arkansas State
26 Police or his or her designee for the administrative closure of an
27 investigation conducted by the Division of Arkansas State Police.

28
29 /s/Vaught

30
31
32 **APPROVED: 4/12/23**