Case documentation provides accountability for both the activities and the results of the agency’s work. In child protective services (CPS), case records and information systems must carefully document: (1) contact information; (2) the findings of the assessments; (3) decisions at each stage of the case process; (4) interventions provided to the family both directly and indirectly; (5) the progress toward goal achievement, including risk reduction; (6) the outcomes of intervention; and (7) the nature of partnerships with community agencies. This chapter describes the primary purposes of record-keeping, principles about the way both paper and automated records should be maintained, and content that should be documented at each step of the process. The strategies outlined here not only assure accountability to others, but also facilitate a way of thinking and a process to measure the results of the agency’s work with families and children.

PURPOSES OF CHILD PROTECTIVE SERVICES RECORD-KEEPING

The key purposes for keeping records are to:

- **Guide the CPS process.** Case records provide an ongoing “picture” of the nature of CPS involvement with families, the progress toward achieving outcomes, and the basis of decisions that eventually lead to case closure. The process of record-keeping itself helps to clarify and focus CPS work.

- **Provide accountability for the agency and the caseworker.** Records should describe who is and is not served (including any other household members who may not be participating in services), the kinds of services provided (or not provided due to availability or level of service issues), the basis for all decisions, the degree to which policies and procedures are implemented, and other aspects of accountability and quality control. The record provides a statement about the quality of CPS work that may decrease personal liability should legal action be taken against the agency or a caseworker.

- **Serve as a therapeutic tool for the caseworker and the family.** Case records can demonstrate the way in which the caseworker and family collaborate to define the purpose of CPS work, including the goals and outcomes that will reduce the risk of maltreatment, and serve to evaluate the progress toward them. Some CPS agencies are using instruments and tools that seek input, and, therefore, the record itself provides an illustration of this collaborative process.

- **Organize the caseworker’s thinking about the work.** Structured presentation of factual information leads to more in-depth assessment and treatment planning. Sloppy recording and
disorganized thinking go hand-in-hand and will likely lead to poor service delivery to clients.\textsuperscript{164}

In addition to the primary purposes of record-keeping listed above, the case record becomes a means for supervisory review, statistical reporting and research, and interdisciplinary communication.

**CONTENT OF CASE RECORDS**

Case records should factually document what CPS does in terms of assessment and intervention, as well as the results of CPS-facilitated interventions and treatment, which serve the outcomes of child safety, permanence, and well-being. Family records, whether paper or automated, should include:

- Information about the nature and extent of the referral or report; identify demographic data on the child, family, and significant others; and the response of the agency to the referral.

- A record of all dates and length of contacts, including in-person and telephone interviews with all family members, collateral sources, and multidisciplinary team, as well as the location and purposes of these contacts.

- Documentation that the family has been informed of the agency’s policy on the release of information from the record.

- Information about the initial assessment, including documentation of what may have already occurred (e.g., the report of alleged child maltreatment), as well as the assessment of the risk to and safety of the child.

- Information about any diagnostic procedures that may have been part of the initial assessment (e.g., medical evaluations, x-rays, or other medical tests; psychological evaluations; and alcohol or drug assessments).

- Clear documentation of initial decisions with respect to substantiation of the alleged maltreatment, risk assessment and safety evaluation, basis for any placement in out-of-home care or court referral (if necessary), and reasons for continued agency involvement or for terminating services.

- The safety plan, if one was developed, and documentation of referrals to other programs, agencies, or persons who will participate in the implementation of the safety plan.

- A record of the family assessment (including risks and strengths) and a delineation of the treatment and intervention needs of the child, caregivers, and the family.

- A description of any criminal, juvenile, or family court involvement and the status of any pending legal action in which the client may be involved.

- The case plan with specific measurable goals, as well as a description of the process used to develop the plan.

- Specification of the intervention outcomes, which, if achieved, will reduce the risks and address the effects of maltreatment. These intervention outcomes should lead to the achievement of child safety, permanency, and child and family well-being.

- Documentation of the case activities and their outcomes, including information from all community practitioners providing intervention or treatment (written reports should be requested from all providers) and information about the family’s response to intervention and treatment.

- Information about the progress toward the achievement of outcomes, completion of case plans, risk reduction process, and reunification of children with their families or other permanency options.

- Information provided to the court, if court involvement was necessary.
• Inclusion of a case-closing summary that describes:
  – Outline summarizing the original reason for referral;
  – Process of closure with the family;
  – Outcomes and goals established with the family;
  – Nature of the services provided and the activities undertaken by the various practitioners and the family;
  – Description about the level of progress accomplished with respect to outcomes and goals;
  – Summary of any new reports of maltreatment that may have occurred during intervention;
  – Assessment of risk and safety as it now exists;
  – Problems or goals that remain unresolved or unaccomplished;
  – Reasons for closing the case.

PRINCIPLES OF RECORD-KEEPING

The case record is a professional document and tool. As such, it should be completed in a timely and professional manner, and confidentiality should be respected at all times. This means that appropriate controls should be in place to ensure the security of paper and automated files.

Caseworkers should:

• Maintain only information that is relevant and necessary to the agency’s purposes. Facts should be recorded and distinguished from opinions. When opinions are offered, their basis should be documented (e.g., Mr. Smith appeared to be intoxicated; his eyes were red; he had difficulty standing without losing his balance; his breath smelled of alcohol).

• Never record details of clients’ intimate lives or their political, religious, or other personal views, unless this information is relevant to CPS purposes.

• Record as much information as possible based on direct communication with clients.

• Inform clients about the agency’s authority to gather information, their right to participate (or not) in the process, the principal purpose for the use of the information that they provide, the nature and extent of the confidentiality of the information, and under what circumstances information in records may be shared with others.

• Never disclose any verbal or written information about clients to other practitioners without a signed “release of information” prior to disclosure. An exception usually exists in State child abuse-reporting laws to provide for the sharing of information between members of a multidisciplinary team. Specific State laws and policies should guide these actions.

• Retain and update records to assure accuracy, relevancy, timeliness, and completeness. Mark errors as such rather than erasing or deleting them.

• Use private dictation facilities when using dictation equipment to protect a client’s right to confidentiality.

• Never include process recordings in case files. The primary purpose of a process recording is to build the practitioner’s skills. As such, they do not belong in an agency record.

• Obtain the child and family’s permission before audiotaping or videotaping any session and inform the client that refusal to allow taping will not affect services.
• Never remove case records from the agency, except in extraordinary circumstances and with special authorization (e.g., if the record was subpoenaed for the court).

• Never leave case records or printouts from the automated file on desks or in other open spaces where others might have access to them.

• Keep case records in locked files. Keys should be issued only to those requiring frequent access to files. There also should be a clear record of the date that the file was removed and by whom. Similar security procedures (e.g., password-protected) should be provided for automated case records.  

Quality record-keeping is an integral part of professional CPS practice. When the case record is used as an opportunity to organize the worker’s thinking and to integrate an approach to measuring the results of CPS work, it becomes an important part of the CPS process rather than something that only documents the process.
Effective Documentation

CHAPTER 13
Supervision, Consultation, and Support

Child protective services (CPS) supervisors are responsible for ensuring that the agency mission and goals are accomplished, and that positive outcomes for children and families are achieved through the delivery of competent, sensitive, and timely services. The supervisor is the link between the front-line of service delivery and the upper levels of administration. It is the supervisor who brings the resources of the organization into action at the front line—the point of client contact.

The supervisor has two overarching roles: building the foundation for and maintaining unit functioning, and developing and maintaining staff capacity. These roles are accomplished through the following activities:

- Communicating the agency’s mission, policies, and practice guidelines to casework staff;
- Setting standards of performance for staff to assure high-quality practice;
- Assuring that all laws and policies are followed, and staying current with changing policies and procedures;
- Creating a psychological and physical climate that enables staff to feel positive, satisfied, and comfortable about the job so that clients may be better served;
- Helping staff learn what they need to know to effectively perform their jobs through orientation, mentoring, on-the-job training, and coaching;
- Monitoring workloads and unit and staff performance to assure that standards and expectations are successfully achieved;
- Keeping staff apprised of their performance and providing recognition for staff efforts and accomplishments;
- Implementing safety precautions.

This chapter examines the role of the CPS supervisor, including the supervisor’s involvement in decision-making, clinical consultations, monitoring, and feedback. Finally, the chapter looks at the ways in which supervisors and peers provide support to caseworkers, prevent burnout, and ensure worker safety.

SUPERVISORY INVOLVEMENT IN DECISION-MAKING

Supervisors must be involved in any casework decision that affects child safety and permanence. The supervisor and caseworker should collaborate to reach consensus on decisions regarding safety and achieving permanence for the child. Since the caseworker is the primary holder of the information,
the supervisor should review the caseworker’s documentation and meet with the caseworker to analyze the information. The supervisor and caseworker work together to understand and arrive at the most appropriate decision. This approach requires that the supervisor respects the caseworker, works with the caseworker to gather thorough and accurate information from the family and collateral sources, analyzes the information thoughtfully, and draws reasonable conclusions (inferences and deductions). Ultimately, the supervisor is responsible for directing the activities of the worker and will share in any liability that results from the caseworker’s action or failure to act.

SUPervision, Consultation, and Support

SUPERVISORY INVOLVEMENT IN CLINICAL CONSULTATION

Caseworkers are not expected to have all of the answers. There are many avenues available to CPS workers for consultation on cases. Within the CPS unit, caseworkers often turn to their supervisors when they are unsure about how to handle a situation, when they need help with a particular decision, or when they need to discuss their conclusions or ideas with an objective person.

When to Consult Supervisors on Casework Decisions

Caseworkers must always consult their supervisors about the following decisions:

- Upon receipt of a report of child abuse or neglect, caseworkers must decide how soon to initiate contact. State laws typically dictate the time frame for initiating the investigation; however, the caseworker and supervisor must make a decision regarding which cases necessitate immediate contact with the child.

- During the first contact with the child and family, the caseworker must decide if the child will be safe while the initial assessment or investigation proceeds. Supervisors review the decision and approve or modify it.

- Upon conclusion of the initial assessment or investigation, and after the decisions regarding the validity of abuse or neglect and the risk assessment have been made, caseworkers and supervisors must determine whether the child will be safe in his or her home with or without continuing CPS intervention.

- If it is determined that the child is unsafe, the caseworker and supervisor must determine which interventions will assure the child’s protection in the least intrusive manner possible.

- When the child has been placed in out-of-home care, the reunification recommendation must be made between the caseworker and supervisor.

- When the child has been placed in out-of-home care, the recommendation to change to another permanent goal other than reunification must be made between the caseworker and supervisor.

- At the point of case closure, the caseworker and supervisor must evaluate risk reduction and client progress toward assuring the child’s protection and meeting the child’s basic developmental needs.
CPS supervisors are responsible for assuring that children are safe, their families are empowered to protect them from harm and meet their basic needs, and effective interventions and services are provided to families. Key aspects of supervision through which this is accomplished are case consultation and supervision or clinical supervision. Case consultation and supervision focuses on the casework relationship including any direct interaction, intervention, or involvement between the caseworker and the children and families. It involves the supervisory practices of review, evaluation, feedback, guidance, direction, and coaching. Specifically, case consultation and supervision focuses on:

- Rapport or the helping relationship between the worker and the client;
- A caseworker’s ability to engage the client;
- Risk and safety assessment and the associated decisions or plans;
- Comprehensive family assessment and development of the case plan;
- Essential casework activities to assist the family in changing;
- Client progress review and evaluation;
- Casework decision-making.\(^{171}\)

In individual supervision, case consultation should occur on an ongoing basis. It may also occur when problems or needs arise. The following case consultation format gives shape to the consultation so it will be focused, goal driven, maximize the use of time, and encourage sharing of expertise:

- Describe briefly why the family came to the attention of CPS.
- Identify the safety issues that need to be immediately addressed.
- Outline what the family wants, what CPS wants, and how the differences can be reconciled.
- Determine the inner resiliencies, strengths, or resources in the family that will provide the foundation for change.
- Examine the success of previous contacts with the family. For example, what was accomplished? What still needs to be accomplished? What has the caseworker contributed to the results, and what has the family contributed to the results?
- Identify the purpose of the next contact with the family. Examine how it ties in with where the family is in the intervention process.
- Assess the caseworker’s relationships with each family member. Define what family members need in order to assure that the family is willing and able to experience the process of change and achieve the necessary goals to assure greater permanence, safety, and well-being for the children.
- Describe the specific strategies that will help family members accomplish their goals.
- Discuss what services the family says have been most helpful.
- Determine the level of risk within the family. Identify the risks, the strengths, or protective factors within the family, and how the agency will know when the risk has been reduced.
- Establish what needs to happen in the family for the agency to return the child and what needs to happen in the family to close the case.
- Identify the signs of success for the family.\(^{172}\)

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**Peer Consultation**

In addition to receiving clinical consultation from their supervisors, caseworkers can also consult other caseworkers in the unit. Experienced and competent CPS caseworkers may have handled similar situations and be able to provide suggestions, guidance, and direction.
Also, group case staffings involving the whole unit are extremely beneficial sources of consultation. In group case staffings, caseworkers present a problematic case. The supervisor and other caseworkers in the unit share their expertise and suggest actions, services, resources, or decisions. Many CPS agencies use case staffings to help with such major case decisions as the return of children to the home and case closure within the entire unit.

Professionals in the community are another source of consultation. Depending on the relationship between the caseworker or the CPS unit and the professional community, informal consultation on cases may be possible. Formal consultation in the form of an evaluation may be necessary, such as in a drug screening or developmental evaluation.

The Child Abuse Prevention and Treatment Act (CAPTA) requires that every State establish a citizen review panel to evaluate State and local CPS agencies, their implementation of CAPTA, and their coordination of foster care and adoption services. The inclusion of community members can often bring a fresh perspective to the CPS case review process, as well as provide an opportunity for the community to better understand CPS. Citizen review of case plans in cases where the child has been placed in foster care can also be a source of information and assistance.

In addition, multidisciplinary case reviews are excellent resources for CPS staff. Not only do these case reviews provide consultation from other disciplines on a particular case, they also provide opportunities to address coordination and collaboration issues as well.

**Supervisory Monitoring of Casework Practice**

Since supervisors are ultimately responsible for assuring accomplishment of program outcomes and are accountable for what happens in each case, they must have systems in place to monitor practice. There are three methods that the supervisor can use to learn what caseworkers are doing with clients:

- Reviewing casework documentation
- Providing individual supervision
- Observing caseworkers with clients

Documentation is an essential part of casework practice. (See Chapter 12, “Effective Documentation,” for a more detailed description of what and how to document case activities and what information to include.) Supervisors should review case documentation on a regular and systematic basis. Review of case documentation provides the supervisor with information about the frequency and content of caseworker-client contacts; the family’s strengths, needs, and risks; the plan to assure safety; casework decisions; services or interventions to reduce risk; progress toward outcomes; and any changes in the child and family’s situation.

As stated previously, supervisors should have scheduled weekly individual conferences with staff. Supervisors should have a monitoring system in place that assures that each case is discussed in depth on at least a monthly basis. This will enable supervisors to remain apprised of actions taken or needed in cases, progress toward change or risk reduction, and casework decisions. It also will enable the supervisor to provide consultation, guidance, direction, and coaching to caseworkers regarding casework practice.

Finally, supervisors do not truly know a caseworker’s effectiveness in working with clients unless they observe caseworker-client interaction directly. Regular observation should be conducted with all caseworkers. There are many opportunities for observation, including:

- Home visits
- Office visits
- Court hearings
• Supervised family-child visits
• Case staffings and reviews
• Family group conferences or meetings

The observations can be structured in a number of ways, depending on what is negotiated between the caseworker, supervisor, and family. For example, the caseworker may feel “stuck” in a case and, with the family’s permission, would like consultation from an objective observer.

Based on the review and evaluation of the caseworker’s efforts with families, the supervisor recognizes the caseworker’s efforts and accomplishments and provides positive feedback on the specific casework practices that he or she is doing well. Areas and skills needing improvement also are addressed, as well as ways to do so.

CASEWORKER SAFETY

Since any CPS case has the potential for unexpected confrontation, supervisors and caseworkers must work together to ensure worker safety. Difficulties may occur at any point in the CPS process, but threats and volatile situations are more likely to occur during the initial assessment or investigation, during crisis situations, and when major actions are taken (e.g., the removal of the child).

The first step in ensuring caseworker safety is to assess the risk of the situation before the initial contact. Before caseworkers conduct an initial assessment, they need to assess the risk to themselves. Questions caseworkers should consider include:

• Is there a history of domestic violence?
• Does the complaint indicate the possibility of a family member being mentally ill, using drugs, or being volatile?
• Are there firearms or other weapons noted in the report?
• Is the family’s geographic location extremely isolated or dangerous?
• Is this a second or multiple complaint involving the family?
• Is the initial assessment scheduled after normal working hours?

If the answers to the first four questions are “yes,” law enforcement may need to be involved in the initial assessment. If the answers to the last two questions are “yes,” two caseworkers may need to conduct the home visit.

PEER SUPPORT AND BURNOUT PREVENTION

Providing child protective services is a complex, demanding, and emotionally draining job. Making decisions that affect the lives of children and families takes a toll on caseworkers. Because working with families experiencing abuse and neglect is difficult, it may elicit multifaceted feelings. In order to maximize performance and minimize burnout, support systems must be developed within the CPS unit to provide caseworkers with opportunities to discuss and deal with feelings that may range from frustration and helplessness to anger and incompetence. Opportunities to discuss these feelings openly in the unit are essential. However, it is important that when support groups are established they do not degenerate into “gripe sessions,” where caseworkers leave feeling worse than when they came to the group. A certain amount of discussion of feelings is cathartic; a positive outcome, however, must result for caseworkers to benefit from the discussion. In addition, whenever crises occur in cases (e.g., a child is reinjured or a child must be removed from his or her family) the caseworker involved needs extra support and guidance.

Effective supervision is one of the key factors in staff retention. An effective supervisor demonstrates empathy toward the needs and feelings of CPS staff. In addition, the supervisor should facilitate the
development and maintenance of a cohesive work team. Group cohesion provides emotional support to staff, as well as concrete assistance in carrying out case activities.

### Conclusion

Working with CPS is usually challenging for all involved—children and families, professional and citizen partners, and caseworkers. Children and families are often fearful of and upset by CPS involvement in their lives, particularly due to the uncertainty associated with the process. Professional and citizen partners sometimes struggle with initiating and identifying their roles in addressing child maltreatment issues. The CPS caseworker must walk a fine line between following the legal mandate to protect maltreated children and recognizing parents’ rights to rear their children as they deem appropriate. Additionally, CPS caseworkers are consistently confronted with numerous and multifaceted problems that affect many of the families involved with CPS, such as substance abuse, mental illness, domestic violence, and poverty. This manual is intended to address the concerns of these various audiences, as well as to serve as a practical and user-friendly guide in addressing and effectively responding to the ever-changing demands in the child welfare field.

**Taking Care of Yourself**

CPS caseworkers need support in order to find a balance between their professional and personal lives. Due to stress inherent in CPS work, it is important that workers find effective ways to unwind and relax. It is important to:

- Be aware of the potential for burnout, stress, and trauma that can occur in child welfare work;
- Identify and use social supports to prevent burnout and stress while working in the child welfare system;
- Look to supervisors, peers, and interdisciplinary teams to talk about difficult client situations, including fatalities and serious injury situations;
- Be alert to signs of vicarious trauma and take steps to seek help when these signs endure and affect the quality of practice.
Endnotes


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APPENDIX A

Glossary of Terms

Adjudicatory Hearings — held by the juvenile and family court to determine whether a child has been maltreated or whether another legal basis exists for the State to intervene to protect the child.

Adoption and Safe Families Act (ASFA) — signed into law November 1997 and designed to improve the safety of children, to promote adoption and other permanent homes for children who need them, and to support families. The law requires CPS agencies to provide more timely and focused assessment and intervention services to the children and families that are served within the CPS system.

CASA — court-appointed special advocates (usually volunteers) who serve to ensure that the needs and interests of a child in child protection judicial proceedings are fully protected.

Case Closure — the process of ending the relationship between the CPS worker and the family that often involves a mutual assessment of progress. Optimally, cases are closed when families have achieved their goals and the risk of maltreatment has been reduced or eliminated.

Case Plan — the casework document that outlines the outcomes, goals, and tasks necessary to be achieved in order to reduce the risk of maltreatment.

Case Planning — the stage of the CPS case process where the CPS caseworker develops a case plan with the family members.

Caseworker Competency — demonstrated professional behaviors based on the knowledge, skills, personal qualities, and values a person holds.

Central Registry — a centralized database containing information on all substantiated/founded reports of child maltreatment in a selected area (typically a State).

Child Abuse Prevention and Treatment Act (CAPTA) — the law (P.L. 93-247) that provides a foundation for a national definition of child abuse and neglect. Reauthorized in October 1996 (P.L. 104-235), it was up for reauthorization at the time of publication. CAPTA defines child abuse and neglect as “at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm.”

Child Protective Services (CPS) — the designated social services agency (in most States) to receive reports, investigate, and provide intervention and treatment services to children and families in which child maltreatment has occurred. Frequently, this agency is located within larger public social service agencies, such as Departments of Social Services.

Concurrent Planning — identifies alternative forms of permanency by addressing both reunification or legal permanency with a new parent or caregiver if reunification efforts fail.
Cultural Competence — a set of attitudes, behaviors, and policies that integrates knowledge about groups of people into practices and standards to enhance the quality of services to all cultural groups being served.

Differential Response — an area of CPS reform that offers greater flexibility in responding to allegations of abuse and neglect. Also referred to as “dual track” or “multi-track” response, it permits CPS agencies to respond differentially to children’s needs for safety, the degree of risk present, and the family’s needs for services and support. See “dual track.”

Dispositional Hearings — held by the juvenile and family court to determine the legal resolution of cases after adjudication, such as whether placement of the child in out-of-home care is necessary, and what services the children and family will need to reduce the risk of maltreatment and to address the effects of maltreatment.

Dual Track — term reflecting new CPS response systems that typically combine a nonadversarial service-based assessment track for cases where children are not at immediate risk with a traditional CPS investigative track for cases where children are unsafe or at greater risk for maltreatment. See “differential response.”

Evaluation of Family Progress — the stage of the CPS case process where the CPS caseworker measures changes in family behaviors and conditions (risk factors), monitors risk elimination or reduction, assesses strengths, and determines case closure.

Family Assessment — the stage of the child protection process when the CPS caseworker, community treatment provider, and the family reach a mutual understanding regarding the behaviors and conditions that must change to reduce or eliminate the risk of maltreatment, the most critical treatment needs that must be addressed, and the strengths on which to build.

Family Group Conferencing — a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family’s life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the family members.

Family Unity Model — a family meeting model used by CPS agencies to optimize family strengths in the planning process. This model is similar to the Family Group Conferencing model.

Full Disclosure — CPS information to the family regarding the steps in the intervention process, the requirements of CPS, the expectations of the family, the consequences if the family does not fulfill the expectations, and the rights of the parents to ensure that the family completely understands the process.

Guardian ad Litem — a lawyer or lay person who represents a child in juvenile or family court. Usually this person considers the “best interest” of the child and may perform a variety of roles, including those of independent investigator, advocate, advisor, and guardian for the child. A lay person who serves in this role is sometimes known as a court-appointed special advocate or CASA.

Home Visitation Programs — prevention programs that offer a variety of family-focused services to pregnant mothers and families with new babies. Activities frequently encompass structured visits to the family’s home and may address positive parenting practices, nonviolent discipline techniques, child development, maternal and child health, available services, and advocacy.

Immunity — established in all child abuse laws to protect reporters from civil law suits and criminal prosecution resulting from filing a report of child abuse and neglect.

Initial Assessment or Investigation — the stage of the CPS case process where the CPS caseworker determines the validity of the child maltreatment report, assesses the risk of maltreatment, determines if the child is safe, develops a safety plan if needed to assure the child’s protection, and determines services needed.
Intake — the stage of the CPS case process where the CPS caseworker screens and accepts reports of child maltreatment.

Interview Protocol — a structured format to ensure that all family members are seen in a planned strategy, that community providers collaborate, and that information gathering is thorough.

Juvenile and Family Courts — established in most States to resolve conflict and to otherwise intervene in the lives of families in a manner that promotes the best interest of children. These courts specialize in areas such as child maltreatment, domestic violence, juvenile delinquency, divorce, child custody, and child support.

Kinship Care — formal child placement by the juvenile court and child welfare agency in the home of a child’s relative.

Liaison — the designation of a person within an organization who has responsibility for facilitating communication, collaboration, and coordination between agencies involved in the child protection system.

Mandated Reporter — people required by State statutes to report suspected child abuse and neglect to the proper authorities (usually CPS or law enforcement agencies). Mandated reporters typically include professionals such as educators and other school personnel, health care and mental health professionals, social workers, childcare providers, and law enforcement officers, but some States require all citizens to be mandated reporters.

Multidisciplinary Team — established between agencies and professionals within the child protection system to discuss cases of child abuse and neglect and to aid in decisions at various stages of the CPS case process. These terms may also be designated by different names, including child protection teams, interdisciplinary teams, or case consultation teams.

Neglect — the failure to provide for the child’s basic needs. Neglect can be physical, educational, or emotional. Physical neglect can include not providing adequate food or clothing, appropriate medical care, supervision, or proper weather protection (heat or coats). Educational neglect includes failure to provide appropriate schooling, special educational needs, or allowing excessive truancies. Psychological neglect includes the lack of any emotional support and love, chronic inattention to the child, exposure to spouse abuse, or drug and alcohol abuse.

Out-of-Home Care — child care, foster care, or residential care provided by persons, organizations, and institutions to children who are placed outside their families, usually under the jurisdiction of juvenile or family court.

Parent or caretaker — person responsible for the care of the child.

Parens Patriae Doctrine — originating in feudal England, a doctrine that vests in the State a right of guardianship of minors. This concept has gradually evolved into the principle that the community, in addition to the parent, has a strong interest in the care and nurturing of children. Schools, juvenile courts, and social service agencies all derive their authority from the State’s power to ensure the protection and rights of children as a unique class.

Physical Abuse — the inflicting of a nonaccidental physical injury upon a child. This may include, burning, hitting, punching, shaking, kicking, beating, or otherwise harming a child. It may, however, have been the result of over-discipline or physical punishment that is inappropriate to the child’s age.

Primary Prevention — activities geared to a sample of the general population to prevent child abuse and neglect from occurring. Also referred to as “universal prevention.”
Protocol — an interagency agreement that delineates joint roles and responsibilities by establishing criteria and procedures for working together on cases of child abuse and neglect.

Protective Factors — strengths and resources that appear to mediate or serve as a “buffer” against risk factors that contribute to vulnerability to maltreatment or against the negative effects of maltreatment experiences.

Psychological Maltreatment — a pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another’s needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing a child. The term “psychological maltreatment” is also known as emotional abuse or neglect, verbal abuse, or mental abuse.

Response Time — a determination made by CPS and law enforcement regarding the immediacy of the response needed to a report of child abuse or neglect.

Review Hearings — held by the juvenile and family court to review dispositions (usually every 6 months) and to determine the need to maintain placement in out-of-home care or court jurisdiction of a child.

Risk — the likelihood that a child will be maltreated in the future.

Risk Assessment — to assess and measure the likelihood that a child will be maltreated in the future, frequently through the use of checklists, matrices, scales, and other methods of measurement.

Risk Factors — behaviors and conditions present in the child, parent, or family that will likely contribute to child maltreatment occurring in the future.

Safety — absence of an imminent or immediate threat of moderate-to-serious harm to the child.

Safety Assessment — a part of the CPS case process in which available information is analyzed to identify whether a child is in immediate danger of moderate or serious harm.

Safety Plan — a casework document developed when it is determined that the child is in imminent risk of serious harm. In the safety plan, the caseworker targets the factors that are causing or contributing to the risk of imminent serious harm to the child, and identifies, along with the family, the interventions that will control the safety factors and assure the child’s protection.

Secondary Prevention — activities targeted to prevent breakdowns and dysfunctions among families who have been identified as at risk for abuse and neglect.

Service Agreement — the casework document developed between the CPS caseworker and the family that outlines the tasks necessary to achieve goals and outcomes necessary for risk reduction.

Service Provision — the stage of the CPS casework process when CPS and other service providers provide specific services geared toward the reduction of risk of maltreatment.

Sexual Abuse — inappropriate adolescent or adult sexual behavior with a child. It includes fondling a child’s genitals, making the child fondle the adult’s genitals, intercourse, incest, rape, sodomy, exhibitionism, sexual exploitation, or exposure to pornography. To be considered child abuse, these acts have to be committed by a person responsible for the care of a child (for example a baby-sitter, a parent, or a daycare provider) or related to the child. If a stranger commits these acts, it would be considered sexual assault and handled solely by the police and criminal courts.

Substantiated — an investigation disposition concluding that the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy. A CPS determination means that
credible evidence exists that child abuse or neglect has occurred.

**Tertiary Prevention** — treatment efforts geared to address situations where child maltreatment has already occurred with the goals of preventing child maltreatment from occurring in the future and of avoiding the harmful effects of child maltreatment.

**Treatment** — the stage of the child protection case process when specific services are provided by CPS and other providers to reduce the risk of maltreatment, support families in meeting case goals, and address the effects of maltreatment.

**Universal Prevention** — activities and services directed at the general public with the goal of stopping the occurrence of maltreatment before it starts. Also referred to as “primary prevention.”

**Unsubstantiated (not substantiated)** — an investigation disposition that determines that there is not sufficient evidence under State law or policy to conclude that the child has been maltreated or at risk of maltreatment. A CPS determination means that credible evidence does not exist that child abuse or neglect has occurred.
Listed below are several representatives of the many national organizations and groups that deal with various aspects of child maltreatment. Please visit www.calib.com/nccanch to view a more comprehensive list of resources and visit www.calib.com/nccanch/database/index.cfm to view an organization database. Inclusion on this list is for information purposes and does not constitute an endorsement by the Office on Child Abuse and Neglect or the Children’s Bureau.

**CHILD WELFARE ORGANIZATIONS**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
<th>Web Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Humane Association Children’s Division</td>
<td>63 Inverness Dr., East Englewood, CO 80112-5117</td>
<td>(800) 227-4645</td>
<td>(303) 792-5333</td>
<td><a href="mailto:children@americanhumane.org">children@americanhumane.org</a></td>
<td><a href="http://www.americanhumane.org">www.americanhumane.org</a></td>
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<tr>
<td></td>
<td></td>
<td>(303) 792-9900</td>
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**American Public Human Services Association**

address: 810 First St., NE, Suite 500 Washington, DC 20002-4267
phone: (202) 682-0100
fax: (202) 289-6555
Web site: www.aphsa.org

Addresses program and policy issues related to the administration and delivery of publicly funded human services. Professional membership organization.
Appendix B—Resource Listings

American Professional Society on the Abuse of Children
address: 940 N.E. 13th St.
CHO 3B-3406
Oklahoma City, OK 73104
phone: (405) 271-8202
fax: (405) 271-2931
e-mail: tricia-williams@ouhsc.edu
Web site: www.apsac.org
Provides professional education, promotes research to inform effective practice, and addresses public policy issues. Professional membership organization.

AVANCE Family Support and Education Program
address: 301 South Frio, Suite 380
San Antonio, TX 78207
phone: (210) 270-4630
fax: (210) 270-4612
Web site: www.avance.org
Operates a national training center to share and disseminate information, material, and curricula to service providers and policy-makers interested in supporting high-risk Hispanic families.

Child Welfare League of America
address: 440 First St., NW, Third Floor
Washington, DC 20001-2085
phone: (202) 638-2952
fax: (202) 638-4004
Web site: www.cwla.org
Provides training, consultation, and technical assistance to child welfare professionals and agencies while also educating the public about emerging issues affecting children.

National Black Child Development Institute
address: 1023 15th St., NW, Suite 600
Washington, DC 20005
phone: (202) 387-1281
fax: (202) 234-1738
e-mail: moreinfo@nbcdi.org
Web site: www.nbcdi.org
Operates programs and sponsors a national training conference through Howard University to improve and protect the well-being of African-American children.

National Children’s Advocacy Center
address: 200 Westside Sq., Suite 700
Huntsville AL 35801
phone: (256) 533-0531
fax: (256) 534-6883
e-mail: webmaster@ncac-hsv.org
Web site: www.ncac-hsv.org
Provides prevention, intervention, and treatment services to physically and sexually abused children and their families within a child-focused team approach.

National Indian Child Welfare Association
address: 5100 SW Macadam Ave., Suite 300
Portland, OR 97201
phone: (503) 222-4044
fax: (503) 222-4007
e-mail: info@nicwa.org
Web site: www.nicwa.org
Disseminates information and provides technical assistance on Indian child welfare issues. Supports community development and advocacy efforts to facilitate tribal responses to the needs of families and children.
NATIONAL RESOURCE CENTERS

National Resource Center on Child Maltreatment

address: Child Welfare Institute
3950 Shackleford Rd., Suite 175
Duluth, GA 30096

phone: (770) 935-8484
fax: (770) 935-0344
e-mail: tsmith@gocwi.org
Web site: www.gocwi.org/nrccm

Helps States, local agencies, and Tribes develop effective and efficient child protective services systems. Jointly operated by the Child Welfare Institute and ACTION for Child Protection, it responds to needs related to prevention, identification, intervention, and treatment of child abuse and neglect.

National Resource Center on Domestic Violence: Child Protection and Custody

address: Family Violence Department
National Council of Juvenile and Family Court Judges
P.O. Box 8970
Reno, NV 89507

phone: (800) 527-3223
fax: (775) 784-6160
e-mail: info@dvlawsearch.com
Web site: www.nationalcouncilfvd.org/res_center

Promotes improved court responses to family violence through demonstration programs, professional training, technical assistance, national conferences, and publications.

National Child Welfare Resource Center for Family-Centered Practice

address: Learning Systems Group
1150 Connecticut Ave., NW, Suite 1100
Washington, DC 20036

phone: (800) 628-8442
fax: (202) 628-3812
e-mail: info@cwresource.org
Web site: www.cwresource.org

Promotes improvement of laws and policies affecting children and provides education in child-related law.
PREVENTION ORGANIZATIONS

National Alliance of Children’s Trust and Prevention Funds

address: Michigan State University
Department of Psychology
East Lansing, MI 48824-1117
phone: (517) 432-5096
fax: (517) 432-2476
e-mail: millsda@msu.edu
Web site: www.ctf alliance.org

Assists State children’s trust and prevention funds to strengthen families and protect children from harm.

Prevent Child Abuse America

address: 200 South Michigan Ave., 17th Floor
Chicago, IL 60604-2404
phone: (800) 835-2671 (orders)
(312) 663-3520
fax: (312) 939-8962
e-mail: mailbox@preventchildabuse.org
Web site: www.preventchildabuse.org

Conducts prevention activities such as public awareness campaigns, advocacy, networking, research, and publishing, and provides information and statistics on child abuse.

Shaken Baby Syndrome Prevention Plus

address: 649 Main St., Suite B
Groveport, OH 43125
phone: (800) 858-5222
(614) 836-8360
fax: (614) 836-8359
e-mail: sbspp@aol.com
Web site: www.sbsplus.com

Develops, studies, and disseminates information and materials designed to prevent shaken baby syndrome and other forms of child abuse and to increase positive parenting and child care.

COMMUNITY PARTNERS

The Center for Faith-Based and Community Initiatives

e-mail: CFBCI@hhs.gov
Web site: www.hhs.gov/faith/

Welcomes the participation of faith-based and community-based organizations as valued and essential partners with the U.S. Department of Health and Human Services. Funding goes to faith-based organizations through Head Start, programs for refugee resettlement, runaway and homeless youth, independent living, childcare, child support enforcement, and child welfare.
Family Support America  
(formerly Family Resource Coalition of America)

address: 20 N. Wacker Dr., Suite 1100  
Chicago, IL 60606

phone: (312) 338-0900
fax: (312) 338-1522
e-mail: info@familysupportamerica.org
Web site: www.familysupportamerica.org

Works to strengthen and empower families and communities so that they can foster the optimal development of children, youth, and adult family members.

National Exchange Club Foundation for the Prevention of Child Abuse

address: 3050 Central Ave.  
Toledo, OH 43606-1700

phone: (800) 924-2643
(419) 535-3232
fax: (419) 535-1989

Web site: www.nationalexchangeclub.com

Conducts local campaigns in the fight against child abuse by providing education, intervention, and support to families affected by child maltreatment.

National Fatherhood Initiative

address: 101 Lake Forest Blvd., Suite 360  
Gaithersburg, MD 20877

phone: (301) 948-0599
fax: (301) 948-4325
Web site: www.fatherhood.org

Works to improve the well-being of children by increasing the proportion of children growing up with involved, responsible, and committed fathers.

FOR THE GENERAL PUBLIC

Childhelp USA

address: 15757 North 78th St.  
Scottsdale, AZ 85260

phone: (800) 4-A-CHILD
(800) 2-A-CHILD (TDD line)
(480) 922-8212
fax: (480) 922-7061
e-mail: help@childhelpusa.org

Web site: www.childhelpusa.org

Provides crisis counseling to adult survivors and child victims of child abuse, offenders, and parents, and operates a national hotline.

National Center for Missing and Exploited Children

address: Charles B. Wang International  
Children’s Building  
699 Prince St.  
Alexandria, VA 22314-3175

phone: (800) 843-5678
(703) 274-3900
fax: (703) 274-2220

Web site: www.missingkids.com

Provides assistance to parents, children, law enforcement, schools, and the community in recovering missing children and raising public awareness about ways to help prevent child abduction, molestation, and sexual exploitation.
Parents Anonymous
address: 675 West Foothill Blvd., Suite 220
Claremont, CA 91711
phone: (909) 621-6184
fax: (909) 625-6304
e-mail: parentsanon@msn.com
Web site: www.parentsanonymous.org
Leads mutual support groups to help parents
provide nurturing environments for their
families.

FOR MORE INFORMATION

National Clearinghouse on Child Abuse and Neglect Information
address: 330 C St., SW
Washington, DC 20447
phone: (800) 394-3366
(703) 385-7565
fax: (703) 385-3206
e-mail: nccanch@calib.com
Web site: www.calib.com/nccanch
Collects, stores, catalogs, and disseminates information
on all aspects of child maltreatment and child welfare
to help build the capacity of professionals in the field.
A service of the Children’s Bureau.
APPENDIX C

State Toll-free Telephone Numbers for Reporting Child Abuse

Each State designates specific agencies to receive and investigate reports of suspected child abuse and neglect. Typically, this responsibility is carried out by child protective services (CPS) within a Department of Social Services, Department of Human Resources, or Division of Family and Children Services. In some States, police departments also may receive reports of child abuse or neglect.

Many States have an in-State toll-free telephone number, listed below, for reporting suspected abuse. The reporting party must be calling from the same State where the child is allegedly being abused for most of the following numbers to be valid.

For States not listed or when the reporting party resides in a different State than the child, please call Childhelp, 800-4-A-Child (800-422-4453), or your local CPS agency.

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
</tr>
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<tbody>
<tr>
<td>Alaska (AK)</td>
<td>800-478-4444</td>
</tr>
<tr>
<td>Arizona (AZ)</td>
<td>888-SOS-CHILD (888-767-2445)</td>
</tr>
<tr>
<td>Arkansas (AR)</td>
<td>800-482-5964</td>
</tr>
<tr>
<td>Connecticut (CT)</td>
<td>800-842-2288/800-624-5518 (TDD)</td>
</tr>
<tr>
<td>Delaware (DE)</td>
<td>800-292-9582</td>
</tr>
<tr>
<td>Florida (FL)</td>
<td>800-96-ABUSE (800-962-2873)</td>
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<tr>
<td>Illinois (IL)</td>
<td>800-252-2873</td>
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<tr>
<td>Indiana (IN)</td>
<td>800-800-5556</td>
</tr>
<tr>
<td>Iowa (IA)</td>
<td>800-362-2178</td>
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<td>Kansas (KS)</td>
<td>800-922-5330</td>
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<td>Kentucky (KY)</td>
<td>800-752-6200</td>
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<td>Maryland (MD)</td>
<td>800-332-6347</td>
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<td>Massachusetts (MA)</td>
<td>800-792-5200</td>
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<td>Michigan (MI)</td>
<td>800-942-4357</td>
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<td>Mississippi (MS)</td>
<td>800-222-8000</td>
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<td>Missouri (MO)</td>
<td>800-392-3738</td>
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<td>Montana (MT)</td>
<td>800-332-6100</td>
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<tr>
<td>Nevada (NV)</td>
<td>800-992-5757</td>
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<tr>
<td>State</td>
<td>Toll-free Numbers</td>
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<tr>
<td>New Hampshire (NH)</td>
<td>800-894-5533</td>
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<td></td>
<td>800-852-3388 (after hours)</td>
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<tr>
<td>New Jersey (NJ)</td>
<td>800-792-8610</td>
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<td></td>
<td>800-835-5510 (TDD)</td>
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<td>New Mexico (NM)</td>
<td>800-797-3260</td>
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<td>New York (NY)</td>
<td>800-342-3720</td>
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<td>North Dakota (ND)</td>
<td>800-245-3736</td>
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<tr>
<td>Oklahoma (OK)</td>
<td>800-522-3511</td>
</tr>
<tr>
<td>Oregon (OR)</td>
<td>800-854-3508, ext. 2402</td>
</tr>
<tr>
<td>Pennsylvania (PA)</td>
<td>800-932-0313</td>
</tr>
<tr>
<td>Rhode Island (RI)</td>
<td>800-RI-CHILD</td>
</tr>
<tr>
<td></td>
<td>(800-742-4453)</td>
</tr>
<tr>
<td>Texas (TX)</td>
<td>800-252-5400</td>
</tr>
<tr>
<td>Utah (UT)</td>
<td>800-678-9399</td>
</tr>
<tr>
<td>Vermont (VT)</td>
<td>800-649-5285</td>
</tr>
<tr>
<td>Virginia (VA)</td>
<td>800-552-7096</td>
</tr>
<tr>
<td>Washington (WA)</td>
<td>866-END-HARM</td>
</tr>
<tr>
<td></td>
<td>(866-363-4276)</td>
</tr>
<tr>
<td>West Virginia (WV)</td>
<td>800-352-6513</td>
</tr>
<tr>
<td>Wyoming (WY)</td>
<td>800-457-3659</td>
</tr>
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APPENDIX D
National Association of Social Workers
Code of Ethics

The National Association of Social Workers Code of Ethics provides guidance regarding the everyday professional conduct of all social workers, including child protective services (CPS) caseworkers. The following standards are based on guidelines for professional conduct with clients:

Commitment to clients. A CPS caseworker’s primary responsibility is to assure child safety, child permanence, child well-being, and family well-being.

Self-determination. CPS caseworkers respect and promote the right of clients to self-determination and help clients identify and clarify their goals. The right to self-determination may be limited when the caseworker, in their professional judgment, determines that the clients’ actions or potential actions pose a serious and foreseeable, imminent risk to their children.

Informed consent. CPS caseworkers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. In instances where clients are receiving services involuntarily, CPS caseworkers should provide information about the nature and extent of services and about the extent of clients’ right to refuse the services.

Competence. CPS caseworkers should provide services and represent themselves as competent only within the boundaries of their education, preservice and inservice training, license, and certification.

Cultural competence and social diversity. CPS caseworkers should understand culture and its function in human behavior, recognizing the strengths in all cultures. Caseworkers should be knowledgeable about their clients’ cultures and demonstrate competence in providing services that are sensitive to the cultures and to differences among people and cultural groups.

Conflicts of interest. CPS caseworkers should be alert to and avoid any conflict of interest that may interfere with the exercise of professional discretion and impartial judgment. Caseworkers should not take any unfair advantage of a professional relationship or exploit others for personal gain.

Privacy and confidentiality. CPS caseworkers should respect the child and family’s right to privacy. They should not solicit private information from clients unless it is essential to assuring safety, providing services, or achieving permanence for children. Caseworkers can disclose information with consent from the client or person legally responsible for the client’s behalf. Caseworkers should discuss with clients and other interested parties the nature of the confidentiality and the limitations and rights of confidentiality. Caseworkers should protect the confidentiality of all information, except when disclosure is necessary to prevent serious, foreseeable, and imminent harm to the child.
Access to records. Caseworkers should provide clients with reasonable access to the records about them. Caseworkers should limit client access to records when there is compelling evidence that such access could cause serious harm to the child or family. When providing access to records, caseworkers must protect the confidentiality of other individuals identified in the record, such as the name of the reporter.

Sexual relationships. Caseworkers should not, under any circumstances, engage in sexual activities or sexual contact with current or former clients, client’s relatives, or others with whom the client maintains a close personal relationship when there is a risk of exploitation or potential harm to the client. Caseworkers should not provide clinical services to individuals with whom they have had a prior sexual relationship.

Sexual harassment. Caseworkers should not make sexual advances or sexual solicitation, request sexual favors, or engage in other verbal or physical conduct of a sexual nature with clients.

Physical contact. Caseworkers should not engage in physical contact with children and parents when there is a possibility of psychological harm.

Derogatory language. Caseworkers should never use derogatory language in their verbal or written communication about clients. Caseworkers should use behavioral, respectful, and sensitive language in their communications to and about clients.

Clients who lack decision making capacity. When acting on behalf of clients who lack the capacity to make informed decisions, caseworkers should take reasonable steps to safeguard the interests and rights of those clients.

Termination of services. CPS caseworkers should terminate services to clients when child safety is assured or permanence has been achieved.

Appendix D—National Association of Social Workers Code of Ethics
Child Protective Services: A Guide for Caseworkers

To view or obtain copies of other manuals in this series, contact the National Clearinghouse on Child Abuse and Neglect Information at:

800-FYI-3366
nccanch@calib.com
www.calib.com/nccanch/pubs/usermanual.cfm

U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children’s Bureau
Office on Child Abuse and Neglect