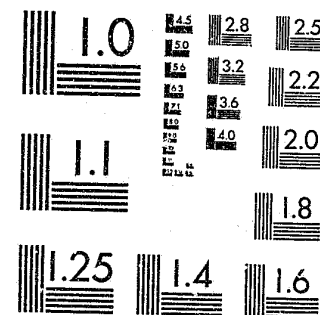


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South Dakota
DEPARTMENT OF SOCIAL SERVICES
Children, Youth & Family Services

96558

Manual for Investigation of Child Abuse & Neglect in Out-of-Home Care

U.S. Department of Justice
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96558

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INTRODUCTION

This manual entitled the Investigation of Abuse and Neglect of Children in Out-of-Home Care was developed to aide protective services staff employed by the South Dakota Department of Social Services in the actual investigation of abuse/neglect incidents involving children placed in out-of-home care facilities, ie: foster homes, group care state hospitals, etc. This manual is an actual working document and is in exactly the same format as it appears in the South Dakota Department of Social Services, Children, Youth & Family Services' Procedures Manual.

A portion of the information found herein was collected from previously prepared materials dealing with the subject of institutional abuse. This manual is considered to be a compilation of the best of those materials restructured, reworked and rewritten into a step by step format which could be used by South Dakota Department of Social Services' staff investigating abuse and neglect in out-of-home care.

I would like to thank Vicki Koehler, Judy Barnes, Dennis Berkland, and Clarice Turner who helped me in the preparation of this manual and to the following persons, organizations and resource materials from where many of the ideas and procedures used in this manual were gathered:

Child Abuse & Neglect in Residential Institutions: Selected Readings on Prevention, Investigation, and Correction - National Center on Child Abuse and Neglect.

Institutional Child Protection Project - College of Social Work, The Ohio State University

Recommended Guidelines for Investigation of Suspected Abuse/Neglect of Children in Out-of-Home Care - Region IX, Institutional Abuse Project, San Francisco Child Abuse Council, Eliana Gil

Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions - The User Manual Series, Sharon A. Harrell & Reginald C. Oren

Reducing Abuse and Neglect in Residential Facilities - Project U.T.A.H. Utah State University

Institutional Abuse and Neglect: A Guide for Investigators - New Jersey Institutional Abuse Project, Gregory J. Smiles

Institutional Child Abuse and Neglect: A Training Guide for Child Care Staff in Residential Institutions - New Jersey Institutional Abuse Project

Guidelines for Protecting the Child in Residential Group Care - The Ohio Association of Child Caring Agencies

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Mike Kelly
Child Abuse & Neglect Program Specialist
S.D. Department of Social Services
Children, Youth & Family Services

ACQUISITIONS

INVESTIGATION OF ABUSE/NEGLECT OF CHILDREN IN OUT OF HOME CARE

I. DEFINITION/INFORMATION:

The South Dakota Department of Social Services has the responsibility to ensure the safety and welfare of children residing in out-of-home care, SDCL 26-4-7/26-5-9. The South Dakota Department of Social Services is mandated by law to investigate reported incidents of child abuse/neglect whether those incidents occur in a family home, foster home, or a private or public 24-hour child care facility, SDCL 26-10-10.

OUT OF HOME CARE FACILITY DEFINED:

Out-of-home care facilities include foster homes, group homes, residential treatment centers and state administered institutions providing 24-hour child care.

THE ABUSE OF CHILDREN IN OUT-OF-HOME CARE DEFINED:

Out-of-home care neglect and abuse can be defined as "any system or program, policy or procedure, and any individual interaction with a child in placement, which abuses, neglects or is detrimental to a child's health, safety or emotional and physical well-being or in any way exploits or violates the child's basic rights." Private or state child care facilities have an obligation and a public mandate to abide by very stringent child care standards. These standards are quite different and far more strict than those child care standards associated with the natural family. The professional private and state child care provider must meet standards and tests in the care they provide as outlined in statutes, licensing requirements and codes of professional ethics. All actions by professional child care providers are considered to be purposeful and premeditated unless proven otherwise.

CHILDREN IN OUT-OF-HOME CARE

One characteristic which children in out-of-home care share, is that they are generally children with whom either their families or the community as a whole cannot cope. In a majority of cases, placement is the result of some characteristic of the child--mental retardation, physical handicap, emotional disturbance, incorrigibility, or delinquency. In other cases, it results from some characteristic of the family--its non-existence, desertion, or abusiveness, etc.

Some Children in Out-Of-Home Care:

- may exhibit bizarre behavior which does not respond to methods of rewards, reinforcements, and punishments;
- can be dangerous, based on their demonstrated behavior. Even rather young preadolescent children are in training schools for crimes against persons or major property crimes;
- may be unable to show any warmth or appreciation at least until after a lengthy period of treatment;
- may be in placement under coercion;
- can be messy, soiling, drooling, spitting up, etc.

THE CARETAKER

There is little disagreement that a majority of out-of-home care abuse occurs in the child's living or working situation. A child care provider especially one who works in a group care or hospital setting performs tasks and duties that are almost always psychologically taxing and emotionally draining, often physically grueling and occasionally dangerous, almost universally a position with few rewards in terms of pay and prestige, and for which there maybe few requirements regarding education or experience. "Burnout" tends to come early and remain a constant problem for even the most dedicated caretaker. Because of those factors, the turn-over rate is high.

Out-of-home care abuse and neglect often occurs from the gradual development by a staff member of a pattern of reacting impulsively and impatiently to residents and of resorting more and more frequently to physical solutions to the problems of confrontation and challenged authority.

THE FACILITY

Factors within the facility that may contribute to out-of-home care abuse and neglect are:

- overcrowding which contributes to both physical and psychological conditions to overly tired, harassed and, as a consequences, potentially abusive staff;
- a difference in the atmosphere of love and respect that exists between children and parents in their own home and the relationship between children and staff in an institution;
- the physical facilities or programs are not appropriate to present functions;

- detailed plans for progress in order to be discharged from the facility are not routinely present or not implemented;
- the child care staff has little knowledge of child management techniques, management of aggression, stages of child development, etc;
- interpersonal supports for staff are lacking or inadequate in relation to levels of professional stress;
- the child care staff have few protections for their physical safety or security in professional functioning;
- the interactions between staff and residents are only formally monitored;
- no system of protected internal reporting, review and appeal exists, available to both staff and residents;
- the residents, and often the facility itself, are isolated from the community; from parents, kin or friends that could serve as spokesmen or advocates; from friendly surveillance by people in general; or from a service delivery system that serves as a link to as well as from the community.

II. REPORTING AND INDICATORS

SDCL 26-10-10- mandates all licensed or registered child care providers to report any suspected incident involving child abuse or neglect.

A. Physical Abuse

Physical abuse in out-of-home care can occur in a number of ways:

- Children may be beaten. This may take the form of excessive or inappropriate corporal punishment.
- Children may be subjected to inappropriate and excessive restraining devices.
- Inappropriate and excessive use of psychotropic and other drugs used as a method of keeping a child under control.
- Inappropriate and excessive use of isolation and/or seclusion for long periods of time as a disciplinary or treatment device.
- Children may be sexually abused by staff. This may include forcing or threatening a child to engage in acts for sexual stimulation of the staff member or another person.

B. Neglect

- The neglect of a child in out-of-home care may include:
- Failure to meet the nutritional needs of a child. This can occur through failure to provide adequate amounts and kinds of food for proper nutrition, failure to provide severely handicapped children with adequate assistance in eating, or through withdrawal or restriction of food for disciplinary reasons.
- Failure to meet the basic hygienic needs of a child;
- Failure to provide proper supervision to the extent that children are allowed to harm themselves or each other.
- Failure to provide medical care for resident children or to provide proper treatment for a medically diagnosed condition.
- Failure to provide proper bedding and mattresses.
- Failure to provide appropriate and sufficient seasonal clothing.
- Failure to provide adequate living space and proper sanitation.

C. Emotional Maltreatment

The emotional maltreatment of a child in out-of-home care may include:

- Belittling or ridiculing a child, especially in front of peers.
- Ridiculing child's family, background culture or race.
- Failure to treat suicide threats as serious and to provide appropriate mental health services.
- Consistently treating members of a peer group unequally or unfairly.
- Making one child in the group the scapegoat for the misbehavior of other children.
- Allowing a group of children to develop its own control system without staff intervention.

III. INVESTIGATIVE PROCESS

The process and procedures used in investigating out-of-home abuse/neglect differ somewhat from a typical, in-home child protection investigation. The procedures can also vary among the different types of out-of-home care, which include foster family group and institutional care. This section will detail the general procedures, as well as areas where procedures will vary by type of out-of-home care.

A. Initial Procedure

Intake: The intake worker will complete the CY-509, Request for Services Form, then promptly notify the supervisor of the report. See Chapter IV, Page 11 - Information to be Obtained From the Reporter, also Determining a Need for an Immediate Response, Page 12 - Prioritizing.

Report to State Office: In all types of out-of-home care, the report shall promptly be shared with the DPS and State Office, i.e., Protective Services' Program Specialist and the Regulatory Administration Program Specialist.

Reporting to States Attorney:

All referrals involving suspected abuse/neglect in out-of-home care shall be reported to the states attorney and law enforcement. Their actual involvement will vary by type of case and according to recommendations made by the DPS and/or the State Office.

Report to Child's Parents or Guardian Suspected Child Abuse/Neglect:

All incidents involving a child in out-of-home care shall whenever possible be reported to the child's natural parent or guardian.

Foster Home:

The South Dakota Department of Social Services Regulations Chapter 67:14:30:06 directs the Department to request an investigation by the "states attorney if a child abuse or neglect report is received implicating involvement of a foster parent or person employed by the Department." The states attorney will decide the method by which the incident will be investigated. Under no circumstances shall CYFS staff conduct a foster home investigation alone. A supervisor and/or experienced protective services worker may assist the police or the states attorney in an investigation.

B. Investigation

All child abuse and neglect in out-of-home care investigations should be completed within sixty days.

All out-of-home care investigations shall involve more than one investigator. In foster care, the DSS worker may be a member of the team, with law enforcement and the states attorney. With group care and institutional investigations, no less than three persons should be involved. The team leader should be the DPS, supervisor, or state office representative, and the team members should be selected from supervisors, experienced protective service workers, law enforcement, states attorney, RA worker, state office representative or other state agency staff i.e., Department of Health and Department of Education, etc.

C. RA Involvement in Out-of-Home Care Abuse/Neglect Investigations

The role of the protective service worker in an investigation is to determine the specifics as they relate to the particular child involved in the incident, i.e.: what happened, and how did it happen in an effort to substantiate the complaint. While the role of the RA worker is to determine if there was a violation of licensing standards and whether that violation constitutes grounds for revocation.

Gathering Information

The team shall begin the investigation as soon as possible, in order to gather information with which to answer the following questions:

- Did the reported event occur or not, independent of extenuating circumstances?
- Is the administrative authority culpable or not, and if so, in what manner?
- Is the problem, if substantiated, administratively redressable?

The team shall determine whether the child who is suspected of being abused or neglected is safe if he or she remains in the facility.

ALL INVESTIGATIONS SHOULD BE COMPLETED WITHIN SIXTY DAYS

The general steps are the same as in any abuse investigation:

- Gathering information from the individual who made the report, the child care staff, the child, the child's parents, and collateral community resources.
- Obtaining medical, psychiatric, and/or psychological assessments of the child, as needed, from professionals not affiliated with the child care facility or institution.
- Determining if the child is in immediate danger, and if so, taking the child into temporary protective custody.

Specific procedures, questions and techniques used to gather the information and make the assessment do differ from in-home child abuse and neglect investigations.

Team Coordination:

Members of the investigating team shall meet prior to initiating the investigation, in order to clarify the role each member will assume in the investigation. The team will also meet after their interviews, to

assess and evaluate information received.

INTERVIEWS

A. Foster Home Cases:

The following information and assessments should be made while interviewing persons involved in alleged abuse in a foster home.

1. Interview The Foster Parent(s).

- Number of children in care (over limit, under limit, realistic number).
- Availability and supervision of foster parent? Outside job?
- Knowledge and understanding of parenting (does she/he acknowledge difficulties?)
- Current stresses/crises? (marital, death in family, finances, etc.).

2. Identified Child

Is the child seen as a problem? Why? Are there supports for this child? (therapy, tutoring, etc.)

- What is foster parent's description of incident? Is it believable? Is it possible?
- Have there been previous incidents?
- History of abuse in parent's family?
- Philosophy on caretaking/child management?
- Poor impulse control?
- Shows poor judgement?

3. Talk To Other Children In Home?

- Who supervises them? (Are children in charge?)
- What are their chores? Too many? Beyond their developmental capacity?
- How are they disciplined?

- What do they usually do with free time?
- Do they like it there?
- Who do they tell if they have complaints?
- Are they on any medication? Why?

4. Physical setting

- Any health or safety hazards?
- Overcrowded?
- Date of last licensing visit?

5. Appearance of children

- Adequate, appropriate clothing.
- Signs of undernourishment?
- Looks depressed/withdrawn.
- Over-clingy/needy
- Will not talk/seem afraid/vigilant.
- Overly compliant. Everything is wonderful.

B. Information To Be Gathered By The RA Worker Involved In A Foster Home Investigation.

The following areas would be appropriate for the RA worker to address in the investigation, (these issues are all related to licensing standards and also relate to the provider's ability to provide care):

- Number of children in care
 - type of child they are most suited to care for
 - children currently in placement
 - specific problems with these children
- Presence of provider
 - outside employment
 - child care arrangements
 - supervision of children
- Knowledge and understanding of parenting

- training received as a foster parent
- strengths/weaknesses of provider
- current stresses/crises
- methods of discipline
- Current financial situation
- Condition of house
 - compliance with health and safety requirements
 - is the house large enough
- Were there any specific recommendations made at the time of the last licensing visit? Did the provider respond to those recommendations?
- What is the status of the current license?

C. Group Care and Institution Cases:

Although an appointment is not necessary, it would be courteous to phone the facility just prior to the visit, although no delay in the visit shall be allowed. The team shall whenever possible meet initially with the administrator or his/her designee to explain the purpose of the investigation and the methods/procedures which will be followed. The team will then separate, with one member interviewing the administrator, another member interviewing the victim, and a third member interviewing the alleged perpetrator. Suggested procedures and information to be obtained during the interviews include:

1. Administrator

- administrator's explanation of the incident
- copy of incident report
- administrator's expectations of staff
- number of children (over/under limit)
- staff/child ratio
- number of professional staff
- staff hire dates, duties performed and training received for those duties - date of last or most recent training
- was medical attention sought
- type of therapy utilized by staff - was it aversive, isolation, medication or restraint. If so by whom? Are there written guidelines/safeguards and were staff given written copies of same?
- facility internal/external stresses? Administrative/staff conflicts, lack of communication between staff/administration.

2. Alleged Perpetrator

- his/her description of incident: Is it believable? Is it possible?

- previous incidents
- history of abuse in family
- philosophy on caretaking/child management
- poor impulse control
- shows poor judgement
- stresses (internal/external)
- hire date/number months, years in position
- training for position
- prior work experiences
- was medical attention sought
- the alleged perpetrator shall be told what procedure the team is following in the investigation
- his/her description of the incident
- was medical attention necessary
- any previous incidents
- precipitating factors
- biographical information

3. Victim

- It should be decided in advance what specific information is wanted and what issues need to be discussed.
- Questions should be understandable, unambiguous and short.
- Interview should not be entered with any preconceptions. The victim needs to be allowed to give data without having words put into his/her mouth.
- The victim shall be told what procedure the team is following.

D. RA Worker Involvement In Group Care Investigations

The RA worker should be responsible for investigating those areas which relate to specific licensing rules:

- Was the incident reported according to established procedure?
- Staff/child ratio
 - appropriate supervision
 - staff schedule
- Personnel information
 - is there a written policy regarding discipline/time out
 - job descriptions
 - are references obtained on staff
 - are medical reports obtained on staff
- Child care
 - are there service plans for each child

- are staff aware of these plans
- who is responsible for carrying them out
- are there progress reports
- appropriate documentation in records
- health reports/medical recommendations

- Facility
 - compliance with health and safety requirements
 - beds for each child
 - adequate space
 - separate toilet facilities

- Nutrition

- What is the status of the current license

- Were there any specific recommendations made at the time of the last licensing/monitoring visit? Did the facility act on those recommendations?

IV. ASSESSMENT

As interviews are completed, team members shall meet privately to:

- Share and evaluate the information each member has received.
- Piece together a sequence of events noting all inconsistencies.
- Determine if there are other parties to be interviewed before a report can be made.
- Plan for exit meeting with administrator.

The following outline summarizes factors to be considered in this assessment process:

A. Factors Associated With Physical Abuse

- Is there immediate danger of further injury to child?
- How extensive are the injuries?
- Are injuries the result of discipline?
- Is explanation of the injury credible?
- Has medical treatment for child been obtained quickly?
- Are explanations consistent?
- Do child's injuries suggest a specific type of instrument?
- Is the reporter credible?
- Are there prior reports of suspected abuse and neglect on involved party?

B. Factors Associated With Neglect: A Lack of Supervision:

- How long were children left unsupervised?
- Are older children assigned to supervise younger children?
- Are infants or children with special needs involved?

- Do children have access to food, shelter, clothing, warmth, water, etc.?
- Are there environmental dangers present?
- Do children know how to contact parent or caretaker?

C. Factors Associated With Neglect:

- Is adequate shelter provided by the facility?
- Are there specific environmental hazards that may or may not be subject to control of facility staff?
- Is there inadequate animal or pest control?

D. Factors Associated With Sexual Abuse:

- What is the victim's age, sex, and mental condition?
- What is relationship of suspect to victim?
- What type of sexual activity is alleged?
- What is the character and extent of physical contact?
- Will victim be able to testify?
- Will victim be further traumatized by testifying?
- Are others aware of sexual activity?

V. CLOSURE

Once a tentative determination is made, a meeting shall be arranged with the administrator. The alleged perpetrator may also be included. During this meeting, the team shall:

- Present the findings of their interviews.
- Indicate what other interviews will be taking place if the matter needs further investigation.
- If there are some initial recommendations, they may be made orally, as well as any obvious suggestions for corrective action.
- Be clear that a written report will be prepared and indicate when they can expect to receive the report. It should also be clearly stated that the states attorney, licensing specialist, DPS, and program administrator will receive a copy of the written report.

A. Schedule

A follow-up visit should be conducted with the victim under all circumstances to finalize what took place in the procedure and the final outcome and with the alleged perpetrator if he/she has not participated in the exit interview with the administrator.

VI. WRITTEN REPORT

The team shall prepare a written report containing a compilation of all information gathered, a determination about the allegation, a plan of corrective action if necessary and a time frame in which the

corrective action should be implemented. This report shall be prepared and filed as soon as possible after completion of the investigation and never later than 30 days after the investigation.

VII. OUT OF HOME CARE ABUSE AND NEGLECT REPORT FORMAT

A. Identifying Information

- Child's name
- Date of birth
- Sex
- Date of incident:
- Parent's name:
- Date parent notified of reported incident
- Home address
- Date State Office notified of reported incident
- Type of care facility, i.e., foster home, group home, etc.
- Facility name
- Facility address
- Names of staff performing investigation
- Names of other agencies or persons involved in the investigation

B. Allegation

Describe the initial allegation received. Include the name of the alleged perpetrator, the name of the child(ren) involved if different than indicated in A, the name of the referrant and his/her position or relationship to the child.

C. Investigation

Statement or Reaction of Child

Indicate the date(s) the child was interviewed by the investigating worker. Elicit from the child (who alleges or was alleged to be abused/neglected) the "who, what, when, where, why and how" of the incident.

Statement of Alleged Perpetrator

Include the date(s) person was interviewed and/or the number of attempts made to contact the person (if appropriate). (The "who, what, when, where, why and how" of the incident.)

Statement of Witnesses

Children/Staff

- Name - Dates interviewed

- What they saw/heard
- Who they saw/heard
- Where they saw/heard
- How they saw/heard
- Why they saw/heard

Other Relevant Collateral Sources

Institutional Administrator or Other Staff
(See Children/Staff above)

Medical Statements or Reports

Attach any medical statements or reports made (nurse, doctor, hospital log). If child was injured and there is no medical report, state this fact.

Child's Location

Indicate the child's present whereabouts.

Additional Information

Indicate any other relevant information, not appropriate for Section III, related to the investigation (e.g., resistance encountered, child's history, etc.). Attach all pertinent reports received.

D. Evaluation

Describe the child's condition (e.g., bruises, welts, dislocation, etc.). Include a statement that abuse has or has not been substantiated and the basis for that determination.

Is abuse substantiated?

- Yes, because of injury
- Yes, because of statement of witness, perpetrator
- No, no injury, staff denies, no witness verification
- Can't substantiate
 - suspicion
 - injury, no proof that it was staff inflicted
 - no injury, but witnesses verify the allegation
 - late referral, can't tell at this time

Not abuse, but...

- inappropriate staff action
- aggressive restraint
- pain inflicting restraint
- poor verbal communication (caused child to react)
- poor institutional procedures
- staff working two to three straight shifts

- reporting process
- lack of program
- boredom of staff or residents

E. Remedial Action Taken

-Indicate what remedial action (if any) was taken by the facility.

-Indicate what remedial action (if any) was taken by the investigators.

F. Local States Attorney Prosecutor

State whether the incident was referred to the states attorney and the date that the referral was made. Describe any involvement by states attorney in this case.

G. Recommendations

List any recommendations that would remedy the situation and prevent future abusive situations. These recommendations must relate directly to the specific, observable incidents of harm to the children in the facility that was investigated, i.e.,

- Dismissal, suspension of employee - a reason must be given.
- Transfer or counselling of employee
- Staff receive training in a specific area of child care.
- Develop a specific policy on handling of certain matters (medical care, etc.).

List recommendations that are not directly related to such instances of harm but are relevant to the future safety of children (e.g., quality of program).

- Improve quality of program: educational, recreational, etc.
- Improve overall staff recruitment and hiring practices.
- Improve overall staff training program.
- Change intake criteria (for children).
- Improve physical plant.

Not all investigations need to have recommendations included in the report. Often, the action needed to remedy the situation has already occurred prior to the submission of the final report and the investigator need only state this.

Signatures

Names of persons performing investigation
Date signed
Report prepared by
Date

RA Corrective Action Plan (if applicable)

The corrective action plan shall relate to the non-compliance of specific licensing standards, be time-limited and be signed by the provider, and licensing worker. This written/signed plan and documentation of compliance/non-compliance shall serve as a legal base to determine the status of the license.

VIII. DISTRIBUTION OF WRITTEN REPORT

- Original to State Office
- Copy to District Program Supervisor
- Copy to Child Care Facility as deemed appropriate or directed by the DPS or State Office
- Copy also to States Attorney, Law Enforcement as deemed appropriate by the DPS or State Office

IX. INTERNAL INVESTIGATION OF ABUSE/NEGLECT OF A CHILD IN DSS CUSTODY IN A FOSTER HOME

A. Purpose

Children are in DSS' care for the child's protection and well being. The alleged or actual occurrence of abuse/neglect of a foster child can present serious ramifications for all persons involved. Therefore, all alleged or actual incidents of abuse/neglect in foster homes will be reported to the CYFS Program Administrator. At the Secretary's discretion, an internal investigation of the Department's involvement in the case will be conducted. The Secretary will assign an investigator(s) as needed. The purpose of this investigation will be (a) to ascertain the facts involved; (b) to determine if the Department of Social Services acted appropriately; and, (c) to determine if there was anything which might have been done to prevent the incident.

B. Internal Investigation:

The foster child's case record will be read to determine the number of and extent of contacts between the CYFS caseworker, foster child, and foster family. The record will also be assessed to determine the extent of the caseworker's questioning regarding care received in the foster home and any problems that were associated with that care.

The case records of other siblings of the foster child and/or other records of foster children having been placed in the foster home will be read to determine the same information for these children as for the foster child.

The Regulatory Administration licensing record of the foster home will be read to determine the procedures used to recruit, screen, train, support, license and monitor this home. The record will also be

assessed to determine if it contains any information that may have indicated possible problems with the foster home.

The Regulatory Administration worker will be interviewed regarding knowledge of the foster family and the actual or alleged incident.

The CYFS caseworker will be interviewed regarding knowledge of the foster family and any problems, or abuse indicators that may have been exhibited by the foster child.

Other CYFS caseworkers with any former or current knowledge of the foster child and the foster home will be interviewed.

The local office supervisor and DPS will be interviewed regarding knowledge of worker's job skills and knowledge of the foster child and foster home.

Any counselors or therapists associated with the Department through contractual relationships who have been associated with the foster child while in the foster home will be interviewed regarding any abuse indicators that may have been exhibited by the foster child. Copies of statements taken from the caseworker and the foster child by the police will be requested and reviewed for content, consistency, and facts relevant to the alleged or actual incident.

X. REPORT TO SECRETARY OF FINDINGS:

Following the internal investigation a written report will be submitted to the Secretary of the Department of Social Services. This report will identify (1) the facts found in the investigation; (2) the conclusions reached regarding the appropriateness of the Department's handling of the matter; and, (3) recommendations on how the present incident and any future incidents might be prevented or better handled.

END