Committee on Juvenile Courts *Committee Minutes*

Meeting Date: February, 11, 2016

The meeting was called to order by Judge McNally at 10:06 pm

Minutes taken by: Kathy Gillmore

Roll Call
Present: Corsaro, Honorable Kimberly (phone); Kelroy, Joe; Koch, Connie; Lautt-Owens, Caroline**;** McCullough, Honorable Margaret; McNally, Honorable Colleen (Chair); Meaux, Eric; Oldham, Honorable Brenda; Perez, Jr., Martin; Perkins, Honorable, C. Allan; Quigley, Honorable Kathleen; Reeves, Honorable Mark Wayne; Ruechel, Honorable Michala; Sanders, Honorable Corey; Schow, John; Stauffer, Honorable Monica; Tickle, Sheila; Vederman, Honorable Samuel (Tyson Ross - proxy by phone); Young, Honorable Anna; Jantzen, Honorable Lee

Excused/Absent: Karl Elledge, Timothy Wright, Scott Mabery

Guests/Staff Present: David Redpath, Valerie Marin, Teasie Colla, Dr. Dominique Roe-Sepowitz, Angela Rhudy, Steve Tyrrell, Steve Selover, Katherine Guffey, Matthew Contorelli (ADJC), Tina Mattison, James Simpson (AG's Office), Nina Preston, Chris Phillis

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Introductions were made around the room.

Adoption of Minutes:

Motion: To accept and adopt minutes from the November 12, 2015 meeting. **Action:** Approve; **Moved by**: Honorable Monica Stauffer; **Seconded by**: Honorable Margaret McCullough. Motion passed unanimously.

Topic: Minor Victims of Sex Trafficking (MVST) Update/Flyer/Video Information
(This topic was taken out of agenda order)

Speakers: Teasie Colla, *JJSD*, Valerie Marin, *JJSD*, Dominique Roe-Sepowitz, *Associate Professor, Director*, Office of Sex Trafficking Intervention Research (STIR) - Handout

Summary of Discussion:

- Dr. Roe-Sepowitz presented the ***Report on the Incidence of Sex Trafficking in Arizona Juvenile Probation.***

- The trafficking brochure has been completed and distributed. This is a quick reference guide targeting probation and detention officers as the primary audience. Front and center on the brochure is the hotline number. The brochure takes key points from Dominique's training and puts them into an easy to read reference guide for officers.
- Fifteen county "sex trafficking specialists" have been identified as our "liaisons". Quarterly informational webinars will be offered to the specialists. Our next training will include Dr. Robert Rhoton from the Arizona Trauma Institute for a six-hour presentation on trauma informed care. Detention educators, detention officers and treatment supervisors have also been invited to this training.
- An online training has been developed and presented to all county probation personnel. The video, titled ***An Introduction to Sex Trafficking: What You Need to Know***" is one hour in length and should be available by March 1st. We will be collecting a pre- and post-training survey to gauge the effectiveness of the training.
- A "minor victim of sex trafficking" code has been added to the JOLTS and JOLTSaz systems. This code went live January 1st; all of the JOLTS coordinators have been notified.
- Other brochures have been developed by ASU for educators/counselors, teens, and medical providers. They are available on the Governor's web site to anyone that would like to print them: http://www.endsextrafficking.az.gov/training.html .
- We are currently working with the Governor's Office to secure some training for CASA, as they would have a greater chance of being in contact with these victims than FCRB. We will then look back and try to "catch" the other groups that we may not have captured yet. If anyone has ideas for dependency groups to be trained, please contact Caroline Lautt-Owens.

Topic: DCS Update - Handout
(This topic was taken out of agenda order)

Speaker: Katherine Guffey, *Chief Quality Improvement Officer*, Department of Child Safety

Summary of Discussion:
Highlights:

- **Investigation backlog improvements**- There has been a 24% reduction in the total number of open reports since the new project began a few weeks ago. These are not court cases but do affect the ability to work with families. There has also been a reduction in the service wait list; not only in Maricopa County, but also in the other counties.
    - Information regarding the Pinal County and Yavapai County service wait list was requested; Ms. Guffey will provide further information.
- **New forms have been created**- Supervision guides have been created to assist with consistency of risk assessment statewide, both for investigation and for ongoing. This will add more structure to the discussion. These new forms will allow supervisors to guide the cases with the case managers. There are four forms altogether; two are supervisory case progress reviews (focusing around decisions made on a case), the other two are administrative case record review guides.

- **Feedback**- A handout was distributed for feedback from the group; it will be helpful to find out what practice areas the committee sees the need for with regard to topics and content. Also welcome are the committee's ideas on how to share these ideas.
- **Behavioral health providers**- The committee requests that DCS work with the behavioral health providers to find out exactly what it is that they need, then provide a check list to the case worker; when the referral is sent in they can provide that information or supplement it.
- **Practice guidelines-** These are still in draft form; Ms. Guffey will notify the committee when they have been finalized. COJC is a good hub for sharing this information with other members of the child welfare system. The best way to share comments with Ms. Guffey is to contact her by email: kguffey@azdes.gov.
    - **UA guidelines-** It may be helpful to state "missed tests need to be avoided" instead of "a missed test should not be considered a positive". Or perhaps strike the phrase "missed test".
    - **Psychiatric evaluations**- There is some concern that Telemed is conducting evaluations. Ms. Guffey will pass this along for review.
    - **Parents Visitation** – There is concern regarding the bullet "Do Not Set Extra Requirements Such as the Parent Call to Request Visits." That should absolutely be the rule but oftentimes parents do not show up for visitation. There needs to be an acknowledgement that there are times when that rule ***should not be*** followed.
        - **Book Ended Visits** – alternate supervised with non-supervised visits.

Topic: Legislative Update - Handout

Speaker: Amy Love, *Legislative Liaison*, AOC
Updates:

- Ms. Love reviewed a handout with the current legislative updates pertaining to Juvenile Justice Services and Dependent Children Services.
- **With regard to agenda item "Family Law Case re: Confidentiality of Mediation"**, SB 1293 has passed the Senate and is ready for the House. This bill allows court appointed mediators who learn that a child or vulnerable adult has been the victim of abuse to report the incident to DCS, APS or law enforcement. This is a result of the Grubaugh v. Blomo case. Judge Quigley reports that a mediator had concerns recently over the proposal of amended language, in that it does not consider other mandatory reporters that may be at the mediation and does not give them the same ability.

Topic: R16-0025 Petition to Amend Rules 19, 30, 45, 47 and 104, Rules of Procedure for Juvenile Court – Handout

Speaker: David Withey, *Chief Counsel*, AOC

Summary of Discussion:

- The recommended changes are intended to provide the option for the court to set a date other than that prescribed by rule and to allow a child safety worker's report to be admitted unless it is the subject of an objection. In the event of an objection, the right to have the worker who prepared the report available for cross-examination at the time the report is being offered is preserved.

DELINQUENCY

- The recommended changes are intended to clarify that the disposition report should include any Rule 19(A) (2) Social File information relevant to the recommendations and that the clerk must file in a segregated portion of the legal file. The social file is maintained by the probation department and does not belong to the court. It only comes to the court through the channels that the rule provides. We have to be sure that the documents that need to come to the court do so. Rule 30 (A) (1) has added a section (F) which makes it the responsibility of the probation department to include the social file information in a separate, confidential document in the disposition report. If the disposition report does contain social file information, it will be labeled "CONFIDENTIAL".
- Additionally, (A) (6) states that the clerk of court will file in a segregated portion of the file anything marked "CONFIDENTIAL". How the probation department marks the document will determine how the clerk will handle the file.

DEPENDENCY

- Rule 45 (C) – the court may review and ***consider*** the report prepared by the child safety worker if the report was disclosed to the parties by the specific times noted, even if not placed into evidence.
- If the party does not object, it can automatically be admitted into evidence.
- If the party does object, we are tracking with the existing rule that the author of the report needs to be there for cross examination.
- **Question/concern**: if it has already been considered and filed it at a prior hearing; if objected to and found invalid, should it be unconsidered and unfiled? How to deal with the objection at the earliest opportunity? **Moving forward you would address whatever objections occurred, which would become a matter of record in the case.**
- **Question/concern**: disposition report should be confidential information. **We will remove that section "The authorization for an information document"- we do not need to create an information document if that information is in a disposition document.**
- The new subsection requires the attorneys to order a certified transcript when a proceeding was recorded by audio or audio/video means because there is no court reporter to do so. The proposed language is consistent with the Arizona Rules of Civil Appellate Procedure, Rule 11(b) (2).
  Question/concern: The judge sends the document off; it does not come from a party, it comes from the court. If the rule remains, they will think we do it by history, we will

think they are doing it by rule. **The party needs to tell us what hearing they want transcribed.** We need to put the burden on the party, to prevent the case from being delayed (D) (2). We want them to designate the record on appeals.
Question/concern: authorized transcriber- attorneys may perceive that they could use their own transcriptionist; we can change the wording to **"court authorized"** transcriber to eliminate this.

- The proposal has not been circulated for pre-petition comments. Once the language has been changed (above), we will then circulate it to everyone for comment.

Topic: Rule Petition Discussion R-15-0037 Rule 40.2 as it relates to R-15-0040 – Handout

Speaker: Caroline Lautt-Owens, *Director*, Dependent Children's Services Division, Nina Preston, *Legal Counsel,* AOC

Summary of Discussion:

- The first petition was filed by Judge McNally.
    - This petition was filed on behalf of COJC for parent representation standards which had been approved by this committee and implemented through Administrative Order by the Chief Justice. This petition has been filed and is open for comments.
- It should be brought to the attention of the Committee that a second petition has also been filed for the same rule by the Arizona Public Defender's Association.
    - Comments for this petition are due on May 20th. If there are any concerns or comments from this committee on behalf on this petition, please let us know at the next COJC meeting.
- **Comment:** 40.2 (D) amends the rules for appeal; we need to make sure that Guardian Ad Litem is in the rule for the appeal for juvenile, so that they match one another.

Topic: Rules of Procedure for Juvenile Court – Decision Item

Speaker: Judge McNally

Summary of Discussion:

- A rule petition was filed last year by an assistant attorney general that was neither granted nor denied. This may be a good time for us to do a broad review of the juvenile court rules by forming a committee and sub-committees to work on this across the state. This has been done effectively in civil and probate. Today we are evaluating interest and leadership in such a project.
- Judge Reeves has volunteered to chair this new committee. Judges McCullough and Young have also volunteered to serve.
- Dependent Children's Services will staff the committee.

- Moving forward, we will note what kind of interest is generated in our own counties and what areas are perceived as priorities. This information can then be shared with the Committee at the May COJC meeting.

Topic: Juvenile Justice in Arizona: The Fiscal Foundations of Effective Policy - Handout
(This topic was taken out of agenda order)

Speaker: Beth Rosenberg, *Director of Child Welfare & Juvenile Justice*, Children's Action Alliance

Summary of Discussion:
- Beth was unable to present due to illness.
- Judge McNally introduced the handout and gave a brief background.

Topic: Child & Family Services Review Final Report

Speaker: Judge McNally

Summary of Discussion:
- The U.S. Department of Health and Human Services Administration for Children & Families does a review for each state outlining standards for each, which are then evaluated. All states receive a performance improvement plan. In order to "not need improvement", 95% of the case review must reach the set standard.
- Our Arizona report issued December, 2015 was lacking in many areas.
- DCS is required to submit a plan of improvement within 90 days from the report publication date. This is followed by a two year implementation period during which they must show progress.
- The Courts can play a role in assisting with this, by holding the case managers accountable. Not only will DCS do a better job in meeting performance goals, but it will also improve their practice overall.
- There are some areas that have Court responsibilities:
    - Permanency hearings – Dependent Children's Services do a good job of this
    - Notice to hearings - not consistently provided
- Judge McNally will pull information together on this topic for our next meeting.

Topic: Safe Reduction Update-Maricopa County

Speaker: Judge McNally

Summary of Discussion:
- We have been working on this for fifteen months.

- The pilot mediation program has been implemented with new training and new expectations and is being tracked. The attorney group has come up with a bench bar forum which has also been launched to help improve the system.
- Everyone owns a piece of this: caseworkers, supervisors, as well as the court signing the petitions without proper review. It is difficult to simply look at a petition and see how serious it is. If we don't have enough facts, we need to strike them. Also, in making a finding where there have been reasonable efforts to prevent removal, sometimes we do not receive enough facts. It is also important that all of the attorneys are doing their part by bringing this information to court.
- The stakeholder workgroups had identified family engagement, targeted services, consistent decision making and community engagement as the main issues that need to be improved upon to make the cases resolve and to reduce the number of children in care.
    - Supervised visitation- starting to look at "parenting time" in a different way.
    - Parents helping parents; engage the parents more by giving them more knowledge.
- There is a Bench Bar Forum training at the AOC on February 26th. The Casey Family Programs are bringing in Judge Thorne to discuss ICWA in the afternoon.

Topic: Family Law Case re: Confidentiality of Mediation (Grubaugh v. Blomo, Div. 1, 9/22/15)

This topic was covered in the Legislative Update

Speaker: Judge Kathleen Quigley

Summary of Discussion:
Noted in Legislative Update

Topic: Around the State/Upcoming Training

Speaker: Members

Summary of Discussion:

Judge Lee Jantzen (Mohave) - Next Thursday we will be conducting a fetal alcohol seminar. In March there will be attorney training for dependency. ***First Things First*** is also coming this spring. Additionally, we are looking at the legal issues of using our under-used detention center to modify for other purposes.
Ms. Connie Koch (FCRB Rep) - Amy covered the HB and SB.
Director Joe Kelroy (JJSD):

- Judge McNally, Dave Byers and Joe attended a 50-State Conference in Austin TX in November. It was determined that we need a state plan; moving JDAI and JOLTSaz statewide.

- JJSD is bringing SPEP back in collaboration with Vanderbilt University, targeting the higher impact programs first (residential).
- EBP was rolled out mid-year last year; we are now developing a training curriculum for the front line supervisors that are working with the case workers, so that the EBP principles are being rolled out with the caseloads.

Judge C. Allan Perkins (Apache) – Welcome to the committee!

Director Caroline Lautt (DCSD):

- The Crossover Youth initiative is moving forward with the second expansion, which includes Pinal, Pima and Santa Cruz Counties. There are now seven counties in the CYPM. At mid-year, we will look at finances and determine if new counties will be added.
- The Arizona Bar Foundation has offered some interesting ideas with regard to CASA. Some exploratory meetings have been set up to determine collaboration and interest.

Judge Margaret McCullough (Coconino) - Our crossover is co-locating from DCS. One of our "kids" came back to visit- positive thought!

Mr. Eric Meaux (Juv. Court Director, Maricopa) - We recently applied for and received a technical assistance grant for a second round of training for our detention centers to reduce the use of isolation. We will be one of six national sites going through the second cohort to look at our policies and procedures. This will help our thinking with capacities.

Judge Brenda Oldham (Pinal) - Pinal is one of the new Crossover Youth counties. Pinal has hired a statistician to extrapolate data which has helped to understand the impact that JDAI has had. This also helps us to find where our needs are and what to spend our money on. Our court is struggling with the shackling issue during transport, due to the structural layout of the complex. We have made a lot of positive changes by moving positions around to accommodate CYPM and JDAI.

Judge Kathleen Quigley (Pima) – At the end of January, Pima County reinstituted the dependency collaborative with the community. The collaborative will be working on goals and issues that have been set. We have also begun the Crossover Youth Practice Model.

Judge Mark Wayne Reeves (Yuma) - On February 19th there will be a dependency training, bringing in a couple of specialists on substance abuse as it relates to the parents' ability to parent. We are rolling out Success Court as a pilot program, identifying 12-15 kids and involving humanities, culinary arts, financial responsibility and ethics. We will fine-tune this as we go along. On April 11th, Rick Miller will be speaking to middle schools, bringing Kenny Dobbs with him.

Judge Michala M. Ruechel (Navajo) - Navajo County has been working on Kids at Hope. We have some concerns on transfers with dependency cases. The attorneys are not able to get ahold of their clients in a timely manner. Perhaps the judge should advise the new judge in advance that the case is coming; give the parents a notice of the next hearing.

Judge Corey Sanders (Graham) - This is the month that our juvenile court actually gets control of the detention center.

Judge Monica Stauffer (Greenlee) – This year at the Judicial Conference there will be a number of programs offered involving delinquency and dependency. If you are interested, please register early; the classes are small and may fill quickly.

Ms. Sheila Tickle (Public Member, Maricopa) - We will modify the invitation for the Bench Bar Forum and send it out to members.

Mr. Martin Perez, Jr. (Public Member, Maricopa) – There has been a strong push with the city and community members that would like to get more involved. There is a Chicago summit in March with the organization ***"Generation Progress".*** Martin will forward the email if you or your counties would like to become involved. This movement helps parents and communities focus on the positive and not always on the negative.
Judge Anna Young (Yavapai) **-** Scott Mabery led a group of the girls in recording a song. Momentum built, funding was offered and now a music video is being produced regarding a "victim" of sex trafficking. The final scene of the video will be shot on Saturday, February 22nd; the link will be forwarded to the committee. This has been a wonderful experience to be a part of.

Topic: Call to the Public:
None

Next COJC Meeting:

The next COJC meeting is scheduled for Thursday, May 12, 2016 at the Arizona Courts Building, Rooms 119A/B.

Adjournment:

The meeting adjourned at 2:05 p.m.

ARIZONA CODE OF JUDICIAL ADMINISTRATION
Part 6: Probation
Chapter 1: General Administration
Section 6-115: Probation Records Retention Schedule

A. Definitions. In this section the following definitions apply:

"Case record" means any record pertaining to a particular probationer or pretrial defendant, maintained by the probation department in electronic or paper medium.

"Juvenile Social File" includes diagnostic evaluations, psychiatric and psychological reports, treatment records, medical reports, social studies, Department of Child Safety records, police reports, predisposition reports, detention records, and records and reports or work product of the probation department for use by the court in formulating and implementing a rehabilitation plan for the juvenile and his or her family. The social file of the juvenile shall be confidential and withheld from public inspection except upon order of the court, as provided in Rule 19, Rules of Procedure for the Juvenile Court.

"Electronic Case Files" means electronically generated documents and paper documents that have been stored in an electronic format.

"Court" means superior court.

"Department" means both adult and juvenile probation agencies.

"Juvenile Treatment Services Fund" means both juvenile probation services fund and diversion funds.

"Officer" means both adult and juvenile probation and surveillance officers and pretrial services officers.

"Pretrial records" means paper records and electronic versions of paper records (such as electronic filings or electronic generated documents, documents scanned into On Base, etc.).

"Probation records" means paper records and electronic versions of paper records (such as electronic filings or electronic generated documents, documents scanned into On Base, independent databases for specialty courts, etc.).

"Records manager" means the person or persons responsible for keeping and disposing of any records held by the superior court or any department of the superior court, other than the records held by the clerk of superior court.

"Tracking systems" means the automated databases which contain officer work product created and used by adult and juvenile probation, or pretrial services, to manage and access cases for purposes of supervision or for pretrial risk assessment.

B. Applicability. Pursuant to Az. Const. Art. 6, § 3 and Rule 29, Rules of the Supreme Court, the following requirements are adopted to govern retention and disposition schedules for probation records.

C. General Provisions.

1. Paper case records and administrative records. At the end of the retention period, set forth in section D below, the records manager may destroy case files that are in paper format.

2. Electronically generated documents and paper documents that have been stored in an electronic format. At the end of the retention period, set forth in section D below, the records manager may purge case files that are generated or stored in an electronic format.

3. Electronic case files and case data. At the end of the retention period, set forth in section D below, the records manager must purge electronic case files and case data not designated as having a retention period of permanent.

4. Data contained in electronic tracking systems shall be retained permanently.

5. Conflicting authority. To the extent that the retention periods specified in this schedule vary from any statutory or regulatory provision, the longer period of retention, whether in statute or the schedule, applies.

6. Sealed files. A case file or portions of a case file sealed by order of the court must remain sealed in perpetuity, unless otherwise ordered by the court that issued the order sealing the case file or portions of the case file.

7. Completeness of schedule. This records retention and disposition schedule is intended to cover all probation records. If a record cannot be located in this schedule, the records manager should use his or her best judgment to place a record within a category that is already identified.

8. Destruction of non-permanent records. When a paper case file or other paper record is eligible for destruction, the records manager shall take proper precautions to protect the privacy of the individuals identified in the case file or other record and destroy the complete case file or other record by shredding, burning, or pulverizing the physical case file or other record. Electronic images of case file documents, data, or other records shall be deleted from all electronic repositories in which they reside, including servers and hard drives. The department may keep a list, containing minimal information, so that the department will know that a case file or other record has been destroyed and has not been merely misplaced or never existed.

D. Retention and Disposition Schedule. The records manager shall retain and dispose of probation records according to the following schedule:

ARIZONA SUPREME COURT Records Retention and Disposition Schedule *FOR USE BY Adult and Juvenile Probation*		
Type of Record	**Retain (Years)**	**Remarks**
1. ADMINISTRATIVE RECORDS		
a. Financial and Accounting Records		
1. Bank records for all accounts regarding the deposit and expenditures of AOC allocated monies	5	After statement date.
2. IPS Trust Account	5	After statement date.
3. Juvenile Treatment Services Fund (JTSF) records (checking account with original copy retained by supreme court)	5	After fiscal year prepared.
4. Program Plans, Activity Reports and Funding Agreements	5	After fiscal year prepared.
5. Grant records (State, Federal, Foundation or private agency)	5	After grant expiration.
b. Human Resource Records retained by Probation Department *General Human Resource records will also be kept by county personnel or court personnel's Human Resources Departments		
1. General human resource records		See ACJA 3-402 Superior Court Records Retention and Disposition Schedule Record Series 54-75.
2. Probation specific records (alcohol and drug testing records, psychological evaluations, examination reports, and any records regarding authorization [or	5	After termination of employment.

denial of authorization] to carry firearms)		
3. Polygraph Records	3	After the date of appointment or employment except for situations outlined in A.R.S. § 38-1138(C.).
2. ADULT PROBATION RECORDS		
a. Case record (paper)	3	After expiration or termination of probation.
b. Case file (electronic generated documents or copies of paper documents)	3	After expiration or termination of probation.
c. Case Record (electronic case management tracking system)	Permanent	Court approved tracking system and statewide database housed at AOC for all 15 adult departments.
d. Department specific databases to track program data points	3	After program participation. May be retained longer for research purposes.
3. PRETRIAL SERVICES RECORDS		
a. Case record (paper, electronic generated documents or copies of paper documents)	1 year	After case disposition: dismissal, acquittal, or sentencing.
b. Case record (electronic case management tracking system)	Permanent	Court approved tracking system.
4. JUVENILE PROBATION RECORDS		
a. Juvenile social files including psychiatric/psychological evaluations	18th birthday	Rule 19(A)(2), Rules of Procedure for the Juvenile Court.
b. Probation records (working files including probation officer reports)		
- Non adjudicated juveniles	45 days	After 18th birthday.
- Remanded juveniles	45 days	After 25th birthday.
- Adjudicated juveniles (without criminal records)	45 days	After 25th birthday.
- Adjudicated juveniles (with criminal records)	45 days	After ordered by the court per A.R.S. § 8-349.
c. Case record (electronic case management tracking system)	Permanent	Court approved tracking system.

Arizona Department of Child Safety
HOTLINE REPORT DECISION TOOL

STATUTORY AUTHORITY

Does the information collected justify accepting the report based on Arizona law?

1. Is the alleged victim presently under the age of 18? ☐ Yes ☐ No
   a. Are there other children in the home under the age of 18? ☐ Yes ☐ No
2. Is the alleged victim a resident or present in Arizona, or did the suspected abuse or neglect occur in Arizona?
   ☐ Yes ☐ No ☐ Insufficient Information
3. Is the alleged perpetrator a caregiver?
   (Caregiver means a parent, guardian, custodian of the child or adult member in the child's household)
   ☐ Yes ☐ No

VULNERABILITY

Factors to consider when assessing child vulnerability, e.g. any condition that results in child's inability to protect self or seek protection from others, check any factor that applies to any child:

☐ Age 5 and under
☐ Diminished physical capacity (e.g. unable to protect themselves or seek protection due to a physical disability)
☐ Diminished mental capacity (e.g. unable to protect themselves or seek protection due to a cognitive disability)
☐ Medical or emotional needs (e.g. unable to protect themselves or seek protection due to medically fragile or serious mental illness)
☐ Lacks visibility in the community (e.g. not in school or child care)

TYPES OF ABUSE AND NEGLECT

Physical Abuse

A.R.S. § 8-201: "Abuse" means the infliction or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody and control of a child. Abuse includes :…(b) Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug.(c) Unreasonable confinement of a child.

☐ (1) Death of a child due to physical abuse or suspicious death
☐ (2) Injuries including, but not limited to:
- — Fractures
- — Brain injury (e.g. subdural hematoma, "shaken baby syndrome")
- — Multiple plane injuries
- — Burns (e.g. immersion burns, cigarette burns, unexplained burns)
- — Face or head injury (e.g. bruises, cuts, abrasions, swelling)
- — Physical injury resulting from permitting a child to enter or remain in a structure or a vehicle that is used for the purposes of manufacturing dangerous drugs
- — Other bodily injuries (e.g. scratches, bruises, cuts, abrasions, swelling, welts)

☐ (3) Injury inconsistent with explanation
☐ (4) Caregiver placed child in a dangerous situation or failed to protect the child from abuse
☐ (5) Unknown injuries to a child observed or reported to be forcefully struck in the face, head, neck genitalia or abdomen which could likely cause an injury
☐ (6) Child injured during an incident of domestic violence
☐ (7) Caregiver is described as physically or verbally imposing and threatening that may include, but not limited to:
- — Brandishing weapons
- — Throwing objects at the child that may cause harm
- — Behaving in attacking or aggressive way

☐ (8) Caregiver restricted or confined child to an enclosed area and/or used a threat of harm or intimidation to force a child to remain in a location or position which may include, but not limited to:
- — Binding a child's arms or legs together
- — Binding a child to an object
- — Locking a child in a cage or confined space

☐ (9) Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional abuse or neglect (this does not refer to fear of legal disciplinary practice or generalized fear)

Sexual Abuse

A.R.S. § 8-201: Inflicting or allowing sexual abuse, sexual conduct with a minor, sexual assault, molestation of a child, commercial sexual exploitation of a minor, sexual exploitation of a minor, incest or child prostitution

☐ (10) Evidence or disclosure of sexual abuse including:
- — Sexual conduct
- — Sexual assault
- — Child molestation
- — Incest
- — Sex trafficking
- — Creating child pornography
- — Child seduction or grooming

☐ (11) Physical, behavioral or suspicious indicators consistent with sexual abuse without disclosure including, not limited to:
- — Child has initiated sexual acts with someone or something that is outside of age appropriate exploration and this has led to a concern that the child is a victim of other sexual abuse
- — Child has complained of pain in the genital or anal areas and there are other indicators of sexual abuse
- — Child has an Sexual Transmitted Infection (STI) that may be an indicator of sexual abuse

Neglect

A.R.S. § 8-201:"Neglect" or "neglected" means: (a) the inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing, shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child's health or welfare, except if the inability of a parent, guardian or custodian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services (b) permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug (c) a determination by a health professional that a newborn infant was exposed prenatally to a drug or substance and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional…the determination by the health professional shall be based on one or more of the following: (i) clinical indicators in the prenatal period including maternal and newborn presentation.; (ii) history of substance use or abuse.; (iii) medical history.; (iv) results of a toxicology or other laboratory test on the mother or the newborn infant.; (d) diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome or fetal alcohol effects.; (e) deliberate exposure of a child by a parent, guardian or custodian to sexual conduct or to sexual contact, oral sexual contact or sexual intercourse, bestiality or explicit sexual materials (f) any of the following acts committed by the child's parent, guardian or custodian with reckless disregard as to whether the child is physically present: (i) sexual contact (ii) oral sexual contact (iii) sexual intercourse (iv) bestiality.

Neglect - General

☐ (12) Death of a child due to neglect or suspicious death

☐ (13) Caregiver knowingly allows or provides the child substance(s) that caused or may cause the child harm including, but not limited to:
- — Non-prescribed medication that caused or may cause harm
- — Inappropriate dosages of over the counter or prescribed medication that caused or may cause harm
- — Adult medication that caused or may cause harm
- — Alcohol that caused or may cause harm
- — Illegal drugs
- — Synthetic drugs

☐ (14) A newborn or infant who has been exposed prenatally to alcohol or drugs including an infant who is exhibiting symptoms consistent with fetal alcohol syndrome or fetal alcohol effects (i.e., a substance exposed newborn)

☐ (15) Caregiver is absent including, but not limited to:
- — Child is alone and is not capable of caring for self or other children
- — No parent, legal guardian or custodian willing or able to provide care, custody or control
- — Child is left with person with no legal authority to care for the child ***and*** the person cannot care for the child
- — Parent leaves child with person unable to provide adequate care
- — Leaving child unattended in car

☐ (16) Injuries due to neglect or failure to supervise including, but not limited to:
- — Fractures
- — Brain injury or serious head injury (e.g. subdural hematoma)
- — Burns (e.g. immersion burns, cigarette burns, unexplained burns)
- — Drowning or near drowning
- — Leaving child unattended in a car causing injury

☐ (17) Child is extremely fearful because of their home situation, present circumstance or because of a threat of additional neglect (this does not refer to fear of legal disciplinary practice or generalized fear)

☐ (18) Caregiver is unable to perform parental responsibilities consistent with basic needs leaving the child in a threatened state due to the caregiver's:

- Substance use/abuse
- Behavioral/mental illness or condition (e.g. depression, situational stress)
- Physical impairment
- Cognitive functioning

☐ (19) Caregiver describes or acts towards the child in predominately negative terms, has a distorted view of the child, or has extremely unrealistic expectations given the child's age or level of development

☐ (20) Caregiver recklessly or deliberately exposes the child to sexually explicit material or acts

☐ (21) Caregiver is unwilling or unable to meet the child's needs for supervision, food, clothing, shelter or medical care

☐ (22) Caregiver allows known sexual predator access to the child

Neglect - Failure to Protect

☐ (23) Caregiver permits a child to enter /remain in a structure or vehicle that's used for the purposes of manufacturing drugs

☐ (24) Child was in close proximity to an incident of domestic violence and could have been injured (this includes being held by one of the adults during the incident)

☐ (25) Child's behavior in the home threatens serious or severe harm to self or others and the caregiver is unwilling or unable to control the behavior

☐ (26) Significant incident or repeated exposure to domestic violence that causes risk of harm to the child

Neglect - Environment

☐ (27) Living environment is a threat to the child's safety including, but not limited to:

- Building structure or contents capable of falling in
- Exposure to elements in extreme weather
- Fire hazards
- Electrical wiring exposure
- Weapons accessible and available
- Access to dangerous objects or harmful substances
- Access to drugs or paraphernalia
- Manufacturing of drugs
- Housing is unsanitary, filthy, infested, a health hazard (e.g. human/animal feces, undisposed garbage, access to dangerous objects or harmful substances, etc.)

Neglect - Medical

☐ (28) Caregiver is unwilling or unable to meet the child's needs for medical health care placing child at imminent risk of harm including but not limited to:

- Child requires medical care and caregiver is unwilling or unable to seek treatment
- Caregiver does not administer prescribed medical/psychiatric medication
- Caregiver leaves medical provider against medical advice (AMA)

☐ (29) Medical diagnosis of malnutrition / failure to thrive without previously diagnosed health condition

Emotional Abuse

A.R.S. § 8-201: "Emotional abuse" means the infliction or allowing… or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual who has the care, custody and control of the child.

☐ (30) An incident or pattern of behavior by a caregiver directed toward a child that interferes with child's normal daily functioning including, but not limited to:

- Berating
- Name calling
- Targeting
- Domestic violence
- Rejection

☐ (31) Child is extremely fearful because of his/her home situation, present circumstance or because of a threat of additional abuse or neglect (this does not refer to fear of legal disciplinary practice or generalized fear)

INSUFFICIENT INFORMATION

If there is insufficient information to make an accurate, confident decision, consider a collateral contact and refer to the Collateral Decision Making Tool. Statute requires a report to be taken even if the location and identity of the victim and/or perpetrator is unknown.

RESPONSE TIME

(Refer to Vulnerability Factors. The response time is determined based on the vulnerability factors of the alleged victim child(ren).)

☐ **PRIORITY 1:**

- ☐ Death of a child
- ☐ Near fatality
- ☐ Abuse or neglect that threatens to immediately cause, or has caused, serious harm or death
- ☐ Serious physical injuries to a child (including but not limited to fractures, burns, multiple plane injuries, acceleration/deceleration injuries [shaken baby syndrome], injury to internal organs, etc.)
- ☐ Child is alone and is not capable of caring for self or other children
- ☐ Evidence or disclosure of sexual abuse toward a child and the perpetrator has access to the child ***or*** the perpetrator is unknown
- ☐ Substance exposed newborn (SEN) who is expected to be discharged from the hospital within 24 hours

☐ **PRIORITY 2:**

- ☐ Abuse or neglect of a vulnerable child that does not meet the criteria for a Priority 1 response
- ☐ Criminal conduct allegation that does not meet the criteria for a Priority 1 response
- ☐ Abuse or neglect that has occurred over one year ago and
  - ☐ The child is currently vulnerable, or
  - ☐ There is a criminal conduct allegation

☐ **PRIORITY 3:**

☐ Abuse or neglect that has occurred within the last 12 months and does not meet the criteria for a Priority 1 response and there is no criminal conduct allegation, no vulnerability factors apply

☐ **PRIORITY 4:**

- ☐ Private Dependency Petition (PDP)
- ☐ Abuse or neglect that has occurred over one year ago and
  - ☐ The child is not currently vulnerable and
  - ☐ There is no criminal conduct allegation

Comprehensive Child Safety and Risk Assessment

Case Name		Investigator	
Case ID		Supervisor	
Report #		Report Date	

Participant Names
Any Additional Names Not On Other Documents

Mother					
Child		Father		☐ Alleged	
Child		Father		☐ Alleged	
Child		Father		☐ Alleged	
Child		Father		☐ Alleged	
Child		Father		☐ Alleged	

Verified names, date(s) of birth, and social security numbers for all participants?

☐ Yes ☐ No

If applicable, list updated name(s), date(s) of birth, and social security numbers below

Other		Rltshp	
Other		Rltshp	
Other		Rltshp	
Other		Rltshp	
Other		Rltshp	

Section 1: BACKGROUND INFORMATION

A. Priors

Date of Report	
Reported Maltreatment(s)	
Alleged Perpetrator(s)	
Findings	

Mandated Source Communication

Date of Report	
Reported Maltreatment(s)	

Alleged Perpetrator(s)	
Findings	

Out of State Reports

Date of Report	
Reported Maltreatment(s)	
Alleged Perpetrator(s)	
Findings	

Assessment of Prior DCS Involvement/Reports

Document pattern of abuse or neglect and household membership (include description of severity, chronicity, patterns or maltreatment, prior services, and perpetrator(s).

Key issues, additional information, or documents needed and questions to consider for current report.

B. Department of Public Safety

A standard background was completed on:

Mother's Name Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

Father's Name Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

Placement Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

Other Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

Other Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

Other Date Run

Record Found? ☐ Yes ☐ No ☐ Unable to Run

If YES, list date and charge

C. Court Orders

☐ Asked each parent/guardian if there are any current court orders that restrict or deny custody, visitation or contact between any parent or other adult in the home any any child in the home.

- ☐ Each parent/guardian responded that there are none
- ☐ A parent/guardian responded YES
- ☐ Related information found in DPS
- ☐ Additional resources assessed or reviewed (**describe current orders**)

D. Joint Investigation

☐ Not Required

☐ Describe action taken and status of investigation (DR#, Department, Officer Name)

Documents Reviewed

Custody, Visitation, or Contact Orders ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Medical Records ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

School Records ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Behavioral Health Records ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Police Reports ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Probation Reports ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Public Access ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

DDD/AzEIP ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Other (Specify in Comments) ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

Other (Specify in Comments) ☐ Requested: Date ☐ Reviewed ☐ N/A

Comments (include name and type of record)

SECTION 2: INTERVIEWS WITH ALL REQUIRED PARTIES

A. Reporting Source

☐ Attempted to contact; no contact made

Date Attempted | Time | Mode

Date Attempted | Time | Mode

Date Attempted | Time | Mode

☐ Anonymous Source - cannot contact

☐ Interviewed Source ☐ Yes ☐ No

B. Collateral Contacts?

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

Second Source(s)

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

Name | Drop-down List

Date | Mode | Contact Number

C. Home Safety

☐ Observed the home Date ☐ Did not observe the home

Explain

Home Safety Observation

☐ Safe ☐ Unsafe

Describe all living environments

☐ Checked home for signs of violence and substance abuse

☐ No observable signs ☐ Observed signs (describe)

Child Interviews

Name of child interviewed | Date | Time

☐ Alleged child victim ☐ Other child in home ☐ Other child (describe relationship)

Interview location ☐ Home ☐ School ☐ Other

Interviewed alone? ☐ Yes ☐ No (List other attendees)

Describe efforts to establish rapport

Child's description of household composition and relationships

Describe observation of the child

☐ No visible signs of bruises, marks, or injuries ☐ Observable signs of possible injury, mark, or bruise (describe)

☐ No observable signs of neglect ☐ Observable signs of neglect

- ☐ Food (describe)
- ☐ Supervision (describe)
- ☐ Shelter (describe)
- ☐ Medical (describe)
- ☐ Clothes (describe)
- ☐ Appearance/ Hygiene (describe)

☐ No visible signs of developmental delays, behavioral health concerns, or physical health issues

☐ Observed signs of developmental delays, behavioral health concerns, or physical health issues (describe)

☐ Asked child questions to determine if s/he is fearful of someone ☐ Responses indicated no ☐ Yes (Describe)

☐ Asked questions to determine forms and frequency of discipline ☐ Acknowledged non-physical forms of discipline (describe)

☐ Acknowledged use of physical discipline (describe)

☐ No discipline (describe)

☐ Child's description of rules and chores (describe)

☐ Asked child questions to determine if s/he has observed domestic violence (DV)

☐ Responses indicated no observation of DV ☐ Child observed DV (describe)

☐ Asked child about police involvement

☐ Child expressed police activity (describe) ☐ Responses indicated no police activity

☐ Asked child questions to determine drug use in the home by the caregivers

☐ Responses indicated child does not know what drugs are

☐ Child knows about drugs ut has not observed adults using illegal substances

☐ Child has observed alcohol or prescribed drug use (describe)

☐ Child has observed illegal drug use (describe)

☐ Observed child for signs of drug use in the home by the caregivers

☐ Specialist did not observe signs of illegal drug use ☐ Specialist observed signs of illegal drug use (describe)

☐ Asked child questions to determine if s/he is being treated for behavioral health and/or developmental delays

☐ Responses Indicated Child is Not Being Treated for Behavioral Health and/or Developmental Delays

☐ Child indicated treatment (describe)

☐ Asked child questions to determine if s/he has been sexually abused

☐ Child did not understand and did not respond (describe)

☐ Child refused to respond (describe)

☐ Child responded no (describe)

☐ Child responded yes (describe)

☐ Asked child questions to determine if basic needs are being met

☐ Child's answers indicated basic needs are being met (describe)

List caregiver(s) named by child

☐ Child's answers indicated these basic needs are not being met

☐ Food (describe)

☐ Supervision (describe)

☐ Shelter (describe)

☐ Medical/dental (describe)

☐ Clothes (describe)

☐ Empathy and nuturance (describe)

Child's explanation of allegation(s) (describe)

☐ Asked child questions to learn child's perception of family/individual needs

☐ Child's response indicated no needs for services or supports (describe)

☐ Child's response indicated needs for services or supports (describe)

Adult Interviews

Name of Adult Interviewed | Date | Time

☐ Custodial/Non-Custodial parents of child victim(s) ☐ Spouse/Partner/Significant Other of custodial parent/other adult in home

☐ Alleged perpetrator

Interview location ☐ Other ☐ DCS Office ☐ Home

Interviewed alone? ☐ Yes ☐ No List other attendees

Describe efforts to establish rapport

Notification of Rights

- ☐ Offered Notice of Duty to Inform
- ☐ Advised of rights on Notice of Duty to Inform
- ☐ Signed Notice of Duty to Inform
- ☐ Did not sign Notice of Duty to Inform (describe)
- ☐ Not applicable (describe)
- ☐ Asked about Native American heritage (describe tribal affiliation)
- ☐ Reviewed PAC 518
- ☐ Community resources and/or services were discussed/provided
- ☐ Not applicable (non-parent)

Observations of adult's health, mental health, other (describe)

Interview of the adult

Adult's description of household composition, relationships, and caregiving role

- ☐ Asked questions about family history (describe prior states of residence, legal history, and prior DCS involvement
- ☐ The allegations in the report were supported by the adult (describe)
- ☐ The allegations in the report were denied by the adult (describe)

Adults response to the allegations (describe)

☐ Asked questions to determine adult's history of abuse or neglect

☐ Acknowledged abuse (describe) ☐ Denied any history

☐ Asked questions regarding behavioral health issues and/or developmental delays

☐ Denied any mental health issues and/or developmental delays

☐ Acknowledged behavioral health issues and/or developmental delays (describe)

☐ No Treatment ☐ Treatment

☐ Asked questions to determine if adult is aware of any sexual abuse toward the child

☐ Responded no ☐ Acknowledged history of child abuse (describe)

☐ Abuse was reported (describe) ☐ Abuse was not reported (describe)

☐ Asked questions to determine forms and frequency of discipline for children in home

☐ Acknowledged forms of discipline (describe)

☐ No child discipline (describe)

☐ Describe child(ren)'s rules and chores

☐ Asked questions to determine domestic violence (DV)

☐ Acknowledged DV ☐ Denied any DV

☐ Current (describe)

☐ Historic (describe)

☐ Observed signs of DV (describe)

☐ Asked questions to determine substance abuse

☐ Denied illegal substance use ☐ Acknowledged illegal substance use (describe)

☐ Observed physical signs (describe)

☐ Asked adult to drug test (describe)

☐ Asked questions to determine each child's behavioral health issues and/or developmental delays

☐ Denied any special needs for any of the children ☐ Acknowledged special needs and current treatment services (describe)

☐ Acknowledged special needs or need for treatment (describe)

☐ Asked questions to determine if the family has income/resources to meet basic needs

☐ Answers indicated income/resources are sufficient (describe)

☐ Answers indicated income/resources are not sufficient (describe)

☐ Asked questions to determine if each child's basic needs are being met

☐ Answers indicated basic needs are being met

List caregiver(s) described by the adult

☐ Food (describe)

☐ Supervision (describe)

☐ Shelter (describe)

☐ Medical/dental (describe)

☐ Clothes (describe)

☐ Empathy and nuturance (describe)

☐ Asked questions to determine family's stress level and ability to manage current family stress (describe stressors)

☐ Adult indicated that the stress level in the home was low ☐ Adult indicated that they manage stress in the following ways

☐ Asked questions to determine family's social supports related to needs (describe stressors)

☐ Adult reported that their social supports meet their needs (describe)

☐ Adult reported that their social supports do not meet their needs (describe)

☐ Asked questions to learn adult's perception of family/individual needs

☐ Adult's response indicated no needs for services or supports (describe)

☐ Adult's response indicated needs for services or supports (describe)

SECTION 3: ANALYSIS/CONCLUSIONS

A. Assessment of Present Danger

☐ Based upon the initial contact with the child(ren),

there was no indication of present danger. The child(ren) were observed at ☐ school ☐ daycare ☐ hospital ☐ home ☐ other and no clearly observable family condition was occurring in the present that has or is likely to result in severe harm to the child(ren) and needed to be immediately controlled before further interview and assessment could take place. Therefore, no protective action is required. Describe each child's environment and condition at the time of the initial contact

☐ Based upon the initial contact with the child(ren),

present danger was observed (describe)

The Protective Action Plan utilized to control the present danger until further interviews and assessments are completed

☐ In-home safety plan with a safety monitor and/or safety services

☐ Child with protective parent while the perpetrator leaves the home

☐ Voluntary Placement Agreement, placing the child with

☐ TCN, placing the child with

B. Assessment of the 14 Factors For Each Child, The Family, And The Parents, Guardian, or Custodian. For each risk factor, indicate if the risk level is high enough to require intervention through DCS or community resources.

Intervention Required	No Intervention Required	
☐	☐	1. Child vulnerability/self protection
☐	☐	2. Child special needs/behavior problems
☐	☐	3. Parenting skills/expectations of child
☐	☐	4. Parent empathy, nuturance, bonding
☐	☐	5. Parent substance abuse
☐	☐	6. Parent mental/emotional/intellectual/physical impairment
☐	☐	7. General history of violence toward peers or children
☐	☐	8. Domestic violence in family
☐	☐	9. Protection of child by non-abusive caregiver
☐	☐	10. Parent history of child abuse/neglect as a child
☐	☐	11. Parent recognition of problem/motivation to change/level of cooperation
☐	☐	12. Economic resources of family
☐	☐	13. Family social support system
☐	☐	14. Current family stressors

Describe risks that require intervention

Describe protective behaviors of the caregiver that mitigate the level of risk in the family

C. Assessment of Impending Danger. Indicate if each Safety Threat is present for at least one child in the family or absent for all children in the family.

Present	Absent	
☐	☐	Parent/guardian/custodian leaves child alone and child is not competent to care for self, or caregiver leaves child with persons unwilling or unable to provide adequate care, placing the child at risk of serious or severe harm.
☐	☐	Child is fearful of a parent or other people living in or having access to the home.
☐	☐	The behavior of a child living in the home threatens immediate harm to him;herself or others and the parent/guardian/custodian cannot control the behavior.
☐	☐	Parent/guardian/custodian is verbally hostile when talking to or about the child and/or has extremely unrealistic expectations for the child's behavior.
☐	☐	Parent/guardian/custodian's behavior is violent, erratic, or unpredictable and may cause serious or severe harm to the child.
☐	☐	Domestic violence among adults living in or having access to the home seriously impairs the necessary supervision, care, or physical safety of the child and may result in serious or severe harm to the child.
☐	☐	Parent/guardian/custodian has caused serious or severe harm to the child or has made a believable threat to cause serious or severe harm to the child.
☐	☐	Parent/guardian/custodian's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition.
☐	☐	Parent/guardian/custodian refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts are unknown.
☐	☐	Parent/guardian/custodian has not, cannot, or will not protect the child from serious or severe harm, including harm from other person living in or having access to the home.
☐	☐	Parent/guardian/custodian is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care, placing the child at risk of serious or severe harm.
☐	☐	Parent/guardian/custodian or other adult living in or having access to the home previously threatened the safety of a child and/or caused harm to a child and circumstances indicate the person is a present danger to the child.
☐	☐	Child sexual abuse is suspected and circumstances suggest that continued sexual abuse is an immediate concern.
☐	☐	Physical conditions in the home are hazardous and immediately threaten to cause serious or severe harm to the child.
☐	☐	Drug and/or alcohol use by the parent/guardian/custodian or other adult living in or having access to the home places the child in immediate danger of serious or severe harm.
☐	☐	The parent/guardian/custodian's involvement in criminal activity or the criminal activity of any other person living in or having access to the home places the child in immediate danger of serious or severe harm.
☐	☐	The physical or mental health or mental limitations of a parent/guardian/custodian or other person living in or having access to the home places the child in immediate danger of serious or severe harm.

For each Safety Threat identified as present, describe how all 5 of the Safety Threshold Criteria are met for each unsafe child.

☐ Vulnerable Child

☐ Out of Control

☐ Severity

☐ Specific Time Frame

☐ Observable Family Condition

Safety Decision

☐ Safe Child (No Impending Danger)

☐ Unsafe Child (All 5 Safety Threshold Criteria were met)

Names of children who are safe

Names of children who are unsafe

Describe the Safety Plan utilized to control the identified safety threat(s) including safety monitors, safety actions and DCS oversight of the Safety Plan.

☐ In-home safety plan with a safety monitor and/or safety services

☐ Child with protective parent while the perpetrator leaves the home

☐ Voluntary Placement Agreement, placing the child with

☐ TCN, placing the child with

ASSESSING PRESENT AND FUTURE RISK OF HARM

The assessment of risk and safety will help determine whether to close or open a case for services, reveal if or what type of intervention is needed, and identify what behavior changes are required for the parent, guardian or custodian to ensure safety of their child.

Child Risk Factors: Disability, behavior, or environment that would tend to increase the risk of the child becoming a victim of maltreatment.

Child Vulnerability/Self Protection – Risk of child abuse and neglect as related to a child's vulnerability, ability to protect himself/herself, developmental delays, behavioral issues and past victimization.

Child Special Needs/Behavior Problems – Alcohol or drug abuse by the child; prenatal exposure to alcohol or drugs; behavior problems in the home, school or community; disability such as a medical condition, learning disability, physical disability, or emotional disturbance.

Parent, Guardian, Custodian Risk Factors: History and current parent functioning such as disability, behavior, or environment that would tend to decrease the ability to provide adequate care for the child.

Parenting Skills/Expectations of Child – Ability to provide for a child's basic needs and to guide, educate, and discipline in a way that facilitates a child's positive social and emotional development.

Parent Empathy, Nurturance, and Bonding – Appropriately responsive to a child's feelings, situations and motives. Provides a strong emotional connection, consistent loving care, and acceptance with a commitment to the overall well-being of the child.

Parent Substance Abuse – Interferes with a person's ability to perform essential life functions such as parenting, work, interpersonal relationships and self-care.

Parent Mental, Emotional, Intellectual or Physical Impairments - Any circumstance that debilitates a parent guardian or custodian for extended periods of time. Who will be caring for this child when the parent is unable to do so? The presence of these conditions **does not necessarily mean** the person cannot parent adequately or that a child is unsafe.

General History of Violence – Parent, guardian or custodian has caused physical or sexual injury to another person, not limited to family members or children. Information is supplied by a credible source that has direct knowledge of the parent, guardian or custodian's violent or sexually assaultive behavior.

Domestic Violence in the Child's Home/Family Environment – A pattern of verbal, physical, sexual and/or economic assaultive and coercive behaviors that occurs between intimate partners with one partner dominating the other in the child's home environment.

Protection of Child by Non-Abusive Parent, Guardian or Custodian – The non-abusive parent, guardian or custodian acknowledges the threat that the abusive parent, guardian or custodian poses to the child and possesses the capabilities and resources necessary to protect the child and keep the child safe from harm.

Parent History of Child Abuse/Neglect as a Child – History and childhood experience of physical abuse, sexual abuse, neglect or emotional abuse by parent, guardian or custodian in a manner that has the potential to result in significant physical, developmental or emotional harm.

Parent Recognition of Problem/Motivation to Change/Level of Cooperation – Acknowledgment and awareness of child abuse and neglect issues combined with a readiness and commitment to change regardless of how difficult, painful, or costly those changes might be. Able to verbally admit there is an issue and specifically discuss what he/she is going to do/has done to address the issue.

Family Risk Factors: Employment status, family stress and social support.

Economic Resources of Family - Income from employment, public assistance, charitable contributions, or extended family or friends is available to meet the family's basic physical needs (housing, food, clothing, etc.).

Family Social Support System – Ongoing positive social contacts from extended family, friends, and community that contribute to the overall well- being of family members.

Current Family Stress – Life events that significantly diminish the ability to provide for the basic needs for the child.

Comprehensive assessment information must be updated whenever major changes in family circumstances occur and at key decision-making points on a case. Identify family needs and strengths and protective capacity. Re-assessment provides documentation on progress, basis to identify risk factors, service and case planning, justification of permanency decisions, and/or aftercare planning.

ASSESSING SAFETY – PRESENT AND IMPENDING DANGER

Present Danger: An immediate, significant and clearly observable family condition that has resulted in or will likely result in serious or severe harm to a child now and requires immediate action in order to ensure child safety before any further interviews or assessment can take place.

Impending Danger: An observable family condition or specific behavior, emotion, attitude, perception, or situation that may not be occurring now in the present, but is likely to occur within the next 30 days and will likely result in serious or severe harm to a child.

Safe: There is no present or impending danger to the child, or the parent, guardian or custodian has protective capacities that control any existing threats.

Serious or Severe Harm: A threat to a child that could cause or result in injury to a child's physical or mental well-being (pain, injury, suffering, terror or extreme fear, or death.)

Unsafe: There is present or impending danger to the child, and no parent, guardian or custodian is able or willing to provide protection.

REMINDER: ALL safety criteria must apply to a safety factor to identify as a safety threat

Vulnerable child: Is the child victim unable to protect him or herself or seek protection from others, regardless of the child's age? Is the child defenseless, exposed to behavior, conditions, or circumstances the child is powerless to manage?
Out-of-control: Is there an adult in the home who is able to control the identified safety threat to the child victim? Will the safety threat continue without outside intervention?
Severity: Could the threat cause or result in serious or severe harm (pain, injury, suffering, terror or extreme fear, impairment, or death)?
Specific Time Frame: Is the safety threat to the child~~'s~~ safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future - today, tomorrow or during the upcoming month?
Observable Family Condition: What is the specific behavior, emotion, attitude, perception, or situation by the parent, guardian or custodian that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling. It can be clearly described and reported.

SAFETY FACTORS: To make a safety decision, review and determine if a safety threat is present by applying the safety criteria to safety factors. If all safety criteria apply, then child is unsafe. If they don't all apply then child is safe.

- Parent, guardian or custodian leaves child alone and child is not competent to care for self, or leaves child with persons unwilling or unable to provide adequate care, placing the child at serious or severe harm.
- Child is fearful of parent, guardian or custodian, other family members or other people living in or having access to the home.
- The behavior of a child living in the home threatens serious or severe harm to him/ herself or to others and the parent; guardian or custodian cannot control the behavior.
- Parent, guardian or custodian is verbally hostile when talking to or about the child and has extremely unrealistic expectations for the child's behavior.
- Parent, guardian or custodian's behavior is violent, erratic or unpredictable and may cause serious or severe harm to the child.
- Domestic violence among adults living in or having access to the home impairs necessary supervision or care of the child and may result in serious or severe harm to the child.
- Parent, guardian or custodian has caused serious or severe harm to the child or has made a threat to cause serious or severe harm to the child.
- Parent, guardian or custodian's explanation for the child's injury or physical condition is inconsistent with the observed or diagnosed injury or condition.
- Parent, guardian or custodian refuses access to the child, or there is reason to believe that the family is about to flee, or the child's whereabouts are unknown.
- Parent, guardian or custodian has not, cannot or will not protect the child from serious or severe harm, including harm from other persons living in or having access to the home.
- Parent, guardian or custodian is unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care and could cause or may result in serious or severe of harm to the child.
- Parent, guardian or custodian or other adult living in or having access to the home previously threatened the safety of a child and/or caused harm to a child and circumstances indicate the person could cause serious or severe harm to the child.
- Child sexual abuse is suspected and circumstances suggest that continued sexual abuse places the child in immediate serious or severe harm.
- Physical conditions in the home are hazardous and may directly cause serious or severe harm to the child.
- Drug and/or alcohol use by parent, guardian or custodian or others living in or having access to the home may result in serious or severe harm to the child.
- The parent, guardian or custodian's involvement in criminal activity or the criminal activity of any other person living in or having access to the home may result in serious or severe harm to the child.
- The physical or mental health or mental limitations of parent, guardian or custodian or other person living in or having access to the home may result in serious or severe harm to the child.

Practice Guidelines
Drug Testing

Version Date 2/26/2016

Warn parents that missed or diluted tests will raise concerns, but do not report them as positive tests.

Report missed or diluted tests to the Court as missed/diluted tests, not positive tests. Assess and address barriers with the parent, such as transportation issues and scheduling conflicts. Communicate with the substance abuse treatment provider to evaluate the parents' efforts at achieving recovery. Remind the parent that drug tests are an opportunity to demonstrate progress toward recovery and that repeated missed or diluted tests will likely cause people to think that the tests would have been positive.

Drug testing should not be used punitively.

Never use a positive test to cancel visitation unless there are safety threats that cannot be controlled by any available means. Visitation is critical for maintaining the parent-child relationship, the child's well-being, and the parent's motivation to participate in treatment.

Drug and alcohol testing is one component of a comprehensive assessment of safety threats, protective capacities, and treatment needs.

- Drug tests only measure a narrow window of current use. **Drug tests do not measure parental capacity or impairment, existence or severity of a drug problem, or the adverse effects to children.**
- Evaluate whether drug use is present through a combination of drug tests, self-reports, collateral sources, and observation of behavior.
- If alcohol or drug use is suspected, consider the effect on the child:
  - How does the parent's use of alcohol or other drugs affect his/her ability to keep the children safe?
  - What behaviors result from the parent's alcohol and/or drug use that create safety threats or risks?
- **A positive test does not, on its own, mean that parental capacity is impaired to the level that a child is unsafe and needs to be removed. A negative test does not, on its own, mean that a child is safe or indicate recovery.**

For more information on assessing substance use and child safety, see the DCS Policy and Procedures Manual, Chapter 3, Sec. 8.5, Related Information.

Appropriate uses for drug and alcohol testing:

- As one component of a comprehensive assessment to identify appropriate treatment interventions and monitor safety and risk
- To motivate a parent toward readiness for treatment interventions
- To provide positive reinforcement and deter substance use, particularly early in recovery

Inappropriate uses for drug and alcohol testing:

- When the parent is an active participant in a substance abuse treatment program that requires frequent random testing (DCS may need to supplement when testing through the program is not random)
- When the parent informs the DCS Specialist or treatment provider of a relapse, or admits to a relapse (however, an assessment of child safety and risks must be done, especially for any child in the care of the parent or having unsupervised visitation)
- To "rule out" drug use when none is alleged or suspected of the person
- As a stand-alone tool to assess a parent's progress toward recovery or to determine the permanency goal
- As a safety action in a safety plan

Meet with the parent before testing begins.

- Ask the parent about their drug use, including history, frequency, triggers and trauma history, types of substances, and methods of use.
- Inform the parent about the purpose of testing, how the results will be used in assessing safety and risk, and the court will receive the results.
- Notify the parent of the procedures and location for testing.
- Inform the parent of the need for complete disclosure of medical conditions and use of prescription and over-the-counter drugs and medication because they may result in a positive test.

Discuss drug screen results with the parent.

Discuss negative tests to encourage and motivate the parent to continue in treatment. Use positive drug screens to discuss the parent's path to recovery. **It is not unusual for a parent to relapse; relapse is an expected part of the recovery process.** Positive tests should be viewed as indicators that the treatment plan needs adjusting, rather than as proof of treatment failure. A positive test might mean a one time lapse or a return to chronic use.

- Provide the opportunity for the parent to explain.
- Consult with the treatment provider about the test and relapse prevention plan.
- Reassess the services being provided.
- Consider modifying the testing frequency.

Discuss how the overall recovery program is working.

Discuss changes in the parent's life. Discuss the relapse prevention plan, parent coping skills when there is pressure to relapse, and whether the parent has made changes in the environment that supported addiction.

Determine the testing schedule with your supervisor.

- With your supervisor, evaluate the need for a schedule of random drug testing or an initial single test for assessment.
- The initial random testing service should not be authorized for any longer than 30 days.
- If an additional period of testing is desired, consult with your supervisor and the substance abuse treatment provider (if applicable). **Supervisor approval is required**. (See the Service Approval Matrix)

Select the right panel to get the most meaningful results:

- Only include those substances the parent/caregiver is suspected or known to use. Specialized tests, such as for bathsalts, require APM approval. (See the Service Approval Matrix)
- Select the type of test (urine, hair) that will best assist in assessment of the substance use issue. **Hair testing requires APM approval.**
- Consider that many parents are poly-substance users.
- Consider multiple, random testing over a period of time.
- If urinalysis is the method, the collection should be supervised.

Determine and modify testing frequency or intensity with parent and team input. Consider these factors:

- The type of substance used and length of time it can be detected
- Clinical diagnosis regarding the severity of the substance use
- Patterns of use (weekends, after stressful events)
- Results of testing – both positive and negative
- Consistent attendance/participation in substance abuse treatment and other services
- Observed changes in affect and physical appearance
- Level of cooperation and engagement in case plan activities

The following frequency is recommended when a parent is progressing well in treatment and/or behaviorally:

Time from testing start	Suggested frequency
0 – 30 days	2 times per week
31 – 60 days	1 time per week
61 – 120 days	2 times per month
121+ days	Monthly (until behaviors indicate no further use)

Discontinue drug testing when:

- The parent no longer exhibits substance abuse behavior and has consistent negative testing.
- The parent is an active participant in a treatment program that requires frequent random testing, or is in residential treatment.
- The parent has random tests of sufficient frequency through another agency (such as probation) that shares the results with DCS.
- The parent is arrested, or whereabouts become unknown for 30 days.
- The parent has consistent positive and/or missed drug tests for 60 days or more and has not engaged in treatment services.

Remember to notify the lab provider when testing is discontinued!

Perform a drug test after testing has discontinued if you suspect the parent has relapsed, unless the parent informs you of, or admits to, the relapse.

Adapted from: Center for Substance Abuse Treatment, *Drug Testing in Child Welfare: Practice and Policy Considerations.* HHS Pub. No. (SMA) 10-4556 Rockville, MD: Substance Abuse and Mental Health Services Administration, 2010.

CT09400 (10/15)

Department of Child Safety
Supervisory Case Progress Review - Investigations

Case Name ID:

Child Safety Specialist's Name: **Meeting Date:**

Supervisor/ Other Reviewer's Name:

Use this guide for supervisory consultation at key decision points. Supervisory consultation is required when the Child Safety Specialist assesses that there is or might be present danger, impending danger, risks that necessitate intervention by the Department of Child Safety, a need to file a dependency petition, or evidence to propose substantiation. If no supervisory consultation occurs during the investigation/initial assessment, use this form at case closure to review the assessment and decisions in the case. Document the supervisory consultations or closure review using this form, or by documenting the discussion of each area in the CSRA Section IV. To complete this form, check Yes or No for each **bolded** area, considering the exploratory questions. For each area checked Yes, identify and document the specific follow-up activities to be completed.

Follow-up Required? YES	NO	NA	DISCUSSION AREAS

Present Danger Analysis and Protective Actions

☐ ☐ 1. **Discuss whether there was present danger to any child at the time of the initial contact(s), and the protective action to be taken if applicable.**

- What was each child's environment and condition at the initial contact?
- Is there a threat occurring in the present that requires immediate action to ensure child safety, before any further interviews or assessment can take place (if not, proceed with the impending danger and risk analysis without taking protective action)?
- If applicable, what is the least intrusive way to control present danger while the assessment is completed? Can the alleged perpetrator leave the home or can the child remain in the home with a safety monitor? Would a voluntary placement agreement be appropriate? Is removal and temporary custody necessary?
- If the protective action includes a safety monitor, has the monitor's capacity, willingness, and availability to protect the child been fully assessed?
- When and under what circumstances will the protective action end?

Comment:

Risk Analysis and Service Provision

☐ ☐ 2. **Discuss the information collected in relation to the 14 risk factors and the need for services to address risks.**

- What worries us about this family?
- What is working well in the family? What needs to happen to reduce the worries?
- Did the CSS gather sufficient information to assess each of the 14 risk factors?
- Which of the 14 risk factors are present (child, parent, and family risk factors)?
- Do the parents have protective capacities that mitigate the risks? In what way?
- What is the family's perception of risks and service needs? Do the parents recognize the risks and are they motivated to change?
- Do the risk factors require DCS intervention, or can the risk factors be addressed through community services?
- Has there been prior DCS intervention? If so, what has worked or not worked?

- Are services accessible and appropriate to the family's culture and special needs?

Comment:

Follow-up Required?
YES NO NA

Impeding Danger Analysis

☐ ☐ 3. **Discuss the information collected in relation to the 17 safety threats and the need for an in-home or out-of-home safety plan.**

- Did the CSS gather sufficient information to assess each of the 17 safety threats?
- What is working well in the family? What needs to happen so the children are safe?
- Has a considered removal or emergency removal TDM meeting been requested?
- Are there any significant risks in the family that might be safety threats? Are all five safety threshold criteria met for one or more of the potential safety threats?
- Is the child **vulnerable** to a potential safety threat?
  - Is the child defenseless, or exposed to behavior, conditions, or circumstances that he/she is powerless to manage?
  - Is the child unable to consistently protect him/herself or seek protection from others (consider age and development)?
  - Does the child recognize the safety threat? What is the child's understanding of the safety threat?
  - Who does the child go to with a problem or to seek protection?
  - Does the child have the means to seek protection (phone, visibility)?
  - Has the child demonstrated the ability to protect him/herself in the past?
- Is a potential safety threat **out-of-control**?
  - Is there any adult in the home who is able to control the identified safety threat to the child victim?
  - Will the safety threat continue without outside intervention?
  - How can the identified safety threat be controlled?
  - Can home or family conditions be immediately adjusted to control the safety threat? Why not?
  - Are there any court orders that would eliminate a parent or other adult from parenting or providing care to child (ren)?
- Is the child likely to suffer **severe harm**?
  - Could the threat cause or result in serious or severe harm (pain, injury, suffering, terror or extreme fear, impairment, or death)?
  - Is there a present serious injury, pain, terror, or extreme fear?
  - Is the likelihood of severe harm the same for all children in the home?
- Is the potential safety threat occurring now or likely to occur in a **specific timeframe**?
  - Is the threat to the child's safety occurring now or likely to occur within the next 30 days? Could it happen just about any time within the near future – today, tomorrow or during the upcoming month?
  - Have there been previous reports of a similar nature? Is the situation getting worse?
  - Is the likelihood of severe harm the same for all of the children?
- Is the danger or family circumstance **observable?**
  - What is the specific behavior, emotion, attitude, perception, or situation by the parent, guardian or custodian that can be seen and described and makes the child victim unsafe? Observable does not include suspicion and gut feeling.
  - Can the danger be clearly described and reported.

Comment:

Follow-up Required?
YES NO NA

Safety Planning (to be completed if all 5 of the safety threshold criteria are met)

☐ ☐ 4. **Discuss whether the safety plan for each child is sufficient to control all the identified safety threats and least intrusive.**

- When and under what circumstances is the safety threat present? Are there times when the safety threats are not present?
- Can the safety threat be controlled without separating the child (ren) from the parent(s)?
- Can the person creating the safety threat leave the home; or can the child and non-abusive parent go together to the home of another person; or can someone come into the home to ensure child safety (safety monitor)?
- Does the non-abusive parent have sufficient protective capacities to consistently ensure child safety?
- Does the safety plan include a safety monitor and/or safety actions that control and manage impending danger, have an immediate effect, and are immediately accessible and available whenever the safety threats are present?
- If applicable, is there evidence that the safety monitor is able to recognize the safety threat, use judgment, and take the specific actions needed to ensure the child's safety?
- What makes you feel confident that these safety actions will keep the child safe? Are additional safety actions, or less restrictive safety actions, needed?
- How will the implementation of the safety plan be monitored by the CSS?
- Does the safety plan violate any court orders?

Comment:

Allegation Findings

☐ ☐ 5. **Discuss the information gathered regarding the allegations and the appropriate finding to be entered.**

- Is there evidence to support the findings? Does the findings statement describe the evidence?
- Were there other types of abuse or neglect discovered during the assessment that require an after investigation finding and/or a report to the Hotline?
- If the finding is unable to locate, is the location of the identified child victim unknown despite reasonable efforts to locate the child, and is there insufficient evidence to conclude the child was abused or neglected without interviewing or observing the child

Comment:

Case Closure

☐ ☐ ☐ 6. **Discuss whether the case should be closed or transferred to ongoing for services.**

- Are there no safety threats or critical risk factors that are severe enough to warrant ongoing department involvement to assure safety of the child?
- Does the family refuse to participate in voluntary services and are there no safety threats or critical risk factors severe enough to warrant a dependency action?
- Are some risk factors present, but the family has acknowledged them and is receiving support and services from extended family or community resources?
- Has the family moved and its whereabouts are unknown and have reasonable efforts to locate the family been made?
- Has the CSS met with the family to determine if there are any unmet needs that may improve family functioning and assisted the family to develop an aftercare plan to address these identified needs?

Comment:

Document any follow-up activities required prior to investigation transfer or closure:

Follow-Up Activity	By Whom	By When
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Supervisor/Reviewer's signature: **Date reviewed:**

CT09401 (10/15)

Department of Child Safety
Administrative Case Record Review - Investigations

Case Name ID:

Reports Numbers:

Child Safety Specialist's Name: **Unit Number:**

Complete this checklist at investigation closure or transfer to ongoing services. This checklist is for the administrative review of the case record. Share the results of the review with the Child Safety Specialist (CSS) for follow-up and training. An ongoing CSS can be assigned to assume ongoing duties prior to the completion of this form. The investigation supervisor shall complete the checklist in a timely manner to ensure a thorough initial assessment has been completed and documented. If an NA answer is not allowed, answer the question Yes or No to indicate whether concerted efforts were made to meet the requirement.

REVIEW ITEMS

YES	NO	N/A		
				Background Information
☐	☐		1.	Current and prior child welfare history in Arizona or other states or jurisdictions was reviewed and summarized; if there is prior history, a summary and analysis of allegation findings, service outcomes, and patterns of maltreatment was documented.
☐	☐		2.	Criminal background checks were completed on all parents of each child victim, all other adults living in the home of the alleged abuse or neglect, and all safety monitors (or concerted efforts made to obtain information needed to conduct DPS check). If a child was removed and reunified, a DPS check and public records search was completed for each adult living in or having access to the home.
☐	☐		3.	Both parents and any legal guardian were asked if any court order exists that restricts or denies custody, visitation or contact between the child victim(s) and either parent or any adult living in the home of the alleged abuse or neglect.
☐	☐	☐	4.	Child medical, school, and/or behavioral health records were obtained and reviewed if the allegations are directly related to the child's health or education, the records may fill a gap or inconsistency in the assessment or contain evidence for substantiation or dependency action; or interviews with the family members or other information reveals a possible significant risk or safety threat related to the child's health or education.
☐	☐	☐	5.	Other documents were obtained and reviewed if required to assess the allegations in the report and/or any additional safety threats and risks that were identified through the investigation, e.g. parent behavioral health, police records, and service provider notes.
				Joint Investigation and/or Police Involvement
☐	☐	☐	6.	If the report has a criminal conduct tracking characteristic, the case was staffed with law enforcement and/or OCWI at critical communication points such as prior to making initial contact, filing a dependency petition, prior to returning the child victim to the home, prior to the return of an alleged perpetrator to the home, and change in safety monitor or change in placement.
☐	☐	☐	7.	The police reports were requested, reviewed, and summarized in the record; or if a police report is not available a conversation with law enforcement is documented.
☐	☐	☐	8.	Law enforcement agency, Detective's names, contact information, and DR# were documented using the joint investigation window.
				Interviews with Required Parties
☐	☐	☐	9.	The source was interviewed or there were reasonable efforts to contact.

☐ ☐ ☐ 10. If the report has a finding of unable to locate, reasonable efforts to locate the family are documented.

☐ ☐ 11. Each child victim was observed and interviewed in-person, and alone if verbal. If a child is non-verbal, observation of the child was documented.

☐ ☐ ☐ 12. Each non-victim child living in the home where the alleged abuse or neglect occurred was observed and interviewed in person, and alone if verbal.

☐ ☐ 13. Each custodial parent of each child victim was interviewed in-person.

☐ ☐ ☐ 14. Each non-custodial parent of each child victim was interviewed if he/she has parenting time with the child victim or has relevant information, if such contact would not endanger the safety of any person. Efforts were made to conduct this interview in-person if this parent was an alleged perpetrator.

☐ ☐ ☐ 15. All other adults living in the home where the alleged abuse or neglect occurred were interviewed (including spouse, partner, significant other, roommates, etc.).

☐ ☐ ☐ 16. Other persons known to have knowledge of the abuse or neglect, or who could be reasonably expected to have information needed to confirm or rule out a safety threat or risk factor, were interviewed. This may include: relatives, school personnel, medical professionals, law enforcement, tribal representatives, out of state contacts, children and adults in the child's primary home if different from the home of the alleged abuse or neglect, and children who frequent the home of the alleged abuse or neglect.

Information Collection through Interviews

☐ ☐ 17. At least one parent or school-aged child was asked about who lives in the home and who has a caregiving role in order to identify who requires assessment.

☐ ☐ 18. All verbal children and parents interviewed were asked questions directly related to all 14 Risk Domains, sufficient to determine if any risk factors required intervention through DCS or community services. See Assessing Present and Future Harm: Laminate Desk Aid

☐ ☐ 19. All verbal children and parents interviewed were asked questions directly related to all 17 safety threats, sufficient to determine if the five safety threshold criteria are met for any of the 17 safety threats.

☐ ☐ 20. All verbal children and parents were asked about specific allegations in the report.

☐ ☐ 21. The parent, caregiver or custodian was asked if there is any American Indian Ancestry in the family.

Analysis and Conclusion

☐ ☐ 22. The assessment of present danger (CSRA Section III. A.) contains the date each child was observed, a description of each child's environment and condition at the time of initial contact, and a conclusion of whether each child is in present danger. The documentation of present danger clearly supports the agency's conclusion.

☐ ☐ 23. The assessment of risk factors (CSRA Section III.B.) lists the risk factors that were alleged or found to be present in the family, and states whether intervention through DCS or community services is needed for each listed risk factor. The documentation clearly supports the agency's conclusions about risk factors and the need for intervention.

☐ ☐ 24. The assessment of impending danger (CSRA Section III.C) lists all safety threats present in the family and describes how all five safety threshold criteria were met, and lists high risks in the family and describes how one or more of the five safety threshold criteria were not met. The documentation clearly supports the agency's conclusions about safety threats and whether the children are safe. (A safety plan is required if all five safety threshold criteria are met for one or more of the safety threats).

☐ ☐ ☐ 25. If there is one or more safety threats to any child, there is a safety plan that is sufficient to control the safety threat(s), least intrusive, and identifies a safety monitor who has the ability to use judgment and take appropriate actions (if applicable).

☐ ☐ 26. Correct investigation allegation findings and a sufficient supportive statement have been entered into CHILDS.

YES	NO	N/A		
				Additional Requirements
☐	☐		27.	The record contains documentation that the parent, caregiver or custodian was given The Guide to the Department of Child Safety (CSO-1010) and the Notice of Duty to Inform (CSO-1005).
☐	☐		28.	The record shows that the perpetrator(s) were provided with a Notice of Unsubstantiated Child Safety Report (CSO-1023A), the Notice of Proposed substantiation of Child Safety Report (CSO-1024A) or Notice of Substantiation of Child Safety Report (Perpetrator Unknown) (CSO-1025A)
☐	☐	☐	29.	If the source is a parent, guardian, or custodian and the finding is unsubstantiated, unable to locate or proposed substantiated perpetrator unknown, the Notification of Child Safety Investigation Conclusion or Findings letter (CSO-1022) was provided to that parent, guardian, or custodian.
☐	☐		30.	All required children and adult participants have been built into the CHILDS case.
☐	☐		31.	CHILDS record contains correct name, date of birth, and social security number for each case participant.
☐	☐		32.	CHILDS record contains current address and telephone number for each case participant.
☐	☐		33.	Hard file arranged according to policy.
☐	☐	☐	34.	When applicable, the American Indian Detail window is complete and current.
☐	☐	☐	35.	The record contains all reports to the Court, signed by the Child Safety Specialist and approved by the Supervisor or other designee.
☐	☐		36.	The accurate initial response date and time is recorded on the Report Detail Screen, and supporting documentation is included in the CSRA.
☐	☐		37.	The Tracking Characteristic window is complete.
				Placement (out-of-home care cases only)
☐	☐	☐	38.	The children (ren) are in a relative placement, or the record contains documentation of all efforts to identify, locate, inform, and evaluate all adult relatives.
☐	☐	☐	39.	Record contains documentation of *Notice to Relative or Person Having a Significant Relationship with the Child* and *Response by Relative or Person Having a Significant Relationship with the Child* provided to <u>all</u> kinship families expressing interest in caring for the child/ren.
☐	☐	☐	40.	The record documents active efforts to follow ICWA placement preferences, if applicable.
☐	☐	☐	41.	The record contains documentation that services and supports to meet the identified needs are being provided or referrals have been made.
☐	☐	☐	42.	The record contains documentation that the placement has been notified of all scheduled court hearings, FCRBs, CFTs, TDMs, and case plan staffings; and informed of the right to be heard at all court hearings involving the child(ren) in their care.
☐	☐	☐	43.	If the child has been removed, the following CHILDS windows are up to date: Legal Status, Removal Status Detail, Removal Settings for Eligibility, Household of Removal, Hearing Documentation, Reasonable Efforts, Child Assessment and Special Rate Evaluation, Placement Location Directory, and Service Authorizations.
				Case Closure (at case closure only)
☐	☐	☐	44.	The record contains documentation of a discussion held with each parent and school-age child to obtain family input about risks and needs, discuss the level of intervention (formal or informal) needed to mitigate risks, and provide sufficient information about available services and supports (aftercare planning).
☐	☐	☐	45.	Record contains documentation that the family was notified of case closure.
☐	☐	☐	46.	The Case Closure window has been completed and approved.

If any item checked No, provide an explanation and identify any follow-up activities required:

Explanation and follow-up activity required	By Who	By When
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10		

Reviewer's Signature: Date:

CT09402 (10/15)

Department of Child Safety
Supervisory Case Progress Review - Ongoing

Case Name ID:

Child Safety Specialist's Name: **Meeting Date:**

Supervisor or Other Reviewer's Name: **Removal Date:**

Date 12 Months in Care **Date 24 Months in Care:**

Complete this form in-person with the Child Safety Specialist for ongoing cases, including in-home, out-of-home, adoption, young adult, and guardianship cases. Complete this form monthly for all cases with a goal of reunification or remain with family, and cases with a goal of adoption where no permanent placement has been identified. Complete the form quarterly for all other ongoing cases. Check Yes or No for each **bolded** area, considering the exploratory questions. For each area checked Yes, identify and document specific follow-up activities to be completed.

Follow-up Required? YES	NO	N/A	DISCUSSION AREAS

Safety and Risk Assessment

☐ ☐ 1. **Discuss the assessment of all 17 safety threats, and the need for continued removal or an in-home safety plan.**

- What are our worries about with this family?
- Are there any safety threats and is continued removal necessary?
- What is working well in the family? What needs to happen so the children are safe?
- What information is being collected and reviewed each month?
- Have the parents or guardians made changes in their behaviors or home environments to resolve any or all of the safety threats that were previously identified?
- Has any new information been received that reveals a safety threat, or has there been a change in a parent's behavior or home environment that created a new safety threat? Have there been any new Hotline Reports or Status Communications?
- Has there been a change in household composition that impacts child safety?
- How do the continuing and/or new safety threats meet the five safety threshold criteria?
- If the children are in care, can the safety threats be controlled in the home?
- If the children are in-home, are all of the safety threats controlled in the home?

Comment:

YES NO N/A

☐ ☐ 2. **Discuss whether the safety plan for each child is sufficient to control all current safety threats and is least intrusive.**

- If there are safety threats to any child, is there a current safety plan?
- Have sustainable in-home options been fully explored?
- Does the safety plan include a safety monitor and/or safety actions that control and manage impending danger, have an immediate effect, and are immediately accessible and available whenever the safety threats are present?
- Is there evidence of the safety monitor's ability to use judgment and take actions?

- Is the safety plan up to date, identifying the current safety monitor and safety actions (including a current CSO-1034B and CSO-1034C if placed with an unlicensed caregiver)?
- How is the implementation of the safety plan being monitored by the CSS?

Comment:

☐ ☐ 3. **Discuss the assessment of the 14 risks factors and the need for DCS intervention.**

- What worries us about with this family?
- What is working well in the family? What needs to happen to reduce the worries?
- What information is being collected and reviewed each month?
- Which of the 14 risk factors are present?
- Do the parents recognize the risk factors and are they motivated to change their behavior or the family circumstances?
- Do the risk factors require DCS intervention, or can the risk factors be addressed through community services?

Comment:

Services to Address Safety Threats and Risks

☐ ☐ 4. **Discuss whether the parents and children are being provided the necessary services to support behavioral change and achieve the permanency goal.**

- What behavioral changes are needed to resolve the safety threats and/or risks that necessitate DCS involvement? Could the parents answer this question?
- Do the parents or children require additional assessment?
- Do the parents and children recognize the problems and are they motivated to change?
- Are services being provided to meet the identified needs of all parents and children? Are services accessible and appropriate to the individuals' culture and special needs?
- Are the parents and children making progress toward the behavioral goals?
- What additional supports can be provided to achieve the permanency goal?
- What can the team try that has not been tried before?

Comment:

Engagement and Contacts with Parents and Children

☐ ☐ 5. **Discuss whether the Child Safety Specialist's contacts are sufficient to assess the children's needs and obtain the child's input into the case plan and important decisions affecting the child.**

- Is the Child Safety Specialist having in-person contact with each child each month, or more often if needed? Is part of each contact alone with the child?
- During contacts, is the CSS discussing child safety, permanency planning, behavioral health, education, physical health, routine medical and dental care, whether the child is taking medication, and the child's needs for services?
- If the child is 6 or older, what is the child's input about permanency options, visitation, placement, and services?
- For in-home cases, are all the children in the family seen monthly?
- If the child is on runaway status, what efforts are happening to locate the child?

Comment:

☐ ☐ 6. **Discuss whether the frequency and quality of contact with each parents is sufficient to assess the parents' needs and obtain the parents' input into the case plan and important decisions affecting the family.**

- Is the Child Safety Specialist having face-to-face contact with all of the parents at least

monthly when the goal is reunification or remain with family?

- Is the CSS having quarterly written or telephone contact with all parents whose rights are not terminated, when the goal is not reunification or remain with family?
- Is the CSS maintaining contact with incarcerated parents?
- Are there continual concerted efforts to locate missing parents?
- Is there discussion with the parents about the safety threats and risks that require DCS involvement, the behavioral changes needed to resolve the safety threats and risks, permanency planning, visitation, services, and readiness for change?
- What is each parent's input about permanency options, visitation, the child's placement, behavioral progress, and services?

Comment:

☐ ☐ 7. **Discuss whether there are ongoing concerted efforts to engage the family in case planning and decision-making.**

- Is input into the case plan and important decisions encouraged and received from all school-aged children and parents?
- Are the parents and children over age 12 invited to attend all case plan staffings, CFTs, and TDMs, and encouraged to provide their input?
- Are case plan staffings held every 6 months? Is there a current case pan?

Comment:

Permanency Planning (out-of-home cases only)

☐ ☐ 8. **Discuss the current permanency goal for each child and whether it is appropriate and likely to be achieved in a timeframe that meets the child's needs.**

- If the goal is reunification:
  - What needs to happen for the children to safely reunify (in 12 months)?
  - What is the prognosis for reunification in 12 months of removal?
  - Is there a concurrent goal and is there activity to pursue the concurrent goal? If not, should a concurrent permanency plan be initiated?
- If the goal is guardianship or adoption:
  - Is each child in a permanent placement?
  - What needs to happen to achieve the permanency goal (in 24 months)?
- If the goal is independent living or long-term foster care:
  - Are more permanent goals continually explored?
  - Are services being provided to support successful transition to adulthood?
- Would a permanency TDM be helpful to discuss permanency options?
- If the child has been in care 12 months or more, will a motion for TPR be filed before the child has been in care for 15 months? If not, is there a compelling reason to not file a motion for TPR? Is it documented in the case plan?

Comment:

Visitation with Siblings and Parents (out-of-home cases only)

☐ ☐ 9. **Discuss whether the frequency and quality of visitation or contact between each child and his/her siblings is sufficient to maintain or develop the relationship.**

- Is the frequency of visitation consistent with the children's wishes and needs, with consideration of their ages?
- Is visitation held in a comfortable atmosphere, allowing sufficient interaction?
- If appropriate to the children's ages, are there arrangements for phone contact, email, or other types of contact?
- If visitation or contact is contrary to a child's safety or well-being, is this documented in

the record?

Comment:

☐ ☐ **10.** **Discuss whether the frequency and quality of visitation between each parent and each child in out-of-home care is sufficient to develop or maintain the relationships.**

- Is visitation or contact occurring with both the mother and the father, including parents who are in jail or prison? If not, what is the reason?
- Is the frequency of visitation consistent with the family's wishes and needs, with consideration of the children's ages?
- If visitation or contact is contrary to the child's safety or well-being, is this documented in the record?
- Are the parents attending and engaged in visitation? What can be done to increase their attendance and engagement?
- Is visitation frequency increasing and supervision decreasing as behavioral changes are observed, in preparation for timely reunification?
- Are the parents invited to attend each child's doctor and dentist appointments, school activities and conferences, after-school and sports activities, birthday and holiday celebrations, and other important events?
- Is visitation held in a comfortable atmosphere, allowing sufficient interaction?
- If visitation is supervised, is this necessary to maintain child safety? What needs to happen in order to have unsupervised visits?

Comment:

Out-of-Home Placement (out-of-home cases only)

☐ ☐ **11.** **Discuss whether each child is in a stable relative placement, or whether there are continual concerted efforts to identify a relative caregiver.**

- Have all living maternal and paternal relatives been identified, located, and notified that the child(ren) are in care, and evaluated as potential caregivers?
- Does the relative have information about the foster home licensing process?
- Is the relative receiving sufficient support and services to care for the child?

Comment:

☐ ☐ **12.** **Discuss whether or not each child is in a stable and least restrictive placement while still ensuring child safety, that is willing and able to care for the child until reunification or permanently.**

- If a child is placed in a shelter or group home, what can be done to place the child in a family setting?
- If applicable, is the child placed according to ICWA preferences?
- Are the caregiver's needs continually assessed and appropriate services provided?
- Has the caregiver been provided adequate information about the child, the reason for removal, and the anticipated length of stay in out-of-home care?
- Has the caregiver been given the *Go to Guide* and other resource information?
- Is the caregiver being notified of all court hearings and FCRBs, and of the right to participate and be heard?
- If the child's permanency goal is independent living or long-term foster care, have the caregivers been asked if they are committed to care for the child until adulthood? Has this been documented or a formal agreement signed?

Comment:

☐ ☐ **13.** **Discuss whether siblings are placed together, or whether there are continual concerted efforts to place the siblings together.**

- If the children are separated due to safety concerns, are these concerns clearly documented? What can be done to address the safety concerns?
- What can be done to locate and support a placement for all of the siblings?

Comment:

☐ ☐ **14.** **Review services being provided to ensure that each child's behavioral health, physical health, dental health, and educational needs are being met.**

- Have these needs been continually assessed for each child?
- Is each child receiving annual EPSDT exams and semi-annual dental exams?
- Have all necessary treatment services been provided?
- Is the child seeing a medical provider regularly to monitor any medications?

Comment:

☐ ☐ **15.** **Discuss whether concerted efforts are being made to maintain each child's connections to community, culture, faith, language, extended family, tribe, school, friends, and clubs or activities are being made.**

- Has each child been asked what he/she views as his/her important connections?
- What can be done to maintain these connections?
- Have the parents been asked whether any of the children may be American Indian? If applicable, has the tribe been notified of its right to intervene?

Comment:

Document any follow-up activities required prior to next review:

Follow-Up Activity	**By Whom**	**By When**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Supervisor/Reviewer's signature: **Date reviewed:**

CT09403 (10/15)

Department of Child Safety
Administrative Case Record Review - Ongoing

Case Name ID:

Child Safety Specialist's Name:

Complete this checklist minimally every six months, at case transfer, and at case closure. This checklist is for the administrative review of the case record and does not require a meeting with the Child Safety Specialist. Share the results of the review with the Child Safety Specialist for follow-up and training.

YES	NO	N/A		REVIEW ITEMS
				Safety and Risk Assessment and Services
☐	☐		1.	A CSRA or C-CSRA was completed in the past 6 months; at case plan reassessment or revision; at change in household composition; when there is indication a child may be unsafe; and when considering unsupervised visits, reunification, or case closure.
☐	☐		2.	The most recent CSRA or C-CSRA includes a list and analysis of all risk factors present within the family, whether each risk requires DCS and/or community intervention, and how risks that require services but are not safety threats do not meet the safety threshold criteria.
☐	☐		3.	The most recent CSRA or C-CSRA provides a list and analysis of all safety threats present in the family and describes how all 5 safety threshold criteria are met for each safety threat.
☐	☐	☐	4.	If a child is assessed as unsafe, the record documents a safety plan that identifies the current safety monitor, safety actions, and oversight plan (including the CSO-1034B and CSO-1034C if the child is placed with an unlicensed out-of-home caregiver).
☐	☐		5.	The record contains documentation of all formal assessments and referrals to services identified through the safety and risk assessment, in the case plan, or by court order.
☐	☐		6.	The record contains monthly service provider reports for all arranged services.
☐	☐		7.	If a child reunified, a DPS check and public records search was completed for each adult living in or having access to the home.
				Engagement and Contacts with Parents and Children
☐	☐	☐	8.	Case Notes document monthly in-person contact with each parent if the goal is reunification or remain with family (including parents who are incarcerated, live outside the home, or are alleged), or supervisor approval for an exception to in-person contact with the parent(s).
☐	☐	☐	9.	Case Notes document quarterly written or telephone contact with parents whose whereabouts are known and whose rights have not been terminated if the goal is not family reunification or remain with family (including independent living/AYAP cases).
☐	☐	☐	10.	The record contains documentation of reasonable efforts to locate any parent whose whereabouts are unknown, including a Family Locate search in the last six months.
☐	☐		11.	Case Notes document monthly in-person contact with each child, including time alone with each child during each visit (or ICPC/courtesy supervision documentation).
☐	☐	☐	12.	The record contains documentation that each parent and child age 12 or older is invited to all court hearings, FCRBs, TDMs, CFTs, case plan staffings, and other meetings; or that the parent's involvement in case planning is contrary to the child(ren)'s best interest.
☐	☐	☐	13.	Case Notes include documentation of discussion with each parent and each child (generally applicable if age six or older) about the reasons for agency involvement (safety threats and risks), behavioral change, services, visitation, and permanency planning; and concerted efforts to obtain each parent's and child's input into the case plan and important decisions.
☐	☐		14.	Case Notes include documentation of discussion with each child (as developmentally appropriate for verbal children) and the caregivers about each child's medical and dental health, education, behavioral health, medications, and service needs.

Permanency Planning and the Written Case Plan

☐ ☐ 15. The record contains a written case plan with an effective date within the last six months.

☐ ☐ 16. The most recent case plan identifies the current permanency goal being pursued by the agency and approved by the court, and the behavioral changes and/or activities needed to achieve the permanency goal.

☐ ☐ 17. Case Notes document that a case plan staffing was held to develop the most recent case plan and all required participants were invited to attend.

☐ ☐ ☐ 18. If the goal is reunification, the record contains documentation of a reunification prognosis assessment (either the form or narrative documentation).

☐ ☐ ☐ 19. If the case plan or court order identifies a concurrent goal, the case plan documents concurrent planning activities.

☐ ☐ ☐ 20. If a child has been in out-of-home care for 15 months or longer, a motion for termination of parental rights has been filed or a compelling reason to not file a motion for TPR is documented in the case plan or a court order.

☐ ☐ ☐ 21. If a child is 14 years of age or older, services are in place to prepare the youth for adulthood (regardless of the permanency goal).

☐ ☐ ☐ 22. If a child is American Indian, the record contains documentation of the child's tribal identification, active efforts to place with a relative or person with which the tribe agrees active efforts to reunify the child with a parent, and communication and coordination with the tribe.

☐ ☐ ☐ 23. Record contains documentation of at least weekly visitation between each parent and each child (or other types of contact if in-person is not possible), or concerted efforts to engage the parents in visitation, or documentation that weekly visitation is not in the child's best interest.

Visitation with Siblings and Parents (out-of-home cases only)

☐ ☐ ☐ 24. Case Notes document that parents are invited and encouraged to attend the child's school activities, extracurricular activities, and medical/dental appointments, or the reasons why this is contrary to the child's best interest.

☐ ☐ ☐ 25. The record contains a signed *Visitation Guidelines,* CSO-1138, for each parent, or indicates that the parent(s) declined to sign.

☐ ☐ ☐ 26. The record contains documentation of at least weekly visitation between each child and all siblings placed separately (or other types of contact if in-person contact is not possible), or documentation that weekly in-person visitation is contrary to the child's best interest.

Out-of-Home Placement (out-of-home cases only)

☐ ☐ ☐ 27. Each child is placed in a stable relative placement, or the record contains documentation of concerted efforts to identify, locate, contact, and evaluate all living adult maternal and paternal relatives.

☐ ☐ ☐ 28. The record contains documentation of *Notice to Relative or Person Having a Significant Relationship with the Child* and *Response by Relative or Person Having a Significant Relationship with the Child* provided to **all** relatives and kinship families expressing interest in caring for the child/ren.

☐ ☐ ☐ 29. If a child is in congregate care or placed separately from siblings, record contains documentation of ongoing efforts to place the child in a family setting and with siblings.

☐ ☐ ☐ 30. The record includes documentation that the out-of-home caregivers were asked about their needs, and that necessary services and supports are being provided to help them meet the child(ren)'s needs.

☐ ☐ ☐ 31. The record contains documentation that each child has had an EPSDT exam annually (in the last 12 months) and a dental exam in the last 6 months (if age 1 or older). Such information may be found in the medical summary report.

☐ ☐ ☐ 32. The record contains documentation that the out-of-home caregivers were invited to attend all court hearings, FCRBs, CFTs, TDMs, and case plan staffings; and were notified of their right to be heard at any hearing pertaining to the child(ren).

Additional Requirements

☐	☐	☐	33.	The hard file is arranged according to policy (see creating and organizing DCS case records).
☐	☐		34.	All children and adult participants have been built into the CHILDS case.
☐	☐		35.	CHILDS record contains correct name, DOB, and social security number for each case participant
☐	☐		36.	The CHILDS record contains the current address and telephone number for each case participant.
☐	☐	☐	37.	The record contains documentation that sufficient inquiry was made to determine whether the child may be a member of or eligible for membership in, an Indian Tribe.
☐	☐	☐	38.	If applicable, American Indian Detail window complete and current and record contains information that there has been notification to the Tribe.
☐	☐		39.	Case Note documentation appears to be complete and is current within no more than 10 days of the review.
☐	☐	☐	40.	The record contains all reports to the Court, signed by the Child Safety Specialist and the Supervisor or other designee.
☐	☐	☐	41.	If the child has been removed, the following CHILDS windows are up to date: Legal Status, Removal Status Detail, Removal Settings in Eligibility, Household of Removal, Hearing Documentation, Reasonable Efforts, Child Assessment and Special Rate Evaluation, Placement Location Directory, and Service Authorizations.

In addition to above, complete the following for case closure reviews:

YES	NO	N/A		
☐	☐	☐	42.	Notes document that a home visit to the family occurred within 30 days prior to case closure
☐	☐	☐	43.	C-CSRA is complete and current as of the closure date, with all child(ren) assessed as being safe.
☐	☐	☐	44.	An aftercare plan developed with family input is documented in the record.
☐	☐	☐	45.	The family was notified of case closure and notification is documented in the electronic or hard copy record.
☐	☐	☐	46.	The Case Closure window has been completed and approved.

If any items is checked No, provide an explanation and identify any follow-up activities required:

Follow-Up Activity and follow-up activity required

Explanation and follow-up activity required	**By Who**	**By When**
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Reviewer's Signature: **Date Reviewed:**

Honorable Colleen McNally
Presiding Juvenile Court Judge
Maricopa County Juvenile Court
Chair, Committee on Juvenile Courts
C/O Caroline Lautt-Owens
Administrative Office of the Courts
1501 W. Washington, Suite 128
Phoenix, Arizona 85007
602-452-3408

ARIZONA SUPREME COURT

In the matter of:	)	
	)	Supreme Court No.
PETITION TO ADD RULE 40.2, DUTIES AND RESPONSIBILITIES OF APPOINTED COUNSEL FOR PARENT REPRESENTATION	)	

I. Background and Purpose of the Proposed Rule Amendments and New Rules.

The Arizona Supreme Court established Juvenile Rules of Procedure Rule 40.1, effective January 1, 2012, which provides Duties and Responsibilities of Appointed Counsel and Guardians Ad Litem to promote higher quality representation for children in care and to bar the appointment of untrained or poorly trained court-appointed representatives for children.

The Duties and Responsibilities of Appointed Counsel and Guardians Ad Litem are the result of several workgroups that began the work dating back to 2002. In 2009 and 2010, focus turned to drafting standards that would eventually be implemented through Administrative Order and Court Rule, rather than simply best practice standards. Through direction of the Committee on Juvenile Courts (COJC), the Court Improvement Advisory Workgroup was ultimately tasked with developing the standards. Rule 40.1

Duties and Responsibilities of Appointed Counsel and Guardians ad Litem was adopted on September 1, 2011, with an effective date of January 1, 2012. While discussions took place during that time regarding establishing standards for parent representation in dependency cases as well, the COJC agreed to move forward with standards for child representation and to address standards for parent representation once the child representation standards were adopted and implemented.

On September 26, 2013, the Dependent Children's Services Division, through the Court Improvement Advisory Workgroup, hosted a multidisciplinary summit entitled: *Hearing Their Voices: A Discussion about Parent Representation.* The results from the summit discussion were then used as a foundation for discussion by the Ad Hoc committee of the Court Improvement Advisory Workgroup, which was later assembled and tasked with developing standards for parent representation.

The Ad Hoc committee first met on January 25, 2014 and was composed of The Honorable Brenda Oldham, Chair (Juvenile Court Judge, Pinal County and now the Presiding Juvenile Court Judge in Pinal County), The Honorable Richard Weiss (Juvenile Court Judge, Mohave County), Ruel Barrus (Public Defender's Office, Mohave County), Eileen Bond (Private Practice, Yavapai County and Pro Tem Judge, Yavapai County), Brooke Gaunt (Office of the Legal Defender, Maricopa County), Laura Giaquinto (Attorney General's Office and now a Commissioner in Maricopa County), John Gilmore (Private Practice, Pima County), Maria Hoffman (Arizona Senate CPS Constituent Services Consultant and now Arizona Senate DCS Constituent Services Consultant), Joanne McDonnell (Deputy Ombudsman, Arizona Ombudsman Citizens' Aide), Bill Owsley (Office of the Legal Advocate, Maricopa County), John Phelps (Chief Executive

Officer and Executive Director, Arizona State Bar), and Joseph Ramiro-Shanahan (Private Practice, Maricopa County).

The Ad Hoc committee's work continued until a draft set of standards was ready to present to the Committee on Juvenile Courts (COJC) which occurred on May 22, 2014. On May 22, 2014 the COJC unanimously approved "sending the parent representation standards draft out for comment and move on to AJC for further action". The comment period was opened from June 16, 2014 – July 31, 2014.

After seeking and reviewing comments on the standards, the Ad Hoc Work Group reconvened and modified the draft standards. The standards were then presented again to the COJC on February 12, 2015 at which time they were adopted to be used in attorney training and were forwarded to the Arizona Judicial Council to consider supporting their implementation as Standards through an Administrative Order and supporting the filing of a rule petition to have them implemented through Court Rule. The standards were also vetted through the Superior Court Presiding Judges and then presented to the Arizona Judicial Council (AJC) on March 26, 2015. The AJC approved the attorney standards for parent representation supported their implementation through Administrative Order and eventually Court Rule. The standards became effective through Administrative Order on July 1, 2015.

II. Pre-Petition Distribution and Comment.

The proposed standards were widely distributed for comment from June 16, 2014 through July 31, 2014. (Please see Appendix A for distribution list.)

III. Contents of the Proposed Rule Amendments and New Rules.

The proposed new rule establishes Duties and Responsibilities for attorneys representing parents in Dependency cases. (Please see Appendix B for complete text of the proposed rule.)

The proposed rule is attached as Appendix B.

RESPECTFULLY SUBMITTED this 24 day of NOV 2015.

By _____
Honorable Colleen McNally
Presiding Juvenile Court Judge
Maricopa County Juvenile Court
Chair, Committee on Juvenile Courts

"APPENDICES"

Appendix A

Distribution List

1. General notice to all AZ Lawyers via ELegal
2. State Bar of AZ Board of Governors
3. AZ State Bar Sections:
   - Juvenile Law Section
   - Family Law
4. AZ State Bar Committees:
   - Professional
   - Ethics
   - CLE
   - MCLE
5. AZ Attorney General's Office
6. Child and Family Protection Division Appeals Team Office
7. Maricopa County Bar
8. Pima County Bar
9. Maricopa County Public Advocate
10. Office of Maricopa County Public Defender
11. Office of Legal Advocate
12. Office of the Legal Defender
13. Maricopa County Contract Attorneys
14. Pima County Contract Attorneys
15. Coconino Juvenile Defense Attorneys
16. Mohave Juvenile Defense Attorneys
17. Pinal Juvenile Defense Attorneys
18. Yavapai Juvenile Defense Attorneys
19. Court Appointed Special Advocates
20. Foster Care Review Boards
21. Court Improvement Website
22. Arizona Ombudsman-Citizens' Aide Office
23. Arizona Senate CPS Constituent Services Consultant

Appendix B

Rule 40.2 Duties and Responsibilities of Appointed Counsel for Parent Representation

A. The attorney must promptly identify any potential and actual conflicts of interest that would impair his or her ability to represent the parent. The attorney must, if necessary, move to withdraw. An attorney must not accept more cases than he or she can ethically handle.

B. The attorney must inform the parent of the attorney's role and ethical obligations, including the concepts of privilege and confidentiality.

C. The attorney must review the allegations of the dependency petition and explain to the parent the nature of the proceedings including terminology, timelines and courtroom protocol, his or her legal rights regarding the dependency action, various parties and participants associated with the action, ways that the parent can affect case outcomes, consequences of the parent not attending hearings, and possible consequences of being placed on the DES Central Registry.

D. The attorney must explain all requirements outlined in the case plan and court orders.

E. The attorney must, as required, participate in discovery, file pleadings, subpoena witnesses, provide the parent with disclosure and court documents and develop the parent's position for each hearing. The attorney must ensure the court is notified when an interpreter is needed. If a parent is incarcerated, the attorney must ensure that the proper notice or motion is filed with the court in order for the parent to participate in the hearing.

   The duties of the attorney include advocating for appropriate services for the parent and explaining the procedural and substantive status of their case.

F. The attorney must communicate with the parent before the preliminary protective hearing, if possible or soon thereafter. The attorney must establish procedures for regular communication with a client. Prior to every substantive hearing, the attorney must communicate with the parent and must reply to communications from a client in a timely manner.

G. Attorneys must be familiar with the child and public welfare systems, and community-based organizations serving parents and how services are accessed. Examples of such services are behavioral health, substance abuse treatment, domestic violence services, developmental disability, health care, education, financial assistance, counseling support, family preservation, reunification and permanency services.

   Attorneys must be familiar with the substantive juvenile law. Attorneys must stay abreast of changes and developments in relevant federal and state law and regulations, Rules of Procedure for the Juvenile Court and case law. Attorneys

must complete an introductory six (6) hours of court approved training prior to their first appointment unless otherwise determined by the presiding judge of the juvenile court for good cause shown and an additional two (2) hours within the first year of practice in juvenile court. All attorneys must complete at least eight (8) hours each year of education and training specifically on juvenile law and related topics such as child welfare policy and procedures, substance abuse and addiction, mental illness and treatment options, psychological evaluations (how to read), domestic violence, the effects of trauma, cultural awareness, social issues surrounding families involved in the dependency process, motivational interviewing, child and adolescent development, (including infant/toddler mental health), the effects of parental incarceration, the Indian Child Welfare Act, parent and child immigration issues, the need for timely permanency, and other training concerning abuse and/or neglect of children. Some or all of this training and continuing education may qualify as mandatory Continuing Legal Education under State Bar of Arizona requirements.

Attorneys must provide the presiding judge of the juvenile court with an affidavit of completion of the six (6) hour court approved training requirement prior to or upon their first appointment as attorney or guardian ad litem for a parent after the adoption of these standards unless a waiver of this requirement has been obtained from the presiding judge of the juvenile court in which the appointment is to be made. The affidavit of completion must include a list of courses including the name of the training, the date of the training, the training provider and the number of hours for each course.

All attorneys must file annually an affidavit with the presiding judge of the juvenile court certifying their compliance with this section. Such affidavit must be filed concurrently with the affidavit of compliance with State Bar MCLE and must include a list of courses including the name of the training, the date of the training, the training provider and the number of hours for each course.

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IN THE SUPREME COURT
STATE OF ARIZONA

PETITION TO CREATE RULE 40.2, Rules of Procedure for Juvenile Court	Supreme Court No. R- - **Petition to Create Rule 40.2, Rules of Procedure for Juvenile Court**

Pursuant to Rule 28, Arizona Rules of the Supreme Court, the Arizona Public Defender Association ("APDA") petitions this Court to create **Rule 40.2, Rules of Procedure for Juvenile Court**, governing Duties and Responsibilities of Appointed Guardians Ad Litem for adults, as proposed **below in the draft of Rule 40.2**.

APDA is an Arizona non-profit corporation comprised of public defense offices and programs throughout the State of Arizona. The primary purposes of the organization include improving the quality of legal representation of indigent people who face the loss of liberty or the right to parent, and ensuring a just legal system. APDA's offices defend the majority of parents who are involved in a Title 8 dependency.

Background and Purpose of the Proposed Rule Amendments

Rule 40C, Rules of Procedure for Juvenile Court, allows for the appointment of a Guardian Ad Litem for a parent, guardian or Indian custodian when the court believes the individual may be incompetent and in need of protection. The Guardian Ad Litem is required to conduct an investigation and report the findings to the court. The court uses the information to enter orders to protect the interests of the parent, guardian or Indian custodian. The Rule is silent as to what the continuing duties and responsibilities the Guardian Ad Litem are to the parent, guardian or Indian custodian.

Rule 40.1, Rules of Procedure for Juvenile Court, details the role and obligation of a Guardian Ad Litem who is appointed to represent a child. The Guardian Ad Litem for a child is responsible for safeguarding the interest of the child, regardless of the child's stated position. The Guardian Ad Litem is responsible for pursuing placement, services and case plans that are in the best interest of the child and possibly contrary to the child's desires. A child's Guardian Ad Litem should take into consideration the desires of the child when determining the best interest of the child. However, the duty of the Guardian Ad Litem is to provide the court with information on the best interest of the child.

The role of Guardians Ad Litem appointed for parents, guardians, or Indian custodians is "to protect the interest of... an incompetent in a particular case before the court." A.R.S. §8-531(7). Absent a judicial finding the parent is actually incompetent, and to ensure due process before a parent's decision-making right is infringed, a

GAL's role must be limited to investigating the best interest of the parent and communicating those interests to the court. *Maricopa County Juvenile Action No. JD6982,* 186 Ariz. 354, 359, 922 P.2d 319, 324 (1996). The court may not substitute the opinions of the Guardian Ad Litem for the expressed interests of the parent.

A parent who is unable to adequately understand the complexities of dependency and termination matters is still entitled to assert their desire and ability to parent their child. The parent, with the assistance of counsel, must be permitted to contest the matters in order to preserve their family. To assist the parent in understanding the complex world of dependency and termination proceedings a Guardian Ad Litem should be appointed to explain the process. The Guardian Ad Litem would be present for all hearings to answer the client's questions about the process, allowing counsel for the parent to advocate the client's position uninterrupted. This process would ensure the parent Due Process. The parent would be provided information about the process and the parent's expressed desires would be advocated.

Client-attorney privilege should apply to Guardians Ad Litem for parents, guardians and Indian custodians. The Guardian Ad Litem will be seated next to the parent, guardian or Indian custodian during proceedings. The parent, not appreciating the role of counsel, may inadvertently provide damaging information to the Guardian Ad Litem during the proceedings, or the Guardian Ad Litem may overhear statements made by the parent to counsel. In order for the Guardian Ad Litem to facilitate the

court process and protect the client from statements made to his court team, client-attorney privilege must apply.

Lastly, Guardians Ad Litem are permitted to file Notices of Appeal on the parent's, guardian's or Indian custodian's behalf without being required to comply with the avowal requirement of Rule 104(B), Rules of Procedure for Juvenile Court. As discussed in *Cecilia A. v. ADES,* 229 Ariz. 286, 274 P.3d 1220 (2012), when a parent is generally confused about the court proceedings and is unable to clearly express their position regarding an appeal, the right to an appeal is not defaulted because counsel is unable to make an avowal regarding the parent's desire for an appeal. In cases where a Guardian Ad Litem for the parent has been appointed and the parent, guardian or Indian custodian cannot communicate their position on an appeal, the Guardian Ad Litem must be permitted to file the notice of appeal without making the avowal. To hold otherwise, would essentially deny all parents, guardians and Indian custodians who are not sophisticated enough to understand the complex juvenile court process, the right to an appeal.

Conclusion

The role of Guardians Ad Litem is not clearly delineated in Juvenile Court Rules. The adoption of Rule 40.2, Rules of Procedure for Juvenile Court, would provide guidance to all parties on the expectations and duties of Guardians Ad Litem for parents.

RESPECTFULLY SUBMITTED this 19th day of October, 2015.

/Christina Phillis/
Christina Phillis
On behalf of APDA

Electronic copy filed with the Clerk of the Supreme Court of Arizona this 19th day of October, 2015.

by: Chris Phillis

Arizona Public Defender Association proposed addition to Rules of Procedure for Juvenile Court

Rule 40.2
Duties and Responsibilities of Appointed Guardians Ad Litem For Parents, Guardians and Indian Custodians

A. A party may request or the court on its own motion may appoint a Guardian Ad Litem for a parent, guardian or Indian custodian if the parent, guardian or Indian custodian is believed to be incompetent or their interests need protection.

> "Incompetent" means a parent, guardian or Indian custodian who does not have a sufficient present ability to rationally and factually understand the proceedings.

B. The Guardian Ad Litem shall conduct an investigation to ascertain whether a parent, guardian or Indian custodian is incompetent or their interests are in need of protection.

C. If the Court deems the parent's, guardian's or Indian custodian's interests are in need of protection after an investigation, the Guardian Ad Litem will remain appointed for the purpose of protecting the parent's, guardian's or Indian custodian's fundamental rights. The Guardian Ad Litem shall be present for all hearings to ensure the parent, guardian or Indian custodian understands the proceedings. The Guardian Ad Litem is not a best interest attorney. Communications between the Guardian Ad Litem and the parent, guardian or Indian custodian are privileged.

D. The Guardian Ad Litem has the ability to file a notice of appeal without an avowal for a client deemed to be incompetent or in need of protection.

David K. Byers
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Phoenix, Arizona 85007
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ARIZONA SUPREME COURT

In the matter of :	)	
	)	
PETITION TO AMEND	)	Supreme Court No. R-16-0025
RULES 19, 30, 45, AND 47,	)	
RULES OF PROCEDURE FOR	)	AMENDED PETITON
THE JUVENILE COURT	)	
	)	

Pursuant to Arizona Supreme Court Rule 28, David K. Byers, Director, Administrative Office of the Courts, respectfully files this amended petition to adopt the attached proposed amendments to Rules 19, 45, and 47, Rules of Procedure for the Juvenile Court. [See Appendix] This appendix replaces the appendix previously filed on January 11, 2016. These proposed rule amendments are intended to clarify what records are filed, where records are filed, and where records are kept. The intent of the initial petition and this amended petition is to achieve uniformity, clarity, and standardization. Petitioner requested and was granted a modified comment period due to the fact that this petition had not been widely circulated prior to filing due to time constraints. Petitioner wished to encourage comments from those impacted by these proposed amendments and was

granted a modified comment period to accommodate filing an amended petition after an initial round of public comments.

The first series of comments were due on March 1, 2016. It appears that attorney, Christina Phillis filed the only comment. Her comments focused on the need to clearly designate the disposition report as confidential and also articulated serious concerns about Rule 45. Petitioner has incorporated Ms. Phillis' recommendations as to the disposition report, but will take no position on the comments to Rule 45.

While no additional comments appear on the Rules Forum, Petitioner has received informal comments from the Committee on Juvenile Courts (COJC), the Office of the Arizona Attorney General, Clerks of Superior Court, and other court staff. Both the filed comment and the informal comments emphasized the need to clarify that the disposition report is confidential. In this Amended Petition, Petitioner has suggested a change in the wording of Rule 30 to clearly designate the disposition report as confidential.

I. Background and Purpose of the Proposed Amended Petition

The COJC discussed this petition at their meeting on February 11, 2016. During the discussion, it became clear that amendments were necessary to clarify that the disposition report is confidential. Additional language of the proposed rule

amendments addresses that issue. This change is also consistent with the recommendations made by Christina Phillis.

II. Contents of the Amended, Proposed New Rules

Petitioner has added language that provides the disposition report and any social file records provided with the disposition report are confidential and closed from public view. [See Rule 30(A)] Petitioner revised the provision requiring probation officers to mark social file records confidential when they include them with the disposition report. Petitioner also withdraws the recommendation to amend Rule 104 at this time.

III. Pre-Petition Comments

Petitioner transmitted a draft of the proposed amended rules electronically to the Presiding Juvenile Court Judges in Maricopa, Pima, Yavapai, Coconino, and Pinal Counties on March 4, 2016. Petitioner also sent a copy of this Amended Petition to these Presiding Juvenile Court Judges electronically on the day of filing.

Respectfully submitted this ___ day of _____, 2016.

By_____
David K. Byers, Director
Administrative Office of the Courts
1501 W. Washington
Phoenix, Arizona 85007

APPENDIX

RULE 19. Records and Proceedings

A. Contents of Juvenile Court Files.

1. Legal File. The legal file of the juvenile court shall consist of all pleadings, motions, minute entries, orders, or other documents ~~as the court may order~~ as provided by rule or ordered by the court. Within the legal file, the clerk shall file and segregate confidential documents, including any records from the social file submitted to the court as provided in Rule 30(A)(6). In addition, the court may close all or part of the legal file upon a finding of a need to protect the welfare of the victim or another person or a clear public interest in confidentiality. With the exception of the portions of the file marked confidential, or ordered closed by the judge, ~~T~~the legal file shall be open to public inspection without order of the court~~, except upon a finding by the court of a need to protect the welfare of the victim, another party or a clear public interest in confidentiality~~. The court shall state its reasons for withholding the legal file, or portions thereof, from public inspection.

2. Social File. The social file shall be maintained by the probation department and may consist of all social records, including diagnostic evaluations, psychiatric and psychological reports, treatment records, medical reports, social studies, Department of Child Safety records, police reports, ~~pre~~disposition reports, detention records, and records and reports or work product of the probation department ~~for use by the court in formulating and implementing a rehabilitation plan for the juvenile and his or her family~~. The social file of the juvenile shall be confidential and withheld from public inspection except upon order of the court.

RULE 30. Disposition

A. Dispositio~~nal~~ Investigation and Report. Prior to the disposition hearing, the court shall order the juvenile probation officer to conduct an investigation and submit a written report to the court with recommendations regarding the disposition of the juvenile. The disposition report shall be confidential and withheld from public inspection except upon order of the court.

1. The disposition report shall:

a. Be submitted to the court three (3) days prior to the disposition hearing;

b. Be made available three (3) days prior to the hearing to counsel for the parties or to the parties if unrepresented by counsel;

c. Include a written victim impact statement as required by law;

d. Provide the court with information regarding restitution if restitution is requested; and

e. Make recommendations as to the most appropriate disposition for the juvenile.

f. Include and mark as confidential any Rule 19 (A)(2) social file records relevant to the recommendations;

. . .

6. Filing of Social File Information and Records in Legal File. The clerk shall file disposition reports and any rule 19(A)(2) social file records provided with the report and marked confidential in a segregated portion of the legal file.

RULE 45. Admissibility of Evidence.

C. Consideration, filing and ~~A~~admissibility of reports. Prior to any dependency hearing, the court may review and consider reports prepared by the child safety worker ~~and shall admit those reports into evidence if the worker who prepared the report is available for cross-examination and~~ if the report was disclosed to the parties no later than:

1. One (1) day prior to the preliminary protective hearing; ~~or~~
2. Ten (10) days prior to any other hearing~~.~~; or
3. Another date set by the court.

The court shall file a report in the dependency file maintained by the clerk when it is considered by the court. Unless a party objects, a report used in an evidentiary hearing shall be admitted into evidence. If the child safety worker who prepared

the report is available for cross-examination at the time the report is being offered, the report may be admitted into evidence over a party's objection.

RULE 47 Release of Information.

A. – B. [No change]

C. If the court grants the request for inspection of court records, the court shall redact any information subject to the requirements of A.R.S. § 8-525(B)(1) ~~and~~ through (6) and A.R.S. § ~~8-807(F)(2)~~ 8-807.01(A)(1).

FOSTERING ADVOCATES ARIZONA
Youth. Speak. Change.

2015 Year In Review

Fostering Advocates Arizona (FAAZ) is a community wide initiative backed by the voices of young people who have experienced foster care as critical advisors for change. It is our goal to ensure all young people who have experienced foster care have the information, resources and support they need to successfully transition into adulthood.

This year our youth advocates took direct action to influence policy and practice on big issues impacting young adults who have experienced foster care. They led insightful and engaging discussions on topics including; **creating permanent connections with caring adults, providing youth with age-appropriate enrichment activities and experiences, growing access to post-secondary education and increasing health care enrollment for youth formerly in foster care.**

YOUTH Engagement

The Young Adult Leadership Board shared experiences and needs at community convenings, workshops, and panel discussions on topics impacting youth in foster care.

35 PRESENTATIONS

1,400 ATTENDEES

The Young Adult Leadership Board increased our fan base with the Youth.Speak.Change Blog. The youth-authored monthly blog posts highlighted their experiences and important tips on sibling connections, youth-voice in case planning, accessing health care, educational resources and money management.

I speak change.
YOUTH SPEAK HEALTHCARE.

OPPORTUNITY PASSPORT

Implemented Opportunity Passport™ financial literacy and match-savings program and delivered

540 PARTICIPANT TRAINING HOURS

on assets, money management and credit building.

Eighteen Opportunity Passport™ participants saved $27,859 and were matched for a total of $55,718 to purchase life-changing assets.

TOTAL: $55,718

ASSETS PURCHASED

- **37%** Vehicle
- **17%** Housing
- **17%** Investments
- **12%** Credit Repair
- **17%** Education & Training

STAY UPDATED at fosteringadvocatesarizona.org

LEGISLATION, POLICY *and Community Action*

Young Adult Leadership Board members gave testimony on passage of HB 2022, a technical correction to the Foster Care Tuition Waiver Bill allowing access to the waiver up to age 23 regardless of when it was first awarded. This allows more youth to benefit from the tuition waiver as they transition from a public community college to a state university.

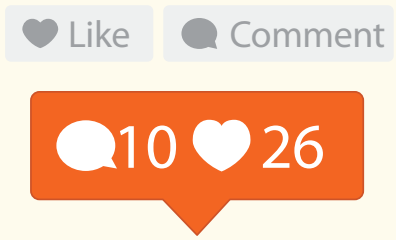
391%
ENROLLMENT INCREASE

in Arizona Young Adult Transitional Insurance (YATI)

Through collaboration with multiple state agencies, FAAZ effectively advocated to streamline health care enrollment and outreach to young adults who have aged out of foster care. The Initiative promoted, marketed and educated service providers, young adults, and community allies about the YATI program. From September 2013 to December 2015, there has been a 391% increase in the number of young people enrolled (from 333 to 1,635 enrolled members).

DIGITAL *Engagement*

Broadened community reach through the FAAZ website launch, a resource hub and hotspot providing information and support for young people who have experienced foster care.



Established presence and grew social media followers!

704
LIKES

241
FOLLOWERS

82
FOLLOWERS

FOSTERING ADVOCATES ARIZONA
Youth. Speak. Change.

For more information or to get involved, contact us: Children's Action Alliance
4001 N. 3rd St. #160, Phx, AZ 85012

fosteringadvocatesaz@gmail.com
facebook.com/FosteringAdvocatesArizona
@FosteringAdvAZ (602) 266-0707

AGING OUT OF FOSTER CARE? Now What?

You may be eligible for multiple programs! Click the icon or program for more details.

INDEPENDENT LIVING PROGRAM

You are in foster care and work with an Arizona Department of Child Safety (DCS) Specialist as you plan your transition from foster care.

Young adults currently in Arizona foster care and at least 16 years of age, or formerly in Arizona foster care when they turned 18.

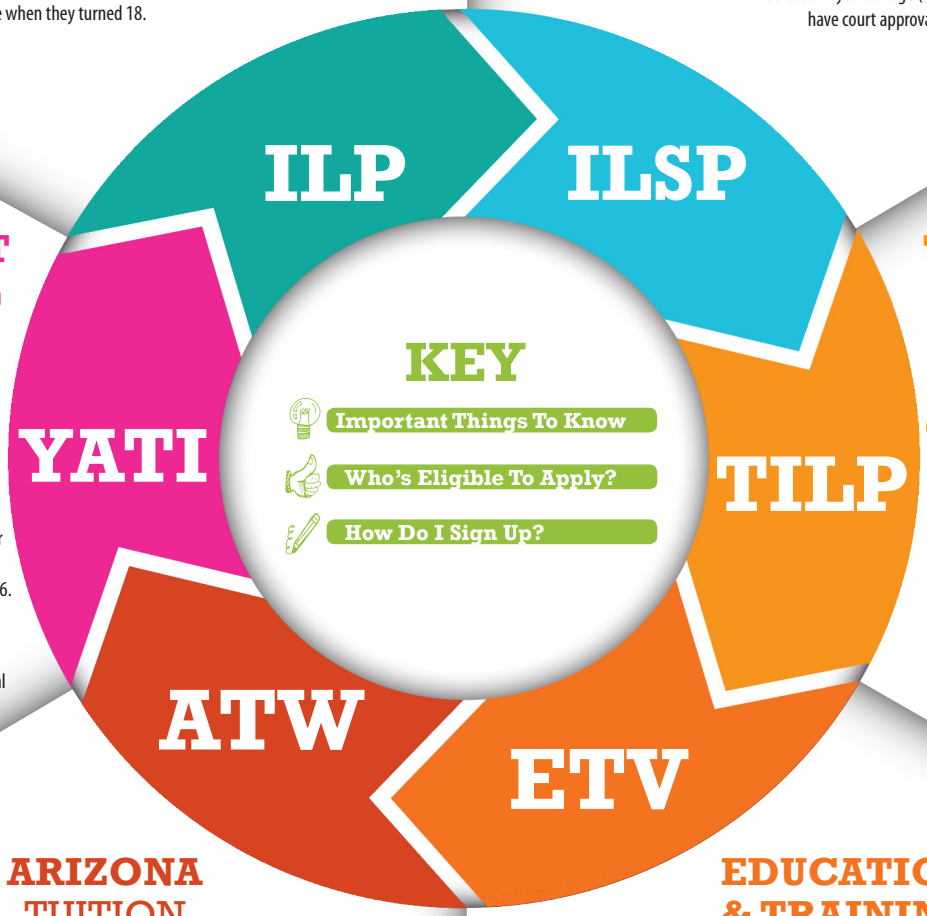
If you are currently in Arizona foster care, talk to your DCS Specialist. If you are not currently in foster care, call Arizona Children's Association at (480) 247-1413 or email independentLivingProgram@arizonaschildren.org

INDEPENDENT LIVING SUBSIDY PROGRAM

You are in foster care, work with a DCS Specialist, and have access to a monthly financial subsidy as you plan your transition from foster care.

Young adults currently in Arizona's Independent Living Program and at least 17 years of age (if 17 must have court approval).

If you are currently in Arizona foster care, talk to your DCS Specialist. If you are not currently in foster care, call Arizona Children's Association at (480) 247-1413 or email independentLivingProgram@arizonaschildren.org



YOUNG ADULT TRANSITIONAL INSURANCE

Health Insurance plan that provides no-cost or low cost health coverage.

Were in Arizona's foster care system or in Tribal foster care in Arizona on your 18th birthday and are younger than 26.

You can get free assistance signing up for YATI from your DCS Specialist, Tribal Social Service worker, or Healthcare Navigator Agency.

TRANSITIONAL INDEPENDENT LIVING PROGRAM

You are not in foster care, but can still get help enrolling in school, job searching, finding housing, etc. Some financial help may be available to assist you in your transition to adulthood.

If you were in state foster care – in Arizona or any other state – or tribal foster care at age 16 or 17 and are now between 18 and 21 years old.

Call Arizona Children's Association at (480) 247-1413 or email independentLivingProgram@arizonaschildren.org.

ARIZONA TUITION WAIVER

Covers certain school fees and tuition not included in other grants or scholarships.

In foster care or adopted from foster care at age 16 or older and are currently under 23.

Call Foster Care To Success at (855) 220-8200 or email arizona@statevoucher.org.

EDUCATION & TRAINING VOUCHER

Helps with higher education expenses for current or former foster care young adults up to age 21.

In foster care or adopted from foster care in Arizona- or any other state or tribal foster care at age 16 or older, and currently under age 21.

Call Foster Care To Success at (855) 220-8200 or email arizona@statevoucher.org.

GOAL

Get as much support as possible.

FOSTERING ADVOCATES ARIZONA
Youth. Speak. Change.

For more information or to get involved, contact us:
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fosteringadvocatesaz@gmail.com
facebook.com/FosteringAdvocatesArizona
@FosteringAdvAZ (602) 266-0707

FOSTERING ADVOCATES ARIZONA

Youth. Speak. Change.

There are over **400,000 children in foster care** in the United States.

In Arizona alone, over 19,000 children and youth are in foster care.

Each year in Arizona, approximately **700 young adults will turn 18 and "age-out"** without legal, permanent connections.[1]

SPEAKING OUT FOR YOUTH IN ARIZONA FOSTER CARE

As we leave foster care at age 18, many of us do not have the knowledge or support to access basic family networks, community connections, jobs, housing, health insurance or other critical resources we need to build independence.

Fostering Advocates Arizona (FAAZ) works to connect young adults leaving foster care to these vital networks, resources and supports. Our work is guided by a Young Adult Leadership Board, a group of young people who have experienced foster care and represent a diverse range of age, race, gender identity, sexual orientation, parental status and foster care placements. As young adult leaders who have first hand knowledge of what it is like to be in foster care, we have the expertise and experience to advocate for future system improvements.

Together, we have identified our top priority issues and recommendations. We urge policy makers, child advocates, attorneys, judges, and the business and faith communities to join us in advocating for real, positive changes to the state's foster care system.

PRIORITIES SUMMARY

- **Normal adolescent experiences**
- **Enhanced screening and matching process for foster care placements**
- **A strong relationship with Department of Child Safety (DCS) Case Specialists**
- **Permanent placements with a family as a case plan priority**
- **Consistent access and enrollment in health care**

[1]Arizona Department of Economic Security (ADES-DCYF) Child Welfare Reporting Requirements Semi-Annual Reports (2003-2015) compiled by the Children's Action Alliance, reporting period October 1, 2014- September 30, 2015.

PRIORITY #1

We need normal life experiences while living in foster care

what is normalcy?

For young adults in foster care it means not missing out on everyday experiences such as hanging out with our friends after school, going to dances, high-school football games, or getting a driver's license.

ISSUE

Youth in foster care want to feel "normal." Unfortunately, many of us feel far from normal when we are unable to engage in the same activities that many of our peers *(who are not in foster care)*, have the opportunity to be part of. Normalcy for young adults in foster care means not missing out on everyday events such as hanging out with our friends after school, going to dances, high school football games, or getting a driver's license. These are critical to our self-development and learning, as well as our ability to create and maintain long term social networks of support. While entering the foster care system is far from normal, **it is important the system not further stifle the opportunity for us to learn and practice critical thinking skills, decision making, and how to recover when obstacles or failures strike.** These are all important steps in developing a successful transition from foster care to young adulthood.

In 2014, Congress passed the Preventing Sex Trafficking and Strengthening Families Act, that requires children in foster care to have "normal" childhood experiences.

Within this law are provisions requiring the state agency to implement policies and procedures supporting normalcy for young adults in foster family and group care settings.

These federal requirements are important as they institute liability protections for child welfare agencies, foster families and group homes to further support the implementation of "normalcy" activities and experiences for youth in foster care.

RECOMMENDATIONS

- **Update and enforce Department of Child Safety (DCS) policies, contracts and licensing requirements to ensure normalcy activities are supported in all placement types. These should include activities such as participating in sports and after school activities, staying the night at a friend's house, getting a part-time job and obtaining a drivers license.**
- **Include age and developmentally appropriate normalcy related activities in every case plan. These activities should be reviewed and discussed with the youth at monthly meetings such as: court hearings, case staffings, Child and Family Team meetings and Foster Care Review Board.**
- **DCS and partner agencies develop a tool such as a "Teens Success Agreement" which supports the youth in foster care and responsible adult caregiver(s) in walking through relationship expectations, normalcy related activities, managing risk and practicing decision-making skills that are appropriate for the youth's age, developmental ability, and maturity.**
- **Create a DCS policy for group care providers and foster parents that ensures monthly hands-on experiences where young adults actually get to practice (not just learn) life skills such as cooking, doing laundry, making a budget and managing money, creating a resume, searching and applying for employment and post-secondary education opportunities, as well as receiving assistance with any special life skills activities when necessary.**

“At sixteen, I desperately wanted to find my first job. I was in a group home and because their policy required I was supervised by an adult at all times I did not have the opportunity to search for a job independently. Nor could I search online as residents were not allowed internet access. While all my friends began working their first jobs, I was left behind.”

—Adrian G.

“I bounced around schools a lot as a teenager and never had the opportunity to build long-term relationships like my peers who were not in foster care. I missed out on normal life experiences like going to prom and hanging out with friends. These experiences are important to developing one’s own identity.” —Brittany H.

PRIORITY #2

We need a screening and matching process that helps us succeed in stable, supportive foster care placements

ISSUE

The screening and matching process of placements in foster care is crucial to our immediate and long-term success. Currently, Arizona has a record high number of children and youth in foster care. As a result, we are often placed in families and group care settings for convenience rather than compatibility according to our needs. These needs may include connections with our siblings, staying in our community of origin, maintaining school enrollment, physical and mental health needs, honoring our unique ethnic and racial identities, religious preferences, gender expression and sexual orientation. When we are placed for convenience and not compatibility, we are at a higher risk for disrupting and moving from placement to placement.

Nationally, on average a child in foster care changes placements three times. This number increases significantly for youth who identify as LGBTQ. **Moving placements is incredibly detrimental and traumatizing for us, as each change means a different home, family, siblings, school and friends.** A report from *Foster Care to Success* states that one-third of 17-18 year olds in care have experienced five or more school changes. With each school move, studies show that a young adult falls further behind or under performs compared to children with no school change.[1]

RECOMMENDATIONS

- **DCS Case Specialists should ask us about who we are, what we like to do, and the type of family we want to live with. This should be the driving force for choosing a placement setting. When placement compatibility is considered, we are less likely to disrupt. It's important we continue to build trusting, secure, caring, and long lasting relationships with adults and peers in our lives.**
- **We should be placed with our siblings whenever possible. When it is not possible, DCS Case Specialists should encourage sibling connections, arrange for visitations and document activities in case plans and court reports. We should be notified of any significant events in the lives of our siblings if we are not placed together.**
- **If placement change must occur, let us stay in the same school so our grades do not drop, we can graduate on time, and we can maintain our friendships and relationships with teachers, counselors and coaches.**
- **There are more children in Arizona foster care than there are licensed foster families. Engage us in conversations with DCS leadership and the Legislature to increase financial supports for unlicensed kinship placements.**

[1] Foster Care to Success, Research Highlights on Education and Foster Care, January 2014.

“Family is forever. When children and youth are removed from their home it is crucial the bond between siblings is maintained, as the relationship is essential to stability and self-growth. When possible siblings need to stick together and when they cannot, it is important for families to remember it is not just a child they are adopting or fostering, but his/her family too.”

—Stefani L.

PRIORITY #3

We need a strong relationship with our Department of Child Safety (DCS) Case Specialists

ISSUE

Access to our DCS Case Specialist has special significance as these staff are our main contact and champion as we navigate through the "system."

Our Case Specialists are supposed to do many things, from selecting the best placement for us, arranging our clothing needs, medical, dental and behavioral health care, setting up sibling visits, and meeting monthly with us one-on-one to see how life is going.

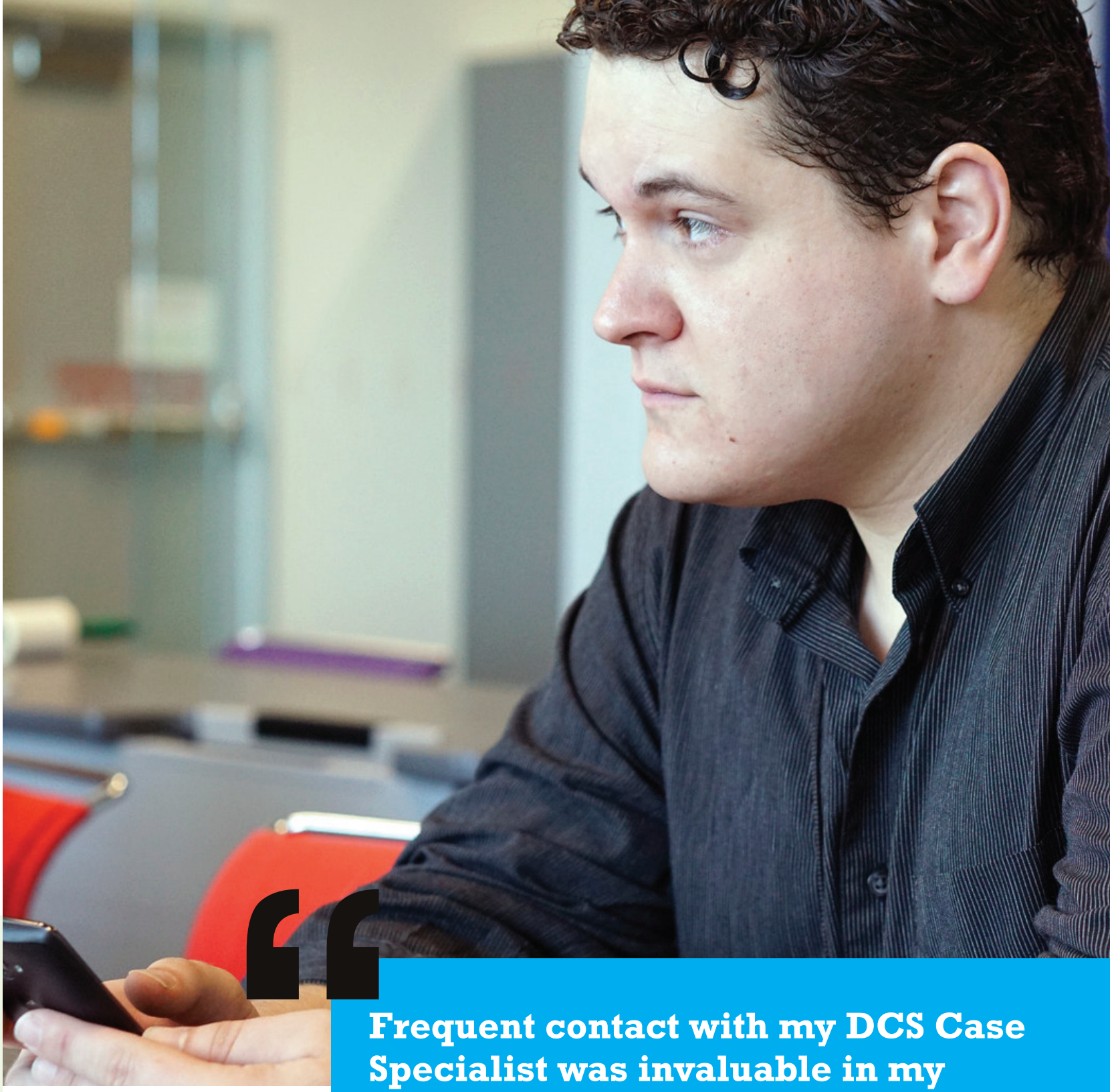
Our DCS Case Specialists are the ones who "green light" decisions and opportunities. With the increasing case loads DCS Case Specialists carry, many of these responsibilities are near impossible to achieve.

As a result, it is common for those of us in foster care to miss out on activities and opportunities when we are unable to receive timely correspondence from our Case Specialists.

This makes it difficult for us to have a voice in the decision making process, including developing our case plans and insuring our safety and overall well-being. This often leads us to feeling insecure, fearful and not valued as an individual.

RECOMMENDATIONS

- **Focus on DCS staff retention and decrease case loads assigned per Case Specialist to no more than 20. Our lives disrupt each time there is a change in our Case Specialist. Decreasing caseload size will not only help Case Specialists manage their workload, it will also strengthen our relationship with our Case Specialist, focus on our needed services, and help build connections and permanency.**
- **We should be given a cell phone number and e-mail address so we can reach our Case Specialists at important times. When we need immediate assistance after business hours and our Case Specialist is not available, there should be a 24 hour hotline accessible for immediate assistance.**
- **Determining what is an emergency and what can wait until later may be different from our perspective vs. our Case Specialists perspective. We need clearer language on what constitutes an emergency so we can better understand who to call when we need assistance.**
- **Case Specialists should have face-to-face visit(s) with us at least twice each month. This should happen even if we are assessed as safe and even if our permanency goal is not reunification.**
- **Case Specialists should listen to us, we have a lot to say!**



“Frequent contact with my DCS Case Specialist was invaluable in my life development. I would not have been able to keep in contact with my family, coordinate my college plans, or get in contact with as many community resources without continuous assistance.” —Ben J.

PRIORITY #4

We need permanent placements within a family as a case plan priority

ISSUE

Permanency is one of the most important aspects of creating a thriving adult life. Whether it means maintaining relationships with a mother and father, favorite aunt or uncle, a grandparent, a caring foster or adoptive family or even a mentor, having life-long permanency sets us on a path of positive health and well-being. It positions us to safely experience life's biggest challenges and successes within a network of supportive adults, family and friends.

In Arizona alone, approximately 700 young people age out of foster care each year without achieving legal permanency.[1] Many of us are living in group care facilities rather than a family environment when we turn age 18.

System barriers and limitations prevent us from forming critical relationships with caring adults who will be in our lives long after DCS and other social service agencies are gone.

Regardless of a person's age, lifelong relationships with family and caring adults are critical.

RECOMMENDATIONS

- **Ask us questions about family, friends, coaches, teachers, or mentors who might be able to provide a foster care placement for us as soon as a DCS investigation starts.**
- **Continue permanency and family finding efforts for us even if our case plan goal changes to Independent Living.**
- **Case plans should reflect DCS efforts toward helping us find permanency and judges, attorneys and guardians ad litem need to ask about efforts at each court proceeding.**
- **We are never too old for a loving, supportive family. Don't give up on helping us find permanent and supportive life-long connections.**

[1]Arizona Department of Economic Security (ADES-DCYF) Child Welfare Reporting Requirements Semi-Annual Reports (2003-2015) compiled by the Children's Action Alliance, reporting period October 1, 2014- September 30, 2015.

“As a kid in foster care, permanency is the only thing on our wish list. Family to us means so much when having so little. In fact, family is all we want. Luckily, after a long separation from my family, I was placed into my first and only foster home, along with all of my eight siblings. Placements like these are not very common, but having that enduring relationship with my siblings strengthened me to become stable and have a shot at a normal life.”

—Ashley P.

PRIORITY #5

We need help in enrolling, accessing, and maintaining health care

ISSUE

Health care is an important basic need throughout life, no matter how old we are. Young adults who turn 18 and age out of foster care in Arizona now have access to health insurance until our 26th birthday, regardless of income.

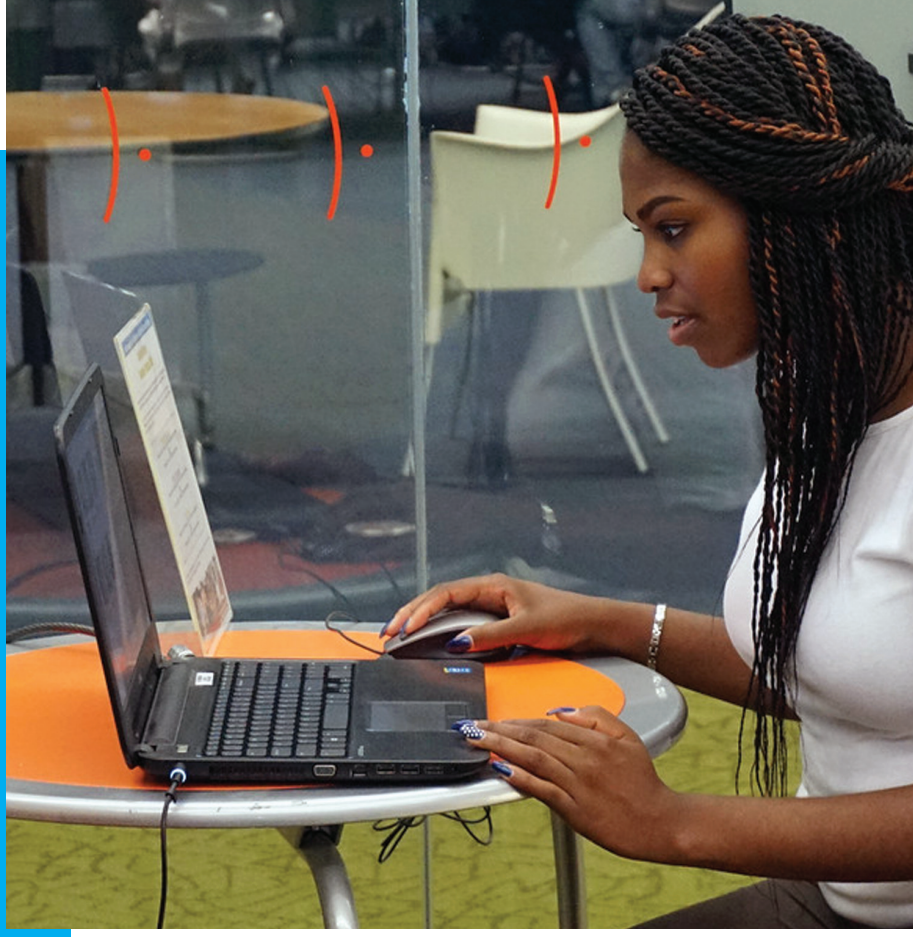
This means we can get special health care coverage through the Young Adult Transitional Insurance *(YATI)* program within AHCCCS *(Arizona's Medicaid program)*.

While DCS, AHCCCS and the Department of Economic Security *(DES)* have worked together to streamline enrollment of eligible young adults, many of us still do not understand how enrollment works, what is required of us to maintain health insurance and how to avoid gaps in coverage. **As a result, many of us lose our coverage, avoid going to the doctor, miss school and work, or rack up unnecessary medical debt.**

Our housing is often unstable and we move from place to place making it challenging to receive renewal information in the mail.

RECOMMENDATIONS

- **Establish automatic electronic enrollment of youth who are aging out of Arizona foster care on their 18th birthday into the YATI program. If a youth chooses to not participate in the program, they have the right to self-select out.**
- **Have a policy in place that requires the court to ask our DCS Case Specialist about whether we have been enrolled in YATI as part of the transition planning requirement.**
- **Reduce coverage gaps by making our annual renewal in YATI automatic and eliminate unnecessary renewal documents.**
- **Extend YATI coverage to young adults who aged out of foster care in another state but are now a resident in Arizona.**
- **Develop a training for DCS, AHCCCS, and DES staff on the AHCCCS former foster care coverage category and the requirements for YATI so everyone is knowledgeable and can answer questions about eligibility and enrollment.**
- **DCS, AHCCCS and DES should create a "youth friendly" guide on how to access and use YATI, how to choose a health plan, what coverage includes, and how to choose a doctor.**



“I was in foster care in another state and struggled to get health care when I moved to Arizona for school. Without affordable coverage, many youth who have experienced foster care drain their savings and go into debt resulting from simple health care procedures that could have been preventable. Extending YATI coverage to youth who aged out of foster care in another state and are now residents of Arizona would help us stay healthy and continue contributing to our communities.”

—Jasmine L.

“As a former foster youth and before the health care expansion, I was without medical coverage which eventually placed me thousands of dollars in debt due to immediate medical needs. As a result, I drained a lot of my earnings and savings to pay back the debt I incurred from being uninsured. This is why reliable and uninterrupted health insurance for youth formerly in foster care is critical to our success and independence.”

—Desaray K.

FOSTERING ADVOCATES ARIZONA

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For more information or to get involved, contact us:

Children's Action Alliance
4001 N. 3rd St. #160 • Phx, AZ 85012

fosteringadvocatesaz@gmail.com

facebook.com/FosteringAdvocatesArizona

@FosteringAdvAZ **(602) 266-0707**

STAY UPDATED **at fosteringadvocatesarizona.org**

February 2016