

In the summer of 2002, Chrissy and Kim were at risk due to their parents' long history of lack of supervision, neglect, domestic violence, chemical dependency and failure to meet the basic needs of the children, including an inability to provide suitable shelter. There was no food or electricity in the home at the time the girls were placed into protective custody. Chrissy and Kim's mom was taken to jail because of an outstanding warrant and their dad was already in jail.

Their mother entered into a local Family Treatment Court Program and ultimately graduated from the program. The following fall, after completing an intensive outpatient substance abuse treatment program, she also completed parenting classes, domestic violence treatment, individual counseling, family counseling and attended weekly court hearings.

The girls' father also completed all phases of outpatient treatment, parenting classes, domestic violence treatment and was a regular weekly observer in Family Treatment Court. The family welcomed in-home Family Preservation Services (FPS) and complied with all FPS recommendations.

The girls were returned to their parents and the whole family moved into a new two-bedroom home. Chrissy and Kim have received all routine medical and dental services under their parent's care. The children have continued to benefit from both of their parents remaining clean and sober and providing a safe and stable home.

In Fiscal Year 2004, the department recommended that the dependency be dismissed, as the parents had made a commitment to their children's safety and their own sobriety.

The girls are clearly thriving back home with their mom and dad.

# Safety

Goal: Children will be safe from abuse and neglect



# Safety Overview

“Community solidarity in responding to and helping prevent harm to children and other vulnerable residents is key to building healthy families and healthy communities. Social service organizations alone are not equipped to protect every member of every community.”

— Dennis Braddock  
Secretary, DSHS

The Children's Administration and, more specifically, Child Protective Services (CPS) exists for the purpose of ensuring that children are safe from harm and that their basic needs are met.

Were it not for the actions of relatives, neighbors, school teachers, doctors and concerned community members, the Children's Administration could not possibly identify and intervene on behalf of vulnerable children.

A referral of suspected abuse or neglect must be initiated in order for the administration to respond. When a call comes into CPS, the social worker receiving the report must make certain decisions based upon information provided.

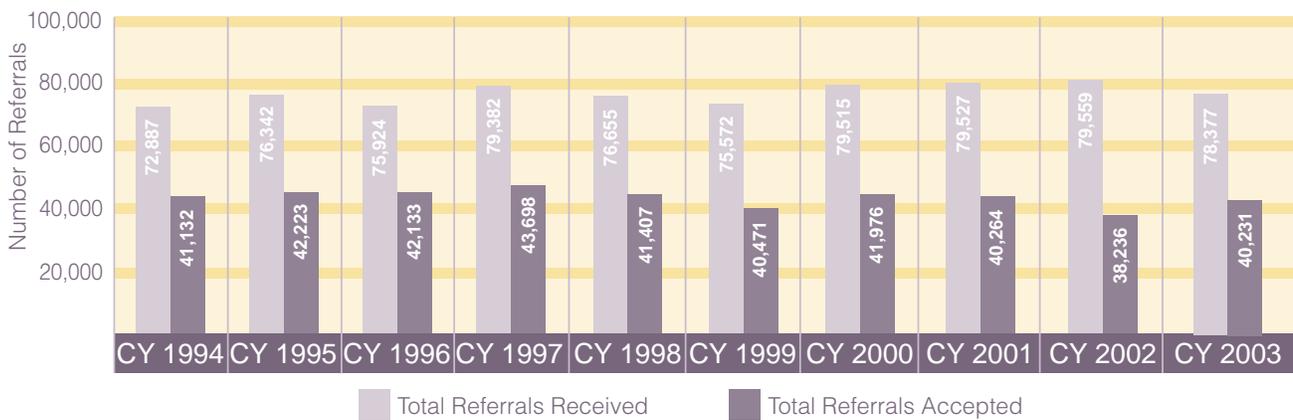
If a referral meets legal criteria to be “accepted”, the level of severity is evaluated and an investigating social worker responding to the allegation must assess the child's safety within prescribed response times. Children who are not in immediate danger are seen within ten working days of the referral, while an investigation must begin within 24 hours of a referral regarding those children who are in “imminent danger.”

More than 78,000 referrals of suspected abuse or neglect were reported in Calendar Year 2003. Of those, more than 40,000 met the legal definition of abuse or neglect.

In more than 4,100 cases, families in which children were deemed at low risk of harm were redirected to the Alternative Response System (ARS). ARS is a statewide service provided by contracting agencies to low-risk families.

The measures reported in this section examine the frequency with which children are harmed and the administration's efforts to prevent or reduce child maltreatment.

**Child Protective Services Referrals\***



\* Based upon calendar year rather than fiscal year calculations to retain the historical trend. There is slight statistical variance between data appearing on this page and that appearing on pages 6 and 11 of this document due to calendar year calculations.

## Just the Facts



Child Protective Services (CPS) **CPS is not the entire child welfare system.** CPS is only one component of child welfare which includes an array of legal entities and representatives, parents, family members and community service providers.

**CPS authority is over-estimated.** CPS workers cannot take a child from their homes unless they have a Superior Court order or the police have placed the child in protective custody. Only law enforcement and some members of the medical community can prevent parents from having access to their children without a court order and only if there is reasonable cause to believe the child is in imminent danger.

**Court hearings are required to keep children in care.** Once a child is placed into state custody, a court hearing must occur within 72 hours to determine if the child should remain in foster care or the care of a family member. Parents are notified of the hearing, during which they are advised of their rights and may request an attorney.

**DSHS works to keep children safe and families together.** There are a variety of services designed to keep children safe and families intact. Child Welfare Services provides services to help keep children in their homes and support families with ongoing challenges such as at-risk youth and children without family resources. Family Reconciliation Services provides voluntary services to families working to prevent the out-of-home placement of an adolescent.

Under the initial Kids Come First Action Agenda, a number of critical investments were made toward improving child welfare and the administration began to observe improvements in child safety, permanency and well-being.

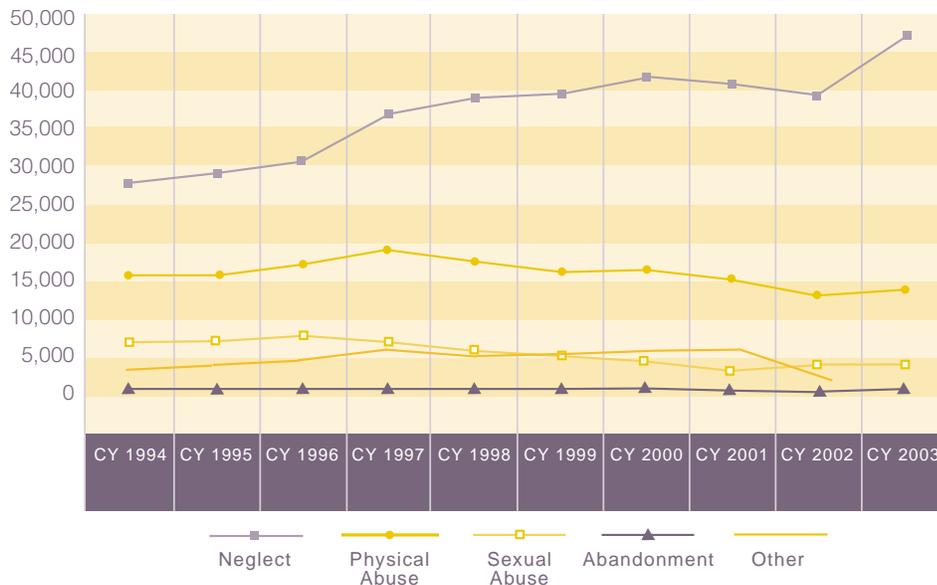
Statewide, there was an increase in the number of children who were adopted as well as in the number of children placed with relatives. There was a reduction in the number of children re-entering care within 12 months of reunification with their families. The administration also saw a reduction in the length of time children spent in out-of-home care under Kids Come First and social workers experienced a marked reduction in caseloads under the Action Agenda established in 2001.

Under Kids Come First, child safety was and continues to be the primary imperative of the administration. While efforts to improve family engagement and cultural competence continue, when interests compete, it is the safety of the child that is given priority.

Although the administration has witnessed improvement, much work remains to be done. *Kids Come First Phase II, Safe Kids in Healthy Families (KCF II)*, outlines the next steps in implementing and measuring improvements to the Washington state child welfare system. More information about KCF II can be found beginning on page 50 of this document.

The administration tracks the number of victims of child abuse statewide as well as the various types of abuse that occur. While most types of abuse have levelled off or decreased, neglect has increased in recent years.

**Alleged CPS Victims in Accepted Referrals by Type of Abuse\***



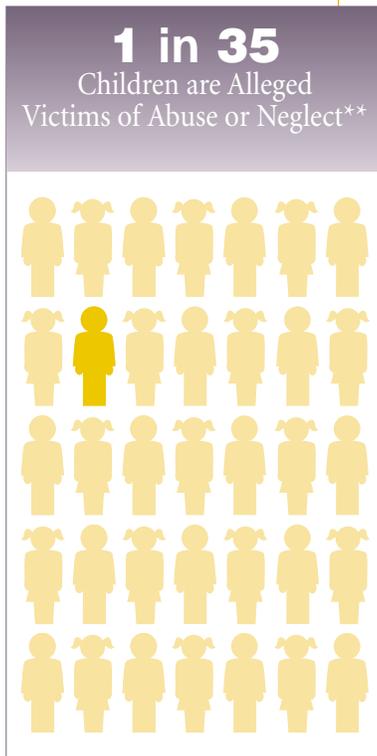
\*Source: CAMIS-Each victim may be reported for more than one type of abuse. Prior to 2003, additional breakout categories were reported and represented as "Other" which included: prenatal neglect, mental injury, exploitation, emotional abuse and death. This chart is based upon calendar year rather than fiscal year calculations to retain historical trends. All other references to these numbers are based upon fiscal year.

## The legal definition of child abuse and neglect?

Washington state law defines child abuse or neglect by a parent or caregiver as follows: \*

*“Child abuse or neglect shall mean the injury, sexual abuse, or negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare and safety is harmed thereby.”*

(RCW 26.44.020)



## What are the types of abuse and neglect?

According to Washington Administrative Code (WAC 388-15-009) the following information provides comprehensive definitions and descriptions of what constitutes child abuse and neglect.

**Physical Abuse:** Physical abuse means the non-accidental infliction of physical injury or physical mistreatment on a child. Physical abuse includes, but is not limited to, such actions as:

- (a) Throwing, kicking, burning or cutting a child;
- (b) Striking a child with a closed fist;
- (c) Shaking a child under age three;
- (d) Interfering with a child’s breathing; or
- (e) Threatening a child with a deadly weapon; or
- (f) Doing any other act that is likely to cause and which does cause bodily

harm greater than transient pain or minor temporary marks or which is injurious to the child’s health, welfare and safety.

**Sexual Abuse:** Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party.

**Sexual Exploitation:** Includes, but is not limited to, such actions as allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in:

- (a) Prostitution;
- (b) Sexually explicit, obscene or pornographic activity to be photographed, filmed or electronically reproduced or transmitted; or
- (c) Sexually explicit, obscene or pornographic activity as part of a live performance, or for the benefit or sexual gratification of another person.

\* Parent or caregiver abuse does not include third party abuse which involves the abuse of a child by someone other than that child’s parent or guardian

\*\* Based upon total number of children in accepted referrals and total child population of Washington state from the 2000 Census

**Negligent Treatment:** Negligent treatment or maltreatment means an act or failure on the part of the child’s parent, legal custodian, guardian or caregiver that shows a serious disregard of the consequences to a child of such magnitude that it creates a clear and present danger to the child’s health, welfare, and safety. A child does not have to suffer actual damage or physical or emotional harm to be in circumstances which create a clear and present danger to the child’s health, welfare and safety. Negligent treatment or maltreatment includes, but is not limited to:

- (a) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child’s health, welfare and safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment;
- (b) Actions, failures to act, or omissions that result in injury to or which create a substantial risk of injury to the physical, emotional, and/or cognitive development of a child; or
- (c) The cumulative effects of consistent inaction or behavior by a parent or guardian in providing for the physical, emotional and developmental needs of a child, or the effects of chronic failure on the part of the parent or guardian to perform basic parental functions, obligations, and duties, when the result is to cause injury or create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

WAC 388-15-011

**Abandonment:** A parent or guardian abandons a child when the parent or guardian is responsible for the care, education or support of a child and:

- (a) Deserts a child in any manner whatever with intent to abandon the child;
- (b) Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as: food, water, shelter, hygiene, medical care; or
- (c) Forgoes for an extended period of time, parental duties and obligations.

The Children’s Administration works toward improving child safety through the provision of services and supports designed to maintain the following objectives: initiate timely investigations; reduce recurrence of maltreatment, improve safety when returning children home, and improve safety for children in out-of-home care.

The administration tracks progress in accomplishing these objectives through the following performance measures:

- Children seen face-to-face following a referral
- Children who are re-abused (recurrence)
- Children who are placed into out-of-home care due to abuse or neglect, returned home, and who must be placed again
- Children who are abused or neglected in licensed care
- Foster homes receiving annual health and safety check

**Objective Initiate timely investigations**  
**Measured by Children seen face-to-face by a social worker**  
**following an accepted referral**

Any time a referral is made regarding the suspected abuse or neglect of a child, the receiving social worker must make a determination about the best course of action in responding to the allegation based upon the information provided. Not only must there be indicators that some type of abuse or neglect has occurred, but there must be adequate information to allow investigators to identify and locate the child or children concerned.

Referrals in which a child is determined to be at moderate or high risk of harm are accepted for investigation by Child Protective Services (CPS) staff. Whenever a child or group of children meet the legal criteria for being at “imminent risk” of harm, an investigating social worker must initiate the investigation within 24 hours of receipt of the referral. In cases where children are found to be at moderate or high risk, social workers must make face-to-face contact within ten working days.

Historically, the administration performed fairly well with reference to this indicator, usually seeing children within the required time period about 90 percent of the time based on handcounted data. In Fiscal Year 2004 the administration changed data collection from handcounts to the Case and Management Information System (CAMIS) to be certain that children were not only seen within required time frames, but that contacts made with children were documented correctly as well. The administration is working toward improving both actual response time and documentation of face-to-face contacts and has made notable improvement in increasing correct documentation within the first year of implementing revised data tracking methods.

DCFS Timely Investigations \*



\*Percent of DCFS CPS referrals received during the month in which identified victims were seen by a social worker within 10 days, and documented in CAMIS. Calculated using CAMIS Service Episode Record data since July 2003.

**Objective** *Initiate timely investigations*  
**Measured by** *Children seen face-to-face by a social worker following a referral*

The Division of Licensed Resources (DLR) Child Abuse and Neglect Section is charged with responding to any allegation of abuse or neglect regarding children in state licensed or state regulated care.

Comparable to the Division of Children and Family Services; DLR investigators must meet face-to-face with all children in a given referral within specified time frames.

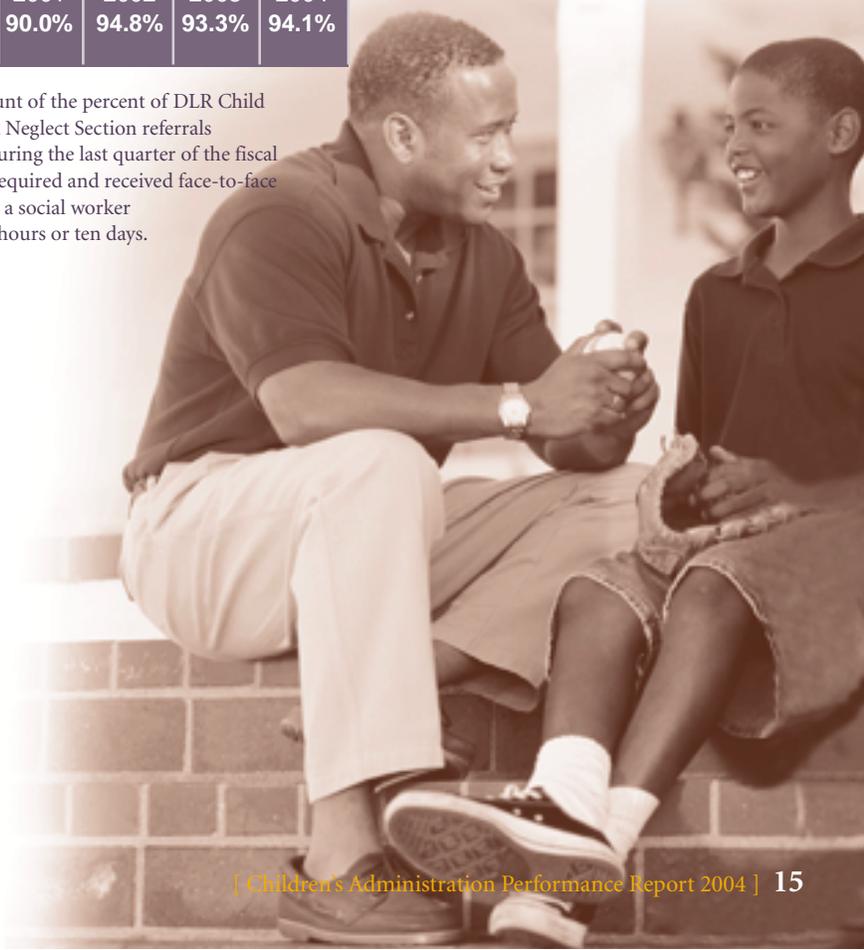
The Division of Licensed Resources continues to track response time data via handcounts and maintains a target of 90 percent for timeliness of investigations. Since 2001, DLR has met or exceeded the target for this measure.

The administration is exploring ways to automate tracking of this measure in an effort to maintain performance with reference to timely investigations and to ensure that contacts with children are adequately documented.

**DLR Timely Investigations\***



\* Handcount of the percent of DLR Child Abuse and Neglect Section referrals received during the last quarter of the fiscal year that required and received face-to-face contact by a social worker within 24 hours or ten days.



## Objective **Reduce recurrence of maltreatment** Measured by **Children who are re-abused**

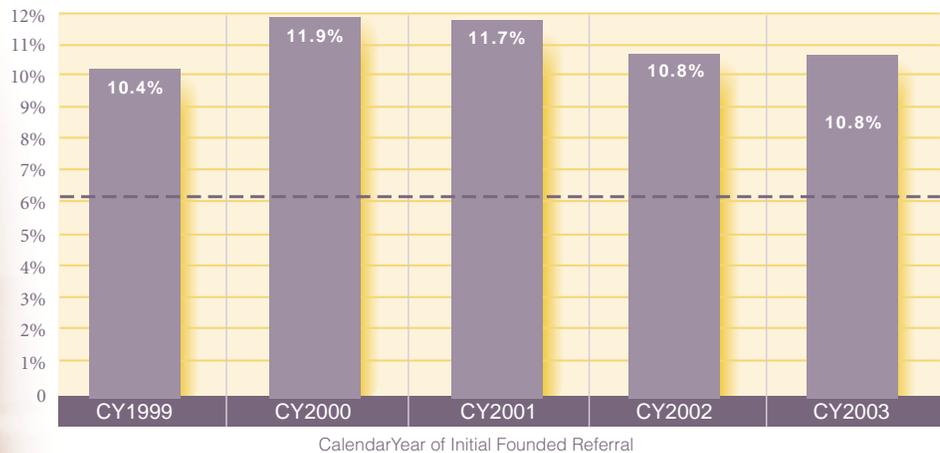
A child is considered the victim of re-abuse when he or she has experienced a founded allegation of abuse or neglect within six months of a previous finding of abuse or neglect.

Families for whom there have been multiple findings of abuse or neglect receive increased monitoring and scrutiny on the part of the administration in an effort to prevent additional incidents of abuse or neglect.

Re-abuse indicates that despite efforts to support a given family in the provision of a safe and secure environment, that family is unable for any number of reasons to assure the safety of the child or children involved.

The federal government has established a national standard that 6.1 percent or fewer children who have experienced founded allegations of abuse will be re-abused. The administration has worked to implement interventions designed to further reduce incidents of re-abuse including safety plans and a variety of family supports. There has been some progress with reference to this measure over the five-year period shown, however, the administration continues to strive toward improved practice and ultimately greater safety for children.

### Victim Recurrence Rate\*



\*The proportion of children with a founded referral of abuse who have a subsequent founded referral within six months of the initial referral. "Founded" means that an investigation concluded that the event was more likely than not to have occurred. For referrals with multiple allegations, the referral is considered founded if any of the allegations is founded. Data included in this chart is based upon data submitted to the National Child Abuse and Neglect Data System (NCANDS). The national standard is 6.1 percent or lower.

**Objective Improve safety when returning children to their homes  
Measured by Children who are placed in out-of-home care due to  
abuse or neglect, returned home, and who must be placed again**

Prior to returning a child to the family from which he or she was removed due to findings of abuse or neglect, a number of safeguards must be implemented.

The family must have made necessary changes and improvements to ensure the safety of the child. The Children's Administration conducts a formal assessment to determine a family's readiness for reunification as well as to identify whether reunification is in the best interest of the child. Prior to reunification an adequate safety plan, including monitoring and supports must be in place.

The Children's Administration has worked to identify potential indicators of re-abuse of children so that children who have previously been in out-of-home care do not need to return to state care.

The administration has demonstrated progress with reference to this measure over the past four years, showing that fewer and fewer children who have been placed into foster care due to abuse or neglect are returning to state care.

**Children in Placement for Reasons of Child Abuse with Prior Placement\***



\* Percent of children placed for abuse and neglect, returned home, and who re-entered placement due to abuse or neglect, within 12 months of exiting their previous placement. Both placements must have lasted for more than three days in order to exclude 72-hour emergency placements due to temporary incapacitation of the parents.

**Do you know**

- 1 The ratio of children who are alleged victims of abuse or neglect?
- 2 The type of child maltreatment which has continued to increase statewide and nationally while other types have decreased?
- 3 The percent of foster homes which must receive health and safety checks annually?

(1) 1 in 35, pg. 13 (2) Neglect, pg. 13 (3) 10 percent, pg. 19

**Objective Increase safety for children placed in out-of-home care**  
**Measured by Children who are abused or neglected in licensed care**

The administration works diligently to ensure that homes licensed to provide care for foster children are safe and stable. Those homes or facilities must meet strict licensing standards to ensure that the structures and surrounding grounds are safe for children.

In addition, those responsible for caring for children must undergo background checks, participate in training and demonstrate competency in a variety of skills associated with providing care for vulnerable children.

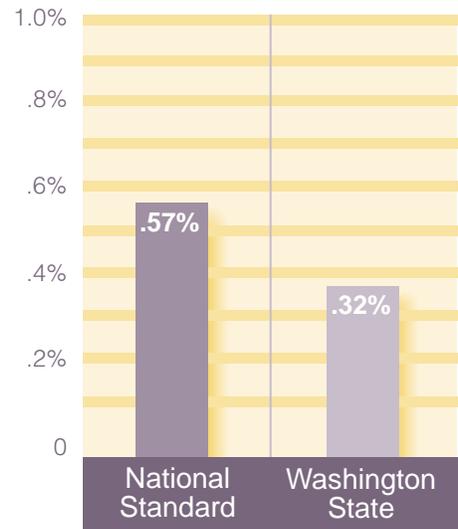
The administration takes great care to ensure that children who have been harmed at the hands of their caregivers are safe in licensed care.

Of the 18,000 children cared for in out-of-home care during the past year, .32 percent of them were abused or neglected while in placement, better than the national standard of .57 percent.

In Calendar Year 2003, there were 1,051 allegations that children placed in out-of-home care had been abused or neglected. After thorough investigations were completed, 47 referrals were found more likely than not to have occurred. The number of founded referrals has remained relatively unchanged during the last three years.

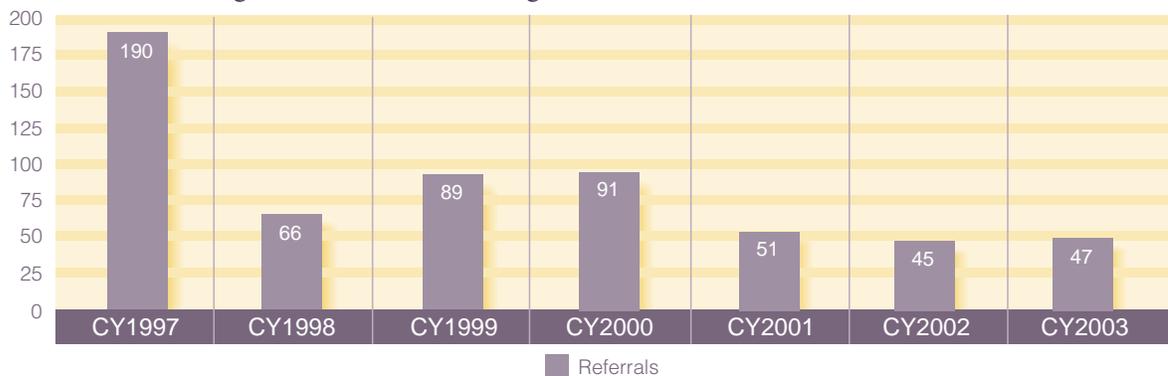
While the administration exceeds federal expectations for this measure, ongoing efforts are underway to ensure that fewer and fewer children experience harm in state licensed homes or facilities.

**Percent of Children Abused or Neglected While in Out-of-Home Placement\***



\* Data included in this chart is based on data submitted to the National Child Abuse and Neglect Data System (NCANDS) and the Adoption and Foster Care Analysis and Reporting System (AFCARS).

**Founded Allegations of Abuse or Neglect of Children in Licensed Care\*\***



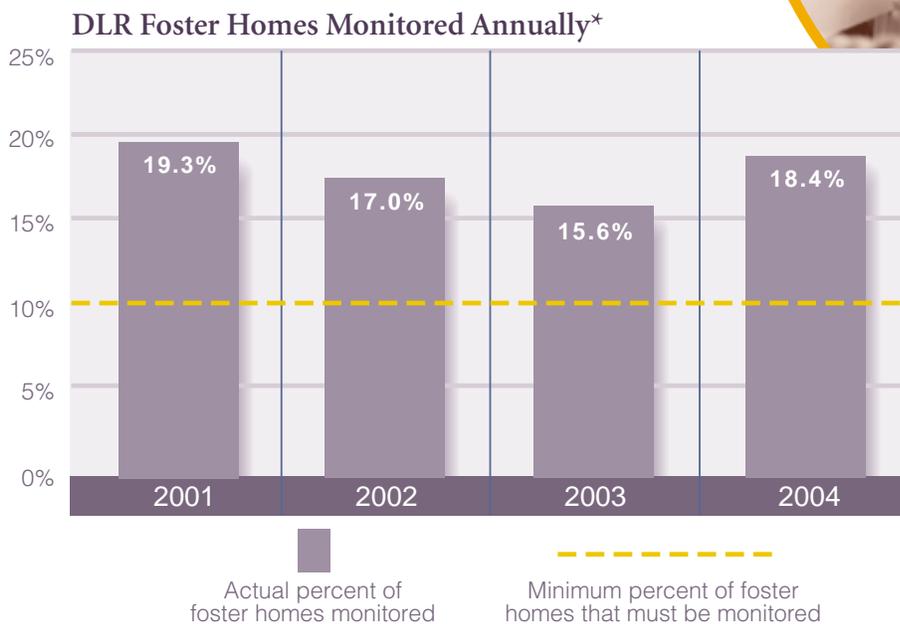
\*\* Handcount of the number of referrals to Child Abuse and Neglect Section that were found more likely than not to have occurred.

**Objective Increase safety for children placed in out-of-home care**  
**Measured by Percent of foster homes receiving an annual health and safety check**

Washington state is committed to ensuring that children in the care of the Children's Administration are safe regardless of whether they are in their own home or in the home of a licensed caregiver.

In addition to social worker visits with children to ensure that individual children are safe and healthy, state law RCW 74.13.260 requires that site visits be conducted regularly to monitor the quality of foster homes. The law specifies that health and safety checks be conducted in at least 10 percent of all licensed family foster homes annually.

Washington state has met or exceeded this mandate since tracking began in Fiscal Year 2001.



State law requires that site visits be conducted regularly to monitor the quality of foster homes.

\* Total percentage of DLR foster homes with a health and safety heck completed by the Division of Licensed Resources annually.

## Child Fatality Review Process

A child's death is tragic not only for the child and his or her immediate and extended family but for the entire community as well. When children die unexpectedly and their death may have been preventable, communities and systems must examine what can be learned from these tragedies. The Children's Administration has established a process to learn from each fatality and for identifying ways of reducing unexpected child fatalities including those deaths that occur as a result of suicide, accidental injury, third party causes or related to abuse or neglect by a parent or guardian.

Since 1998, Children's Administration has participated in a child fatality review process in collaboration with the Washington State Department of Health (DOH). The DOH reviews are conducted by community-based teams facilitated by local health jurisdictions in some areas of the state. Unexpected child deaths are reviewed by DOH with the ultimate goal of developing preventative measures by compiling aggregate data to identify factors and trends. DOH annually publishes child fatality review findings based upon aggregate data. During the 2003 Legislative session, DOH lost funding to conduct these reviews. Some local health jurisdictions have opted to continue conducting these reviews despite the loss of funding, while others have ceased operating. Children's Administration continues to support and participate on those teams still operating.

The Children's Administration (CA) also conducts separate child fatality reviews to examine public policy and service delivery whenever:

- The child's family had an open case with CA at the time of death,
- The child's family received any services from CA within twelve months preceding the death, including a referral for services that did not result in an open case, or
- The death occurred in a home or facility licensed to care for children.

The purpose of CA's child fatality review process is to conduct a thorough examination of the service delivery in the case; identify any practice, policy or system issues; and make recommendations for improvements addressing child safety, permanency or well being.

These reviews are not investigations into the manner or cause of death, because such investigations are conducted by law enforcement agencies, medical examiners and

coroners. Participants in child fatality reviews include staff who may have had direct involvement with the family, as well as community professionals whose expertise provides a valuable contribution to the process.

### Child Deaths Meeting Children's Administration Child Fatality Review Criteria

Based upon child deaths reported to the Children's Administration; not all child deaths are reported to the administration.

Children's Administration Statewide Child Fatality Data <sup>1</sup>	1997	1998	1999	2000	2001	2002	2003
Total number of child fatalities meeting the criteria for internal child fatality reviews	103	79	68	72	108	101	88
■ Manner of death - Homicide (abuse)	6	9	4	8	3	7	6
■ Manner of death - Homicide (3rd party <sup>2</sup> )	10	5	5	2	8	5	8
■ Manner of death - Suicide	5	2	2	5	5	3	5
■ Manner of death - Natural/Medical	45	39	33	33	61	47	39
■ Manner of death - Accidental	36	20	20	21	26	32	19
■ Manner of death - Unknown/Undetermined <sup>3</sup>	1	4	4	3	5	7	11

Data collected since 1997 and depicted in the chart on the preceding page reflects all child deaths meeting CA criteria for a child fatality review. This data varies from the Washington state Department of Health (DOH) aggregate data because the criteria established by DOH for reviewing child deaths differ significantly from that of the Children's Administration.

An Executive Child Fatality Review may be convened by the CA Assistant Secretary in select cases when a child dies of apparent abuse by their parent or caretaker and the case was actively receiving services at the time of the child's death. Participants are appointed by the Assistant Secretary and are individuals that had no involvement in the case, but whose professional expertise is pertinent to the dynamics identified in the case. CA convened two such child fatality reviews during Calendar Year 2004.

CA has continued to improve systems for tracking child fatalities, both through the Case and Management Information System (CAMIS) and the new Administrative Incident Reporting System (AIRS). Both systems provide an electronic alert system notifying appropriate staff in the event of a child's death. AIRS also maintains specific information about the fatality as well as provides a format and recording document for the fatality review. AIRS also collects aggregate data on child fatalities.

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1. Data included in the tables presented is based upon reports as of September, 2004 and may change as new reports become available.
  2. Third party abuse involves the abuse of a child by someone other than that child's parent or guardian.
  3. The manner of death was unknown or undetermined by coroners or medical examiners at the time reports were filed with the Children's Administration.





Children's Administration personnel have demonstrated tremendous resiliency amid challenging times and even greater resolve this past year, to strengthen efforts toward improving practice, increasing accountability, and ultimately, bettering lives.

— Uma Ahluwalia  
Assistant Secretary  
Children's Administration