

CHILDREN'S ADMINISTRATION
Investigative Assessment
CPS

Assessment ID: 72162003

Completion Date: Pending

Case: Test, Mom (1819376)

Worker: Drake, Keli R.

Office: Head Quarters - (OB-2)

Provider Type:

ALLEGATIONS

Intake ID: 2889360

CA/N: Physical Abuse

Victim: Test, Boy (101401667)

Findings: Founded

Subject: Test, Dad (101408746)

Relationship to Victim: Parent Birth/Adoptive

Support of Findings/CAPTA Narrative:

CA findings are based on a preponderance of the evidence, a "more likely than not" standard meaning that more than 50% of the evidence available at the time findings are made supports a conclusion of either founded or unfounded. CA/N is defined in RCW 26.44, WAC 388-15-009, and WAC 388-15-011.

Founded means the determination that, following an investigation by CPS, based on available information: it is more likely than not that child abuse or neglect did occur. Findings are determined when the investigation is complete.

CA investigators should weigh ALL evidence gathered during the investigation, including evidence that supports and refutes the CA/N allegation. Investigators should verify information with Child Protection Medical Consultants, pediatricians, school professionals, etc., whenever possible.

Findings must be:

- Supported by the evidence collected,
- Documented clearly and objectively, and
- Based on the legal definitions of child abuse and neglect.

Findings are based on:

- All evidence collected and the sum of all the factors, or
 - One factor, when it is significant
- Example: a reliable witness statement, medical evidence, law enforcement report, or child's statement alone may be compelling.

What do findings mean for parents/subjects?

If parents/subjects work for, or live with, someone who is approved to provide child care or foster care, the founded finding will be provided to the State Licensors. The licensors may take action based on the founded finding(s).

The subject of a founded finding has the right to ask that a manager above CPS take a look at the information leading to the founded finding(s) of child abuse or neglect. The manager may overturn a founded finding.

Intake ID: 2889360

CA/N: Negligent Treatment or Maltreatment

Victim: Test, Boy (101401667)

Findings: Unfounded

Subject: Test, Mom (101399699)

Relationship to Victim: Parent Birth/Adoptive

Support of Findings/CAPTA Narrative:

CA findings are based on a preponderance of the evidence, a "more likely than not" standard meaning that more than 50% of the evidence available at the time findings are made supports a conclusion of either founded or unfounded. CA/N is defined in RCW 26.44, WAC 388-15-009, and WAC 388-15-011.

Unfounded means the determination that, following an investigation by CPS, based on available information: it is

more likely than not that child abuse or neglect did not occur, or there is insufficient evidence for the Department to determine whether the alleged child abuse did or did not occur. Findings are determined when the investigation is complete.

CA investigators should weigh ALL evidence gathered during the investigation, including evidence that supports and refutes the CA/N allegation. Investigators should verify information with Child Protection Medical Consultants, pediatricians, school professionals, etc., whenever possible.

Findings must be:
 Supported by the evidence collected,
 Documented clearly and objectively, and
 Based on the legal definitions of child abuse and neglect.

Findings are based on:
 All evidence collected and the sum of all the factors, or
 One factor, when it is significant
 Example: a reliable witness statement, medical evidence, law enforcement report, or child's statement alone may be compelling.

Intake ID: 2889360	CA/N: Physical Abuse
Victim: Test, Girl (101401668)	Findings: Erroneous CA/N code - No Finding
Subject: Test, Dad (101408746)	Relationship to Victim: Parent Birth/Adoptive
Support of Findings/CAPTA Narrative:	
Erroneous CA/N code - No Finding is used when the allegation is clearly erroneous. This DOES NOT include unable to complete investigations - those need to be documented through the disposition.	

Intake ID: 2889360	CA/N: Sexual Abuse
Victim: Test, Boy (101401667)	Findings: Unfounded - False Reporting identified
Subject: Test, Mom (101399699)	Relationship to Victim: Parent Birth/Adoptive
Support of Findings/CAPTA Narrative:	
RCW 26.44.060(4) states: A person who, intentionally and in bad faith, knowingly makes a false report of alleged abuse or neglect shall be guilty of a misdemeanor punishable in accordance with RCW 9A.20.021.	
A certified letter is sent to any person determined to have made a false report of child abuse or neglect informing the person that this determination has been made and that a second or subsequent false report will be referred to the proper law enforcement agency for investigation.	
False reporting decisions need to be made in consultation with a supervisor.	

PARTICIPANTS

Roles: AP=Alleged Perpetrator; CL=Client; CO=Collateral; CS=Courtesy Supervisor; HM=Household Member; IC=Identified Child; IN=Intake Name; NM=Non-Household Member; PR=Parent/Parental Role; ST=Staff; SB=Subject; V=Victim; WT=Witness

Name: Test, Mom (101399699)	Gender: Female	Roles: HM, IN, PR, SB
Ethnicity: Caucasian	Date of Birth: 01/01/1980	
Race: White/Caucasian	Primary Language: English	Chronicity Indicated
Name: Counselor, Suzy (101399701)	Gender: Unknown	Roles: RF
Ethnicity:	Date of Birth: null	
Race:	Primary Language: English	
Name: Test, Boy (101401667)	Gender: Male	Roles: V
Ethnicity: Caucasian	Date of Birth: 02/11/2011	
Race: White/Caucasian	Primary Language: English	Chronicity Indicated

Name: Test, Girl (101401668)	Gender: Female	Roles: V
Ethnicity: Caucasian	Date of Birth: 12/12/2008	
Race: White/Caucasian	Primary Language: English	Chronicity Indicated

Name: Test, Dad (101408746)	Gender: Male	Roles: PR, SB
Ethnicity:	Date of Birth: 01/01/1990	
Race:	Primary Language: English	Chronicity Indicated

GATHERING QUESTIONS

Describe the nature and extent of maltreatment.

This is about the maltreating behavior and immediate physical effects on a child. Describe what is or has occurred, the results, e.g. hitting, injuries as well as the following:

- Type of maltreatment
- Severity of the maltreatment
- Patterns of the maltreatment
- Description of specific events
- Description of emotional and physical symptoms
- Identification of the child and maltreating caregiver

Helpful questions include (but are not limited to):

- What are the current allegations?
- How serious is the maltreatment?
- Is there a pattern of child abuse/neglect in the family (both with this nuclear family and from the family of origin)?
- What happened before, during and after the alleged maltreatment?
- What triggered the maltreatment to happen?
- Who was involved in the maltreatment?
- Are there others around this family who have similar patterns of maltreatment?

This question is typically the focus of most CPS investigations but remember, it's not enough information to accurately assess safety.

Sequence of Events: What surrounding circumstances accompany the maltreatment?

This is about what accompanies or surrounds the maltreatment. Describe what's going on at the time the maltreatment occurs or has occurred and include the following:

- Duration of the maltreatment
- Caregiver intent concerning the maltreatment
- Caregiver explanation for the maltreatment and family conditions
- Caregiver acknowledgement and attitude about the maltreatment
- Other problems occurring in association with the maltreatment (like substance use or mental disturbance)

Helpful questions include (but are not limited to):

- How long has the maltreatment been going on?
- What was the caregivers intent concerning the allegations?
- How does the caregiver define the maltreatment and the family conditions?
- What is the caregiver's take and attitude about the maltreatment?
- What was the sequence of events leading to the maltreatment?
- What other problems (risks) are occurring in association with the maltreatment?
- How is the caregiver meeting basic needs of family (food, clothing, housing, transportation, water, electricity/heat)?

These questions paint a picture of how a family got into a situation in which a child/ren was abused or neglected; also known as tracking the sequence of events around the maltreatment. This should capture/provide detailed information about more than just whether the maltreatment occurred or not. It gives us insight to family and individual patterns of behavior, such as; what are non-offending parents doing when the interaction is occurring, when do the patterns of high risk behavior (or lack of action) occur, how long in duration, etc. This tells us how the maltreatment may have occurred, but it focuses on the interaction aspect, and may not be clear about what the developmental challenge was the family was trying to accomplish (the developmental challenge is covered in the "every day life task(s)" question below.

Describe how child(ren) function on a daily basis.

This question is concerned with a child's general behavior, emotions, temperament and physical capacity. It addresses how a child is from day to day rather than focusing on points in time (i.e., CPS contact, time of the maltreatment event). A developmentally appropriate standard is applied in this area of inquiry.

Information that answers this question includes:

- Capacity for attachment
- General mood and temperament
- Intellectual functioning
- Communication and social skills
- Expressions of emotions/feelings
- Behavior
- Peer relations
- School performance
- Independence
- Motor skills
- Physical and mental health
- Functioning within cultural norms

Helpful questions include (but are not limited to - answer for each caregiver to each child):

- How is the child attached to the caregiver?
- How is the caregiver attached to the child?
- Describe the personality of the child.
- How does the child respond to discipline/redirection?
- How does the child respond to praise and/or affection?
- Describe the intelligence of the child.
- Describe the current development of the child.
- Describe the communication and social skills of the child.
- How vulnerable is the child?
- How does the child communicate to protect themselves?
- How is the child with caregiver(s), sibling(s), peer(s) and anyone else in the family?
- How does the child express emotions and feelings?
- How is the child's behavior?
- How does the child do in school?
- What are the child's special needs?
- How are the child's motor skills?
- Describe the child's physical and mental health.
- How is the child functioning within cultural norms (familial culture and/or dominant culture)?

Describe how each parent(s)/caregiver disciplines the child(ren).

This is about how caregivers approach discipline and child guidance. It's different from a general parenting question because how a child is disciplined is highly related to both risk of maltreatment and threats to child safety. Describe how each parent/caregiver teaches and guides the child. This is more than use of time outs.

Helpful questions include (but are not limited to):

DISCIPLINARY METHODS

What disciplinary methods do they use?

CONCEPT AND PURPOSE OF DISCIPLINE

What are the parameters of acceptable child behavior?

CONTEXT IN WHICH DISCIPLINE OCCURS

Who does the disciplining?

What is the environment in which discipline occurs in the family?

CULTURAL PRACTICES

What cultural practices influence discipline?

What are the overall parenting/child care practices used by the caregiver?

This is about the general approach to parenting which forms a basis for understanding caregiver-child interaction. Understanding what a parent thinks/feels about parenting is good child safety insight.

Helpful questions include (but are not limited to):

REASONS FOR BEING A CAREGIVER

Why are the caregiver's parents?

SATISFACTION IN BEING A CAREGIVER

How satisfied is the caregiver in being a parent?

What does the caregiver feel they are doing well?

What would the caregiver like to improve on?

CAREGIVER KNOWLEDGE AND SKILL IN PARENTING AND CHILD DEVELOPMENT

What is the caregivers knowledge/skill in parenting and child development?

Does the caregiver have a clear understanding of the child's developmental stage/needs?

Is the caregiver willing to meet the needs of the child?

How does the caregiver get the child to school, medical appointments, etc?

What is the daily routine of the parent/child?

What are the patterns of supervision?

How does the parent help the child learn and grow?

CAREGIVER EXPECTATIONS AND EMPATHY FOR THE CHILD

What expectations does the caregiver have of the child (is it developmentally appropriate)?

Does the caregiver show empathy for the child?

What are the person's child rearing attitudes and expectations?

In what ways does the person think about, talk about, and perceive their child?

How satisfied is the person as a parent?

PARENTING PRACTICES DECISION MAKING

How does the parent make parenting decisions?

What types of parenting decisions has the parent made?

PARENTING STYLE AND HISTORY OF PARENTING PRACTICES

What does the person know about parenting? What is the person's parenting style? Where did it come from?

What does the person think they do best as a parent? Are they able to talk about her skill as a parent?

What is the history of the parenting behavior?

How does the person communicate with their child?

How does the person include the child in their life?

What examples show how the person accepts their responsibilities as a parent?

How and when does the person play with the child?

How does the person view child rearing in terms of difficulty, complexity, or challenge?

When talking about parenting, is the person centered on their own needs/desires or their child?

What examples and experiences are discussed that show the person is bonded with the child?

How does the person manage parenting frustrations?

How does the person describe their child (subjectively versus objectively; accurate perceptions; in understanding ways related to age, capacity, strengths, limitations)?

PROTECTIVENESS

How protective is the parent?

In what ways does the person demonstrate acceptance of the child?

How does the person describe daily routine and specifically the child's routine?

Describe the everyday life task(s) that contribute to the maltreatment.

Describe the everyday life task(s) that contribute to the maltreatment.

This is about the developmental challenge, given the family's life stage, that's causing or contributing to the maltreatment. It focuses on the developmental needs of the family to control or manage the safety threat. Knowing the family's actions in this area helps keep focus on what needs to change on the family level. This question formulates/directs the Family Level

Objective and should be used to build a specific plan of action to address the identified safety threat/s.

Examples of the everyday life tasks (based on developmental stages) include things like:

In a family with infant/preschool children, everyday life tasks that may contribute to maltreatment include:

- Potty training
- Lots of doctors visits
- Managing illness
- Managing discipline
- Sleep schedule
- Constant supervision
- Colic
- Building a caretaking team
- Daycare/babysitter
- Financial support
- Household tasks
- Couple intimacy

In a family with school age children, everyday life task(s) that may contribute to maltreatment include:

- School attendance
- Managing mornings
- Homework
- Family chores
- Bedtime
- After school hours
- School behaviors
- Drugs, bad language, etc
- Riding the bus
- Coming home from school
- Rules about free time
- Exposure to internet/media
- Peer relationships
- Choice of friends
- Rules about sexual behavior
- Transportation to activities

In a family with teenage children, everyday life tasks that may contribute to maltreatment may include:

- Sexual behavior
- Curfew and dating
- Peer relationships
- Orientation/experimentation
- School attendance
- Language
- Chores and money
- Alcohol and drugs
- School performance
- Whereabouts
- Part-time job
- Cars (transportation)
- Clothing
- Morning routine
- Managing free time
- Activities (extra-curricular)

Single parent families may have everyday life tasks that may include:

- Peer support
- Finances
- Dating

Relatives relations with children
Privacy
Respite
Babysitting
Visitation arrangements
Blended families may have everyday life tasks that include:
Agreement on authority
Legal and financial issues
Negotiate family rules
Maintain couple relationship
Working as a team
Wisitation arrangements
Managing conflict
New blended family rituals

Post parental/Elder families (or where grandparents are raising grandkids) may have everyday life tasks that include:
Health issues
Nutrition
Financial stability
Home safety issues
Managing isolation
Couple issues
Assisting in some parenting
Physical conditioning

How does the parent(s)/caregiver manage his/her own life on a daily basis?

This question is concerned with how the adults/caregivers in the family feel, think and act on a daily basis. The focus is on adult functioning separate from parenting. Essentially, it's about how they behave as adults and how they handle adult responsibilities.

Information that answers this question includes:

COMMUNICATION AND SOCIAL SKILLS

How does the caregiver communicate?
Does the caregiver have friends, family and supports?
What are the caregiver's social skills?
What is the caregiver's capacity to form and maintain healthy relationships?

COPING AND STRESS MANAGEMENT

How does the caregiver view themselves?
Is the caregiver willing to seek support?
Is the caregiver able to take action to protect the child?

RATIONALITY AND SELF CONTROL

Are there patterns of aggressiveness or passivity with the caregiver (if so, what are they)?
How does the caregiver control expressions of anger?
What is the parental past experience of protecting the child?
Is there a non-maltreating caregiver, or other adult, in the home willing and able to protect the child?
Does the caregiver have self control?

PROBLEM SOLVING

How is the caregiver at solving problems?
Does the caregiver take responsibility for parental issues?
How does the caregiver recognize problems?
How does the caregiver address their problems?
How does the caregiver show motivation to change?

JUDGMENT AND DECISION MAKING

Does the caregiver show sound judgment and the ability to make good decisions? Why/Why not?

INDEPENDENCE

Is the caregiver independent? Can the caregiver be independent?

HOME/EMPLOYMENT AND FINANCIAL MANAGEMENT

Is the caregiver employed?

What is the caregiver's history of employment?

How does the caregiver manage the home and/or finances?

Describe the caregiver's rationality about family and home.

CITIZENSHIP AND COMMUNITY INVOLVEMENT

What are the resources available to the caretaker (include those that directly contribute to the protection and development of the children)?

What are the characteristics of the family that can directly contribute to the protection and development of the children?

What is the nature of contact and involvement between the caregiver and others?

What are the important relationships the caregiver has?

How is the caregiver involved in their community?

SELF CARE AND SELF PRESERVATION

How does the caregiver take care of self?

SUBSTANCE USE

What are the concerns around the caregiver and substance abuse?

How does the substance abuse of the caregiver affect their day-to-day functioning?

MENTAL HEALTH

What are the concerns around the caregiver and mental health?

How does the mental health of the caregiver affect their day-to-day functioning?

PHYSICAL HEALTH AND CAPACITY

How is the caregiver's physical health/capacity?

What are the caregiver's physical, intellectual, and cognitive abilities?

DOMESTIC VIOLENCE

What are the concerns around the caregiver and domestic violence?

How does domestic violence affect day-to-day functioning?

FUNCTIONING WITHIN CULTURAL NORMS

How is the caregiver functioning within cultural norms (familial and/or dominant)?

Part of this summary is to describe protective capacities of a parent/caregiver. What cognitive, emotional and/or behavioral characteristics does the parent/caregiver contribute to the protection of their children?

COGNITIVE

Parents/caregivers are a lot more likely to be protective when they:

Understand their protective role.

Recognize when their child's safety is threatened.

Have an accurate perception of their child.

Know/understand their child's needs.

Understand enough about child development/parenting and protection

Have realistic expectations of their child(ren).

EMOTIONAL

Caregivers are more likely or motivated to be protective when they:

Demonstrate love toward their child.

Sensitive and have empathy for their child.

Bonded and have a positive attachment.

BEHAVIORAL

Caregivers are more likely to be protective when they:
Have a history of being protective.
Control their impulses in parenting situations.
Successful at setting aside their own needs.

Also, consider what the parents feel they do well. What are they proud of? What gives them a sense of self-worth and satisfaction?

Describe each parent(s)/caregivers' support system and how these support systems can help protect the child (ren). Description of Strengths and Protective Factors.

Understanding and gathering information about a family's and parent/caregiver support system helps identify resources that can be used to keep children safe when identified as unsafe.

Exceptions (what the family has done to keep children safe and healthy in the past) also shows how the family can "get it right" and gives insight to resources and what it looked like when things were better in a family

INVESTIGATIVE DETAILS

Narrative describing facts obtained from Investigation and sources used to verify.

This contains ONLY the pertinent facts obtained from the investigation (and verification sources) that a finding is based on. For example:

The allegation of maltreatment did/did not happen, because:

- Disclosure/non-disclosure of victim/subject/parent
- Verified information/observation/consultation reports...
- Physical evidence/lack of physical evidence

Use the records reviewed box/insert to document what records/verification sources used in the investigation.

TYPES OF EVIDENCE

Evidence considered when making findings must include the statements of persons with firsthand information about the alleged incident, including:

- The child, if she or he is verbal and can be interviewed
- The subject, in-person when possible. If the subject declined an interview with CPS but was interviewed by law enforcement, a transcript or report of the police interview can be used in lieu of a direct interview by the CPS investigator
- Witnesses to the incident, including siblings of the victim.
- Others who have knowledge of the child's circumstances or the situation in the home may serve as evidence. Some examples include:
 - Teachers or child care providers
 - Anyone the child has disclosed abuse or neglect to
 - Family members or others
- Other adults and children that are involved with the child and family

REMEMBER:

CA investigators must not assume that because a child recants or does not disclose CA/N when interviewed that the abuse or neglect did not happen. There are many reasons for a child to recant or not disclose CA/N.

In addition to statements, other kinds of evidence are often available:

- Photographs of a child's physical condition (DSHS 15-359)
- Relevant documents (e.g., school records, diaries, police reports or court records)
- Medical information about a child's condition, especially a medical expert's assessment
- Physical evidence gathered by law enforcement may be considered in making findings (e.g., clothing bearing marks, implements utilized in inflicting the abuse, or evidence of abuse).

INSUFFICIENT OR NO EVIDENCE

Examples include:

- Child's statement is not credible and there is little or no additional evidence that meets the legal definition of CA/N
- Conflicting stories and there is little or no additional evidence that meets the legal definition of CA/N
- Contextual evidence only - A family may have significant risk factors but "high risk" is not a reason to conclude an allegation is founded

CONTACTS				
Activity	Participant	Location	Date/Time Occurred	Date/Time Created
Child - Initial Face to Face with Child	Test, Boy (101401667)	School	10/25/2013 12:00 AM	10/25/2013 12:30 PM
Child - Initial Face to Face with Child	Test, Girl (101401668)	School	10/25/2013 12:00 AM	10/25/2013 12:30 PM
RECORDS REVIEWED				
Type of Record	Date Reviewed	Comment		
Other	10/25/2013	Comment section allow for 250 characters. Comments are only required for record type of "Other" but can be useful and/or provide date information for information found throughout the assessment		
Child Forensic Interview	10/25/2013	Date, time, child's name(s), place, where report can be found in case file		
Childs DCFS Facility Complaint History	10/25/2013	DLR/CPS record type. Used to show pattern and information on a specific child.		
Childs Supervision Plan	10/25/2013	Used in DLR/CPS for supervision pieces in investigations. Can also be used for DCFS cases. Name of child, date of supervision plan, plan inofmraiton (if not summarized elsewhere in assessment) and location of plan (in file)		
Counseling Reports	10/25/2013	Name of person(s) for counseling reports, type of report, date of report, where report came from and location of report(s) in case file		
Court Documents	10/25/2013	Name of involved person(s) for court reports, type of court reports, date/county/court type of court reports/hearings. Location of court reports in case file.		
Law Enforcement Report	10/25/2013	Name of involved person(s), LE agency inforaiton, date of report, report number, type of report, incident type, location of report in case file.		
Licensing File	10/25/2013	DLR/CPS reviewed to gather information that may not be in FamLink		
Medical Consultation Report	10/25/2013	Name of child, doctor consulted with, findings (if not summarized elsewhere)		
Medical/ Dental Records	10/25/2013	Name of person(s) involved in records, clinic/hospital/doctor/dentist name and contact information, findings. Where report is located in case file		
Photographs	10/25/2013	Who, What, When, etc. of photograph information and location in case file.		
Psychological/Psychiatric Evaluations	10/25/2013	Person(s) involved, doctor/clinic, date of report/assessment, findings (if not summarized elsewhere) contact information		
Referral History	10/25/2013	Can be in-state or out-of-state. Not necessary to use this when using referral pattern narrative on Prior Involvement tab in IA		
School Records	10/25/2013	Child name, type of record (attendance, health notes, report cards, IEP, etc). Date of assessment, school name, contact		

RECORDS REVIEWED		
Type of Record	Date Reviewed	Comment
		information. Location in case file.
UA Results	10/25/2013	Can put multiple dates in comments section followed by findings (positive or negative results) and person's name the UA was given to.
Audio recorded/transcribed Interview	10/25/2013	Child's name, date/time/location and when uploaded

GENERAL DETAILS	
Living Arrangement of the Child(ren) Two parent household	
Family Characteristics/Conditions Parenting skills and ability; Other financial stress; Employed poverty level	Developmental Stages School Age Children

DISPOSITION	
Disposition:	SDM Risk Score: Moderately High
Explain:	

SERVICES	
Is the family being referred to ongoing services that require Children's Administration to monitor?	Program Type:
Reasons services are not being provided to the family by Children's Administration:	