COMPILATION OF RECOMMENDATIONS FROM PREVIOUS REPORTS RELATING TO WASHINGTON'S CHILD WELFARE SYSTEM

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INVESTIGATION RECOMMENDATIONS

Policy and Procedure

1. Develop and implement an Investigation Master Checklist, designed to aid workers and supervisors to track investigative tasks and time requirements. Use of a checklist would assist supervisors to complete reviews in an efficient, consistent manner, verify tasks completed, and identify whether any further investigative action is required. Supervisors and workers should sign off on the checklist attesting that tasks have been completed. *OFCO at 8 (Robinson Review).*

2. Revise the directions provided to workers for completing the History of Child Abuse and Neglect section of the CPS Investigative Assessment to clarify what information should be summarized in that section of the assessment. *Fatality Review at 9 (Robinson Review).*

3. In CPS investigation cases where a safety assessment is completed and "indicated" is noted, the safety plan should include a face-to-face contact with the child by the assigned social worker at least every two weeks. *Fatality Review at 9 (Champagne-Loop Review).*

4. Risk tags on CPS referrals accepted for investigation on any case already open to the Department should be assessed at a higher risk. *Fatality Review at 9 (Gomez Review).*

5. Vulnerabilities, such as the child's young age, inability to communicate with others, and the presence of developmental delay should be considered high risk factors when investigating allegations of child abuse/neglect and when considering removing the child from the home. *Fatality Review at 11 (Champagne-Loop Review).*

6. For high standard referrals, a face-to-face contact with the child should occur within 72 hours from the time the referral was received. For emergent referrals, the face-to-face contact must be made within 24 hours. *Fatality Review at 11 (Champagne-Loop Review).*

7. Require CPS to attempt to obtain an evaluation when it is determined that mental health issues are a contributing factor to the

alleged child abuse or neglect. *OFCO at 2 (Robinson Review).*

Coordination and Collaboration

8. Law enforcement officers who respond to child welfare checks should be given the pertinent information regarding the case, including the relevant case history prior to providing the check. *Fatality Review at 9 (Champagne-Loop Review).*

9. Law enforcement officers who respond to child welfare checks need adequate training in assessing risk for imminent harm. *Fatality Review at 10 (Champagne-Loop Review).*

10. CPS should be required to coordinate investigations with law enforcement at the earliest point possible on serious physical abuse cases. The Department should develop a protocol for serious physical abuse cases similar to the county protocols that define and describe coordination of investigations on sexual abuse cases. Serious physical abuse cases" are defined by the Committee as those children who come to the attention of medical providers because of their injuries. *Fatality Review at 9 (Gomez Review).*

11. Social workers should be given adequate time and resources to solicit input. *Fatality Review at 10 (Champagne-Loop Review).*

12. Social workers and their supervisors in accordance with best practice should initiate timely and regular contact with community professionals, including medical providers, when they report incidents of child abuse. *Fatality Review at 10 (Champagne-Loop Review).*

13. Follow up should occur with mandatory reporters who made referrals, informing them of the case status and the name and contact information of assigned social worker. *Fatality Review at 10 (Champagne-Loop Review).*

Investigation of Home Environment

14. In cases of suspected child abuse, every effort (ACES, Bar Code, home visits, collateral contact, etc.) should be made to identify people living in the home. Background checks should be conducted on all adults living in the home. *Fatality Review at 9 (Champagne-Loop Review).*

15. Require greater assessment of non-parent adult caregivers in the home who will likely be providing care for a dependent child on a regular basis. *OFCO at 1 (Sotelo Review).*

16. Current home studies should specifically address in detail, the extent and nature of care provided by other adults in the home, examine bonding/ attachment issues between the child and such adults, and explore whether further evaluation/ assessments of an adult caregiver is warranted. *OFCO at 2 (Sotelo Review).*

Investigation of Injuries

17. Medical records of all children in a family, whether they are the identified victim or sibling(s) should be obtained at the earliest point. *Fatality Review at 9 (Gomez Review).*

18. In cases of suspected physical abuse, the social worker should thoroughly examine the child at each contact, to determine whether the child has received new injuries. *Fatality Review at 10 (Champagne-Loop Review).*

19. When there is a report of an unexplained injury. Relevant medical records should be requested immediately and reviewed in a timely manner. *Fatality Review at 10 (Champagne-Loop Review).*

20. Standards for documentation of children's injuries should include photographs or detailed diagrams, with separate documentation of any new reportable injury. This should be done within 24 hours. *Fatality Review at 11 (Champagne-Loop Review).*

21. Any significant injuries that are suspicious of abuse and appear inconsistent with the explanation for the injury should be reviewed by the child abuse Statewide Medical Consultation Network team or another medical professional with expertise in child abuse. *Fatality Review at 11 (Champagne-Loop Review).*

Bibliography

1. "Recommendations of Respective CA Fatality Review Committees by Issue" Office of Family and Children's Ombudsman (*Fatality Review)*, August 3, 2005.

2. "OFCO Issues and Recommendations" Office of Family and Children's Ombudsman (*OFCO)*, September 12, 2005.