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Approved:	Christine Johnson, Deputy Commissioner	Effective: 10/14/2020
Supersedes:	Family Services Policy 52	Dated: 3/29/2019

## Purpose

To clearly articulate a primary focus on child safety and to describe the requirements for conducting child safety investigations and assessments under Title 33, Chapter 49 and Chapter 51.

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## Related Policies

- Family Services [Policy 50](#): Child Abuse and Neglect Definitions
- Family Services [Policy 51](#): Screening Reports of Child Abuse and Neglect
- Family Services [Policy 60](#): Juvenile Proceedings Act – CHINS (C) and (D) Assessments
- Family Services [Policy 65](#): Substance Use Disorder Screening & Drug Testing for Caretakers
- Family Services [Policy 68](#): Serious Physical Injury Investigation and Case Planning

## Policy

This policy is applicable to child safety interventions (investigations or assessments) under Title 33 Chapter 49 or Chapter 51. Unless otherwise indicated, policy and procedures are the same for all child safety interventions.


### Assessing Child Safety is First Priority

The first priority of the family services worker is to assess child safety:

- Is the child safe now?
- If not, what needs to be done to promote safety?
- Is out-of-home placement necessary?
- If the child must leave home, is a familiar person available to provide short-term care?
- Is DCF custody a necessary element to promote safety?

Child safety interventions are time-limited interventions focused, first and foremost, on ensuring child safety. These interventions should be concluded in a timely way because:

- They represent significant intrusion into private family matters. Families deserve to know the outcome. If services are needed to support child safety, they should be arranged for and delivered as soon as possible.
- Individuals who may be placed on the Child Protection Registry should have the opportunity for timely independent review of that decision.
- Placement of substantiated perpetrators on the Child Protection Registry protects others in the future by limiting the situations in which the perpetrator has unsupervised access to children and/or vulnerable adults.

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### Supervising Child Safety Interventions

The child safety intervention supervisor will supervise all child safety interventions, even if the worker normally reports to another supervisor.

### Required Communication with Reporters

Centralized Intake and Emergency Services (CIES) informs mandated reporters that a report has been accepted for a child safety intervention, the track assignment, and the assigned worker.


The family services worker will attempt to contact the reporter to see if the reporter has further information concerning the child's situation that would inform the child safety intervention, unless doing so is unreasonable given the circumstances. The supervisor may waive this requirement if the safety of any individual may be jeopardized by the contact.

### Reporting to and Receiving Assistance from Law Enforcement

33 V.S.A. § 4915(g) specifies that the division “report to and receive assistance from appropriate law enforcement” under certain circumstances. Some notifications required under this section will be handled centrally. However, the assigned worker or supervisor shall immediately report to appropriate law enforcement as follows:

Nature of Situation	Report to:
Accepted reports (investigations or assessments) of child sexual abuse by an alleged perpetrator 10 years of age or older	Special Investigations Unit (SIU)
Accepted reports (investigations or assessments) of serious physical abuse or neglect likely to result in criminal charges or requiring emergency medical care	Special Investigations Unit (SIU)
Situations potentially dangerous to the child or worker	Local law enforcement agency (unless also within SIU jurisdiction)
Accepted or non-accepted reports of serious physical abuse or neglect including those resulting in death  *** <i>This includes reports of serious physical abuse that were not accepted because the alleged perpetrator is a non-caretaker.</i> ***	Law enforcement agency that conducts investigations of death (which may be local law enforcement, the Vermont State Police or the SIU)

Assistance from law enforcement may be requested in other situations per local protocols.

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### Sharing Accepted Reports of Sex Trafficking with Federal Agencies

Under the same authority of 33 V.S.A. § 4915(g), the division’s human trafficking consultant may share accepted reports of sex trafficking with the appropriate federal law enforcement agencies.

### Sharing Information with Law Enforcement during Joint Investigations or Assessments

In investigations or assessments conducted jointly with law enforcement, written information from the case record may be shared. However, since information contained in police records is discoverable if the perpetrator is charged criminally, the worker should determine with law enforcement what information is needed.

### Child Safety Interventions Involving Residential and Child Care Licensing

If the family services worker learns that the alleged perpetrator resides or receives services in a licensed or approved foster home or facility serving children, the worker will notify the Residential Licensing and Special Investigations (RLSI) Unit immediately.

### Phases of Child Safety Interventions

Child safety interventions consist of two phases:


<b>Phase 1: Safety Determination</b>	<b>Phase 2: Assessment and Planning</b>
The period between case assignment and the completion of the <i>SDM Safety Assessment</i> .	The period in which division staff use family engagement strategies including the <i>SDM Risk Assessment</i> to assess risk, prevent the placement of children in out-of-home care, and promote health and well-being.

### Timeline for Commencing Child Safety Interventions

The division shall commence a child safety intervention **within 72 hours** of the date and time the division had sufficient information to determine the report would be accepted. In most instances with an accepted report, this will be the time the intake report was entered. While the maximum timeframe for commencing child safety interventions is 72 hours, workers and supervisors may determine that a more immediate response is needed.

FSDNet populates a response priority which serves as guidance when commencing child safety interventions. Supervisors have the discretion to determine:

- When assessments or investigations must be commenced immediately or by the end of the day; or

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- When assessments or investigations may be commenced within 72 hours (even if the response priority indicates by the end of the day).

<b>Commence means...</b>	
<b>Investigation</b>	<b>Assessments</b>
Staff will interview the child, or if the child is nonverbal, observe the child. An interview solely by law enforcement does not substitute for division investigation commencement.	Staff will contact the person responsible for the child’s welfare as listed in the intake.  While staff may commence an assessment by phone, some assessments may warrant an announced or unannounced visit (e.g., caretaker using opiates with young children or hazardous conditions of the home).

**Waiver of 72-hour Commencement Requirement**

As the DCF Commissioner’s designee, district directors may waive the requirement to commence a child safety intervention within 72 hours when, in their judgment:


<b>Investigations</b>	<b>Assessments</b>
<ul style="list-style-type: none"> <li>• The child who is the subject of the allegation cannot be located; or</li> <li>• It would be harmful to the child; or</li> <li>• There is danger to the worker.</li> </ul>	<ul style="list-style-type: none"> <li>• The person responsible for the child’s welfare as listed in the intake cannot be located; or</li> <li>• It would be harmful to the child; or</li> <li>• There is danger to the worker.</li> </ul>

In determining whether a waiver should be granted to ensure the child’s safety, the division will consider whether the child would be at imminent risk if the interview is delayed for any reason, including to avoid trauma caused by multiple interviews or interviews in an inappropriate setting.

The waiver must be granted before 72 hours. Documentation requirements are:

<b>Who</b>	<b>What</b>	<b>Where</b>
Manager	Rational for waiver and date for commencement.	FSDNet Module
Worker	Ongoing efforts and activities for commencement and the anticipated commence date.	Appended to Intake
Supervisor	Ongoing documentation of efforts to commence.	Appended to Intake

The issues necessitating the waiver will be addressed immediately so the child safety intervention commences as soon as possible.

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### Planning the Child Safety Intervention

Thoughtful planning of a child safety intervention is critical to minimize the risk to the child, other family members, and the worker. Issues to be considered in planning include:

- What history does the division have with the family?
- Could the intervention place the child at higher risk? How can we minimize that risk?
- How do issues of domestic violence or substance abuse in the family affect the approach to the intervention?
- Are there risks to the family services worker? How can they be minimized?
- Is police involvement indicated?
- What is the appropriate sequence of interviews?
- In an investigation, is it necessary to interview the child without parental permission? If so, what environment will be most comfortable for the child? Who is the appropriate disinterested party to be present?
- How can repeat interviews, especially with the child, be avoided?
- How will the child be supported following the interview?

If a child is in DCF custody, placed in a foster home and the foster parent is not the alleged perpetrator, the foster parent(s) will ordinarily be informed of the child safety intervention so that they can provide appropriate support following the interview.


Regardless of the specific basis for report acceptance, the family services worker should be aware that during the CSI, other forms of maltreatment may become evident. These should be assessed and documented.

### Assessing and Documenting Safety in Child Safety Interventions

#### **Assessing safety is the first priority during a child safety intervention.**

Assessing safety includes focusing on present or impending danger to the child. It is a casework process that involves the worker, the family, and others engaged with the family. While assessing safety, the worker identifies:

<b>Present danger</b>	An immediate, significant and clearly observable family condition that is currently endangering or threatening to endanger a child and therefore requires prompt response.
<b>Impending danger</b>	Family behaviors, attitudes, motives, emotions and/or situations which pose a danger that may not be currently or always active but can be anticipated to become active and have severe effects on a child at any time.

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<b>Child vulnerabilities</b>	Characteristics that make the child more likely to be maltreated and less likely to be able to participate in a plan for safety. Children in the home must be assessed for vulnerability separately.
<b>Protective capacities</b>	Attributes that can mitigate the presence of or threat of serious harm to a child when activated on the child’s behalf. Not all family strengths are protective capacities.

The family services worker will document the safety determination and safety plan on the *SDM Safety Assessment* within **24 hours** of the first in-person interview with the family.

If there are allegations in two households within a single child safety intervention, there may be two initial *SDM Safety Assessments*. In cases that were accepted based on concerns about the safety of an infant prior to birth, the *SDM Safety Assessment* will be completed again after the birth of the infant.

After the initial *SDM Safety Assessment*, changes in family or household circumstances will prompt a review/update of the *SDM Safety Assessment*. Examples of a change in family or household circumstances include, but are not limited to:

- the birth of a baby;
- a change in household composition/make-up (such as the addition of new household members or a person leaves the household);
- the family moves;
- there is a new criminal charge;
- there is a significant change in health;
- there is a new report during the open child safety intervention; or
- there is a change in the capability of safety interventions to mitigate dangers.

The following factors inform a determination about whether the child is safe.

<b>Safe</b>	<ul style="list-style-type: none"> <li>• No danger indicators; the child appears to be safe.</li> </ul>
<b>Safe with Safety Plan</b>	<ul style="list-style-type: none"> <li>• At least one danger indicator present, and there may be protective capacities that can mitigate the danger.</li> <li>• A safety plan is in place that addresses the identified dangers, and if successfully carried out, will allow the children to remain with the parent or caretaker. The person alleged to have caused the abuse or neglect should not be responsible for implementing or monitoring the safety plan. Instead, there should be a safety network made up of people who are aware of the danger(s) and agree to take specific action as part of the safety plan.</li> </ul>

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	<ul style="list-style-type: none"> <li>The plan may include informal placement with a safe friend, relative or non-resident parent as a temporary measure.</li> </ul>
<b>Unsafe</b>	<ul style="list-style-type: none"> <li>At least one danger indicator, and protective capacities are not sufficient to mitigate the danger at this time.</li> <li>A court order or voluntary care agreement with placement outside the home for one or more children is the only way possible to protect the child from immediate or serious harm.</li> </ul>

If any danger items are selected, the worker will use the FSD Safety Plan Forms to complete a safety plan. The FSD Safety Plan Forms include the [Safety Plan Framework](#), [Safety Plan Actions Needed](#), and [Safety Plan Signature Page](#). The FSD Safety Plan Forms are only used when a danger is identified in the *SDM Safety Assessment*. Any plans that are created with families to address risk, treatment needs, or other complicating factors should be incorporated into a case plan or simply documented in case notes – not addressed with FSD Safety Plan Forms. Safety planning should be done with the family unless it would be unsafe to do so. In any case, the worker will take necessary steps to plan for the child’s safety.

### Alternative Caregivers as Part of a Safety Plan

When the division is involved with a family through a child safety intervention, it may be appropriate to work with the family to put a safety plan in place which includes the support of an alternative caregiver on a temporary basis. A safety plan with an alternative caregiver shall not last longer than one month. See Family Services [Policy 85](#) for additional information on alternative caregivers and court interventions through family court vs. probate court.

### Access to Children during Child Safety Interventions

<b>Investigation</b>	<b>Assessments</b>
<p>The child shall always be seen during an investigation. The worker must interview or, for a non-verbal child, observe the alleged victim. The interview should be carefully planned to avoid the necessity of subsequent interviews.</p> <p>Other children in the home will also be interviewed when:</p> <ul style="list-style-type: none"> <li>there are concerns about their safety; or</li> <li>they may have information important to assess the safety of the alleged victim.</li> </ul>	<p>The child shall always be seen during an assessment. The worker must interview or, for a non-verbal child, observe the child within 5 days of the initial contact unless the worker can verify that the child is safe through an independent, objective professional source (physician, day care provider, teacher, etc.). If this is the case, the worker must interview or observe the child as soon as possible but no later than 10 days from the date of the report.</p>



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<b>Investigation</b>	<b>Assessments</b>
<p>If it is necessary to ensure a child’s safety, the alleged victim or other children in the home may be interviewed without the permission of the child's parents, guardian, or custodian. This interview must take place in the presence of a disinterested adult, such as a teacher, nurse, member of the clergy, etc. Law enforcement officers are <b>not</b> disinterested adults.</p> <p>When an interview occurs without parental permission, the parent should be informed and interviewed as soon as is reasonable and safe. The confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared. In most situations, subsequent interviews should take place with the parent's awareness and permission. Subsequent interviews of children without parental permission may occur with the approval of a supervisor.</p> <p>There may be times, under extraordinary circumstances, when a worker cannot interview or observe an alleged victim. This requirement must be waived by the child safety manager as the Deputy Commissioner’s designee. The child safety manager will append the intake to document approval to waive the alleged victim interview/observation.</p> <p>A waiver is not required for cases where there is no identifiable victim or the child is deceased.</p>	<p>The child may not be interviewed or observed without permission of the child's parent, guardian, or custodian.</p> <p><b>Chapter 49 Assessments:</b> If the parent, guardian, or custodian refuses permission to interview or observe the child, and the division has reason to believe the child's safety cannot be ensured, the division shall commence an investigation.</p> <p>There may be times, under extraordinary circumstances, when:</p> <ul style="list-style-type: none"> <li>• It may not be in the child’s best interest to be interviewed and the circumstances do not warrant a track change; or</li> <li>• A worker cannot interview or observe the alleged victim.</li> </ul> <p>This requirement must be waived by the child safety manager as the Deputy Commissioner’s designee. The child safety manager will append the intake to document approval to waive the alleged victim interview/observation.</p> <p><b>CHINS (B) Assessments:</b> If the parent, guardian, or custodian refuses access to the child, the worker will evaluate the situation to determine if there are any underlying child abuse or neglect concerns as defined by 33 V.S.A. § 4912. If so, family services workers and supervisors will determine whether to make a report to CIES or refer the case to the state's attorney for a CHINS petition. Otherwise, workers will evaluate for service needs and either open a family support case or close the assessment.</p>

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### Other Requirements for Child Safety Interventions

Unless unreasonable, the family services worker shall:

<b>Investigation</b>	<b>Assessments</b>
<p>Visit the child’s residence.</p> <p>Visit the location of the alleged abuse or neglect, to determine:</p> <ul style="list-style-type: none"> <li>• the nature, extent and cause of the abuse or neglect;</li> <li>• the identity of the person responsible for the abuse or neglect;</li> <li>• the names and conditions of any other children living in the same environment;</li> <li>• any immediate and long-term risk to each child if the child remains in the existing home environment; and</li> <li>• the environment and the relationship of any children in the home to the person responsible for the abuse and neglect.</li> </ul> <p>Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren).</p> <p>Unless the supervisor determines that it is not in the child’s best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family.</p> <p>Give the Child Safety Intervention (CSI) brochure to the parent(s).</p> <p>For any family with a child under 1 year of age, or in which a woman is pregnant, discuss safe sleep practices and provide a copy of the Vermont Department of Health’s Safe Sleep Brochure (<a href="#">Keep Your Sleeping Baby Safe: Information for Parents and Caregivers of Infants</a>). Document this in case notes.</p>	<p>Visit the child’s residence.</p> <p>Interview other adult’s residing in the child’s home who serve in a parental or caretaking role. The interview will focus on ensuring immediate safety of the child and mitigating future risk of harm using an approach that engages the family in a collaborative process.</p> <p>Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and will occur with the permission of the child’s parent, guardian or custodian.</p> <p>Collaborate with the family to identify the family’s unique strengths, resources and services needs and develop a plan of services that reduces the risk of harm and improves or restores family well-being.</p> <p>Unless the supervisor determines that it is not in the child’s best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family.</p> <p>Give the Child Safety Intervention (CSI) brochure to the parent(s).</p> <p>For any family with a child under 1 year of age, or in which a woman is pregnant, discuss safe sleep practices and provide a copy of the Vermont Department of Health’s Safe Sleep Brochure (<a href="#">Keep Your Sleeping Baby Safe: Information for Parents and Caregivers of Infants</a>). Document this in case notes.</p>

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If an activity above is not reasonable or relevant under the facts and circumstances presented by the valid allegation of child abuse or neglect, the worker must document the reason for that judgment in the case determination.


During child safety interventions, continued visits to the home should occur as necessary to assess and address safety, risks, and the family’s needs. If (per the *SDM Safety Assessment*) there are one or more dangers present and the safety decision is “safe with a plan” **OR** (per the *SDM Risk Assessment*) the risk is high or very high, workers shall visit the home monthly until the CSI is closed or the case is transferred.

Ongoing visits to the home are not required in instances where the worker determines the allegations described in the accepted report were false or no dangers or safety concerns exist per the *SDM Safety Assessment* **AND** the *SDM Risk Assessment* is low or moderate.

**Special Considerations for Child Sexual Abuse Investigations with No Identified Child**

In some cases of child sexual abuse, the facts and circumstances make it unreasonable to interview the child, visit the child’s home, or to identify other children that may be abused or at risk of abuse. This includes when an adult is posing as a child or the identity of the child is not known. In these cases, the assigned worker shall do the following:

1. Refer the case to appropriate law enforcement (or contact involved law enforcement if law enforcement was the source of the report).
2. Request any information known to law enforcement about the allegation including police reports, charging affidavits, etc.
3. Document information provided by law enforcement in the IA Summary and Case Determination.
4. Determine with law enforcement when and how the alleged perpetrator will be interviewed about the allegations and document outcome of any interview.
5. If the alleged perpetrator declines the opportunity for an interview, document this in the Investigation Activities Summary and Case Determination.
6. Consider all collected evidence and make determination if information gathered would lead a reasonable person to believe that the alleged perpetrator engaged in child sexual abuse.

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### Re-Assignment to Chapter 49 Investigation Track

For cases initially assigned as Chapter 49 assessments, the division may determine that an investigation response is warranted. The worker or supervisor will request track re-assignment using the [FS-592](#).

Examples of situations warranting track reassignment include but are not limited to:

1. New information indicates that criteria for mandatory investigation are met (see [Policy 51](#)). A family services worker may exercise professional judgement to change to the investigation track if necessary.
2. A parent or caretaker refuses permission for necessary photographs, x-rays or other medical imaging.
3. The parent or caretaker will not allow an interview or observation of the child. The worker should first inform the person of the implications of re-assignment to the investigation track, so they can make an informed decision.
4. The parent or caretaker is unwilling to engage in a discussion of the concern or a plan to address safety, after reasonable attempts have been made to overcome initial lack of cooperation.


The supervisor will append the track re-assignment, the date and reason for it in the intake. From that date, all requirements for investigation must be met, including commencement.

### Requirements to Inform Parents and Alleged Perpetrators

In all child safety interventions, the division must:

1. Inform the parent or guardian of the child that a report has been accepted as a valid allegation and that the division is conducting an investigation or assessment; and
2. Inform the alleged perpetrator, at the time of the initial contact, about the complaint or allegation made against the individual. In making this notification, the confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared.

In rare instances where the alleged perpetrator is not interviewed, notification will not occur. See this policy's section on *Interviewing the Alleged Perpetrator* for additional information and requirements for waiving alleged perpetrator interviews.

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### **Working with Individuals Who May Require Reasonable Accommodations**

Before interviewing any person, the worker will inform the person of their right to receive reasonable accommodations in order to participate in the interview. Suggested language for notification is as follows:

“DCF has received a call expressing concern that your child may be abused or neglected. We need to speak to you about that concern. If you have a disability and need, or think you may need, an accommodation in order to participate in the interview, please let us know. We will discuss your needs and provide you with a reasonable accommodation.”

Individuals with a disability can be successful parents and may need reasonable accommodations, including adaptive equipment and supports. A disability may not be visible or obvious. When planning with a parent with a disability, the worker should:

- Ask the person if they need any special accommodations;
- Enter into a discussion with them about their limitations and needs;
- Seek input from an expert or someone with relevant expertise; and
- Consult with a supervisor and/or the assigned Assistant Attorney General (AAG) as needed.


### **Working with Individuals with Limited English Proficiency**

When conducting a child safety intervention in which a caretaker or child has limited English proficiency, the worker will arrange for appropriate interpretive services. Children will not be asked to interpret for their caretakers or family members.

The Agency of Human Services (AHS) maintains contracts for three forms of interpretive services:

- In-person interpretive services
- Written translation services – translation of documents, brochures, application forms and any other needed written materials.
- Telephonic services – interpretive and translation services for telephone communications.

Questions related to disclosures of abuse or neglect while using facilitated communication may be directed to the child safety manager. For information on disclosures of abuse or neglect made while using facilitated communication, see guidance developed by the Department of Disabilities, Aging, and Independent Living (DAIL) titled [Guidelines for Handling Allegations of Abuse Made While Using Facilitated Communication](#).

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### Photographs and X-Rays during Child Safety Investigations

If, during the course of an investigation, trauma to the child is visible, photographs should be taken of the injuries. Additionally, the family services worker or a physician may determine that child should receive a physical or a radiological examination.

Unless it would compromise the child's safety, parental permission should be sought. However, parental permission is not required.

### Co-Occurring Child Abuse and Intimate Partner Violence (IPV)


Even though the division’s primary duty is to ensure child safety, in cases with co-occurring child abuse and intimate partner violence (IPV), ensuring safety for any adult victim is often closely linked to ensuring safety for the child. A complete and accurate child safety intervention is most likely to occur when the adult victims and children are interviewed in supportive and confidential sessions separate from the parent who batters.

In conducting collateral interviews, care should be taken to protect the confidentiality of the child and family, revealing only what is necessary to obtain desired information. Information provided about intimate partner violence should not be shared with the alleged perpetrator of the violence.

Safe intervention when child maltreatment and IPV co-occurs requires addressing risks to both children and adults who fear retaliation or harm by the parent who batters because of the division’s intervention. It is important to develop safety plans in collaboration with the adult victim and children that address their unique immediate and future safety needs.

During the child safety intervention, family services workers (in consultation with the Domestic Violence Unit) should consider the following questions to learn how the parent who batters has impacted the child’s and family’s functioning:

- What physical injuries have the children sustained because of the perpetrator’s behaviors?
- What has changed in the children’s functioning, both emotionally and behaviorally, because of the perpetrator’s behaviors?
- What did this look like during or right after an incident of violence?
- What have been the cumulative changes in the children’s relationships inside and outside the household?
- Has the perpetrator’s behavior impacted the children’s basic needs being met?

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### Interviewing the Alleged Perpetrator

If the alleged perpetrator is in DCF custody, see Family Services [Policy 66](#).

The family services worker will interview the alleged perpetrator unless the individual:

- refuses to be interviewed;
- is a minor and their parents refuse to give permission;
- is not the child's parent or caretaker and has been interviewed by the police in the context of a joint investigation;
- is not residing in the home and has been interviewed by the police in the context of a joint investigation;
- cannot be located;
- presents a significant risk to the safety of the child or protective parent (*see guidance below*); or
- will not be informed of the allegation due to the wishes of the youth victim and approval by the child safety manager (*see guidance below*).


### Waiver of Alleged Perpetrator Interview Due to Safety Concerns

In situations where interviewing an alleged perpetrator presents a significant risk to the safety of the child or protective parent, particularly in human trafficking cases or risk of harm cases involving domestic violence or intimate partner violence (IPV), the worker and/or supervisor will consult with the child safety manager. These requests should be based on threats, criminal history, gang affiliation, or other non-speculative information about the risk posed by the alleged perpetrator. The alleged perpetrator's interview cannot be waived if substantiation is being considered or will occur. Written approval by the child safety manager is required to waive an interview with an alleged perpetrator. The child safety manager will append the intake to document approval to waive the alleged perpetrator interview.

### Options for Sexual Abuse Victims Aged 15 and Older

Division staff shall consult with the child safety manager during child safety interventions involving youth victims aged 15 and older (both chronologically and developmentally) and alleged actors under the age of 19 where the victim does not want the alleged actor to be notified or interviewed.

If the criteria outlined below are met, workers will not pursue an interview with alleged actors or notify their parents until the child safety manager has consulted on the case. The child safety manager will consider requests to waive an alleged actor interview/notification if:

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- There is no information to suggest this is a pattern of behavior by the alleged actor;
- There is no information to suggest significant violence or predatory behavior by the alleged actor;
- The victim is 15 years or older;
- The alleged actor is 19 years or younger;
- The victim states they are currently safe with no continuing threat from the alleged actor; **AND**
- The alleged actor resides out of the victim’s home and is a non-caregiver.

Waiving the alleged actor interview/notification will **not** be considered if:

- The alleged actor is 20 years or older;
- The alleged actor resides in the victim’s home;
- The alleged actor is a caregiver;
- There is information suggesting this is a pattern of behavior by the alleged actor;
- There is information suggesting significant violence or predatory behavior by the alleged actor;
- Substantiation is being considered or will occur; **OR**
- The incident occurred in a PREA-compliant residential treatment program.


If the victim requests to not have the alleged actor notified or interviewed and the child safety manager provides written approval, the interview with the alleged perpetrator will not occur. The child safety manager will append the intake to document approval to waive the alleged perpetrator interview.

**SDM Risk Assessment**

The family services worker will complete the *SDM Risk Assessment* to understand the issues that create risk in the family and to inform the decision about opening a family support case. The *SDM Risk Assessment* does not predict occurrence or recurrence of child maltreatment; it assesses whether a family is more or less likely to have future abuse/neglect incident without intervention.

An *SDM Risk Assessment* for each accepted report (only one per accepted report) should be completed as soon as the worker has enough thorough information to accurately assess the risk in the family. The required time frames are:



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<b>Investigations</b>	<b>Assessments</b>
As soon as the worker has sufficient information to accurately assess risk, but <b>no later than 60 days from acceptance</b>	As soon as the worker has sufficient information to accurately assess risk, but <b>no later than 45 days from acceptance</b>

*SDM Risk Assessments* are completed on households. When a child’s parents do not live together, the child may be a member of two households. The *SDM Risk Assessment* is always completed on the household of a caretaker who is an alleged perpetrator, regardless of whether the household is the child’s primary residence.

If the alleged perpetrator is not a caregiver nor a member of the child’s household, the *SDM Risk Assessment* is not required unless there is a question about the caregiver’s ability to protect.


**Requirements for Concluding Child Safety Interventions**

<b>Investigations</b>	<b>Assessments</b>
<ul style="list-style-type: none"> <li>• Must be concluded within 60 days.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be completed in 45 days, or 60 days with written justification and the approval of a supervisor.</li> </ul>
<ul style="list-style-type: none"> <li>• All interviews have been completed;</li> <li>• All documentation is complete;</li> <li>• The supervisor has made a substantiation determination.</li> <li>• The caretakers, alleged perpetrator(s) and the mandated reporters have been informed of the outcome.</li> </ul>	<ul style="list-style-type: none"> <li>• All interviews have been completed;</li> <li>• All documentation is complete;</li> <li>• The supervisor has made a case determination about opening a family support case.</li> <li>• The caretakers, alleged perpetrator(s) and the mandated reporters have been informed of the outcome.</li> </ul>

If a child enters DCF custody during the child safety intervention, the worker still needs to complete all steps of the investigation or the assessment.

**Delays in Concluding Child Safety Intervention Due to Law Enforcement**

At times, it is necessary to keep a child safety investigation open longer than 60 days due to other elements of law enforcement activity and/or a criminal investigation. The investigation may remain open with documentation about steps necessary to resolve the outstanding law enforcement issue. The case determination letter should not be sent during the period, to avoid interfering with the law enforcement case. Remaining documentation and data entry must be completed immediately when the law enforcement/criminal case is resolved.

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When the *SDM Risk Assessment* is high or very high, a family support case will be opened and assigned even if the child safety intervention has not concluded.

**Plan of Safe Care for Substance-Exposed Newborns**

The following tasks are required for cases accepted based on concerns of a newborn identified as being affected by legal or illegal substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder:

<b>If the child is placed in out-of-home care</b> (including DCF custody or CCO with relatives)	A plan of safe care (POSC) will be created with the parent(s) and foster parents/caregivers, and this will be documented in the case determination.
<b>If the child can safely remain at home</b> (including CCOs with parents, family support cases, and instances where no further division involvement is needed)	The worker should discuss and review the plan of safe care (POSC) with the child’s primary care provider prior to closure of the child safety intervention (CSI), and this will be documented in the case determination.

The plan of safe care will include the following:


- Information about referrals made to Children’s Integrated Services (CIS) and other services, if necessary;
- The infant’s primary care provider and date of next appointment;
- Identified treatment needs of parent(s) or caregiver(s) and treatment in place; and
- Identified community and family supports for parent(s) or caregivers(s) and the infant.

**Sharing Information with Mandated Reporters Working with Child or Family**

Family services workers shall notify mandated reporters of the outcome of child safety interventions. Notification may occur verbally or in writing. This includes:

- If an assessment was conducted and whether a need for services was found; and
- If an investigation was conducted and whether it resulted in a substantiation.

Additionally, upon the request of a mandated reporter, the worker will provide relevant information about the report they made, if the reporter is engaged in an ongoing working relationship with the child or family.

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**Informing Child’s Caregivers and Parents of Case Disposition**

The child’s parents or guardian will be informed of the case disposition. They will be informed verbally, whenever possible, and subsequently documented in the case file, and by the following letters.

Number	Case Disposition
306-J	Closing with Recommendations
306-K	Closing with No Recommendations
306-L	Ongoing FSD Services

Notice will be sent at the conclusion of the child safety intervention.

In cases where the alleged perpetrator is also a perpetrator of domestic violence, notification may cause risk to the child and adult victims. The worker should attempt to contact the adult victim to inform them that the perpetrator is receiving notice.


**Referral to Children’s Integrated Services (CIS)**

The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect.

Verbal parental permission is required to make a referral to Children’s Integrated Services (CIS). In Vermont, referrals to CIS for developmental screening occur in the following circumstances:

- All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in-home or out-of-home (by completing the [CIS Referral Form](#) and checking the CAPTA box); and
- Households where the *SDM Risk Assessment* is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the [CIS Referral Form](#)).

In situations where a CIS referral is made prior to case determination, family services workers may complete the [CIS Referral Form](#), indicate that the case is open for investigation or assessment, and not worry about checking specific boxes on the form. Regardless of the referring reason (CAPTA or not), a developmental screen will be offered.

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Each referral will not result in CIS services; the screening process determines which children may benefit by being served through CIS. Some families may elect to not participate, as these are voluntary programs.

#### **Entries into the SSMIS Child Abuse and Neglect Report**

All required information will be entered promptly into the SSMIS Child Abuse Report (590) and the Supervisory Tracking Form the conclusion of the child safety intervention.

#### **Police Assist**

If the district office notified law enforcement of an accepted report, ‘Police Assist’ will be indicated on the Child Abuse Report, regardless of whether law enforcement actually responded.

#### **Guidelines for Opening Family Support Cases**


Low and moderate risk cases should not be opened for family support services unless there is an unresolved danger. When the final risk level is low or moderate AND there are no identified dangers, the worker should:

- Reinforce the strengths and positives with the family;
- Provide referrals to community services as needed; and
- Verify that the decision to close the case is consistent with the family’s expectations.

In rare instances, the district director may determine that a high or very high risk assessment score will not lead to opening a case. The following information will be provided to the district director to inform their decision:

1. A brief summary, including:
  - a. why the case was accepted;
  - b. date of last contact with the family;
  - c. date of the last in-person / in-home contact, which must have been within the previous 5 days.
2. Copy of the *SDM Risk Assessment* including explanation of any identified risk items that are scored.
3. Description of the services currently in place and status of any referrals made.
4. Description of informal supports for the family and how they assist in mitigating the risk factors.

The higher the risk in the household, the more important it is to engage the family in targeted services related to the risk to prevent future harm. A family support case will be opened when:

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- The risk level on the *SDM Risk Assessment* is high or very high;
- The family has a danger issue that could not be resolved during the child safety intervention, **regardless of risk level**; or
- The family requires division involvement beyond 60 days of acceptance of the child safety intervention to ensure engagement with services or other support or monitoring.

The district director may approve opening a family support case for other reasons. The rationale must be documented in the case determination.

The family support case shall be assigned within five business days of the determination of the final risk level. The assigned worker shall contact the family to schedule an initial visit within five business days of receiving the family support case. During the first visit, the assigned worker will review the safety plan with the family and begin engaging the family in developing their initial case plan.

#### **Family Refusal of Family Support Services**

If a family refuses ongoing services, the worker should consult with their supervisor for a discussion of any unresolved danger and a decision about whether to refer the case to the state's attorney for a CHINS petition. If unable to provide ongoing services because the family refuses and there will be no court involvement, family services workers should consider connecting the family to community services. Workers should document the reason ongoing services were not provided in case notes.