



## Child Protective Services Casework Checklist

*Not to be used by the DCYF Licensing Division (LD)*

- Carefully read the entire intake & note the following:
  - Family Assessment Response
  - Investigation or Risk Only
  - Initial Face to Face (IFF) due date and time
  - Subjects or FAR participants
  - Victims or Identified Child
  - LEP
  - ICW
  - Up to 1-year-old require [1135. Infant Safety Education and Intervention](#)
- Launch FAR family assessment or investigative assessment and link related intake or intakes.  
[Investigative Assessment Help Guide](#)                      [Family Assessment Response \(FAR\) Help Guide](#)
- Search for information about the family in FamLink, physical files and imaged records.
- Search Automated Client Eligibility System ([ACES](#)), [BarCode](#), and Washington Courts for information that would be important for your assessment, (i.e., Substance Use Disorder, psych evaluations, etc.). Document summary of information in FamLink. [Frequently Used Applications Quick Help Guides](#)
- Call referrer for additional or clarifying information (i.e., addresses, allegation correct, any new allegation, case participants, etc. and document).
- Notify and document collaboration with law enforcement (LE) for all physical and sexual abuse allegations or criminal maltreatment when indicated by CA/N code or in the narrative of the intake and:
  - Fax or email LE intake using form launched from Intake/referral tab and documentation module.
  - Talk with officer or detective about the IFF timeframe, allegations and all information known regarding the investigation and assessment of child safety.
  - If IFF delayed by LE, talk with supervisor about extension or re-contact officer or their chain of command.
- [Notify Indian tribes](#), within 24 hours, for children who are members or eligible for membership in a federally recognized tribe and document on the Intake referral tab. Follow the tribe's [Memorandum of Understanding \(MOU\)](#). If there is no MOU and the family resides on the reservation, ask the tribe's designated ICWA representative if the tribe will assume responsibility for the investigation or FAR intervention. If DCYF is requested to lead the investigation or intervention, provide notification in time for a tribal worker to have the opportunity to be present. If the family lives off of the reservation, DCYF is responsible for the investigation or intervention with collaboration and ongoing discussion with the tribe.
- Investigation:** Conduct background checks if needed for staff safety or child safety assessment. Request NCIC Code 'C' on subjects, parents, or other adults in the home. -
- If a client has Limited English Proficiency (LEP), offer interpreter and translated forms and document provider # for interpreter services.
- Request law enforcement reports, court orders and other state child welfare information as needed. Summarize in case note and put reports in hard file or upload to FamLink.

FAR:

- If child safety will be jeopardized by contacting the family prior to completing the IFF, consult with your supervisor and document reasoning to complete the IFF before contacting the parent.
  - Contact family to schedule family meeting and meeting with child. Document in FamLink.
  - Explain CPS pathways and provide FAR brochure ([CWP\\_0023](#)). Document family decision to participate in FAR or Investigation.
- Conduct an IFF with the identified child or victim within 24 or 72 hours of intake date and time.
- FAR: interview child with parent present unless doing so will jeopardize the safety of the child or if attempted parent contact by phone and parent contact at home address was unsuccessful.
  - Investigation: Interview at school if possible (Call the school first to see if child is there).
  - Assess for present danger and document in a case note.
  - Interview children without subject present when warranted by seriousness of allegations or indicated by child behavior. Normalize this with family by explaining this type of individual contact routinely occurs in CPS interventions.
  - Upload audio recording or enter near verbatim documentation of child interviews into FamLink [2350. Audio Recording](#) and [2333. Interviewing a Victim or Identified Child](#).
  - Upload photographs taken of a child's injuries and surroundings into FamLink or enter a case note describing the observations in detail. [6500. Photograph Documentation Policy](#).
  - Complete comprehensive interview within 10 days of intake date and time if not completed at time of IFF.
- Gather information to assess child safety and make face-to-face contact with all children in the home including children who were not a victim or identified child before completion of the safety assessment at 30 calendar days from the date of intake.
- Obtain medical examinations of children when they are seriously injured ("[SERIOUS INJURY](#)" of a child client is an injury requiring professional and medical treatment beyond first aid); there is a pattern of injury to young children as a result of alleged child abuse or neglect; there is an allegation of medical neglect or medical child abuse; there is an allegation of malnutrition, starvation, failure to thrive, or torture; there is an allegation of sexual abuse that includes physical injury to the child or; there is potential for the child to have a sexually transmitted disease. (Can share pertinent information with mandated reporters [RCW 26.44.030](#) and [WAC 110-30-0090](#))
- Call the provider first and let them know the allegations and request a call back after their exam.
  - Discuss with the provider a referral for the child to have a full CA/N medical work up.
  - Request that the medical provider address whether the story matches the injury.
  - Discuss with your supervisor if a [Child Protection Medical Consultant Network](#) (MEDCON) is appropriate.
  - Document if parents refuse to take the child for a medical exam and what steps you took (i.e. requested assistance from LE in getting a medical exam for the child, consult with your supervisor, consult with the AG).
- Interview all named subjects, FAR participants, parents or caregivers.
- [Gathering Questions](#)/Structured Decision Making Risk Assessment ([SDMRA](#)) info (mental health, domestic violence, chemical dependency, arrest/conviction history, CA/N as child/justifies CA/N or blames child, child & caregiver characteristics/attachment & nurturing/housing).
  - UA if applicable (allegation/history/collateral report/behavior indication/self-report).
  - Review all allegations/safety/risk concerns and document response.
  - Include assessment on parental needs: language barriers, cognitive functioning, etc.
  - Have parents:
    - Sign [Indian Identity Request DCYF 09-761](#) for each child and complete a [Family Ancestry Chart DCYF 04-220](#) when a child may have Indian ancestry and be affiliated with a federally recognized tribe.

- Sign consents to exchange information or request records.
    - Verify contact information (mail and physical address, phone, email).
  - **Investigation:** Provide oral and written notification to subjects about the “CPS investigative findings” process, the outcome of investigation and follow [2559B. CPS Investigative Findings Notification](#).
  - Gather relative and significant other adult information.
- Determine if other individuals live in the family home and assess child safety in relation to these individuals and if they are caring for the child (collateral contacts, observation of the home, parent/child interview/check data bases etc.).
- Walk through the entire home to verify safe living conditions (SDMRA Housing question).
- Look in the yard, both front and back for potential safety hazards; share any concerns and possible solutions with parent/caregiver.
  - Document specifics of what you observe, smell, etc.
  - Sleeping arrangements of all individuals in the household.
  - Ask parent for permission to take photographs.
- Conduct universal screening for Domestic Violence through individual and separate interviews with all parents, caregivers, adults and children in the home even if DV was not identified at intake to determine:
- If DV is present
  - If so, who is the adult victim
  - If so, who is the DV perpetrator
- If DV is identified, conduct a Specialized DV Assessment Interview Protocol via interviews, review of records and available databases for all of the following information:
- DV perpetrator’s pattern of assaultive and coercive tactics
  - Impact of DV on the adult victim
  - Impact of DV on the child
  - Adult victim, perpetrator and community protective factors
  - The lethality of the DV
- Infant Safety Education and Intervention:
- Newborns (1 month or 4 weeks old) – Complete Plan of Safe care if infant is substance affected or born to a dependent youth (mother or father).
  - 0 – 6 mos. – Verify parents and caregivers have received Period of Purple Crying (POPC) booklet and video. If parents and caregivers can’t describe POPC, watch the video with them, review the pamphlet and discuss POPC information.
  - 0 – 1 yr. Complete Safe Sleep Assessment. Engage parent or caregiver to create safe sleep environment if one does not exist.
- Contact collaterals who have knowledge about the incident, allegation or daily functioning of the parents or children
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| ○ Doctor/Dentist/ER                               | ○ Child care (review records of child physical/health condition)  |
| ○ MH/CD   | ○ Friends/relatives/siblings  |
| ○ DD/JR/Juvenile Detention                        | ○ Non-custodial parent (Under RCW 13.50.100, a bio or adoptive parent has the right to information on their child, including information regarding whether allegations of CA/N were founded or unfounded) |
| ○ Neighbors/landlords                             |   |
| ○ School (emergency pickup list/school transfers) |   |

Other TASKS to complete:

- Discuss safety threats, safety plans and the potential for placement in out-of-home care with supervisor
- Assess present danger with every child contact
- Send a [Native American Inquiry Referral \(NAIR\)](#) within 10 working days of Indian ancestry identification
- Monthly Supervisor Case Review
- Safety Assessment complete in 30 Days
- Complete SDMRA on all required households within 60 days for Investigations and 45 days for FAR
- For Investigations, complete a CPT or FTDM for cases with a high SDMRA score with a victim or identified child aged six years or younger
- Complete monthly Health and Safety visits for children and contact with parents on CPS cases open longer than 60 days
- FAR: Discuss Referral to [Early Achievers child care](#) with rating of 3 or above for children 0-5 yrs. who are not in school
- Identify if child birth to 3 has developmental delays and refer to [Early Support for Infants and Toddlers](#) (360.725.3500 or FAX 360.725.4925)
- Update person Management Page with Race, Ethnicity, & Gender
- Update case Management Page address, phone, relationships, other household or case members
- Complete FAR family assessment within 45 Days or 120 days with parent permission and case plan
- Complete investigative assessment within 60 days unless extension from lawenforcement or prosecutor
- Complete a Commercially Sexually Exploited Children (CSEC) screening if there is an allegation, suspicion or confirmation that the child or youth is a victim of CSE and refer to appropriate services