



Child Protective Services

DEFINITION

Child Protective Services receive, screen, and investigate reports of suspected child abuse and neglect, and conduct safety and risk assessments. Child protective services can also provide, or refer families to, alternative response services. Child Protective Case Management services monitor the safety of children at risk of abuse or neglect who remain in the home, and help parents or legal guardians to fulfill their parental roles. When necessary, and with statutory authority, Child Protective Services remove children from parental care as a protective intervention and arrange for appropriate out-of-home care.

Note: *Child Protective Case Management Services will complete: CPS 2, 3, 7, 8, 9, 12, 13, and 14.*

Note: *When the case involves an American Indian or Alaska Native child, the organization should engage and collaborate with the child's tribe throughout the provision of child protective services as outlined in the Indian Child Welfare Act (ICWA), which establishes "minimum federal standards" governing state proceedings involving American Indian and Alaska Native children. Updates to the federal regulations and guidelines were made in 2016 and went into effect for all proceedings initiated on or after December 12, 2016, irrespective of any previously initiated proceedings. Organizations must have established procedures for identifying and serving American Indian and Alaska Native children and families that articulate their role in the context of tribal-state child welfare agreements, ICWA, and any relevant state laws pertaining specifically to Indian child welfare.*

ICWA requires the inclusion of tribal representatives throughout all aspects of service delivery, including, but not limited to, assessment, service planning, permanency planning, and case closing. Additional opportunities for inclusion are identified in the standards. While collaboration with federally recognized tribes is required by ICWA, organizations should reach out to tribal representatives in cases involving federally non-recognized tribes as well, as their involvement in the case will improve access to culturally-relevant resources and help establish permanency through a heightened sense of belonging and connectivity to the child's extended family, clan, or tribe.

While local Indian organizations are not granted the same rights as federally recognized tribes under the Indian Child Welfare Act, there may be circumstances under which their involvement is necessary and appropriate. These organizations can facilitate the child's connection to his or her tribe,

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inform the family and the organization of services available to the child, act as an advocate for the American Indian or Alaska Native child and his or her family, and provide ongoing support and information. This involvement is particularly important when the child's tribe does not have the infrastructure to participate formally in the case.

The terms "American Indian and Alaska Native", "Indian", and "Native" are used interchangeably throughout the standards to refer to children or families who are members of federally recognized tribes and protected under the Indian Child Welfare Act as well as to agencies or organizations that belong to or advocate on behalf of tribes.

Note: Please see [CPS Reference List](#) for a list of resources that informed the development of these standards.

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
 - a. the program's service philosophy and approach to delivering services;
 - b. eligibility criteria;
 - c. any unique or special services provided to specific populations; and
 - d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
 - a. racial and ethnic characteristics;
 - b. gender/gender identity;
 - c. age;
 - d. major religious groups; and
 - e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
 - a. the type of activity/group;

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- b. whether the activity/group is short-term or ongoing;
- c. how often the activity/group is offered;
- d. the average number of participants per session of the activity/group, in the last month; and
- e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured
- Reports of Suspected Child Maltreatment Data Sheet

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

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CPS 1: Access to Service

Information reaches families, the general public, professional groups, and community organizations about how to:

- a. recognize child abuse and neglect;
- b. report cases of suspected child abuse or neglect; and
- c. obtain services the organization provides.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

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e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the community education program

On-Site Evidence

- Informational materials provided to the community

On-Site Activities

- Interview:
 - a. Person responsible for community education

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CPS 2: Community Partnership

A comprehensive, community-based approach to child protection meets the needs of children and families and reduces child maltreatment.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Table of Evidence

Self-Study Evidence

- A description of local community partnerships

On-Site Evidence

- Collaborative agreements or contracts, when applicable
- Minutes or other planning documents, if available

On-Site Activities

- Interview:
 - a. Agency head or the person responsible for community partnerships

CPS 2.01

The organization's leadership works with the leadership of other organizations to identify common issues, develop opportunities for collaboration, and resolve administrative conflicts and other issues that inhibit service collaboration and use.

Interpretation: *Community partners may include, and are not limited to: tribes and local Indian organizations, schools, state and tribal courts and law enforcement agencies, mental and physical healthcare providers, domestic violence specialists, and substance use treatment providers. Because of frequent co-occurrence of child maltreatment, domestic violence, and substance use, the organization and its partners may develop guidelines or protocols for service delivery.*

Research Note: *When cases involving American Indian and Alaska Native children start in the state court and are then moved to the tribal court, service eligibility and continuity can be at risk for disruption if careful planning and communication between the state and the tribe does not occur. It is important that involved parties communicate openly throughout the transition to ensure service continuity and the transfer of records to the tribe.*

CPS 2.02

The organization and its partners ensure that families access and receive appropriate services regardless of the entry point.

Interpretation: *An entry point is where a family makes initial contact with*

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the organization or a community partner. This practice requires staff to know the range of available resources, whether a waiting list exists for needed services, and points of access for services.

Note: *When funding limitations prevent full implementation of this standard, the organization should document point of entry efforts.*

CPS 2.03

The organization, in collaboration with community partners, regularly evaluates resources available in the community and, when gaps are identified, plans to develop needed resources.

Interpretation: *The organization should collaborate with tribes and local Indian organizations to evaluate available resources for Indian children.*

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CPS 3: Service Philosophy

The program is guided by a service philosophy that:

- a. provides a logical approach for how program activities will meet the needs of families;
- b. is culturally grounded; and
- c. is based on program goals and the best available evidence of service effectiveness for the identified service population.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or

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- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Include service philosophy in the Narrative

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Relevant personnel

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CPS 4: Screening

Child abuse and neglect reports are screened promptly.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

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- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of the access line and how it is publicized
- Screening procedures
- Procedures for identification and notification in ICWA cases
- Criteria for decision making

On-Site Evidence

- Coverage schedule for personnel that screen reports
- Indian Child Welfare Act information provided to families
- Copies of tribal-state agreements, when applicable

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Screening personnel
- Review case records

(FP) CPS 4.01

The organization maintains a well-publicized, 24-hour access line to receive reports of suspected abuse and neglect.

Interpretation: *The organization must keep the community informed about how to report suspected abuse and neglect, including in jurisdictions where police have the initial responsibility to respond to reports. When screening is conducted by another organization, the child protective service program provides appropriate follow-up. When multiple access numbers are used the organization provides a clear description of the appropriate means of reporting.*

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CPS 4.02

Reporters of abuse and neglect are informed about:

- a. the organization's responsibilities, including protection of the reporter's identity;
- b. the screening and investigation process and any ongoing role of the reporter; and
- c. the result of the screening or investigation, unless prohibited by law or court order.

Interpretation: *The organization should clarify if the reporter can have any possible ongoing role in the screening or investigation process.*

(FP) CPS 4.03

The organization identifies American Indian and Alaska Native children during screening and collaborates with the tribe or Indian organization to:

- a. determine the applicability of, and ensure compliance with, the Indian Child Welfare Act;
- b. determine jurisdiction;
- c. assess the child's needs;
- d. provide the family with information regarding their rights under the Indian Child Welfare Act;
- e. determine and the most appropriate plan for the child; and
- f. maintain connections between the child, the child's extended family, and his or her tribe.

Interpretation: *The organization should have established procedures for identifying American Indian and Alaska Native children to determine if the child or his/her biological parent(s) are members of a federally recognized tribe, or if the child is eligible for membership in a federally recognized tribe. Physical appearance, blood quantum, and perceived presence or absence of cultural cues within the family are not appropriate determinants of ICWA applicability. The organization should document efforts to identify and contact children's tribes and if tribes are unknown the organization should contact the regional office of the Bureau of Indian Affairs to identify, locate, and notify the child's tribe. Notification procedures must meet the requirements specified in the Indian Child Welfare Act and the Indian Child Protection and Family Violence Prevention Act.*

Research Note: *Early identification of American Indian and Alaska Native children is critical to ensuring that the requirements of ICWA are followed from the beginning of the case and preventing harmful placement delays or*

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disruptions later in the proceedings. To facilitate accurate determinations of tribal membership, organizations should provide tribes with: parents' genograms or family ancestry charts; parents' maiden, married, and other known former names or aliases; parents' current and former addresses; and parents' places of birth and birthdates.

Research Note: *The Indian Child Welfare Act (ICWA) authorizes states and federally recognized tribes to enter into agreements governing the care and custody of American Indian and Alaska Native children and jurisdiction over child custody proceedings. Organizations should refer to tribal-state agreements and ICWA to determine what role each party should play in cases involving American Indian and Alaska Native children, and to ensure compliance with all relevant legal requirements.*

Note: *Evidence of tribal participation should be documented in the case record.*

(FP) CPS 4.04

Standardized decision-making criteria are used, in consultation with supervisory personnel, to determine if the report meets statutory and agency criteria, and if the case will be:

- a. screened out;
- b. referred for alternative response services;
- c. investigated; and/or
- d. reported to other authorities.

Interpretation: *Decision-making criteria should specify critical indicators or risk factors and the appropriate level of response. The organization should define factors that are inappropriate for use in decision-making and monitor decisions through supervision or performance and quality improvement efforts.*

Research Note: *Literature has identified factors that can impact decision-making including: cultural competence of staff, caseload size, availability of resources, source of the referral, characteristics of the child and family such as ethnicity, race, socioeconomic status, and age.*

(FP) CPS 4.05

Cases are assigned for investigation, referred, or screened out, within 24 hours.

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Interpretation: *The organization should ensure it has appropriate staffing or an alternative provider to meet these timeframes.*

CPS 4.06

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

- a. personal and identifying information;
- b. emergency health needs; and
- c. safety concerns, including imminent danger or risk of future harm.

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CPS 5: Investigation

Information is gathered in a timely and efficient manner to make a disposition and determine if additional services are needed to keep children safe.

Interpretation: *The organization should refer to tribal-state agreements, the Indian Child Welfare Act, and the Indian Child Protection and Family Violence Prevention Act to determine investigative roles and responsibilities, and to ensure the investigation complies with all necessary legal requirements and includes tribal participation if provided for by protocol or agreement.*

NA *The organization does not conduct investigations.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

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4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Investigation procedures
- Sample of information about rights and responsibilities given to parents
- Procedures for risk assessment
- Copy of the risk assessment tool

On-Site Evidence

- Collaborative agreements or contracts, when applicable

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Investigators
- Review case records

(FP) CPS 5.01

Every child determined during screening to be in imminent danger is seen immediately, and in all other cases children are seen within a timeframe that ensures their safety.

Interpretation: *Generally, in all other cases an initial visit occurs within 72 hours. Timely visits following screening should take into account such key variables as: the organization's definition of imminent danger (how broad or narrow); the risk assessment used to determine type of services needed; how risk assessment information is used as a basis for setting timeframes; supervisory review and support for decision making and follow-up; percentage of children who receive an initial visit after 72 hours and after a*

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period of time that exceeds any state requirement, and type of allegations for these children; and how the program conducts formal administrative or PQI reviews of repeat maltreatment cases, including overall safety and fatality data.

Interpretation: *In some cases authority to make an initial in-person visit may be delegated to other professionals, such as law enforcement officials. When contact is delegated child protection personnel provide appropriate follow-up.*

(FP) CPS 5.02

At the first meeting, parents are informed of:

- a. their rights and responsibilities;
- b. the allegations under investigation; and
- c. the process that will be followed to investigate the report.

Interpretation: *Information about rights and responsibilities is provided in writing, and includes information regarding the Indian Child Welfare Act and its potential applicability.*

CPS 5.03

The investigation process minimizes duplication of effort and, thereby, reduces trauma to the child and family.

Interpretation: *The presence of the alleged perpetrator can be traumatizing and can compromise the interview. Some communities provide joint investigations with law enforcement and child protection workers or delegate responsibilities and share information. In such cases, roles and responsibilities are clearly defined.*

(FP) CPS 5.04

The investigator visits the home at least once during the investigation, and conducts interviews with the reporter, other service providers, and all family members, including extended family as appropriate.

Interpretation: *When the alleged abuse or neglect occurs outside the home, the investigator visits that location during the investigation.*

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(FP) CPS 5.05

The investigator conducts a comprehensive, culturally-relevant evaluation of risk and protective factors that include:

- a. child safety;
- b. family strengths and needs;
- c. history and impact of prior child abuse or neglect, domestic violence, or substance use; and
- d. family connections.

Research Note: *Research has identified child and family characteristics associated with repeat maltreatment, including: age; type of maltreatment; experiencing multiple types of maltreatment; severity of maltreatment; prior history of maltreatment; and substance use, domestic violence, lack of social support, or stress; low motivation or cooperation; and income. Additionally, research suggests that repeat maltreatment often occurs soon after the first reported incident of maltreatment.*

While evidence on the effectiveness of risk and safety assessment tools is still emerging, some literature and research suggests that consensus-based, actuarial, and combined models and instruments can improve the consistency and accuracy of decision making.

(FP) CPS 5.06

When there are concerns about a child's safety, the organization immediately initiates a safety plan, and when there are unmet basic needs, the organization immediately obtains resources or services.

Interpretation: *Basic needs can include food, clothing, and shelter. When the case involves an Indian child, resources available through the tribe or local Indian organization should be considered.*

CPS 5.07

The investigation is completed within 30 days, and a determination is made to:

- a. close the case;
- b. close and refer the case to community providers; or
- c. open the case for ongoing protective services.

Interpretation: *Collaborative efforts with families are initiated before cases are closed to determine needs and identify community resources.*

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Interpretation: *Although many circumstances and events can delay the completion of an investigation, efforts are made to complete investigations in a timely manner. Some organizations combine investigation and assessment and allow longer timeframes for completion. In such cases, the organization should specify which components of the investigation are to be completed within 30 days.*

Interpretation: *When the case involves an American Indian or Alaska Native child, services offered by the tribe or local Indian organization should be considered and prioritized when closing and referring the case to community providers.*

CPS 5.08

When a case is opened, the organization provides or recommends the most beneficial and least intrusive service that maintains a child's safety.

Interpretation: *Reasonable efforts are made to preserve families whenever possible and appropriate. Services can include, and are not limited to: Child Protective Case Management, Family Preservation and Stabilization, and out-of-home care services.*

Interpretation: *When the case involves an American Indian or Alaska Native child, the organization should consult the child's tribe early in the investigation to ensure that a full range of culturally-appropriate resources have been made available to the family. The Indian Child Welfare Act requires that prior to removing an American Indian or Alaska Native child from the home, the state must be able to demonstrate to the court that active efforts have been made to prevent removal.*

Research Note: *One study suggests that severity of maltreatment and risk of repeat maltreatment are critical factors to be considered when making decisions about service delivery.*

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CPS 6: Safety Assessments

Safety assessments are conducted at defined intervals and milestones, and safety plans are developed and updated as necessary.

Interpretation: *Safety assessments should be conducted at certain milestones in the case including, and not limited to: during the investigation of the initial and subsequent reports; when there are significant changes to the home composition; and prior to case closing. The organization should be in compliance with any regulatory or administrative requirements that define intervals for safety assessments. Safety plans can include home based services, removal from the home of the person alleged to be responsible for the maltreatment, voluntary placement of the child with a relative, or removal of the child from the home. Families experiencing domestic violence can benefit from safety planning that involves a domestic violence specialist or advocate.*

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

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- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for safety assessment and safety planning
- Copy of the safety assessment tool

On-Site Evidence

- State regulatory or administrative requirements that define intervals for safety assessments

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

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CPS 7: Assessment

Families participate in an individualized, strengths-based, family-focused, and culturally responsive assessment that informs service and permanency planning.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Interpretation: *Tribal representatives, or individuals with knowledge of the tribe and tribal customs, should be involved in the assessment to improve the quality of the assessment by ensuring that it is culturally grounded and involves the family and tribal community.*

NA *The organization does not conduct assessments.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Copy of the assessment tool

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CPS 7.01

The family is the primary source of information about the need for service.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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Interpretation: *Collateral sources of information should be sought to help confirm or enhance assessment information. The organization adapts the assessment process to protect the safety of victims of domestic violence.*

Interpretation: *Extended family members may participate in the assessment process if their involvement is appropriate.*

CPS 7.02

The information gathered for assessments:

- a. includes underlying conditions and environmental and historical factors that may contribute to concerns identified in initial screening, investigation, and risk and safety assessments;
- b. identifies child and family strengths, protective factors, and needs;
- c. includes the potential impact of maltreatment on the child;
- d. includes factors and characteristics pertinent to making an appropriate placement, if necessary;
- e. identifies potential family resources for the child and the parents; and
- f. is limited to material pertinent for providing services and meeting objectives.

Interpretation: *The child's extended family and other community members should be considered as valuable family resources for the child and the parents.*

CPS 7.03

Assessments are conducted in a strengths-based, culturally responsive manner to identify values, beliefs, practices, and resources that can increase service participation and support the achievement of agreed upon goals.

Interpretation: *Culturally responsive assessments can include attention to geographic location, language, political status, tribal affiliation, and religious, racial, ethnic and cultural background. Other important factors that contribute to a responsive assessment include attention to age, sexual orientation, and developmental level.*

CPS 7.04

Assessments are completed within timeframes established by the organization and are updated periodically.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 8: Service Planning and Monitoring

Families participate in the development and ongoing review of a strengths-based service plan that is the basis for delivery of appropriate services and support.

Interpretation: *When the case involves an American Indian or Alaska Native child and family, the tribe or local Indian organization must be included in the service planning process and culturally relevant resources available through or recommended by the tribe or local Indian agencies should be considered and prioritized when developing the service plan.*

NA *The organization does not facilitate service planning.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service planning and monitoring procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
 - d. Persons served
- Review case records

CPS 8.01

Service planning is family centered, and includes, as appropriate:

- a. the child;
- b. family members;
- c. additional service providers; and

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

d. tribal representatives.

Interpretation: *Service planning is conducted so the family retains as much personal responsibility and self-determination as possible.*

Generally children age six or older are to be included in service planning, unless there are clinical justifications for not doing so. Extended family members and significant others can be involved in service planning, when appropriate, and with the consent of the family. The organization can facilitate participation by, for example, helping arrange transportation, and including them in scheduling decisions.

Service planning procedures are adapted as needed in cases involving domestic violence to promote safe, healthy, and active participation of all family members. For example, in some instances, the organization may determine that meetings involving both the perpetrator and the survivor would pose a safety risk or would limit the participation of the survivor and would not be appropriate.

Interpretation: *Culturally-relevant interventions and practices or customs of children and families' cultures, tribes, or faith-based communities should be incorporated into the service plan to the greatest extent possible and appropriate. Organizations should also be mindful that interventions adopted for the broader population, including evidence-based practices, may be ineffective or harmful to American Indian and Alaska Native children and families, and should instead identify culturally appropriate interventions that have been demonstrated to be effective for the population served.*

Research Note: *Family teaming models (such as Family Group Decision-Making, Family Team Meetings, and Family Group Conferencing) have become increasingly prevalent for intentionally collaborating with families throughout the child welfare intervention and particularly at crucial decision-making points.*

The family "team" is the group of people that a family has chosen to support them in meeting their goals and that may provide support identified in the service plan. Family teams can include:

- a. *extended family members,*
- b. *family friends,*
- c. *resource parents,*
- d. *service providers already working with a family,*
- e. *community members,*
- f. *tribal members,*
- g. *faith group members, and*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- h. *other supportive people identified by the family. Family teaming models have proven to be successful in supporting positive outcomes by helping service providers share power with families, build and incorporate the larger circle of family support, and develop plans that ensure safety and achieve permanency more quickly. Through evaluation studies family teaming has been identified as an effective practice tool for collaborating with kinship families.*

CPS 8.02

During service planning, the worker and family discuss:

- a. the family's strategies to change behaviors and conditions that led to the abuse or neglect;
- b. services and supports available to address the effects of maltreatment and to prevent future maltreatment;
- c. maintaining or strengthening family relationships and informal social networks;
- d. the family's cultural needs and the role that cultural or tribal traditions can play in addressing presenting concerns;
- e. how the organization can support the achievement of child safety, child and family well-being, and permanency;
- f. benefits and consequences of family participation in planned services; and
- g. expectations and potential consequences of noncompliance with the service plan.

CPS 8.03

An individualized service plan developed with each family is based on the assessment and includes:

- a. agreed upon goals, desired outcomes, and timeframes for achieving them;
- b. services and supports to be provided, and by whom;
- c. timeframes for evaluating family progress; and
- d. the signature of the parents and the youth, if developmentally appropriate.

Interpretation: *The organization should recognize the value of incorporating culturally-grounded interventions into the service plan, and include traditional practices or customs of the child's culture, tribe, or faith-based community to the greatest extent possible and appropriate.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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Research Note: *Research has shown that despite the availability of information from assessments, workers often base service decisions on other factors, including availability of services, labels, and the type of maltreatment.*

CPS 8.04

Individuals with disabilities who have limited ability to make independent choices receive help with making decisions and support to assume more responsibility.

CPS 8.05

Service plans are completed within 30 days of the initiation of services and within additional timeframes established by the organization.

CPS 8.06

The worker and a supervisor, or a service or peer team, review the case at least quarterly to assess:

- a. service plan implementation;
- b. appropriateness of safety and permanency plans;
- c. progress toward achieving service goals and desired outcomes; and
- d. continuing appropriateness of the agreed upon service goals, and the need to keep the case open.

Interpretation: *Workers should assess the family's progress following each visit and review the case when necessary. The case review is sometimes referred to as an administrative review, a supervisory review, a case conference, or a staffing.*

Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard.

Interpretation: *When the case involves an American Indian or Alaska Native child, a representative from the tribe or a local Indian organization must receive timely notification of case reviews to ensure their involvement, particularly when any changes are made to the service plan. Phone and video conferencing can be used to facilitate tribal participation. The case review should include an assessment for compliance with the Indian Child Welfare Act.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 8.07

The worker and the family regularly review progress toward achievement of service goals, and sign revisions to service goals and plans.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 9: Child Protective Case Management Services

The organization arranges, provides, and coordinates the delivery of services to ensure child safety, promote well-being, and keep families together whenever possible.

Interpretation: *When the case involves an American Indian or Alaska Native child, a representative from the tribe or a local Indian organization should be included in the identification and coordination of support services. Services offered by the tribe and local Indian organization should be considered.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
 - Procedures need strengthening; or
 - With few exceptions procedures are understood by staff and are being used; or
 - For the most part, established timeframes are met; or
 - Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
 - Active client participation occurs to a considerable extent.
- 3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,
 - Procedures and/or case record documentation need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Timeframes are often missed; or
 - A number of client records are missing important information or
 - Client participation is inconsistent; or
 - One of the Fundamental Practice Standards received a rating of 3 or 4.
- 4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards;

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- A description of case management services
- Guidelines or description of worker visits

On-Site Evidence

- Community resource and referral list
- Contracts or service agreements with community providers

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CPS 9.01

The organization directly provides, refers, contracts, or otherwise arranges for needed therapeutic, educational, and support services that are culturally relevant and include:

- a. parent education and family support;
- b. homemaker or home health aide services;
- c. child care;
- d. respite care;
- e. individual and family counseling services; and
- f. education, employment, and housing services.

Interpretation: *When such services are not readily accessible, the organization advocates for greater availability, and works with the family to consider alternatives, which can include informal support services such as*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

the child's extended family and other community members.

CPS 9.02

Families receive, directly or by referral, more intensive services, as needed, from domestic violence, mental health, and substance use treatment specialists.

Interpretation: *Whenever possible, American Indian and Alaska Native children should receive more intensive services from qualified professionals who have experience working with the tribe and knowledge of tribal customs and practices.*

Research Note: *Domestic violence, and mental health and substance use conditions present an increased risk of child maltreatment, an increased risk of child removal, and can complicate and delay reunification when a child is removed. A comprehensive array of substance use treatment services can include: screening, assessment, detoxification, out-patient treatment, in-patient treatment, relapse prevention, aftercare, and support.*

CPS 9.03

Workers have access to comprehensive, up-to-date information about community services, and maintain regular contact with collateral providers to share information about service delivery.

(FP) CPS 9.04

Frequency and type of face-to-face visits with the child and family are culturally responsive and appropriate to the family's needs and risk to the child, and visits occur at least once a month, to:

- a. establish effective working relationships;
- b. assess safety and well-being;
- c. monitor service delivery; and
- d. measure and support the achievement of agreed upon goals.

Interpretation: *Service monitoring includes confirmation services were initiated and are appropriate and response to complaints or problems that develop regarding service delivery.*

Research Note: *Some literature suggests that when substance use, mental health or domestic violence issues are present, a greater risk exists and*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

more frequent visits are appropriate; however, other suggested best practice points to the importance of the worker thinking critically about each family's circumstances to determine frequency of visits. When other providers are visiting the family, and all providers are effectively sharing information, the organization may decrease the frequency of its visitation.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 10: Removing Children from the Home

When a child cannot safely remain at home, the child is removed from the home, and the child and family are prepared for the transition.

NA *The organization only provides Child Protective Case Management Services.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- Documentation is routinely incomplete and/or missing; or A
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Procedures for establishing voluntary agreements and submitting court petitions
- Procedures or protocols for removing a child

On-Site Evidence

- Domestic violence protocol, if available

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

(FP) CPS 10.01

When a child cannot safely remain at home, the organization collaborates with parents to establish a voluntary agreement, or otherwise petitions a court of proper jurisdiction, to obtain appropriate care.

Interpretation: *The process for removing an American Indian or Alaska Native child from the home must meet requirements outlined in the Indian Child Welfare Act.*

Research Note: *The Indian Child Welfare Act requires that, prior to removing an American Indian or Alaska Native child from the home, the state must be able to demonstrate to the court that active efforts have been made to prevent removal and that all efforts have been unsuccessful. The Act also requires that a qualified expert witness who is not the child's regularly assigned social worker and has knowledge of the tribe's norms testify that serious emotional or physical harm would likely occur if the parent were to maintain custody of the child. Organizations are strongly encouraged to contact the child's tribe to identify a qualified expert witness.*

Research Note: *The provisions of the Indian Child Welfare Act apply to the*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

separation of any Indian child in which reunification is conditional rather than "upon demand", including cases in which a voluntary agreement has been established. Voluntary consent to a foster care placement is not valid unless it complies with specific procedural requirements outlined in the Indian Child Welfare Act (ICWA), including that the consent be executed in writing, recorded before a judge, and accompanied by a certificate authenticating that the terms and consequences of voluntary removal were fully explained and understood. Parents of Indian children should be informed of their right, under ICWA, to withdraw consent and the process and timeframes for doing so.

Note: *The removal of a child can aggravate a domestic violence situation. The service provider should follow the organization's domestic violence protocol and coordinate the child's removal with the domestic violence unit or specialist, whenever possible.*

(FP) CPS 10.02

A professional with two years of related experience and an advanced degree in social work, or another comparable clinical human services profession, is involved in the decision to remove a child from the home.

Interpretation: *When the case involves an Indian child, the organization should collaborate with the tribe to ensure compliance with the Indian Child Welfare Act.*

(FP) CPS 10.03

The organization minimizes the negative effects removal can have on a child by:

- a. providing age- and culturally- appropriate information about the removal process;
- b. identifying personal items the child will bring;
- c. collecting information about the child's daily routine, preferred foods and activities, needed therapeutic or medical care, cultural practices, and education;
- d. ensuring proper notification is sent to all adult grandparents and other adult relatives explaining the options and requirements related to their participation in the care and placement of the child;
- e. discussing how the child can maintain contact with the family and cultural or tribal community; and
- f. discussing separation and loss.

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Interpretation: *Personnel should ensure needed medication and medical equipment accompany the child or are obtained. When the child requires medication personnel should follow procedures regarding the storage and administration of medication.*

Research Note: *Contact with tribal relatives is commonly practiced among tribal communities and is believed to support the child's cultural identity and an improved sense of belonging.*

CPS 10.04

The organization minimizes the negative effects a removal can have on the family by:

- a. discussing how the family can maintain contact with the child;
- b. providing information about the removal process;
- c. discussing separation and loss with the parents and siblings remaining in the home;
- d. identifying available cultural supports and resources; and
- e. addressing needs related to domestic violence, substance use, or mental illness.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 11: Child Placement

Children in need of out-of-home care are referred to a foster care, kinship care, or residential program that can meet their needs for safety, permanency, stability, and well-being in a culturally-competent manner.

NA *The organization does not place or refer children for out-of-home care.*

Note: *An organization that provides emergency placements must document efforts made to meet the standards given the emergency nature of the placement. Emergency placements involving an American Indian or Alaska Native child must comply with the emergency proceeding provisions set out in the Indian Child Welfare Act. Efforts should be made to identify emergency placements that comply with the placement preferences in ICWA so as to prevent future placement changes in the event that a full child custody proceeding is initiated.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Placement procedures
- A description of services:
 - a. available out-of-home care services;
 - b. the level of care assessment process; and
 - c. supports and services provided to children that experience multiple placements

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Relevant personnel
- Review case records

CPS 11.01

All information available from intake, screening, assessment, and placement history are considered to identify the most family-like, least restrictive type of out-of-home care suitable to provide for the child's safety, permanency, stability and well being.

Research Note: *Research has identified many factors that can impact placement decisions including: age, race, reason for placement, placement*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

history, and presence of behavior problems or disabilities. Research suggests that despite the availability of information on a child's psychosocial functioning, workers base placement decisions on labels and the reason for entering care. Researchers recommend use of clinical judgment, assessment information, and standardized tools to identify and consider the factors that indicate a child is at greater risk of disruption to determine the most suitable out-of-home placement. Some literature suggests the organization monitor decision making for inappropriate biases.

CPS 11.02

Children are placed according to their best interests in the most family-like and familiar setting possible:

- a. with siblings;
- b. with kin; or
- c. with families or in residential settings within reasonable proximity to their family and home community.

Interpretation: *Unless it is contrary to the well-being of a child, organizations are required to make reasonable efforts to place siblings together and policy requires that preference be given to kin. If a child is not placed in a manner consistent with the specified options, the reason is documented in the case record.*

Research Note: *Literature suggests that children placed in close proximity to relatives are less likely to disrupt and more likely to have regular visitation with parents.*

CPS 11.03

American Indian and Alaska Native children are placed according to the placement preferences specified in the Indian Child Welfare Act.

Interpretation: *When the organization is working with American Indian and Alaska Native children and families, tribal representatives and service providers must be involved in placement decisions and placement changes in order to ensure compliance with the Indian Child Welfare Act, which requires that preference be given to placements in the following order:*

- a. a member of the child's extended family;
- b. resource families licensed, approved, or selected by the child's tribe;
- c. American Indian or Alaska Native families licensed or approved by an authorized non-Native licensing authority; and
- d. an institution approved by an Indian tribe or operated by an Indian

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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organization.

Alternative placement preferences established by the child's tribe may apply, and the court may also take into consideration the preferences of the child or his/her biological parents. Organizations should work closely with the child's tribe to identify placement options within the tribal community. Families from all tribes to which the child has ties should be considered as placement options, and eligibility criteria should be consistent with the norms of the tribe.

Research Note: *As evidence of compliance with these placement preferences, a record of each placement must be maintained by the state in which the placement was made. These records should be made available upon request of the United States Secretary of Interior or the Indian child's tribe.*

CPS 11.04

The organization prevents placement changes through coordinated placement planning that:

- a. ensures children and families are aware of the placement process and receive support and information throughout;
- b. provides all legally permissible information about children's characteristics, behaviors, histories, and permanency goals to prospective residential settings or resource families;
- c. arranges opportunities for children and parents to meet prospective resource families when possible;
- d. responds proactively to challenges associated with placement and assesses the need for services and supports; and
- e. facilitates workers' abilities to spend more time with children, families, and/or resource parents after a new placement or when challenges arise.

Research Note: *The trauma of separation and placement moves can be partially minimized through a sensitive and responsive placement process. Effective placement planning requires sharing of information to promote equal involvement in the process and to allow all parties to do their job well. Birth and resource families need information about the process, visitation, decision making timeframes and expectations for involvement in meetings and ongoing communication.*

CPS 11.05

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Children's level of care is reviewed regularly and placement changes occur to support their best interests and permanency goals.

Interpretation: *The organization should make every effort to prevent any placement change that is not in the best interest of the child and his or her permanency goals. Placement changes that support children's best interests and permanency goals may include moving from a foster home to an adoptive home, moving from foster care to kinship foster care or other moves that bring children closer to family or community.*

Research Note: *Significant research has demonstrated the correlation between placement instability and negative child outcomes including poor academic performance and social and emotional difficulties. Regardless of a child's prior history of maltreatment or behavioral challenges, these negative outcomes increase following placement disruptions.*

CPS 11.06

Children, families, and resource families receive additional support during placement changes that includes:

- a. sufficient advanced notice prior to a placement change;
- b. formalized discussions of the reasons for a placement move or disruption, each parties' feelings about the change, and as needed, interventions to address the reasons for the change;
- c. reassessment of children's needs in advance or at the time of the change, and identification of a resource family or other placement setting that can best achieve safety, well-being, and permanency; and
- d. referral to additional services or supports.

Interpretation: *Whenever possible notice should be provided at least 14 days in advance of a placement move.*

(FP) CPS 11.07

When youth are in care past the age of 18, shared living agreements are developed at the time of placement, or upon youths' birthdays, to promote independence, clarify new roles, and establish mutually agreed upon expectations.

Interpretation: *In many states foster care services have been extended to youth until age 19, 20, or 21. In a developmentally appropriate manner, every youth over 18 should be engaged in a conversation, that is formally documented, that explores and determines the mutual expectations and*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

responsibilities of the living arrangement now that they are not a minor.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

CPS 12: Child and Youth Permanency

The organization participates in or facilitates permanency planning with families to promote stability and permanency.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



Child Protective Services

Table of Evidence

Self-Study Evidence

- Procedures for permanency planning

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

CPS 12.01

Service providers, foster parents, the public authority, and the court work with the child, youth, and family to develop a permanency plan within 60 days of placement, which specifies:

- a. the permanency goal(s);
- b. a timeframe for achieving permanency; and
- c. activities that support permanency.

Interpretation: *Intensive efforts should be made to locate family members who can be involved in permanency planning and who may wish to (re)establish positive relationships with the child. The permanency planning process for American Indian and Alaska Native children and families must always involve tribal representatives and service providers to ensure compliance with the Indian Child Welfare Act's placement preferences and support culturally responsive planning that recognizes and incorporates tribal definitions of permanency and tribal perspectives of the best interest of the child into the permanency plan.*

Interpretation: *The age of a youth should not limit the consideration of all permanency options.*

Interpretation: *The timeframe for achieving permanency is consistent with state and federal regulations, and in most cases the permanency hearing should take place within 12 months. Whenever possible, the permanency timeline for parents with substance use conditions reflects the time needed to receive substance use treatment services and make progress towards recovery.*

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Research Note: *Tribal definitions of permanency can vary by tribe but generally focus on the concept of belonging through the identification and enhancement of the child's support networks including their extended family, clan, and tribe. Thus, permanency is the result of continuity and a sustained sense of belonging.*

CPS 12.02

Concurrent planning is undertaken when appropriate and includes:

- a. early assessment of the potential for reunification;
- b. full disclosure of options, expectations, and timelines;
- c. early identification of potential family resources;
- d. early placement with a permanent family resource; and
- e. counseling parents about relinquishment and permanency options when reunification seems unlikely.

Interpretation: *Federal and state statutes or administrative rules may provide guidance about when concurrent planning is appropriate and how concurrent planning is to be conducted.*

Interpretation: *As appropriate, the child's extended family and other community members should be considered when identifying potential family resources.*

CPS 12.03

The child, parents, caregivers, foster parents, and relevant professionals participate in a court or administrative case review at least every six months to assess:

- a. the safety and appropriateness of continued placement;
- b. constructive parent, child, and sibling visitation;
- c. efforts to reunify the family and progress toward permanency;
- d. possible placement resources and best options; and
- e. appropriateness of services.

Interpretation: *Federal and state statutes or administrative rules may provide guidance about when and how administrative reviews are to be conducted. The review is scheduled at times when appropriate parties can attend.*

Interpretation: *When the case involves an American Indian or Alaska Native child, a representative from the tribe or a local Indian organization must receive timely notification of court or administrative case review to*

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ensure their involvement, particularly when any changes are made to the permanency plan.

CPS 12.04

Youth are actively involved in permanency planning, and receive information about progress toward permanency as appropriate to their age, cultural needs, and developmental level.

CPS 12.05

The case record documents opportunities provided to parents in support of reunification, including:

- a. involvement in service planning and access to needed services;
- b. constructive visitation and on-going contact with the child;
- c. reduction of barriers to contact, visitation, and involvement in the child's care; and
- d. use of formal and informal resources to prepare the family for reunification.

Interpretation: *Resources can include support from extended family members or the tribal community when one has been identified.*

Interpretation: *When the organization is working with American Indian and Alaska Native children and families, the Indian Child Welfare act requires active efforts be provided to prevent family breakup. Active efforts require affirmative, thorough, timely, and culturally responsive engagement with families to satisfy the case plan by accessing resources and services and partnering with the tribe. Early consultation with the child's tribe is critical to ensuring that a full range of resources have been made available to the family and that active effort requirements are fulfilled. Organizations may work with tribal leadership, elders, religious figures, or professionals with expertise concerning the given tribe to determine culturally responsive active efforts and identify culturally appropriate services for the family.*

Note: *The documentation must be in a format legally admissible as evidence to facilitate court proceedings.*

CPS 12.06

The organization recommends or files a petition to terminate parental rights

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for children who have been in care for 15 of the most recent 22 months, unless case-specific information legally exempts a child.

Interpretation: *The reason submitted for termination of parental rights cannot be the length of time a child has been in care. When the decision is made not to return the child home, the justification and alternative permanency goal are entered into the case record.*

Interpretation: *When the case involves an American Indian or Alaska Native child, the organization should collaborate with the tribe to ensure compliance with Indian Child Welfare Act requirements governing the termination of parental rights.*

Research Note: *Federal law permits American Indian and Alaska Native families to move forward with a customary adoption, without terminating parental rights. Customary adoptions, approved or adjudicated by the tribal court, are arranged through custom and tradition and allow for the transfer of custody while preserving parental rights.*

Other circumstances that preclude termination of parental rights when the case involves an American Indian or Alaska Native child include: placement with extended family per ICWA placement preferences; transfer of jurisdiction to the tribal court; insufficient provision of "active efforts" to support reunification; and inability to satisfy the legal requirements for termination of parental rights under ICWA.

Research Note: *The Adoption and Safe Families Act (ASFA) outlines three legal exemptions to the termination of parental rights requirement outlined in CPS 12.06, including if: (1) the child is being cared for by a relative; (2) the case record contains documentation of a compelling reason why the termination of parental rights would not be in the best interest of the child, including failure to meet federal statutory requirements such as active or reasonable efforts; and (3) the organization hasn't provided the family with services identified by the state to be necessary for the safe return of the child. ASFA does not override, amend, or repeal the requirements of the Indian Child Welfare Act.*

CPS 12.07

The organization is diligent in identifying and notifying all adult relatives of a child's separation from her or his family within 30 days of placement.

Interpretation: *Organizations should have established procedures for identification of kin that involves a combination of engaging children and family members in identification and the use of technological resources for*

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family-finding. Notification should be provided in multiple forms, including written form in order to ensure accountability and maintain a record of efforts to notify.

Research Note: *Family-finding efforts support the increased identification and involvement of incarcerated parents and their families in the permanency plan. Unless the court has determined that reasonable efforts to support reunification are suspended, public agencies are mandated to work with incarcerated parents as with other parents. This involvement is important for children's well-being and may increase motivation for incarcerated parents to work for reunification or participate in the development of an alternative plan.*

CPS 12.08

To support permanency goals kinship caregivers are informed about, and assisted in, pursuing permanency options such as adoption or guardianship, as appropriate.

Interpretation: *Tribal customary adoption should be considered as a permanency option for American Indian and Alaska Native children.*

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Child Protective Services

CPS 13: Case Closing

Case closing is a planned, orderly process.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

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used; or

- Documentation is routinely incomplete and/or missing; or
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Case closing procedures

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
 - a. Program director
 - b. Supervisors
 - c. Relevant personnel
- Review case records

(FP) CPS 13.01

The organization evaluates the need to keep the case open every six months and uses criteria that consider safety and risk factors to determine when to close a case.

Interpretation: *When the case involves an American Indian or Alaska Native child, the tribe or a local Indian organization must receive timely notification of ongoing evaluations to ensure their involvement. Phone and video conferencing can be used to facilitate tribal participation.*

CPS 13.02

Planning for case closing:

- a. is a clearly defined process that includes assignment of staff responsibility;
- b. begins at intake;
- c. involves the family and others, as appropriate; and
- d. includes discussion with the family about the successful changes in behaviors and conditions that reduced risk to the child, and plans and

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strategies for maintaining those changes.

CPS 13.03

Upon case closing, the organization notifies any collaborating service providers, including the courts and tribal governments, as appropriate.

(FP) CPS 13.04

Reunification planning is ongoing throughout the work with families and includes:

- a. ongoing, mutual assessment of the progress towards meeting family goals;
- b. emotional and physical preparation with parents, non-custodial parents, children, and resource families;
- c. transfer of all applicable legal, educational, and medical documents and service summaries prior to reunification date;
- d. assistance in accessing needed community-based resources prior to reunification date; and
- e. identification of post-reunification services.

CPS 13.05

The organization develops aftercare plans with children and families, sufficiently in advance of case closing that specify options for meeting the families' needs for supports and services, and the steps to meeting these needs.

Interpretation: *The organization develops the plan in collaboration with children and families, explores suitable resources, and takes the initiative to make contact with service providers with the family or on behalf of the family if they would benefit from this assistance.*

Interpretation: *When the case involves an American Indian or Alaska Native child, resources available through the tribe or local Indian organizations should be considered and prioritized when developing an aftercare plan.*

Research Note: *Aftercare services such as in-home support, counseling,*

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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housing assistance, and respite care can support reunification efforts.

CPS 13.06

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of children and families.

Interpretation: *Reasons why follow-up may not be appropriate include, and are not limited to, cases where the person's participation is involuntary.*

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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CPS 14: Personnel

Personnel are qualified and receive support to provide immediate and ongoing services to children in need of protection.

Note: *When the organization is unable to fully implement one or more personnel standards, intensive efforts should be made to fully implement the other standards. For example, if the organization is unable to recruit workers with specific qualifications, it can ensure that appropriate supervision and workload standards are implemented.*

Rating Indicators

- 1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.
- 2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,
 - With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
 - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
 - Most staff who do not meet educational requirements are seeking to obtain them.
 - With some exceptions staff have received required training, including applicable specialized training.
 - Training curricula are not fully developed or lack depth.
 - A few personnel have not yet received required training.
 - Training documentation is consistently maintained and kept up-to-date with some exceptions.
 - A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
 - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
 - With a few exceptions caseload sizes are consistently maintained as required by the standards.
 - Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.
 - Procedures need strengthening.

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- With few exceptions procedures are understood by staff and are being used.
 - With a few exceptions specialized staff are retained as required and possess the required qualifications.
 - Specialized services are obtained as required by the standards.
- 3)** Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,
- One of the Fundamental Practice Standards received a rating of 3 or 4.
 - A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
 - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
 - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
 - A significant number of staff have not received required training, including applicable specialized training.
 - Training documentation is poorly maintained.
 - A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
 - There are numerous instances where caseload sizes exceed the standards' requirements.
 - Workloads are excessive and the integrity of the service may be compromised.Â
 - Procedures need significant strengthening; or
 - Procedures are not well-understood or used appropriately; or
 - Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
 - Specialized services are infrequently obtained as required by the standards.
- 4)** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

For example:

- Two or more Fundamental Practice Standards received a rating of 3 or 4.

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
 - a. name;
 - b. title;
 - c. degree held and/or other credentials;
 - d. FTE or volunteer;
 - e. length of service at the organization;
 - f. time in current position
- Table of contents of training curricula
- Chart that specifies caseload size, per worker for the past six months
- Procedures and criteria used for assigning and evaluating workload

On-Site Evidence

- Supervisory schedule for 24-hour coverage
- Procedures for overtime compensation
- Data describing staff turnover
- Documentation of training
- Job descriptions
- Training curricula

On-Site Activities

- Interview:
 - a. Supervisors
 - b. Personnel
- Review personnel files

CPS 14.01

Child protection workers are qualified by:

- a. an advanced degree in social work or a comparable human service field;
or
- b. a bachelor's degree in social work or a comparable human service field with two years of related experience.

CPS 14.02

Supervisors are qualified by an advanced degree in social work or a

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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comparable human service field and at least two years experience working with children and families, preferably in child protective services.

CPS 14.03

Child protection workers have the competencies needed to:

- a. empower and engage families;
- b. assess risk and safety and identify families with special needs;
- c. collaborate with community providers;
- d. exercise good judgment and competent decision making; and
- e. work with the court system when necessary.

Interpretation: *Competency can be demonstrated through education, training, or experience.*

CPS 14.04

Child protective services workers and supervisors, depending on job responsibilities, are knowledgeable about relevant provisions of the Indian Child Welfare Act (ICWA), including:

- a. the importance of ICWA and special considerations for working with American Indian and Alaska Native children;
- b. the identification of American Indian and Alaska Native children;
- c. determination of jurisdiction;
- d. appropriate notice and collaboration with the child's tribe;
- e. active efforts to prevent removal or reunify families;
- f. placement preferences that support the child's connection to their native culture and heritage; and
- g. court procedures.

Interpretation: *All child protective services personnel should be trained in the basic requirements of ICWA with additional specialized training for staff in specialized service units, such as intake and permanency planning. Screening personnel must be trained on how to identify children with American Indian or Alaska Native heritage. Workers should also be informed of the cultural norms and historical trauma associated with Indian tribes.*

Research Note: *Training resources on the Indian Child Welfare Act are available from the Bureau of Indian Affairs, the National Indian Child Welfare Association, and the California Social Work Education Center.*

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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(FP) CPS 14.05

A manageable workload, which includes caseload and other organizational responsibilities:

- a. makes it possible for workers to meet practice requirements;
- b. does not impede the achievement of outcomes; and
- c. takes into consideration the qualifications and competencies of the worker and case status and complexity.

Interpretation: *Case complexity can take into account: intensity of child and family needs, size of the family, and the goal of the case. Generally, investigative workers should manage no more than 12 active investigations at a time including no more than 8 new investigations per month. Ongoing and preventive services workers should be working with no more than 15-18 families (cases) at a time, with no more than 10 children that are in an out-of-home placement. However, there are circumstances under which caseloads may exceed these limits. For example, caseload size may vary depending upon the volume of administrative case functions (e.g., entering notes, filing, etc.) assigned to the worker. Caseloads may also be higher when organizations are faced with temporary vacancies on staff. New personnel should not carry independent caseloads prior to the completion of training.*

Research Note: *Two themes in staff retention literature indicate that high caseloads and time-consuming paperwork are primary factors in child welfare workforce turnover.*

Note: *The evaluation of this standard will focus on whether the assigned workload is manageable for staff, taking into account the factors cited in the standard and interpretation. The specific caseload sizes stated in the interpretation are only a suggestion of what might be appropriate. Each organization should determine what caseload size is appropriate, and reviewers will evaluate: (1) whether the organization's designated caseload size reflects a manageable workload, and (2) whether the organization maintains caseloads of the size it deemed appropriate.*

CPS 14.06

Supervisory personnel are involved in all decisions related to child safety and permanency, and workers have access to a supervisor by telephone 24 hours a day.

CPS 14.07

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Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.



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Supervisors or experienced workers provide additional support when personnel are new or are still developing competencies.

CPS 14.08

The program director or designee ensures:

- a. work schedules are flexible;
- b. sufficient staff coverage at all times;
- c. supports are in place to prevent burnout; and
- d. non-exempt employees that work overtime are appropriately compensated.

Interpretation: *Non-exempt employees are compensated for overtime according to the Fair Labor Standards Act.*

Purpose

Child Protective Services protect children from abuse and neglect and increase child well-being and family stability.