
 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES Family Services Policy Manual		<h1>52</h1>
Chapter:	Child Safety Interventions	
Subject:	Child Safety Interventions – Investigations and Assessments	Page 1 of 26
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Purpose

To articulate a primary focus on child safety and to describe the requirements for conducting child safety investigations and assessments under Chapter 49 and Chapter 51 of Title 33 of the Vermont Statutes.

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Related Policies

- Family Services [Policy 50](#): Child Abuse and Neglect Definitions
- Family Services [Policy 51](#): Screening Reports of Child Abuse and Neglect
- Family Services [Policy 55](#): Unaccepted Reports on Open Cases
- Family Services [Policy 56](#): Substantiating Child Abuse and Neglect
- Family Services [Policy 57](#): Risk of Harm/Sexual Abuse Investigations
- Family Services [Policy 60](#): Juvenile Proceedings Act – CHINS (C) and (D) Assessments
- Family Services [Policy 65](#): Substance Use Disorder Screening & Drug Testing for Caretakers
- Family Services [Policy 66](#): Interviewing Children and Youth in DCF Custody
- Family Services [Policy 68](#): Serious Physical Injury Investigation and Case Planning
- Family Services [Policy 78](#): Assessing Expectant Parents and the Safety of Newborns on Open Cases
- Family Services [Policy 82](#): Juvenile Court Proceedings – CHINS
- Family Services [Policy 85](#): Minor Guardianships Through the Probate Division of the Superior Court
- Family Services [Policy 222](#): Foster Care Interventions
- Family Services [Policy 241](#): Residential Treatment Program Licensing and Interventions
- [The SDM Policy and Procedures Manual](#)
- [Practice Guidance on Applying a “Preponderance of the Evidence” Evidentiary Standard to Substantiation Decisions](#)
- [Practice Guidance on Offering Voluntary Family Support Services to Families](#)

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Introduction

33 V.S.A. § 4911 integrates the following values and purposes into the work of the division:


- (1) protect children whose health and welfare may be adversely affected through abuse or neglect;
- (2) strengthen the family and make the home safe for children whenever possible by enhancing the parental capacity for good child care;
- (3) provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes require the reporting of suspected child abuse and neglect, an assessment or investigation of such reports and provision of services, when needed, to such child and family;
- (4) establish a range of responses to child abuse and neglect that take into account different degrees of child abuse or neglect and that recognize that child offenders should be treated differently from adults; and
- (5) establish a tiered child protection registry that balances the need to protect children and the potential employment consequences of a registry record for a person’s conduct that is substantiated for child abuse and neglect; and
- (6) ensure that in our efforts to protect children from abuse and neglect, we also ensure that investigations are thorough, unbiased, based on accurate and reliable information weighed against other supporting or conflicting information, and adhere to due process requirements.

Policy

This policy is applicable to child safety interventions (investigations or assessments) under [Chapter 49 \(Child Welfare Services\)](#) and [Chapter 51 \(General Provisions\)](#) of [Title 33 \(Human Services\)](#) of the Vermont Statutes. Unless otherwise indicated, policy and procedures are the same for all child safety interventions.

Child safety interventions are time-limited and focused, first and foremost, on ensuring child safety. These interventions should be concluded in a timely way because:

- They represent significant intrusion into private family matters. Families deserve to know the outcome. If services are needed to support child safety, they should be arranged for and delivered as soon as possible.
- Individuals who may be placed on the Child Protection Registry should have the opportunity for timely due process and independent review of that decision.
- Name placement on the Child Protection Registry protects others in the future by limiting the situations in which perpetrators have unsupervised access to children or vulnerable adults.

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Supervising Child Safety Interventions

The child safety intervention supervisor will supervise all child safety interventions, even if the worker normally reports to another supervisor.

Required Communication with Reporters

Centralized Intake and Emergency Services (CIES) informs mandated reporters that a report has been accepted for a child safety intervention, the track assignment, and the assigned worker.


The family services worker will attempt to contact the reporter to see if the reporter has further information concerning the child's situation that would inform the child safety intervention, unless doing so is unreasonable given the circumstances. The supervisor may waive this requirement if the safety of any individual may be jeopardized by the contact.

Planning the Child Safety Intervention

Thoughtful planning of a child safety intervention is critical to minimize the risk to the child, other family members, and the worker. Issues to be considered in planning include:

- What history does the division have with the family?
- Could the intervention place the child at higher risk? How can we minimize that risk?
- How do issues of domestic violence or substance abuse in the family affect the approach to the intervention?
- Are there risks to the family services worker? How can they be minimized?
- Is police involvement indicated?
- What is the appropriate sequence of interviews?
- In an investigation, is it necessary to interview the child without parental permission?
 - If so, what environment will be most comfortable for the child?
 - Who is the appropriate disinterested party to be present?
- How can repeat interviews, especially with the child, be avoided?
- How will the child be supported following the interview?

If a child is in DCF custody, placed in a foster home and the foster parent is not the alleged perpetrator, the foster parent(s) will ordinarily be informed of the child safety intervention so that they can provide appropriate support following the interview.

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Regardless of the specific basis for report acceptance, the family services worker should be aware that during the CSI, other forms of maltreatment may become evident. These should be assessed and documented.

Working with Individuals Who May Require Reasonable Accommodations

Before interviewing any person, the worker will inform the person of their right to receive reasonable accommodations in order to participate in the interview. Suggested language for notification is as follows:

“DCF has received a call expressing concern that your child may be abused or neglected. We need to speak to you about that concern. If you have a disability and need, or think you may need, an accommodation in order to participate in the interview, please let us know. We will discuss your needs and provide you with a reasonable accommodation.”


Individuals with a disability can be successful parents and may need reasonable accommodations, including adaptive equipment and supports. A disability may not be visible or obvious. When planning with a parent with a disability, the worker should:

- Ask the person if they need any special accommodations;
- Enter into a discussion with them about their limitations and needs;
- Seek input from an expert or someone with relevant expertise; and
- Consult with a supervisor and/or the assigned Assistant Attorney General (AAG) as needed.

Reporting to and Receiving Assistance from Law Enforcement

33 V.S.A. § 4915(g) specifies that the division “**report to and receive assistance from appropriate law enforcement**” under certain circumstances. Some notifications required under this section will be handled centrally. However, the assigned worker or supervisor shall immediately report to appropriate law enforcement as follows:

Nature of Situation	Report to:
Accepted reports (investigations or assessments) of child sexual abuse by an alleged perpetrator 10 years of age or older	Special Investigations Unit (SIU)
Accepted reports (investigations or assessments) of serious physical abuse or neglect likely to result in criminal charges or requiring emergency medical care	Special Investigations Unit (SIU)

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Nature of Situation	Report to:
Situations potentially dangerous to the child or worker	Local law enforcement agency (unless also within SIU jurisdiction)
Accepted or non-accepted reports of serious physical abuse or neglect including those resulting in death *** This includes reports of serious physical abuse that were not accepted because the alleged perpetrator is a non-caretaker. ***	Law enforcement agency that conducts investigations of death (which may be local law enforcement, the Vermont State Police or the SIU)

Assistance from law enforcement may be requested in other situations per local protocols. If the district office notified law enforcement of an accepted report, ‘Police Assist’ will be indicated on the Child Abuse Report, regardless of whether law enforcement responded.

Sharing Information with Law Enforcement during Joint Investigations or Assessments


In investigations or assessments conducted jointly with law enforcement, written information from the case record may be shared. However, since information contained in police records is discoverable if the perpetrator is charged criminally, the worker should determine with law enforcement what information is needed. Under the same authority of 33 V.S.A. § 4915(g), the division’s human trafficking consultant may share accepted reports of sex trafficking with the appropriate federal law enforcement agencies.

Coordinating with Law Enforcement

If time is needed to coordinate with law enforcement, the family services worker will assess for safety/danger and gather minimal facts without interviewing the child. Doing so may require obtaining a waiver of 72-hour commencement if the child will not be seen or interviewed during that timeframe.

The gathering of minimal facts can entail:

- Obtaining the necessary information regarding the reported abuse (who, what, where, and when) from sources other than the victim;
- Gathering information from the report, collaterals contacts, caretakers, and those who first received the disclosure of information;
- Assessing for safety, well-being, and capacity of the parents or caregivers to protect the children and youth within the home or setting; and/or

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- May include observation of the child and rapport building if determined necessary by the family services worker or supervisor.

The specific details of how safety is established may differ on a case-by-case basis (i.e., disallowing contact between the victim and alleged perpetrator and/or another agreed upon safety plan while the family services worker coordinates with law enforcement and others regarding a forensic interview).

Child Safety Interventions Involving Residential and Child Care Licensing

If the family services worker learns the alleged perpetrator resides or receives services in a licensed or approved foster home or facility serving children, the worker will immediately notify the Residential Licensing and Special Investigations (RLSI) Unit.

Phases of Child Safety Interventions

Child safety interventions consist of two phases:


Phase 1: Safety Determination	Phase 2: Assessment and Planning
The period between case assignment and the completion of the <i>SDM Safety Assessment</i> .	The period in which division staff use family engagement strategies including the <i>SDM Risk Assessment</i> to assess risk, prevent the placement of children in out-of-home care, and promote health and well-being.

Re-Assignment to Chapter 49 Investigation Track

For cases initially assigned as Chapter 49 assessments, the division may determine that an investigation response is warranted. The worker or supervisor will request track re-assignment using the [FS-592 \(Track Reassignment Form\)](#).

Examples of situations warranting track reassignment include but are not limited to:

1. New information indicates that criteria for mandatory investigation are met (see [Policy 51](#)). A family services worker may exercise professional judgement to change to the investigation track if necessary.
2. A parent or caretaker refuses permission for necessary photographs, x-rays, or other medical imaging.
3. The parent or caretaker will not allow an interview or observation of the child. The worker should first inform the person of the implications of re-assignment to the investigation track, so they can make an informed decision.

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4. The parent or caretaker is unwilling to engage in a discussion of the concern or a plan to address safety, after reasonable attempts have been made to overcome initial lack of cooperation.

The supervisor will append the track re-assignment, the date and reason for it in the intake. From that date, all requirements for investigation must be met, including commencement.


Timeline for Commencing Child Safety Interventions

The division shall commence a child safety intervention **within 72 hours** of the date and time the division had sufficient information to determine the report would be accepted. In most instances with an accepted report, this will be the time the intake report was entered. While the maximum timeframe for commencing child safety interventions is 72 hours, workers and supervisors may determine that a more immediate response is needed.

FSDNet populates a response priority which serves as guidance when commencing child safety interventions. Supervisors have the discretion to determine:

- When assessments or investigations must be commenced immediately or by the end of the day; or
- When assessments or investigations may be commenced within 72 hours (even if the response priority indicates by the end of the day).

“Commence” means...	
Investigation	Assessments
Staff will interview the child, or if the child is nonverbal, observe the child. An interview solely by law enforcement does not substitute for division investigation commencement.	Staff will contact the person responsible for the child’s welfare as listed in the intake. While staff may commence an assessment by phone, some assessments may warrant an announced or unannounced visit (e.g., caretaker using opiates with young children or hazardous conditions of the home).

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Waiver of 72-hour Commencement Requirement

As the DCF Commissioner’s designee, district directors may waive the requirement to commence a child safety intervention within 72 hours when, in their judgment:

Investigations	Assessments
<ul style="list-style-type: none"> • The child who is the subject of the allegation cannot be located; or • It would be harmful to the child; or • There is danger to the worker. 	<ul style="list-style-type: none"> • The person responsible for the child’s welfare as listed in the intake cannot be located; or • It would be harmful to the child; or • There is danger to the worker.


In determining whether a waiver should be granted because commencement would be harmful to the child, the division will consider whether the child would be at imminent danger if the interview is delayed for any reason. Responding as soon as possible to accepted allegations of child abuse and neglect is a priority. However, interviewing the child in an appropriate setting is critically important to ensure accurate and reliable information is gathered through the interview. Interviewing a child in an appropriate setting and avoiding multiple interviews of children are goals in high quality child safety interventions when child safety can be reasonable assured during the period of delay.

If the timing required to coordinate with law enforcement to avoid multiple interviews of the child(ren) or to coordinate a child interview in an appropriate setting would require more than 72 hours, a waiver should be sought under the category of “It would be harmful to the child”.

The waiver must be granted before 72 hours. Documentation requirements are:

Who	What	Where
Manager	Rational for waiver and date for commencement.	FSDNet Module
Worker	Ongoing efforts and activities for commencement and the anticipated commence date.	Appended to Intake
Supervisor	Ongoing documentation of efforts to commence.	Appended to Intake

The issues necessitating the waiver will be addressed immediately so the child safety intervention commences as soon as possible.

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SDM Safety Assessment

Assessing safety is the first priority during a child safety intervention.


Assessing safety includes focusing on present or impending danger to the child. The family services worker will document the safety determination and safety plan on the *SDM Safety Assessment* within **24 hours** of the first in-person interview with the family. [The SDM Policy and Procedures Manual](#) provides supplemental policy guidance related to SDM Safety Assessment.

In cases that were accepted based on concerns about the safety of an infant prior to birth, the *SDM Safety Assessment* will be completed again after the birth of the infant.

The following factors inform a determination about whether the child is safe.

Safe	<ul style="list-style-type: none"> No danger indicators; the child appears to be safe.
Safe with Safety Plan	<ul style="list-style-type: none"> At least one danger indicator present, and there may be protective capacities that can mitigate the danger. A safety plan is in place that addresses the identified dangers, and if successfully carried out, will allow the children to remain with the parent or caretaker. The person alleged to have caused the abuse or neglect should not be responsible for implementing or monitoring the safety plan. Instead, there should be a safety network made up of people who are aware of the danger(s) and agree to take specific action as part of the safety plan. The plan may include informal placement with a safe friend, relative or non-resident parent as a temporary measure.
Unsafe	<ul style="list-style-type: none"> At least one danger indicator, and protective capacities are not sufficient to mitigate the danger currently. A court order or voluntary care agreement with placement outside the home for one or more children is the only way possible to protect the child from immediate or serious harm.

If any danger items are selected, the worker will use the FSD Safety Plan Forms to complete a safety plan. The FSD Safety Plan Forms include the [Safety Plan Framework](#), [Safety Plan Actions Needed](#), and [Safety Plan Signature Page](#). The FSD Safety Plan Forms are only used when a danger is identified in the *SDM Safety Assessment*. Any plans that are created with families to address risk, treatment needs, or other complicating factors should be incorporated into a case plan or simply documented in case notes – not addressed with FSD Safety Plan Forms. Safety planning should be done with the family

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unless it would be unsafe to do so. In any case, the worker will take necessary steps to plan for the child’s safety.

During a child safety intervention, safety planning may be necessary due to the presence of a danger item in the household. Attempting to work with the family to develop a safety plan may be appropriate. In doing so, the FSW’s goal is to address the presence of danger while also implementing a response that demonstrated reasonable efforts to preserve the family and prevent the removal of the child.

When the division is involved with a family through a child safety intervention, it may be appropriate to work with the family to put a safety plan in place which includes the support of an alternative caregiver on a temporary basis. A safety plan with an alternative caregiver shall not last longer than one month. See Family Services [Policy 85](#) for additional information on alternative caregivers and court interventions through the Family Division of the Superior Court vs. the Probate Division of the Superior Court.

Access to Children during Child Safety Interventions

Investigation	Assessments
<p>The child shall always be seen during an investigation. The worker must interview or, for a non-verbal child, observe the alleged victim. The interview should be carefully planned to avoid the necessity of subsequent interviews.</p> <p>Other children in the home will also be interviewed when:</p> <ul style="list-style-type: none"> • there are concerns about their safety; or • they may have information important to assess the safety of the alleged victim. <p>If it is necessary to ensure a child’s safety, the alleged victim or other children in the home may be interviewed without the permission of the child's parents, guardian, or custodian. This interview must take place in the presence of a disinterested adult, such as a teacher, nurse, member of the clergy, etc. Law enforcement officers are not disinterested adults.</p>	<p>The child shall always be seen during an assessment. The worker must interview or, for a non-verbal child, observe the child within 5 days of the initial contact unless the worker can verify that the child is safe through an independent, objective professional source (physician, day care provider, teacher, etc.). If this is the case, the worker must interview or observe the child as soon as possible but no later than 10 days from the date of the report.</p> <p>The child may not be interviewed or observed without permission of the child's parent, guardian, or custodian.</p> <p>Chapter 49 Assessments: If the parent, guardian, or custodian refuses permission to interview or observe the child, and the division has reason to believe</p>

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Investigation	Assessments
<p>When an interview occurs without parental permission, the parent should be informed and interviewed as soon as is reasonable and safe. The confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared. In most situations, subsequent interviews should take place with the parent's awareness and permission. Subsequent interviews of children without parental permission may occur with the approval of a supervisor.</p> <p>There may be times, under extraordinary circumstances, when a worker cannot interview or observe an alleged victim. This requirement must be waived by the child safety team (Child Safety Consult Request) as the Deputy Commissioner's designee. A member of the child safety team will append the intake to document approval to waive the alleged victim interview/observation.</p> <p>A waiver is not required for cases where there is no identifiable victim, or the child is deceased.</p>	<p>the child's safety cannot be ensured, the division shall commence an investigation.</p> <p>There may be times, under extraordinary circumstances, when:</p> <ul style="list-style-type: none"> • It may not be in the child's best interest to be interviewed and the circumstances do not warrant a track change; or • A worker cannot interview or observe the alleged victim. <p>This requirement must be waived by the child safety team (Child Safety Consult Request) as the Deputy Commissioner's designee. A member of the child safety team will append the intake to document approval to waive the alleged victim interview/observation.</p> <p>CHINS (B) Assessments: If the parent, guardian, or custodian refuses access to the child, the worker will evaluate the situation to determine if there are any underlying child abuse or neglect concerns as defined by 33 V.S.A. § 4912. If so, family services workers and supervisors will determine whether to make a report to CIES or refer the case to the state's attorney for a CHINS petition. Otherwise, workers will evaluate for service needs and either recommend a family support case or close the assessment.</p>

Other Requirements for Child Safety Interventions


Unless unreasonable, the family services worker shall:

Investigation	Assessments
Visit the child's residence.	Visit the child's residence.

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Investigation	Assessments
<p>Visit the location of the alleged abuse or neglect, to determine:</p> <ul style="list-style-type: none"> • the nature, extent and cause of the abuse or neglect; • the identity of the person responsible for the abuse or neglect and the person’s mailing and email addresses; • the names and conditions of any other children living in the same environment; • any immediate and long-term risk to each child if the child remains in the existing home environment; and • the environment and the relationship of any children in the home to the person responsible for the abuse and neglect. <p>Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren).</p> <p>Unless the supervisor determines that it is not in the child’s best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family.</p> <p>Evaluate and weigh all other data deemed pertinent, including interviews of witnesses made known to the division during the investigation.</p> <p>Give the Child Safety Intervention (CSI) Brochure to the parent(s).</p>	<p>Interview other adult’s residing in the child’s home who serve in a parental or caretaking role. The interview will focus on ensuring immediate safety of the child and mitigating future risk of harm using an approach that engages the family in a collaborative process.</p> <p>Evaluate the safety of any other children living in the same home. The evaluation should include an interview or observation of the other child(ren) and will occur with the permission of the child’s parent, guardian or custodian.</p> <p>Collaborate with the family to identify the family’s unique strengths, resources and services needs and develop a plan of services that reduces the risk of harm and improves or restores family well-being. Unless the supervisor determines that it is not in the child’s best interest, interview other people who may have information relevant to the current child safety intervention, including persons suggested by the family.</p> <p>Give the Child Safety Intervention (CSI) Brochure to the parent(s).</p>

If an activity above is not reasonable or relevant under the facts and circumstances presented by the valid allegation of child abuse or neglect, the worker must document the reason for that judgment in the case determination.

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During child safety interventions, continued visits to the home should occur as necessary to assess and address safety, risks, and the family’s needs. If (per the *SDM Safety Assessment*) there are one or more dangers present and the safety decision is “safe with a plan” **OR** (per the *SDM Risk Assessment*) the risk is high or very high, workers shall visit the home monthly until the CSI is closed or the case is transferred.

Ongoing visits to the home are not required in instances where the worker determines the allegations described in the accepted report were false or no dangers or safety concerns exist per the *SDM Safety Assessment* **AND** the *SDM Risk Assessment* is low or moderate.

SDM Risk Assessment

The family services worker will complete the *SDM Risk Assessment* to understand the issues that create risk in the family and to inform the decision about recommending a family support case. The *SDM Risk Assessment* does not predict occurrence or recurrence of child maltreatment; it assesses whether a family is more or less likely to have future involvement with the child protection agency. [The SDM Policy and Procedures Manual](#) provides supplemental policy guidance related to SDM Risk Assessment.


An *SDM Risk Assessment* for each accepted report (only one per accepted report) should be completed as soon as the worker has enough thorough information to accurately assess the risk in the family **but no later than 21 days from the date of report acceptance.**

SDM Risk Assessments are completed on households. When a child’s parents do not live together, the child may be a member of two households. The *SDM Risk Assessment* is always completed on the household of a caretaker who is an alleged perpetrator, regardless of whether the household is the child’s primary residence. If the alleged perpetrator is not a caregiver nor a member of the child’s household, the *SDM Risk Assessment* is not required unless there is a question about the caregiver’s ability to protect.

Requirements to Inform Parents and Alleged Perpetrators

In all child safety interventions, the division must:

1. Inform the parent or guardian of the child that a report has been accepted as a valid allegation and that the division is conducting an investigation or assessment; and

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2. Inform the alleged perpetrator, at the time of the initial contact, about the complaint or allegation made against the individual. In making this notification, the confidentiality of the reporter will be protected, unless the reporter has given permission for their identity to be shared.

Further, division staff shall use best efforts to obtain the person’s mailing and email address as soon as practicable once the person’s identity is determined. 33 V.S.A. § 4915b (4) requires the division to notify individuals of the outcome of the investigation and any notices or communication using both the mailing address and email address if requested.

In rare instances where the alleged perpetrator is not interviewed, notification will not occur. See this policy’s section on *Interviewing the Alleged Perpetrator* for additional information and requirements for waiving alleged perpetrator interviews.


Interviewing the Alleged Perpetrator

If the alleged perpetrator is in DCF custody, see Family Services [Policy 66](#).

The family services worker will interview the alleged perpetrator unless the individual:

- refuses to be interviewed;
- is a minor and their parents refuse to give permission;
- is not the child's parent or caretaker and has been interviewed by the police in the context of a joint investigation;
- is not residing in the home and has been interviewed by the police in the context of a joint investigation;
- cannot be located;
- presents a significant risk to the safety of the child or protective parent (*see guidance below*); or
- will not be informed of the allegation due to the wishes of the youth victim and approval by the child safety team (*see guidance below*).

In situations where interviewing an alleged perpetrator presents a significant risk to the safety of the child or protective parent, the worker and/or supervisor will request a waiver of alleged perpetrator interview from the child safety team ([Child Safety Consult Request](#)). Situations including, but not limited to, human trafficking cases or cases involving domestic violence (DV)/intimate partner violence (IPV) should be considered for a waiver. These requests should be based on direct threats, criminal history that suggests a risk of violence to the victim or victim’s family, gang affiliation, or other non-

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speculative information about the risk posed by the alleged perpetrator to the victim or the victim’s family or friends.

Waivers will also be considered in cases where there is alleged child sexual abuse by a non-parent or caretaker and the child victim does not disclose abuse if waiving the alleged perpetrator interview would preserve the integrity of any future investigation should more information become available later.

Requirements for Concluding Child Safety Interventions


Investigations	Assessments
<ul style="list-style-type: none"> • Must be concluded within 60 days. 	<ul style="list-style-type: none"> • Must be completed in 45 days, or 60 days with written justification and the approval of a supervisor.
<ul style="list-style-type: none"> • All interviews have been completed; • All documentation is complete in FSDNet; • The supervisor has made a substantiation determination. • The caretakers, alleged perpetrator(s) and the mandated reporters have been informed of the outcome. 	<ul style="list-style-type: none"> • All interviews have been completed; • All documentation is complete in FSDNet; • The supervisor has made a case determination about opening a family support case, which is inclusive of the family’s wishes and willingness to engage with voluntary services. • The caretakers, alleged perpetrator(s), and the mandated reporters have been informed of the outcome.

If a child enters DCF custody during the child safety intervention, the worker still needs to complete all steps of the investigation or the assessment.

Family services workers will document their work using FSDNet Documentation tools.

Summary of Investigative Activities (IA Summary) – The IA Summary should be used to document key interviews relied upon by the family services worker in making a determination. Details of interviews must be documented in the IA Summary in investigations. Details of interviews in assessments may be documented in the IA summary or referenced in Case Determination Report with data entry of only the information necessary to satisfy completion of the form.

Case Determination Report – Documentation should be focused on the questions embedded in the document. Information in the Case Determination Report should be


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succinct. Cutting and pasting information from Intake Reports and from other documents (affidavits, police reports) should not occur. Where summaries are requested, brief descriptions should be provided.

The Case Determination Report is where the outcome of the child safety intervention is documented. The Case Determination Report is structured by the following questions:

- 1) Summary of Primary Allegation(s) Resulting In Acceptance As Well As Other Chapter 49 Allegations Discovered During Assessment / Investigation
- 2) Additional Concerns to Be Addressed:
- 3) Commencement Date / How Commenced:
- 4) Key Interviews / Home Visits / Site Visits (Summary and Dates):
- 5) When Did You See or Interview The Child(ren):
- 6) Assessment of Danger and Safety (Date Completed and Results):
- 7) Assessment of Risk (Date Completed and Results):
- 8) Key Information Relied Upon for Determination, which links to:
- 9) Relevant Policy and Determination:
- 10) UNCOPE screening date and outcome:
- 11) Plan of Safe Care for Substance Exposed Newborns (In cases of accepted reports due to concern that an infant born and identified as being exposed by substance abuse or withdrawal symptoms, a plan of safe care will be created and documented in the case determination, please see policy 52 for more detail if needed):

In assessments, the family services worker is determining whether there is a need for ongoing service from the division based on the scoring of the *SDM Safety Assessment* and *SDM Risk Assessment* and documenting that determination. Contacts not relevant to these considerations should be entered into Intake Casenotes.

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In investigations, the family services worker is determining whether abuse and/or neglect should be substantiated or unsubstantiated as well as whether there is a need for ongoing service from the division based on the scoring of the *SDM Safety Assessment* and *SDM Risk Assessment* and documenting these determinations. Contacts not relevant to these considerations should be entered into Intake Casenotes.

When documenting the Case Determination in an investigation, the family services worker documents their rationale for unsubstantiation or substantiation. Determinations should be made based on an analysis of the evidence. See [Practice Guidance on Applying a “Preponderance of the Evidence” Evidentiary Standard to Substantiation Decisions](#) for information about evidence gathering during investigations, weighing evidence, and considerations related to the credibility of evidence.

Many times, a report of suspected child abuse or neglect is accepted based on the screener’s determination that the allegation meets criteria for one type of maltreatment. However, throughout the child safety intervention (specifically investigation), the assigned family services worker should be considering whether the fact pattern might suggest other forms of maltreatment should be considered and a rationale should be offered.

Delays in Concluding Child Safety Intervention Due to Law Enforcement


At times, it is necessary to keep a child safety investigation open longer than 60 days due to other elements of law enforcement activity and/or a criminal investigation. The investigation may remain open with documentation about steps necessary to resolve the outstanding law enforcement issue. The case determination letter should not be sent during the period, to avoid interfering with the law enforcement case. Remaining documentation and data entry must be completed immediately when the law enforcement/criminal case is resolved.

Sharing Information with Mandated Reporters Working with Child or Family

Family services workers shall notify mandated reporters of the outcome of child safety interventions. Notification may occur verbally or in writing. This includes:

- If an assessment was conducted and whether a need for services was found; and
- If an investigation was conducted and whether it resulted in a substantiation.

Additionally, upon the request of a mandated reporter, the worker will provide relevant information about the report they made, if the reporter is engaged in an ongoing working relationship with the child or family.

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Informing Child’s Caregivers and Parents of Case Disposition

The child’s parents or guardian will be informed of the case disposition. They will be informed verbally, whenever possible, and subsequently documented in the case file, and by the following letters.

Number	Case Disposition
306J	Closing with Recommendations
306K	Closing with No Recommendations
306L	Ongoing FSD Services

Notice will be sent at the conclusion of the child safety intervention.

In cases where the alleged perpetrator is also a perpetrator of domestic violence, notification may cause risk to the child and adult victims. The worker should attempt to contact the adult victim to inform them that the perpetrator is receiving notice.

Entries into the SSMIS Child Abuse and Neglect Report

All required information will be entered promptly into the SSMIS Child Abuse Report ([FS-590](#)) and the Supervisory Tracking Form the conclusion of the child safety intervention.

Guidelines for Opening Family Support Cases

33 V.S.A. § 4915a(c) provides that families have the option of declining services offered following the department’s assessment. Further, if families decline services, statute indicates the case shall be closed unless it is determined that sufficient cause exists to begin an investigation or to request the state’s attorney to file a petition pursuant to Title 33, Chapters 51 and 53. In no instance shall a case be investigated solely because the family declines services.

33 V.S.A. § 4915b(b) states that for cases investigated and substantiated by the department, the Commissioner shall, to the extent that is reasonable, provide assistance to the child and the child’s family.

Procedures for offering family support services include:

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<p>Low & Moderate Risk Cases</p>	<p>Generally, low and moderate risk cases should not be opened for family support services unless there is an unresolved danger with a safety plan where the family agrees to engage with the division in an open family support case.</p> <p>When the final risk level is low or moderate and there are no identified dangers, the family services worker should:</p> <ul style="list-style-type: none"> • Reinforce the strengths and protective factors with the family; • Provide referrals to community services as needed; and • Communicate planned closure to the family and discuss any concerns the family has about the plan for closure.
<p>High & Very High Risk Cases</p>	<p>The higher the risk in the household, the more important it is to engage the family in targeted services related to the risk to prevent future harm and child protection system involvement. A family support case should be recommended to the family when:</p> <ul style="list-style-type: none"> • The risk level on the <i>SDM Risk Assessment</i> is high or very high; and/or • Regardless of the risk level, the family has an unresolved danger on the <i>SDM Safety Assessment</i> and a petition for court involvement was declined.
<p>*The district director may approve opening a family support case for other reasons. The rationale must be documented in the case determination.</p>	

At the point when the worker assigned the child safety intervention determines that the risk level and/or unresolved danger warrants recommending family support services **(no later than 21 days from the date of report acceptance)**, a worker will be assigned to discuss the benefits of ongoing services utilizing the [Brochure: A Guide to Family Support Services](#). See [Practice Guidance on Offering Voluntary Family Support Services to Families](#) for additional instructions related to teaming, role clarity, safe closure meetings, family input, and unresolved danger(s).

Special Topics During Child Safety Interventions (CSIs)

Photographs and X-Rays

During an investigation, if trauma to the child is visible, photographs should be taken of the injuries. Additionally, the family services worker or a physician may determine that child should receive a physical or a radiological examination.

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Unless it would compromise the child's safety, parental permission should be sought. However, parental permission is not required.


Child Sexual Abuse Investigations with No Identified Child

In some cases of child sexual abuse, the facts and circumstances make it unreasonable to interview the child, visit the child’s home, or to identify other children that may be abused or at risk of abuse. This includes when an adult is posing as a child or the identity of the child is not known. In these cases, the assigned worker shall do the following:

1. Refer the case to appropriate law enforcement (or contact involved law enforcement if law enforcement was the source of the report).
2. Request any information known to law enforcement about the allegation including police reports, charging affidavits, etc.
3. Document information provided by law enforcement in the IA Summary and Case Determination.
4. Determine with law enforcement when and how the alleged perpetrator will be interviewed about the allegations and document outcome of any interview.
5. If the alleged perpetrator declines the opportunity for an interview, document this in the Investigation Activities Summary and Case Determination.
6. Consider all collected evidence and make determination if information gathered would lead a reasonable person to believe that the alleged perpetrator engaged in child sexual abuse.

Responding to Allegations of Manufacturing of Illicit Substances or Other Allegations Where Exposure to Illicit Substances in the Environment May Occur

At times, the division staff may be required to respond to allegations of child maltreatment in settings where the manufacturing of illicit substances may be occurring. These situations may include substances such as methamphetamine or butane hash oil. The manufacture of these substances may be the allegation that resulted in the acceptance of the child safety intervention. In these cases, advanced planning is warranted to minimize the potential safety implications for staff and others. **All accepted reports alleging the manufacture of illicit substances will be referred to law enforcement for joint investigation and law enforcement**

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will lead the investigation to include determining if the site is clear of hazards and safe for the FSW to enter.

At times, division staff responding to other unrelated allegations may discover the presence of a possible manufacturing of illicit substances. **These situations will be referred to law enforcement for joint investigation and law enforcement will lead the investigation to include determining if the site is clear of hazards and safe for the FSW to enter.**

FSWs may visit homes and see items frequently used in the process of preparing illicit substances for use or sale including razor blades or rolled dollar bills or the presence of what appears to be powdery residue on smooth surfaces in the home. If this occurs, FSW should note the presence of these items while being cautious to avoid touching any surfaces.


Division staff may seek consultation from either the staff safety team ([AHS - DCF FSD Staff Safety Team](#)) or child safety team ([Child Safety Consult Request](#)) for cases involving the manufacturing of illicit substances or containing other allegations where exposure to illicit substances in the environment.

Co-Occurring Child Abuse and Intimate Partner Violence (IPV)

Even though the division’s primary duty is to ensure child safety, in cases with co-occurring child abuse and intimate partner violence (IPV), ensuring safety for any adult victim is often closely linked to ensuring safety for the child. A complete and accurate child safety intervention is most likely to occur when the adult victims and children are interviewed in supportive and confidential sessions separate from the parent who batters.

In conducting collateral interviews, care should be taken to protect the confidentiality of the child and family, revealing only what is necessary to obtain desired information. Information provided about intimate partner violence should not be shared with the alleged perpetrator of the violence.

Safe intervention when child maltreatment and IPV co-occurs requires addressing risks to both children and adults who fear retaliation or harm by the parent who batters because of the division’s intervention. It is important to develop safety plans in collaboration with the adult victim and children that address their unique immediate and future safety needs.

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During the child safety intervention, family services workers (in consultation with the Domestic Violence Unit) should consider the following questions to learn how the parent who batters has impacted the child’s and family’s functioning:

- What physical injuries have the children sustained because of the perpetrator’s behaviors?
- What has changed in the children’s functioning, both emotionally and behaviorally, because of the perpetrator’s behaviors?
- What did this look like during or right after an incident of violence?
- What have been the cumulative changes in the children’s relationships inside and outside the household?
- Has the perpetrator’s behavior impacted the children’s basic needs being met?

Options for Sexual Abuse Victims Age 15 and Older


Division staff shall consult with the child safety team ([Child Safety Consult Request](#)) during child safety interventions involving youth victims aged 15 and older (both chronologically and developmentally) and alleged actors under the age of 19 where the victim does not want the alleged actor to be notified or interviewed.

If the criteria outlined below are met, workers will not pursue an interview with alleged actors or notify their parents until the child safety team ([Child Safety Consult Request](#)) has consulted on the case. A member of the child safety team will consider requests to waive an alleged actor interview/notification if:

- There is no information to suggest this is a pattern of behavior by the alleged actor;
- There is no information to suggest significant violence or predatory behavior by the alleged actor;
- The victim is 15 years or older;
- The alleged actor is 19 years or younger;
- The victim states they are currently safe with no continuing threat from the alleged actor; **AND**
- The alleged actor resides out of the victim’s home and is a non-caregiver.

Waiving the alleged actor interview/notification will **not** be considered if:

- The alleged actor is 20 years or older;
- The alleged actor resides in the victim’s home;
- The alleged actor is a caregiver;
- There is information suggesting this is a pattern of behavior by the alleged actor;

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- There is information suggesting significant violence or predatory behavior by the alleged actor;
- Substantiation is being considered or will occur; **OR**
- The incident occurred in a PREA-compliant residential treatment program.

If the victim requests to not have the alleged actor notified or interviewed and a member of the child safety team ([Child Safety Consult Request](#)) provides written approval, the interview with the alleged perpetrator will not occur. The child safety team will append the intake to document approval to waive the alleged perpetrator interview.

Unsafe Access to Guns

At times, the division responds to allegations of children having unsafe access to guns in the home. In those situations, in addition to determining if the circumstances create a danger or warrant a determination that risk of harm has occurred, division staff will provide parents and/or caregivers involved in the report with educational materials related to gun safety. In other cases where gun safety information may be useful, staff may provide materials at their discretion. See [Gun Safety Tips](#) for additional information.


Safe Sleep Practices for Expectant Parents & Children Under 1

For any family with a child under 1 year of age, or in which a woman is pregnant, division staff shall discuss safe sleep practices. [The Vermont Department of Health \(VDH\)](#) has several brochures related to safe sleep and infant care relevant to this topic. New brochures include [Sleep Tips for Babies](#), [Safe Sleep](#), and [Products to Avoid](#). The FSW should provide copies of these materials as part of the discussion as they provide comprehensive safe sleep guidance.

Plan of Safe Care for Substance-Exposed Newborns

The following tasks are required for cases accepted based on concerns of a newborn identified as being affected by legal or illegal substance abuse, withdrawal symptoms, or Fetal Alcohol Spectrum Disorder:

If the child is placed in out-of-home care (including DCF custody or CCO with relatives)	A plan of safe care (POSC) will be created with the parent(s) and foster parents/caregivers, and this will be documented in the case determination.
If the child can safely remain at home (including CCOs with parents, family support cases, and instances	The worker should discuss and review the plan of safe care (POSC) with the child’s primary care provider prior to closure of the child safety

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where no further division involvement is needed)	intervention (CSI), and this will be documented in the case determination.
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The plan of safe care will include the following:

- Information about referrals made to Children’s Integrated Services (CIS) and other services, if necessary;
- The infant’s primary care provider and date of next appointment;
- Identified treatment needs of parent(s) or caregiver(s) and treatment in place; and
- Identified community and family supports for parent(s) or caregivers(s) and the infant.

Referral to Children’s Integrated Services (CIS)


The Child Abuse Prevention and Treatment Act (CAPTA) requires states to make referrals to early intervention services funded under Part C of the Individuals with Disabilities Education Act (IDEA) for all children under the age of 3 who are involved in a substantiated case of abuse or neglect.

Verbal parental permission is required to make a referral to Children’s Integrated Services (CIS). In Vermont, referrals to CIS for developmental screening occur in the following circumstances:

- All children under the age of 3 who reside in a family/household where there is a substantiation of abuse or neglect – regardless of whether the perpetrator is in-home or out-of-home (by completing the [CIS Referral Form](#) and checking the CAPTA box); and
- Households where the *SDM Risk Assessment* is high or very high and a family support case will be opened for a family with children under the age of 3 (by completing the [CIS Referral Form](#)).

In situations where a CIS referral is made prior to case determination, family services workers may complete the [CIS Referral Form](#), indicate that the case is open for investigation or assessment, and not worry about checking specific boxes on the form. Regardless of the referring reason (CAPTA or not), a developmental screen will be offered.

Each referral will not result in CIS services; the screening process determines which children may benefit by being served through CIS. Some families may elect to not participate, as these are voluntary programs.

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Reasonable Efforts

"Reasonable efforts" refers concerted efforts to provide services to families to prevent children’s entry into foster care. The Federal title IV-E Program (42 U.S.C. § 671(a)(15)) requires states to make reasonable efforts to preserve and reunify families (i) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child’s home; and (ii) to make it possible for a child to safely return to the child's home.

Not all child safety interventions result in the identification of a danger item that necessitates the removal of the child from their home. However, during child safety interventions, there is a unique opportunity to assess the situation to determine if supportive services or resources could be beneficial to the family and prevent the likelihood for out of home placement in the future. Documentation of these efforts should occur in the case determination.

Working with Individuals with Language Access Needs

When conducting a child safety intervention in which a caretaker or child has language access needs, the worker will arrange for appropriate interpretive services. Children will not be asked to interpret for their caretakers or family members.

The Agency of Human Services (AHS) maintains contracts to provide in-person interpretive services, telephonic interpretive services, and written translation services which are available through the [AHS Language Access SharePoint Page](#). A summary of the various contracts, service providers, and process for accessing the services are available through an [AHS Interpretation and Translation Services Overview Document](#).

Questions related to disclosures of abuse or neglect while using facilitated communication may be directed to the child safety team ([Child Safety Consult Request](#)). For information on disclosures of abuse or neglect made while using facilitated communication, see guidance developed by the Department of Disabilities, Aging, and Independent Living (DAIL) titled [Guidelines for Handling Allegations of Abuse Made While Using Facilitated Communication](#).