	GEORGIA DIVISION OF FAMILY AND CHILDREN SERVICES CHILD WELFARE POLICY MANUAL			
	Chapter:	(6) Special Investigations	**Effective Date:**	June 2021
	Policy Title:	Purposeful Contacts in Special Investigations		
	Policy Number:	6.2	**Previous Policy #:**	N/A

CODES/REFERENCES

O.C.G.A. § 15-11-202 Reasonable Efforts by DFCS to Preserve or Reunify Families
O.C.G.A. § 19-7-5 (e)(f) Reporting of Child Abuse
O.C.G.A. § 49-5-8 Powers and Duties of Department of Human Services
O.C.G.A. § 49-5-40 Definitions; Confidentiality of Records; Restricted Access to Records
O.C.G.A. § 49-5-41 Persons and Agencies Permitted to Access Records
O.C.G.A. § 49-5-281 Bill of Rights for Foster Parents
45 CFR Parts 1355.38(a) (5), 1356.21(b) (3) (i), 1356.21(d), 1356.21(k), and 1356.67
Title IV-E of the Social Security Act Sections 471(a) (15) (D) and (a) (9) (c), 472(a) (1), 472(f), and 475 (9)
Child and Family Services Improvement Act (P.L. 109-288)
Child Abuse Prevention and Treatment Act (CAPTA)
Health Insurance Portability and Accountability Act (HIPAA) of 1996: P.L. 104-191
J.J. v. Ledbetter Consent Decree
Preventing Sex Trafficking and Strengthening Families Act P.L.113-183)
Indian Child Welfare Act (ICWA)

REQUIREMENTS

The Division of Family and Children Services (DFCS) shall:

1. Prepare for each contact to ensure it is planned and has a clear purpose.
2. Engage individuals in a manner that is beneficial to establishing a partnership by:
   a. Engaging from the viewpoint that individuals encounter common challenges;
   b. Normalizing the challenges; and
   c. Separating their intent from their actions.
3. Coordinate purposeful contacts with law enforcement and/or the oversight authority.
4. Conduct private face-to-face purposeful contacts with the following to discuss the maltreatment allegations, assess safety, and make a safety determination:
   a. DFCS or CPA Foster/Adoptive Homes and Foster Care Kinship Placements:
      i. Alleged victim child(ren)
      ii. Each caregiver
      iii. All adult household members
      iv. Other children in the home
      v. Alleged maltreater(s)
   b. Residential\Non-Residential Facilities and Public and Private Non-Residential Schools:
      i. Alleged victim child(ren)
      ii. Alleged maltreater(s)
      iii. Other children who witnessed the alleged maltreatment

iv. Staff members who witnessed the alleged maltreatment

NOTE: It may be necessary in large facility/school special investigations to interview a sampling of children who did not witness the incident but who have knowledge of how the alleged maltreater provides care.

5. Notify the foster or adoptive parents of the right, to the extent allowed under state and federal law, to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of child abuse at which an accused foster parent is present (see policy 14.17 Resource Development: Foster Parent Bill of Rights and Grievance Procedure).

   NOTE: Do not delay assessing child safety due to the foster parent requesting to exercise his/her right to have an advocate present.
6. Adhere to Health Insurance Portability and Accountability Act and confidentiality provisions outlined in policies 2.5 Information Management: Health Insurance Portability and Accountability Act (HIPAA) and 2.6 Information Management: Confidentiality/Safeguarding Information.
7. Inform the parent/guardian/legal custodian of an interview conducted with his/her child without prior caregiver notice immediately upon completion of the interview.

   NOTE: This applies to both alleged victim and non-victim children who are not in DFCS custody.
8. Conduct a visual assessment of the alleged victim child(ren) to determine if any injuries or physical signs of maltreatment exist. If the child is four years old and under or if there is cause to believe any child may have been harmed, observe areas of the child's body that may be covered by clothing. Such observation shall occur in the least invasive manner possible, and every effort should be made to ensure children are not fully unclothed during the observation.
9. Observe interaction of the caregivers with the child and/or other children in the home, facility, or school.
10. Observe and assess the physical environment to confirm that it is safe and appropriate to meet the needs of the child(ren):
    a. CPA or DFCS Foster/Adoptive Home and Foster Care Kinship Placements:
        i. Area where the alleged maltreatment occurred; and
        ii. Other rooms in the home; including sleeping arrangements for all household members.
    b. Residential/Non-Residential Facilities:
        i. Area where the alleged maltreatment occurred;
        ii. Sleeping arrangements for the alleged victim child(ren); and
        iii. Common areas that children may frequent.
    c. Public or Private Non-Residential Schools
        i. Area where the alleged maltreatment occurred.
11. Assess and discuss infant safe sleep practices with any caregiver who has an infant (birth to 12 months of age) and address any unsafe sleeping situations prior to leaving the home/facility.
12. Discuss motor vehicle safety precautions including not leaving children unattended in hot cars.
13. Determine if the child is a member of a federally recognized Indian Tribe or eligible for membership and has a biological parent who is an enrolled member, and follow policy 1.6 Administration: Indian Child Welfare Act (ICWA) and Transfer of Responsibility for Placement and Care to a Tribal Agency to ensure that the child is afforded all rights

under the Indian Child Welfare Act (ICWA) to promote the stability and security of Indian Tribes and their families.

14. Conduct private face-to-face purposeful contacts with the parent, guardian, legal custodian(s) of the alleged victim child(ren).
    NOTE: This is required when the child is in DFCS custody, and termination of parental rights (TPR) has not occurred or TPR has occurred and the parent, guardian or legal guardian maintains visitation with the alleged victim child.
15. When a child identifies as being a known or is a suspected victim of sex trafficking/sexual servitude:
    a. Immediately (no later than 24 hours) report the information to the Georgia Bureau of Investigation (GBI) or follow up to determine the status of their investigation, if it was previously reported at intake; and
    b. Refer the child to an available victim assistance organization, as certified by the Criminal Justice Coordinating Council.

    See Forms and Tools: Human Trafficking Case Management Statewide Protocol.
16. Make a safety determination in consultation with the Social Services Supervisor (SSS) prior to concluding each purposeful contact with the caregiver(s), child, or alleged maltreater to control the identified safety threats if the child is unsafe.
17. Request law enforcement assistance:
    a. To interview or observe a child not in DFCS custody when the caregiver denies access and child safety cannot be ensured;
    b. For serious and/or complex reports of abuse or neglect, including, but not limited to sexual abuse, severe physical abuse, child death, near fatality or serious injury;
    c. When performing a removal of the child from the home; or
    d. When out of control situations exist.
18. Assess and address the needs of youth identified as an unaccompanied homeless youth.
19. Refer to policy 19.26 Case Management: Case Management Involving Substance Abuse or Use when caregiver substance use/abuse is suspected or alleged.
20. Refer to Forms and Tools: Intimate Partner Violence/Domestic Violence (IPV/DV) Guidelines and Protocol for additional guidance if IPV/DV is suspected or alleged.
21. Conduct private face-to-face purposeful contacts with any child involved in an active special investigation that is seriously injured or has attempted self-injury or suicide within 24 hours of notification to assess for maltreatment, the child's current condition, and future treatment needs.
22. Conduct a private face-to-face purposeful contact every 30 calendar days that the Special Investigation remains open.
23. Limit re-interviewing children regarding the maltreatment allegations to prevent re-traumatization. The determination whether to re-interview the child about the allegations should be made in consultation with the SSS. Consideration should be given to whether the interview is necessary to ensure child safety or resolve inconsistencies to make the maltreatment or safety determination.
24. Immediately report any new known or suspected instances of child abuse to the CPS Intake Communications Center (CICC) as outlined in policy 3.24 Intake: Mandated Reporters.
25. Document case activities in Georgia SHINES within 72 hours of occurrence.

PROCEDURES

Before the Purposeful Contact - Preparation

The Social Services Case Manager (SSCM) will:

1. Thoroughly review and analyze the following information (as applicable):
   a. Allegations of maltreatment
   b. DFCS history
   c. Safety screenings results
      NOTE: Complete required safety screenings that were not completed during the Intake process (see policy 19.9 Case Management: Safety Screenings).
   d. Case information
   e. The developmental stage(s) of the family when applicable (see policy 19.2 Case Management: Family Developmental Stages and Tasks)
2. Verify confidentiality and safeguarding of information was shared with the caregivers and signed copies of the following uploaded to Georgia SHINES External Documentation:
   a. HIPAA Notice of Privacy Practices; and
   b. Notice of Case Record Information Available to Parents/Guardians
3. Coordinate with the oversight authority and law enforcement, when applicable. For a list of oversight authorities see policy 6.9 Special Investigations: Notifications in Special Investigations.
4. Develop a plan for the purposeful contact:
   a. Determine whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or safety concerns.
      NOTE: When physical/sexual abuse is alleged, make every effort possible to initially engage the child at a location away from the alleged maltreater. This provides the child the opportunity to freely discuss the alleged abuse.
   b. Determine the information gathering approach, including persons to be interviewed, order and location of interviews, and when interviews will occur.
   c. Prepare a list of questions to ensure all issues/concerns are addressed.
   d. Identify potential child safety and family service needs.
   e. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.
   f. Refer to policy 19.26 Case Management: Case Management Involving Substance Abuse or Use for additional guidance if substance abuse is suspected or alleged.
   g. Refer to Human Trafficking Case Management Statewide Protocol in Forms and Tools for additional guidance when human trafficking (sex or labor) is suspected or alleged.
5. Obtain information regarding facility procedures if an interview will occur in a facility, including:
   a. Contact and visitation
   b. Liaisons available to work with child welfare professionals
   c. Dress code
   d. Types of contact allowable (e.g., physical touch, telephone, face-to-face)
6. Coordinate interpretation services for non-English speaking individuals or auxiliary aids for sensory impaired individuals, if required in accordance with policy 1.5 Administration: Americans with Disabilities Act (ADA)/Section 504 and Reasonable Modifications.

7. Participate in a staffing with the SSS to present and discuss strategies for the purposeful contact.
8. Gather forms and other required material, including but not limited to:
    a. A Caregiver's Guide to a Child Protection Services (CPS) Investigation (Brochure)
    b. Authorization for Release of Information
    c. Notice of Case Record Information Available to Parents/Guardians
    d. Foster Parent Bill of Rights Brochure
    e. HIPAA Notice of Privacy Practices
    f. Safe Sleep for Your Baby educational resources
    g. Suggestions for Parents/Tip Sheet

During - Purposeful Contacts
Child/Youth (Alleged Victim Child and Non-Victim Children)
The SSCM will:

1. Engage the child in a private face-to-face conversation of child safety, permanency, and well-being. Use age and developmentally appropriate language to assess and discuss:
    a. The special investigation process, answer any questions the child/youth may have;
    b. Each maltreatment allegation - the extent and circumstances of the maltreatment including the sequence of events (timeline) leading up to, during, and following the incident:
        i. What happened and when did this occur (i.e., child left home alone, the child was disciplined with an extension cord, etc.);
        ii. Who was present;
        iii. Who was involved; who was not involved;
        iv. Who did what and when;
        v. What occurred prior to the incident;
        vi. What did the alleged maltreater(s) say after it occurred; what did others say after it occurred;
        vii. How did he/she feel leading up to, during, and following the incident;
        viii. What was he/she thinking and doing leading up to, during, and following the incident;
        ix. The caregiver(s) condition at the time of the incident (e.g., was the caregiver under the influence of alcohol or drugs at the time (legal [prescription or non-prescription], or illegal); and
        x. Who was providing care for a child leading up to and during a CD/NF/SI event.
    c. The alleged maltreaters interaction with or behaviors toward him/her and/or the alleged victim child;
    d. The alleged maltreaters interactions with him/her and/or the alleged maltreater;
    e. Has he/she witnessed events like the alleged incident previously;
    f. What discipline techniques are used by the caregivers in the home, facility, or school.
    g. Any needs, concerns, or fears;
    h. Extracurricular activities or interests;
    i. Current living arrangement(s), including who resides in the home (if applicable)
    j. Relationships with peers and/or other household members or roommates;
    k. Physical, educational, medical, and mental health needs; and any services he/she is receiving; and
    l. If the youth is identified as an unaccompanied homeless youth:

i. Reason(s) for the homelessness and potential solutions;
ii. Level of parental care and supervision, and length of time without parental care and supervision;
iii. Other persons that may be providing support to the youth; and
iv. Youth's access to education.

2. Observe the child(ren) for any injuries or physical signs of maltreatment. If the child is four years old and under, or there is cause to believe that any child has been harmed, in the least invasive manner possible, observe areas of the body that are clothed:
   a. Explain to the caregiver and child the reason for observing areas of the body that may be covered by clothing.
   b. Arrange for the caregiver or other adult to be present when possible (e.g., caregiver, non-offending parent or legal guardian, kinship caregiver, foster parent, school nurse, daycare staff, etc.).
   c. If the child is four years old and under ask the caregiver to adjust one area at a time (e.g., raising a shirt sleeve, pant leg, raise the shirt to view their back, etc.); Ask them to replace the clothing before proceeding to the next area of the body. Take pictures of any injuries noted.
   d. If the child is older than four and is capable, ask the child to adjust their own clothing as outlined above.
   NOTE: If a full examination is needed a medical provider may be used.
3. If observation of the child uncovers injuries or other signs of maltreatment:
   a. Determine whether there are any additional injuries that are not immediately apparent. Is there bruising or is the area sensitive to the touch; does the child complain of discomfort or pain;
   b. Gather information around the circumstances surrounding the injury and the caregiver's knowledge and response to the injury by asking who, what, when, where and how. What was used to cause the injury (ex: hand, fist, belt, bat, extension cord, etc.). Describe the object used to cause the injury. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, common room in a facility, cafeteria at a school, etc.);
   c. Evaluate and determine whether injuries to the child, or the condition of the child requires a medical or psychological evaluation or medical treatment.
      i. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center);
      ii. If medical treatment is recommended from the consult, take a child in DFCS custody immediately to be examined by a medical professional. When the child is in parental custody insist the caregiver take the child to be examined by a medical professional within a specific timeframe; and
      iii. Obtain a medical exam for other children in the home under the age of four when the identified victim child has suspicious or unexplained injuries.
   d. Document any observed injuries or physical signs of maltreatment by taking quality pictures and/or a detailed written description.
   NOTE: Pictures can also be used to document a lack of maltreatment, injury, or condition.
4. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact with the child in accordance with policy 19.11 Case Management: Safety Assessment. Take immediate action to control the identified safety threats if the

child is unsafe.

a. When the child is in the legal custody of the caregiver(s):
    i. Develop and implement with the caregiver(s) an in-home or out-of-home safety plan in accordance with policy 19.12 Case Management: Safety Plan & Management; or
    ii. Initiate court/legal intervention (see policy 17.1 Legal: The Juvenile Court Process).
b. When the child is in the legal custody of DFCS immediately remove the child from the placement or setting if the child is determined to be unsafe.
    NOTE: Do not disrupt the placement unless the child is determined to be unsafe.

5. Thoroughly explain what will happen next and answer any other questions the child/youth may have in relation to special investigation process.

Caregiver or Alleged Maltreater

The SSCM will:

1. Engage the caregiver(s) and/or the alleged maltreater(s) in a private face-to-face conversation of child, permanency, and well-being.
    a. Describe the special investigation process. Answer any questions he/she may have and provide a copy of the Caregiver's Guide to a Child Protective Services (CPS) Investigation.
    b. Explain DFCS' obligation to maintain confidentiality and safeguard information to prevent unauthorized disclosure:
        i. Personal information provided during the completion of the special investigation will be kept confidential (see policy 2.6 Information Management: Confidentiality/Safeguarding Information).
        ii. DFCS cannot share protected health information (PHI) with any person, agency, or contractor without prior written authorization from the owner of the PHI, unless otherwise permitted by law. Provide a copy of the HIPAA Notice of Privacy Practices and obtain signature(s). See policy 2.5 Information Management: Health Insurance Portability and Accountability Act (HIPAA).
        iii. The type of information that will be maintained in the DFCS case record and of the information that can and cannot be released to the caregiver(s) upon request. Provide a copy of the Notice of Case Record Information Available to Parents/Guardians and obtain signatures (see policy 2.10 Information Management: *J.J. v. Ledbetter* Parent or Guardian Request for Information).
    c. Explain his/her right to have an Adoptive and Foster Parent Association of Georgia (AFPAG) advocate present at all portions of investigations of child abuse at which an accused foster parent is present, if the caregiver is a foster or adoptive parent:
        i. Provide a Foster Parents Bill of Rights brochure; and
        ii. Complete an Authorization for Release of Information containing the name of the advocate that will be in attendance when the foster/adoptive parent(s) elect to have an advocate present.

        NOTE: Document the confidentiality discussion and explanation of his/her right to have an AFPAG advocate present in Georgia SHINES.
    d. Discuss each maltreatment allegation:
        i. The extent and circumstances of the maltreatment including the sequence of events (timeline) leading up to, during, and following the incident:

1. Who was present during the incident;
2. What happened;
3. When did this occur;
4. Who was involved; who was not involved;
5. Who did what and when;
6. What occurred prior to the incident;
7. What did the alleged maltreater(s) say about the incident after it occurred; what did others say about the incident after it occurred;
8. How did he/she feel leading up to, during and following the problematic issue/event;
9. What was he/she thinking leading up to, during and following the problematic issue/event;
10. What was he/she doing leading up to, during and following the problematic issue/event;
11. What was his/her condition at the time of the incident (e.g., was the caregiver under the influence of alcohol or drugs (legal/illegal or prescription/non-prescription);
12. Who else had access to the alleged victim child and/or providing care for the child, when there is a CD/NF/SI; and
13. What solutions were tried in the past to resolve the problem; why he/she believes the solutions have not been successful.

ii. The everyday life situations that are challenging to manage that make the child unsafe or put the child at risk for maltreatment and identify circumstances in which challenging situations were successfully managed without leading to an unsafe situation or maltreatment;

iii. Pattern of discipline of children;

iv. Family developmental stages and tasks, including any cultural or health issues that are impacting the tasks the family must carry out on a day-to-day basis, if the caregiver is foster or adoptive parent or a foster care kinship caregiver;

v. Child/youth development and functioning, including:
   1. Any special needs;
   2. Adjustment to the placement or setting; and
   3. How the child gets along with other children in the home, facility, or school.

vi. Other support systems:
   1. Services being provided for the child/youth or caregiver; and
   2. Resources such as respite caregivers, parents, kinship caregivers, and other persons who have demonstrated an ongoing commitment to the child(ren).

e. When injuries or signs of maltreatment were discovered during the visual assessment:

i. When did the injury take place; Who was present during the incident that resulted in the injury;

ii. Was an object used to cause the injury (ex: hand, fist, belt, bat, extension cord); Describe the object that was used to cause the injury (example: black belt with studs); Observe the object used to cause the injury;

iii. Where did the incident that resulted in the injury occur (ex: bedroom, bathroom, hallway, etc.); Observe the specific location in the home where the incident occurred;

iv. Document the observation of the object or location of where the incident and/or injury occurred by taking quality pictures and/or a detailed written description;
v. What was the caregiver's response to the injury or being notified of the injury? Was medical treatment sought;
vi. Has the child suffered any other injuries or does the child have a history of injuries; and
vii. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline or poison control center). If medical treatment is recommended from the consult:
    1. When the child is in parental custody Insist the caregiver take the child to be examined by a medical professional within a specific timeframe; or
    2. When the child the child is in DFCS study take the child immediately to be examined by a medical professional.

f. When an infant under one year of age is in a home or facility, discuss safe sleep practices with the caregiver(s). Take appropriate action to remedy unsafe sleep situations prior to leaving such as helping a caregiver to prepare a safe sleeping area for an infant (see Infant Safe to Sleep Guidelines and Protocol in Forms and Tools).
g. Review motor vehicle safety precautions including not leaving children unattended in cars (see Practice Guidance: Motor Vehicle Safety Recommendations).

2. Observe caregiver-child interactions:
    a. How the caregiver(s) relates to the child;
    b. Whether the caregiver(s) appears to be calm, gentle, relaxed, and confident or if the caregiver appears anxious, easily frustrated, inattentive, indifferent, or detached; and
    c. What the caregiver(s) communicates to the child non-verbally (e.g., looks, touches, and gestures); and
    d. The caregiver's ability to meet the needs of all children under their care and supervision.
3. Observe and assess the physical environment to confirm that it is safe and appropriate to meet the needs of the child(ren):
    a. CPA or DFCS Foster/Adoptive Home and Foster Care Kinship Placements:
        i. Area where the alleged maltreatment occurred; and
        ii. Other rooms in the home; and
        iii. Sleeping arrangements for all household members. If there is an infant in the home, assess whether the sleeping arrangement is safe in accordance with the Infant Safe to Sleep Guidelines and Protocol.
    b. Residential/Non-Residential Facilities:
        i. Area where the alleged maltreatment occurred;
        ii. Sleeping arrangements for the alleged victim child(ren). If there is an infant, assess whether the sleeping arrangement is safe in accordance with the Infant Safe to Sleep Guidelines and Protocol; and
        iii. Common areas that children may frequent.
    c. Public or Private Non-Residential Schools: Area where the alleged maltreatment occurred.
4. Take pictures of the condition of the home, facility, or school when concerns or hazards are identified, this may include taking pictures inside or outside such as the yard, porch

area, etc. (See Practice Guidance: Pictures).

5. Take appropriate action to remedy environmental concerns or hazards (i.e., loose wires or cords, alcohol or beer bottles, any drug paraphernalia, broken glass or windows, medications or toxic cleaning items that are in reach of small children) prior to leaving.
6. Request an Authorization for Release of Information (ROI) be signed when it is necessary to obtain information about the caregiver, caregiver's family, or alleged maltreater, and/or to initiate referrals. Obtain the signature of the subject of whom you are requesting information or the custodian or guardian of the child whom you are requesting information.
   NOTE: Blank ROIs should not be requested to be signed. ROIs should be completed related to a specific request for information at the time signatures are obtained.
7. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact caregiver(s), and/or alleged maltreaters(s) in accordance with policy 19.11 Case Management: Safety Assessment. Take immediate action to control the identified safety threats if the child is unsafe:
   a. When the child is in the legal custody of the caregiver(s):
      i. Develop and implement an in-home or out-of-home safety plan with the caregiver(s) (see policy 19.12 Case Management: Safety Plan & Management) and/or
      ii. Initiate court/legal intervention.
   b. When the child is in the legal custody of DFCS immediately remove the child from the placement or setting.
8. Thoroughly explain what will happen next and answer any other questions the caregiver and/or alleged maltreater may have in relation to the special investigation process.
9. Request information about the whereabouts of caregiver(s) not present during the visit. Arrange for them to be interviewed.

Parent (Custodian/Non-Custodial), Guardian or Legal Custodian

NOTE: Follow the procedures below when the parent, guardian or legal custodian of the alleged victim child being interviewed is not the alleged maltreater in a special investigation. When a parent, guardian, or legal custodian is the alleged maltreater adhere to policy 5.2 Investigations: Purposeful Contacts During an Investigation.

The SSCM will:

1. Engage the parent, guardian, legal custodian(s) of the alleged victim child(ren) in a private face-to-face conversation of child safety, permanency, and well-being. Assess and discuss:
   a. The special investigation process. Answer any questions the parent, guardian, legal custodian(s) may have.
   b. Allegations of maltreatment, including information he/she knows about the alleged maltreatment:
      i. Was he/she aware of the alleged maltreatment If so, how did he/she find out about the alleged maltreatment;
      ii. What does he/she know about what happened;
      iii. Has he/she witnessed or heard of similar events; and
      iv. What did his/her child say about what happened (including who was involved);
   c. Care of child at the placement, facility of school where the maltreatment occurred:
      i. How long has the child been in their current placement, facility, or school;

ii. How has the child adjusted to their current placement, or to attending the program at the facility or school;
iii. What is their perception of how the child is being treated at the placement, facility, or school;
iv. Any observations that concerned him/her about the child's care or physical environment at the placement, school, or facility;
v. Child behaviors or emotions observed when picking/dropping off the child or during visits;
vi. Child's behavior in the care of the parent versus what the caregiver(s)/alleged maltreater report at the placement, facility, or school;
vii. Any behavioral or emotional changes in the child since arriving at the placement, facility, or school (fearful, anxious, upset); and
viii. Alleged maltreater's caretaker patterns of behavior:
    1. Do they exhibit affection, empathy, or protectiveness toward the child;
    2. How do they communicate with the child;
    3. What observations have been made about how they interact with children under their care;
    4. What are the discipline practices used when the child is under their care;
    5. Have there been concerns or issues with the alleged maltreater prior to the alleged incident; and
    6. How does the parent characterize their relationship with the alleged maltreater (ex: friendly, tense, disagreements about childcare or parenting practices).

d. Child/youth development and functioning, including:
    i. Any special needs, including developmental delays, physical impairments, or behavioral health needs;
    ii. How child's needs are managed at home versus the placement, facility, or school;
    iii. Has the placement, facility or school been able to manage any special needs of the child; and
    iv. How does the child get along with siblings or other children in the placement, facility, or school.

2. Thoroughly explain what will happen next and answer any other questions the parent, guardian, or legal custodian may have in relation to the special investigation process.
3. Make a safety determination in consultation with the SSS prior to concluding each purposeful contact in accordance with policy 19.11 Case Management: Safety Assessment. Take immediate action to control the identified safety threats if the child is unsafe in accordance with policy 19.12 Case Management: Safety Plan & Management.

The SSS will:

1. Assist the SSCM in preparing for the purposeful contact.
2. Ensure purposeful contacts are occurring according to policy or as frequently as necessary to assess and ensure safety.
3. Use the following reports to track purposeful contacts:
    a. Investigation Response Time Report (Georgia SHINES); and/or
    b. Log of Contacts (Georgia SHINES).
4. Assist the SSCM in preparing an agenda to ensure purposeful contacts are focused on

the allegations of maltreatment and child safety, including:

a. Whether the visit should be announced or unannounced based on the extent and circumstances of the alleged child abuse or safety concerns.
   NOTE: When physical/sexual abuse is alleged, make every effort possible to initially engage the child at a location away from the alleged maltreater. This provides the child the opportunity to freely discuss the alleged abuse.
b. The information gathering approach, including persons to be interviewed, order and location of interviews, and when interviews will occur.
c. Questions to ask to ensure all issues/concerns are addressed.
d. What can be anticipated regarding the existing situation, caregiver and family members' response, and personal safety in the home or community.
e. Potential child safety and family service needs.
f. Refer to the Intimate Partner Violence (Domestic Violence) Guidelines & Protocol in Forms and Tools for additional guidance if intimate partner violence/domestic violence (IPV/DV) is suspected or alleged.
g. Refer to policy 19.26 Case Management: Case Management Involving Substance Abuse or Use for additional guidance if substance abuse is suspected or alleged.
h. Refer to Human Trafficking Case Management Statewide Protocol in Forms and Tools for additional guidance when human trafficking (sex or labor) is suspected or alleged.

5. Ensure he/she is accessible to provide guidance and consult with the SSCM in "real time" to discuss:
   a. Information gathered concerning areas of family functioning;
   b. Present danger situations or impending danger safety threats identified;
   c. A safety determination (safe or unsafe);
   d. The development of an in-home or out-of-home safety plan to control the present danger situation or impending danger safety threats, for children in parental custody; or the need to move a child from his/her placement; and
6. Document the supervisory staffing in Georgia SHINES within 72 hours of occurrence.
7. Determine the sufficiency of the purposeful contacts through a Georgia SHINES documentation review, considering the following:
   a. Was documentation entered within 72 hours of the occurrence;
   b. Does the documentation validate the safety decision by including enough information to support a thorough assessment of child safety and maltreatment;
   c. Were the individuals engaged in manner that is conducive to building a partnership;
   d. Was the discussion with the caregiver or alleged maltreater focused on the challenging situations that he/she is struggling to manage;
   e. Are inconsistencies documented that need to be resolved;
   f. Are there any service provision that be implemented; and
   g. Observations documented and pictures uploaded to External Documentation.
8. Provide feedback and guidance to the SSCM based on the documentation review in order to resolve inconsistencies and ensure service provision.

After the Purposeful Contact - Analyzing Information

The SSCM will:

1. Immediately report to the CICC any new known or suspected instances of child abuse using the guidelines outlined in policy 3.24 Intake: Mandated Reporters.

2. Inform the parent/guardian/legal custodian of an interview conducted with his/her child without prior caregiver notice immediately upon completion of the interview by telephone or by sending written notification via the Notification of Child Interview.
3. Identify inconsistencies or discrepancies and develop a plan for resolving, including identifying the collaterals contacts to be engaged.
4. Make any needed safety decisions in consultation with the SSS.
5. Document the purposeful contact in Georgia SHINES within 72 hours of occurrence, including updating the Person Detail Page and uploading any pictures, safety plans or documents to External Documentation.
6. Conduct safety screenings on additional household members, caregivers, or alleged maltreaters who were identified during the contact (see policy 19.9 Case Management: Safety Screenings).
7. Make referrals to implement services in accordance with policy 19.17 Case Management: Service Provision.
8. Follow up on commitments made during the visit.
9. Identify areas for discussion and follow up during the next visit.

PRACTICE GUIDANCE

All contacts made with parents and their children provide an opportunity to build a trusting and supportive partnership. Contacts should be well planned and have a clear purpose. In order to thoroughly assess a child's safety, permanency and well-being, it is important to assess the functioning of the family that is caring for the child. Some key principles to keep in mind when performing purposeful contacts include:

1. Recognizing the family providing care as a system - Each member of the family, including the child, has a role and responsibility within the family. If any one person is unable to fullfil their responsibilities, then the whole family is impacted.
2. Engagement and partnership buidling - purposeful contacts are not only about engaging and building a relationship with the caregiver, but also about engaging and building a relationship with the entire family including absent parents.
3. Involvement of families and youth - Because each member of a family has a role and responsibilities, it is essential to obtain input from all family members when assessing family functioning. When family members are engaged, this will re-affirm their importance in ensuring the success of the family system.
4. Recognizing all members are individuals – Each family members will adjust differently to challenges to everyday life tasks. It is important to recognize the individuality of each family member and the impact DFCS involvement has on their lives.
5. Cultural awareness - Each family has their own culture. Culture impacts family rituals and traditions. As family functioning is assessed, we must be respectful of all cultures involved and how they impact the functioning of the family.
6. Empathy, authenticity and transparency - During purposeful contact with family, we should be mindful of these three words: empathy, authenticity and transparency. When engaging we must be able to identify with their thoughts and feelings even though we may not always agree. We also must be genuine and open in our communication with all family members and recognize that we have some accountability regarding the success or failure of the family. Purposeful contacts are also a time for the family to hold us accountable for what we may or may not be doing on behalf of the family who has joined in partnership with us.

7. Remaining focused on safety, permanency and well-being throughout the process.

Minimizing Trauma to Children During an Investigation[1]

Many children coming into the child welfare system have been traumatized by experiences of abuse or neglect. This trauma is often chronic and/or complex, meaning that it has been sustained over a period, started at a very young age (when the child is most vulnerable) and perpetrated by someone who the child depends on for protection and care. Trauma can have serious short-term and long-term effects on children's development such as attachment, cognition, mood regulation, behavior control, physiology, dissociation, and self-concept. Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the traumatic event(s). This may reduce their capacity to master developmental tasks. The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

Considering that children who enter the child welfare system may have already experienced trauma, it is especially important that they not be further traumatized by the system that seeks to help them and that they receive services as soon as possible to facilitate their recovery from the trauma they have experienced. The potential for children to be traumatized during the process of investigation is high, as these processes often involve conflictual interactions between professionals and family members and can evoke fear, resistance, and hostility.

In order to reduce the chance of further traumatizing children during an investigation the following are some Trauma Informed Practice Strategies (T.I.P.S.) for Caseworkers:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise:
   a. Slow down, plan out investigations and removals;
   b. Let the family know an assessment is going on, that removal is a possibility, when applicable;
   c. Suggest they keep a school aged child at home, so the child does not have to be interviewed at school;
   d. Work with the parents to identify support individuals for their children during the assessment and/or for placement resources – kinship caregivers, friends, etc. Ask the parent and the child, who does this child know and trust; and
   e. Collaborate with other agencies, especially law enforcement. How can you better collaborate out in the field; clarify roles and expectations.
2. Try to keep things calm during the investigation, assessment and when necessary, removal. Engage the parents in helping the child:
   a. Remain calm; move slowly;
   b. Talk the parents down. Calm the parents to calm the child; and
   c. Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
3. Empathize, connect, and try to understand the child's perspective:
   a. Be open to listening if they want to talk;
   b. Acknowledge their feelings and the difficulty of what they are going through; and
   c. Acknowledge their love for their parents and their parents love for them.

1 Product of "Reducing the Trauma of Investigation, Removal and Initial Out-of-Home Placement Project" (2008-09) conducted by Portland State University, Center for Improvement of Child and Family Services, funded through the Children's Justice Act Task Force at the Oregon Department of Human Services.

4. Provide information to the child:
    a. Explain what is happening;
    b. Assure them this is not their fault, they are safe, and will be cared for; and
    c. Do not make promises you cannot keep.
5. Provide services aimed at healing and wellbeing as soon as possible, including trauma informed services:
    a. Make sure the child has someone to talk to about what is happening that they feel comfortable with;
    b. Obtain a mental health assessment; and when necessary
    c. Obtain counseling and/or other trauma informed therapy for the child.

Observing Children for Physical Signs of Maltreatment

Observing children for physical signs of maltreatment is an important part of ensuring child safety. To determine if there is cause to believe a child has been physically harmed, consider the following:

1. Non-verbal cues from the child or the caregiver that raise concern.
2. The age and special needs of the child. Young children and those with certain special needs are especially vulnerable and may not be able to verbalize when they are being abused or neglected. Therefore, the SSCM cannot depend on the child to say how they are feeling and must be keenly aware of non-verbal cues. For instance, if the child is wincing or drawing back slightly, it may be an indication of pain.
3. Statements made by the child, other children/household members/collaterals, etc. that indicate him/her may have been subjected to physical harm or neglect, etc.
4. Physical indicators of maltreatment such as suspicious injuries, marks, cuts, bruises, areas of swelling, protruding limbs, damaged skin, malnourishment, unexplained weight loss, lethargy, severe tooth decay, matted hair, pungent body odor, etc.
5. The child resides with the caregiver or other individual that harmed the child or another child.
6. The child indicates that physical discipline is being used; or that inappropriate methods of discipline is utilized by the caregiver or others in the home.

The SSCM may need to view areas of a child's body that are covered by clothing to observe for signs of maltreatment and determine if the child needs medical treatment. This may require that the child (or caregiver for younger children) adjust their clothing. This can be embarrassing and anxiety provoking for the child. SSCMs must be sensitive to the child's level of comfort and make every effort to reduce their discomfort. This can be accomplished by having an adult present that the child knows and trusts, and by asking the child or the caregiver (for children four years and under or those with special needs) to adjust one area of a child's clothing at a time. Asking the child or the caregiver to raise a child's pant leg or shirt sleeve one at a time, is less invasive, while allowing the SSCM to observe for signs of maltreatment. The child should never be fully unclothed. When possible, arrange for a staff person of the same sex as the child to conduct the observation.

Assessing Injuries

Some characteristics of injuries are considered red flags and warrant further scrutiny, these include but are not limited to:

1. Injuries on children who are not mobile, especially infants.
2. Injuries on protected surfaces of the body, such as the back and buttocks, ears, inside

the mouth, the neck, arms or legs, and underarms.
3. Multiple injuries in various stages of healing (i.e., skin injuries, lesions of varying ages, bruises).
4. Patterned trauma, even if the object used to commit the abuse cannot be determined.
5. Injuries that routine, age-appropriate supervision of the child should have prevented.
6. Significant injury with either no explanation or an explanation that is not plausible.

Medical personnel are trained to detect signs of abuse or neglect that may otherwise go unnoticed. Whenever there is a question of whether a child needs to be examined by a medical professional, have the caregiver seek a medical consultation (e.g., 24-hour nurse helpline, poison control center). If medical treatment is recommended, insist the caregiver take the child to be examined by a medical professional within a specific timeframe.

The SSCM also needs to observe the scene of the injury, to ascertain whether the caregiver and/or child's statement of what happened is plausible.

1. Ask the caregiver and/or child to show him/her exactly what happened, and where.
2. Note anything about the physical environment that refutes the statement(s) provided. For example, if the caregiver claims that the child fell out of bed and hit their head on the floor, causing a severe bruise, the SSCM should look at the bed, the floor, and height from the bed to the floor. Is the floor carpeted? Is it plausible that the injury occurred on the carpeted floor?
3. Obtain a detailed, precise timeline of events surrounding the issue/event or track the sequence of events. The more detailed the history, the more likely the assessment of the injury will be accurate. This can be helpful when communicating with medical staff to determine if the injury could have been caused in the manner described by the caregiver and/or child.

Separating Intentions from Actions

An individual can experience differing even conflicting feelings about any given situation. It is not uncommon to have two thoughts on the same subject "I would like to..., but I am scared". Individuals who may have caused harm to a child also experiences these conflicting feelings. "He deserved to be punished for not following the rules…, but I didn't mean to hurt him. "He just would not stop crying, I was exhausted and wanted to sleep…., but I didn't mean to shake him that hard."

Separating intentions from actions means joining in partnership with the part of the person's thoughts (intentions) related to not wanting this event to occur again, while helping them to acknowledge their unacceptable actions. Two methods used to help separate intentions from actions are:

1. Normalizing Family Struggles
   Normalizing is a form of empathy (understanding) that acknowledges the family's problems is part of the struggle of negotiating difficult life cycle stages, as well as strengths and efforts in coping with the problems. It also helps families learn that many others are in the same situation. It does not downplay or dismiss the problem. It also does not condone or endorse the harmful behavior.

   For example, can you remember failing a test in college to only find out most of the class

failed the test too? It does not remove the failing grade, but deep down it does make you feel a little better that others are in the same situation. Sometimes knowing others failed too provides confirmation that the test was difficult.

It is not unusual for families to start off defensively in their relationship with the case manager. Sometimes a simple introduction can evoke a defensive response from the family. Normalizing can enable an assessment to be more complete by minimizing the possibility of the family or individual becoming defensive and refusing to engage with the case manager. When a partnership is not established, information is not being shared openly, therefore obstructing the gathering information process (assessment). Normalizing a family's struggles can reduce the risk of defensive behavior by the family by attributing the family's problems to struggles associated with difficult life cycle stages.

Problem	**Normalizing Language**
Father who locked his teenage daughter in the basement to prevent her from leaving the house during the night while he sleeps.	"Teenagers today sometimes fail to understand the dangerous out in the world and the struggles to keep them away from harm. I found it so difficult when dealing with my teenage daughter, particularly if I knew she was hanging with the wrong crowd. You must feel horrible, how did the evening start?"
A mother who has neglected her children due to drug use (previous sex abuse victim by the biological father).	" Single mothers say all the time how hard it is raising children alone; I can only imagine how difficult it is to focus on the constant demands of raising two children while simultaneously trying to overcome the abuse you sustained as a child. It must be so hard. Tell me when you noticed things were more than you could handle?"
A mother who (education) neglects her children.	"As a parent, I found mornings extremely stressful. It took all I had to get the children up and out of the house to catch the school bus on time. I am sure it is especially difficult for you when your child makes up illnesses to avoid going to school and you do not have a car to transport him to school if he misses the. Tell me when this began."
Foster mother spanks a child in foster care in her home. (policy violation assessment)	"A lot of foster parents have expressed how challenging it is to integrate a child into their home when the child may have come from a home with different rules or values. How did this all get started?"
Kinship caregiver placement resource who spanked a child in foster care placed in their home who is diagnosed ADHD.	"Kinship caregivers who agree to be a placement resource for the child often experience problems adhering to the no spanking guidelines required by DFCS, especially when they have cared for the child before the child went into foster care and was able to use physical discipline with the child. Tell what behaviors you were trying to deter?"
Adolescent in foster care who is experiencing problems adjusting to the school environment after being brought into foster care.	"I understand you are trying to focus on school, but it is hard to focus after being removed from your family and placed into foster care. Teenagers have told me how difficult it is returning to school after being brought into foster care and everyone at school is aware of the situation. Tell me about that."
Adolescent in foster care who is having a problem establishing his career objectives for the creation of the WTLP.	"Teenagers often have trouble pinpointing their career path, it seems so far off and not like a big deal at this age. Let's talk about it, what things are you good at?"
Adoptive parents who are experiencing doubts about adopting a child.	"This is not uncommon, several adoptive parents have expressed their apprehension to adopting a child

	following the adoptive placement, you are not alone, and adding a member to your family is a difficult process. Tell me about your concerns."
A non-custodial parent who has a limited bond with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"Parents who do not live with their child and only see the child sporadically, say it is very challenging to establish and maintain a bond with the child, particularly when the relationship with the caregiver who is caring for the child each day is strained. Tell me about that."
A non-custodial parent who has a limited interaction with the child wants to be a kinship caregiver placement. (Kinship care assessment)	"I understand you were trying to get yourself financially established before engaging in your child's life because you wanted to have something to offer your child. Parents who are not involved in their child's life or have limited interactions with their child often say it is difficult to just show up when you have nothing tangible to offer. Tell me about this."

2. Externalizing the Problem Pattern
   Externalizing the problem allows the family or individual to detach themselves from their problem. Externalizing the problem does not mean minimizing the personal responsibility or shifting blame, rather, it allows the individual to view the problem as something that is separate from their identity as a person. In short, the person is not the problem, the problem is the problem. Language that externalizes the problem can reduce criticism, blame, and guilt. If one of the family members has an "anger" problem, externalizing the problem will free up the family to work on the problem rather than exhausting energy opposing each other or defending themselves. This opens the opportunity for the SSCM to work with the family to address the problem.
   For example, asking the individual, "How long have you struggled with the problem of controlling your temper?" Has the anxiety problem been around for a while?" Can you see how anxiety has limited your family from engaging in fun activities?" "If your family wasn't plagued with the anxiety problem, what kind of activities would your family enjoy?"

Problem	Externalizing Language
Mother who beats her child (prior abuse victim)	"Maybe you would like to put an end to this cycle of violence that has been passed on to you; would you like to be one to defeat this monster and keep it from hurting future generations."
Stepfather who slapped his teenage stepdaughter	"When you described those episodes when everybody gets into it and you end up losing it, you seemed to be saying that you hate these episodes because they keep you from being the father you really want to be to your stepdaughter."
Mother who neglects her children due to depression	"This dark curtain that you mentioned, tell me about a time when you fought back, or slipped by, or fooled this dark curtain that descends on you."
A mother who neglected her child due to drug use.	"When you said you vowed not to be like your mom and use drugs and not care for your children, you seemed to be saying the drug use keeps you from being the mother you really want to be to your children."

Engagement of the Noncustodial Parent

Engagement of noncustodial parents is more than contacting them inquiring as to their interest

in being involved with the child(ren). It requires trying to understand their situation and why they may feel the way they do. It is important to be aware of certain dynamics that may come into play in this process. Their behavior may be in response to previous negative experiences they have had with the custodial parent, preconceived notions about how they are perceived by others regarding the status of their parental involvement, or they may be reluctant because of their views about the child welfare system. Engagement of noncustodial parents can be facilitated by educating them on the process and exploring with them their possible role and how they can be a resource for the child (ren). The discussions with the custodial parent surrounding the involvement of the non-custodial parent need to occur during the development of the case plan. Engagement should revolve around the noncustodial parent's presence/engagement in the child's life, caregiving abilities, cooperative parenting, and emotional contributions to the child. A determination must be made about the non-custodial parent involvement with the child and their ability to contribute the outcomes of the case plan prior to establishing contact standards for the non-custodial parent.

Observing Parent/Guardian and Child Interaction

Direct observation of parent and child interactions: What is the quality of the parent and child bonding? Does the parent engage the child in developmentally stimulating activities? Does the parent handle the child roughly or is there an apparent comfort level in providing for the child's needs? Does the parent identify the child's needs and respond to them in a nurturing way? Does the child seem fearful of the parent? Parent-child interaction in the parents' home should be observed prior to reunification.

Hearing and seeing how the parent and child communicate: Is communication verbal, non-verbal, physical, positive, negative, passive, more negative than positive?

Determine if progress on the specified steps of the case plan are met: What changes in the parent's interaction with a child are observed since the previous meeting and/or the implementation of service provisions (i.e., counseling, parenting skills training)? Is the parent learning and practicing better ways of parenting? Are they utilizing their action plan to avoid, interrupt or escape situations that would usually lead to high-risk behaviors? Does the parent redirect the child when unwanted behaviors are noticed? If service provision is effective, there should be evidence of enhanced parenting skills.

These are only a few of the many insights that may be gained from direct observation of parent and child interactions. Using what is directly observed as a major component of case decision making is vital. A case decision based only on what is reported by the parent is never enough.

Why to Make Contacts in the Home

It is important to visit children in the home environment to assess safety and gain an understanding of the child's living conditions. It is recommended that contacts be made in the home as often as possible. There is helpful information that may be gathered when interacting with parents and children in their home environment and it is important to make firsthand observations of the home environment to which the child may be returning.

Announced or Unannounced Home Visits[2]

The nature of the reported allegations and the initial indication of the existence of a present danger situation or impending danger safety threat must be the first consideration when determining whether to make an announced or unannounced visit. If there is a present danger situation, this requires an immediate response, regardless of where the child is located. When a present danger situation is not apparent initially, the nature of the allegations and DFCS history, as well as the consideration of whether an interview could be tainted by an adult are important considerations when determining whether to do an announced or unannounced visit. Making an unannounced visit should be associated with timeliness, immediacy, or emergency situations. Unannounced visits are not discouraged when they are appropriate, but they should be necessary and justified based upon the individual circumstances of the case and its history. Supervisory consultation and guidance are an integral part of the discussion when preparing to engage a family during CPS intervention. A family needs to know that CPS is not there to "catch them doing something", but to act to protect a child. Therefore, there needs to be a specific, immediate, and clearly observable reason that a case manager makes an unannounced visit.

When a case manager is trying to build a partnership and consensus with a family, he/ she must remember that courtesy and mutual respect is a core component of building effective and sustainable solutions to the difficult tasks or situations identified by a family. When possible, a scheduled visit with a family can be an effective, convenient, and efficient process for all parties. The visit can be set to a time that is mutually convenient and include all household members. This alleviates the need to make multiple visits to complete interviews; saving time and effort for the case manager and caregiver(s) and shows an effort to be courteous and respectful of the family and their time.

Purposeful Contacts When the Caregiver or Child Resides in Another County

County A may request County B to conduct a purposeful visit with a caregiver or child who is residing or temporarily living in County B if County A cannot conduct the visit. Both counties should have a discussion prior to the visit to address case plan goals, the purpose of the visit and frequency of the visits. The assigned SSCM in County B should be added as a secondary SSCM in Georgia SHINES so that they may document the visit.

Safe Sleeping Recommendations for Infants up to One Year of Age

Caregivers of infants (birth to 12 months old) must be informed of conditions that constitute a safe sleeping environment and that reduce the risk of Sudden Infant Death Syndrome (SIDS), also known as "crib death". At minimum, caregivers should be advised of the three primary safe sleep recommendations of the American Academy of Pediatrics (AAP) commonly referred to as the 'ABCs' of safe sleep:

Alone – The baby's sleep area should be close to, but separate from, where caregivers and others sleep. The sleeping area should be free of soft objects, toys, and loose bedding.

Back – Infants should always be placed on their back to sleep for naps and at night.

Crib – Place infants on a firm sleep surface, such as on a safety approved crib mattress. covered by a fitted sheet.

2 Developed from the Administration for Children and Families; Unannounced Home Visits – Critical Assessment Tool or Barrier to Family Engagement? Centennial Topical Webinar Series September 26, 2012, Theresa Costello, Presenter

Further additional information and guidance regarding safe sleeping and SIDS/SUIDS see Infant Safe to Sleep Guidelines and Protocol in Forms and Tools.

Motor Vehicle Safety Recommendations

Children are sensitive to heat as their body temperature can heat up three to five times faster than an adult's. Children will die if their body temperature exceeds 107 degrees. Even at a temperature of 60 degrees outdoors, the temperature inside a car can exceed 110 degrees. The U.S. Department of Transportation (DOT) National Highway Traffic Safety Administration (NHTSA) recommends the following precautions to take in order to avoid child heatstroke.

1. Never leave a child unattended in a vehicle – even if the windows are partially open or the engine is running, and the air conditioning is on;
2. Make a habit of looking in the vehicle – front and back – before locking the door and walking away;
3. Ask the childcare provider to call if the child does not show up for care as expected;
4. Do things that serve as a reminder that a child is in the vehicle, such as placing a phone, purse, or briefcase in the back seat to ensure no child is accidentally left in the vehicle or writing a note or using a stuffed animal placed in the driver's view to indicate a child is in the car seat;
5. Always lock your vehicle when not in use and store keys out of a child's reach, so children cannot enter unattended. Teach children that a vehicle is not a play area;
6. A child in distress due to heat should be removed from the vehicle as quickly as possible and rapidly cooled.

Pictures

Pictures are useful for documenting injuries and/or the condition of the home environment; and may be used as evidence in an investigation or in court.

1. When taking pictures to document injuries, ensure the following:
   a. The caregiver and the child are informed of the need for taking the pictures.
   b. Each photograph should have one identifier present (i.e., piece of the child's clothing), at least one photograph should include the child's face and the clothing, to assure that the evidence collected demonstrates the series of pictures of the same child.
   c. Use measurable objects (i.e., ruler, coin, pencil) to depict the size of the injury. Photograph the object that caused the injury (whether the injury was accidental or not).
2. When taking pictures of the condition of the home related to safety hazards to the children, include all the areas that demonstrate a safety hazard, such as inside and outside the home, including the yard, when applicable.
   NOTE: If the safety hazard is an infant unsafe sleep situation, take a picture of the area in which the infant currently sleeps.
3. All pictures should be identified with the following information: the individuals who took the photo, the date it was taken, name and date of birth of the alleged child victim, and if applicable the address where the injury occurred or the home with the safety hazards.

Documenting Purposeful Contacts

All visits must be documented on the Contact Detail page in Georgia SHINES within 72 hours of the contact. A narrative must be completed for each Contact Detail. At a minimum, the documentation entry must include:

1. The type of contact (e.g., face-to-face, announced, unannounced, etc.).
2. The date the contact occurred.
3. Person(s) present at the contact.
4. The purpose of the contact.
5. What was discussed.
6. Where the contact occurred.
7. Whether the caregiver or child was interviewed privately. If the child was not interviewed privately document the reason(s) why this did not occur.
8. Summary of information (What happened at the visit):
    a. The developmental stage of the family and the everyday life task in which the family is struggling;
    b. Sequencing of the event/situation that is causing concern;
    c. Safety, permanency, and well-being issues discussed;
    d. Consensus developed with the caregivers;
    e. Child and parent's involvement in safety planning;
    f. Safety determination (safe or unsafe);
    g. Safety plan management; and
    h. Change that was noticed and celebrated with the caregiver(s).
9. Observations of the home environment, children for injuries or signs of maltreatment and interactions of family members.
10. Any concerns or red flags identified.
11. Next steps and the plan for addressing identified issues or concerns, as well as documentation of issue resolution.

FORMS AND TOOLS

A Guide to Gathering Information During Investigations
Authorization for Release of Information
Authorization for Release of Information - Spanish
Caregiver's Guide to a Child Protective Services (CPS) Investigation
Caregiver's Guide to a Child Protective Services (CPS) Investigation - Spanish
Foster Parent Bill of Rights Brochure
Human Trafficking Case Management Statewide Protocol
Infant Safe to Sleep Guidelines and Protocol
Intimate Partner Violence (Domestic Violence) Guidelines & Protocol
Notice of Case Record Information Available to Parents/Guardians
Notice of Case Record Information Available to Parents/Guardians (Spanish)
Notice of Privacy Practices
Notice of Privacy Practices - Spanish
Notification of Child Interview
Notification of Child Interview - Spanish