

Child Safety Alerts

TABLE OF CONTENTS

Alert #	Page
1	Introductory Child Safety Alert: To All Children’s Services Staff3
2	Assistance from ACS Child Welfare Specialists and Supervisors5
3	Experienced Children’s Services Staff Take on Key Leadership Roles in Child Protection7
4	Updated Procedure for Warrants and Entry Orders9
	• Warrants and Entry Orders Procedure No. 90A 11
5	Case Recording and Documentation23
6	Strengthening Our Partnerships to Better Protect Children.....25
7	Improvements in Service, Resources and Expertise27
8	CPS Investigations: 24/48 Hour Contacts and Documentation29
9	ACS Encourages Care Be Taken When Relative Custody is Being Recommended31
10	Home Care Services Now Easier to Access, Benefit Families.....33
	• ACS/Boro Office Home Care Liaisons34
11	Strengthened Preventive Services Now Available for At-Risk Teens and Babies Born with a Positive Toxicology35
12	Working with Parents Experiencing Domestic Violence: Child Safety Depends on Careful Assessment & Intervention ...37
	• Principles for Addressing Domestic Violence in Children’s Services40
	• Safety, Risk, and Decision-Making in Child Protective Services Cases Involving Domestic Violence – FAQ’s.....43
13	Instant Reponse Protocol.....53
14	Safety Planning for Newborns Whose Siblings Are in Foster Care55
15	Children’s Services’ Policy Regarding Kinship Care.....57
16	Additional Information Received from the SCR on Open Cases: The Need for Close Attention and Assessment63
17	Gathering and Assessment of Information from Medical Providers During a Child Protective Investigation.....65
	• Authorization for Release of Health Information Pursuant to HIPAA71
	• List of Hospital Contacts in all NYC Boroughs73
18	Investigating Allegations of Educational Neglect and Coordinating with DOE During CPS Investigations87
19	Protecting Children of Young People in Foster Care93
20	Initiating an Investigation: The First Interview with the Subject95
21	Going Out in Pairs When Conducting CPS Investigations99
22	New Guidelines for Mandated Reporters.....101
23	Interviewing Neighbors and Superintendents as part of a Child Protective Services Investigation103
24	Guidelines for Filing for Court-Ordered Supervision107
25	Minimizing Harm to Children During the Removal and Placement Process111
26	Domestic Incident Report115
27	Locating Victims of Abuse and Neglect.....117
28	Screening Requirements for Foster/Adoptive Parents119
29	Additional Safeguards in Cases Involving Infants and Young Children with Serious Injuries121
30	Conducting Emergency Removals of Children123
31	Additional Information Received from SCR on Open Cases – Need for Close Attention and Assessment.....125
32	Responding to Heightened Safety Concerns in Preventive Services Cases127
33	<i>Nicholson</i> Balancing Test: Balancing Imminent Danger and Emotional Risk of Harm during Removal Decisions...131
34	Submission of Court Reports135
35	Responding to Heightened Safety Concerns in Foster Homes137

To All Children's Services Staff:

After the recent tragedies concerning children involved with Children's Services, heightened scrutiny is now focused on our agency, its employees, and our casework standards and practices. This scrutiny comes hand in hand with this work; after all, the public counts on us to protect some of the most vulnerable members of our society.

As you know, Mayor Bloomberg strongly supports you and our collective efforts to ensure the safety of this City's children. Last week, he announced that we are hiring and training 525 child protective workers this year, which will reduce caseloads. A group of 50 workers joined the field offices last week. We are also bringing in additional supervisors and putting law enforcement consultants in the field offices to assist you in conducting thorough investigations.

I also am writing today to remind everyone of the critical importance of child safety in our work.

In my review of the recent tragedies, I have identified several areas of case practice that must be tightened up immediately to help keep children safe. All of us in child protection know that, even when we do our work as well as it can be done, a parent or other caretaker may still harm a child. Still, it remains our responsibility to do everything in our power to protect every child and to ensure that our practices always adhere to good practice standards.

The following are specific issues to which all casework staff and managers must pay close attention and make the necessary adjustments:

● **Repeat Allegations/Chronic Neglect**

When a family is repeatedly found to have neglected its children – for example by causing them to live in inappropriate circumstances and allowing chronic school absences – quality case practice demands that each new allegation be considered in the context of the entire history of the family. Each allegation must not be treated as if it were a unique case. Moreover, a parent's response to the individual allegation must be considered in combination with his/her prior responses to previous allegations. Research and practice have demonstrated the harmful impact of long term, chronic neglect on children's health, welfare, and future. The best practice, when a history of chronic neglect is evident, is to evaluate each family for patterns of reports that indicate we need to take more immediate and forceful action in the present case.

● **Investigative Practice**

Quality investigative work demands that a parent's explanation of a child's injuries, school absences, or other relevant behaviors not be accepted at face value. Instead, it is incumbent on the investigator to look for information from collateral interviews and records to establish whether the parent's explanations are true. Though ACS protocol requires that parents' explanations be logged into the record, our practice also demands that those explanations be questioned and verified, every time. In particular, discrepancies in stories among the families of child abuse victims should always be identified and addressed. Failure to do this may lead to our missing critical evidence.

● **Educational Neglect**

Educational neglect is a serious form of child neglect. In addition, apart from the impact on the child's cognitive, social, and intellectual development, educational neglect is often a sign of deeper trouble within a family. Educational neglect should therefore be treated as a symptom of a larger disruption in family function. It is the investigator's duty, in situations involving educational neglect, to determine through interviews with family, school workers, and other collaterals, as well as through an examination of attendance records and other documents, the underlying cause of this form of neglect. Parents' explanations for protracted absences must not be accepted without further investigation.

- **Contacting Mandated Reporters**

Teachers and other mandated reporters are critical members of the child protection team and are one of the first lines of defense in child welfare. Mandated reporters who make reports must be contacted immediately, unless emergency action to protect a child needs to be taken first. Contacting a teacher or guidance counselor weeks after she has reported abuse or neglect is not acceptable case practice.

- **Contacting Medical Providers**

All investigations of reported child abuse must include a thorough assessment of medical records. In addition, contacts must be made with all the relevant medical providers in cases of abuse. A failure to adhere to this standard is a serious breach of case practice.

- **Domestic Violence**

Domestic violence in the home can complicate investigations. Adult and child victims will in some circumstances try to mislead the investigator, either from fear or an unwillingness to speak ill of one's family. The investigator must follow the established Domestic Violence Protocol in these cases, and can work with the clinical consult team for a domestic violence consultation when indicated. Adult companions who are loosely connected to the home are often the source of such family tension. Investigators must be vigilant about determining who these individuals are, their role in the home, and as much of their background as can be gathered. Each person must be evaluated for his/her potential to harm each child in the home.

- **Ongoing Supervision of Families**

In cases where a removal is not warranted, but it is clear that services are needed to stabilize the family and the parents reject these services, the investigator must seek a legal consultation and move toward asking the court for an order of supervision. When the investigatory work has not yielded enough information to file for removal, seeking an order of supervision is the next option.

The items above are critical components of ensuring child safety – our primary mission. I am asking every director, every manager, and every supervisor to sit down and discuss this directive with your direct reports immediately.

As I mentioned above, we are hiring and training 525 child protective workers to help you meet the tremendous demands of your jobs. A group of 50 workers joined the field offices last week, and we are training other workers now to be in the field shortly. **We also know that you need more help now, and we are working quickly to get it to you. Starting next week, over 300 child welfare staff and supervisors will be redeployed from other areas of the agency to the field offices to follow up on cases to help you ensure that each child under your watch is safe.**

Despite the stress you are under, the children are relying on us for their protection.

I know that I can count on every one of you to accept this enormous challenge of investigating every report or supervising every case using the standards we all know are required. This is about making the best decision in each family's situation, family by family and child by child. This is also a time where I, as the leader of this City's child welfare system, must continue to aggressively mobilize every available resource to support the critical work that you do. I and my senior leadership team will stop at nothing to make certain that we get this job done. Together, we all will achieve the outcomes that our City's children deserve.

Assistance from ACS Child Welfare Specialists and Supervisors

Starting this week, we will be temporarily transferring more than 270 Child Welfare Specialists and Child Welfare Specialist Supervisors to work with frontline workers in the child protective offices. We are doing this to infuse the field offices with the additional resources they need now to meet the high volume of child abuse and neglect reports that have come into the State Central Register during the past month, and to ensure the safety of every child under the watch of child protective services. This will enable the child protective workers who are trained to conduct abuse and neglect investigations and make critical child safety decisions to focus on that work during this critical time. Since early January 2006, the number of reports has more than doubled, with more than 7,800 reports being received in January alone. Our child protective workers are working day and night to handle this unprecedented volume, and we are all coming together to help them in this vital work.

We are working aggressively to train and hire hundreds of new child protective specialists, supervisors, managers and other support staff, but we also know that additional help from other parts of the agency is needed immediately. We know that our dedicated and capable Child Welfare Specialists and Supervisors will support their colleagues in the field by applying their expertise and skills to helping protect our city's children.

Between February 7 and February 15, 225 Child Welfare Specialists (CWS) and 46 CWS Supervisor 2s, will be transferred to the Division of Child Protection under the emergency transfer provision of the collective bargaining agreement. These staff will come from all divisions of the agency.

The CWS and Sup 2s will be assigned in units (5 CWS and 1 Sup 2) to the field offices, Emergency Children's Services and the Office of Confidential Investigations. All staff being transferred under this provision will receive a detailed briefing on the work and responsibilities of the Division of Child Protection, as well as more specific training in their assigned offices.

These staff will conduct the following activities under supervision of a Child Protective Manager and Deputy Director:

- Referrals to services
- Accompany CPS on field visits
- Supervise family visits
- Supervise transportation of children
- Assist with joint PPRS/DCP case transfer visits
- Obtain progress notes from service providers
- Assist in scheduling case conferences
- Notify parents of CES conference schedules
- Other casework activities
- Follow-up field visits (*only after they have some experience and the Deputy or Manager has approved of the staff person making such a visit*)
- Conduct clearances on Connections and work with applications unit.

We thank all of our staff for their dedication and hard work during this difficult time. We deeply appreciate everyone's commitment and flexibility, and we know that these efforts will make a difference in ensuring the safety of our City's children.

Senior Managers to Assist Field Offices

Starting tomorrow, ACS senior managers will also be assigned in groups of three to each field office throughout the City to help support the directors and managers with administrative, programmatic and managerial issues, and ensure that we are responding to the needs of the CPS staff.

These managers will be accessible to all field office staff to make sure that issues are addressed promptly and important information particular to each field office is communicated to the agency's senior leadership.

Experienced Children's Services Staff Take on Key Leadership Roles in Child Protection

We are pleased to announce that Bonnie Lowell will assume the position of Acting Assistant Commissioner for Child Protection on Monday, February 13. Ms. Lowell brings more than 20 years experience with New York City's children's services system to her new role. Ms. Lowell has held a number of positions within Children's Services and its predecessor agencies, and began her career more than two decades ago as a caseworker. Since 2002, she has served as Deputy Director for Manhattan.

To enhance the leadership in our field offices, we have also appointed several experienced and dedicated staff to key leadership positions. Fernando Lorence will assume the Acting Deputy Director position in the Linden Avenue Brooklyn field office; Derrick Hinds will assume the Acting Deputy Director position in the Marcy Avenue Brooklyn field office; and Corrine Ross will assume the Acting Deputy Director position in the 151st Street Bronx field office. These leaders, all with vast child protective experience, will enhance the effectiveness of the field offices and our ability to protect this City's children. Please help me welcome them to their new roles.

Resources and Support Provided to Frontline Staff

Children's Services is committed to providing frontline staff with the resources and tools they need to ensure the safety of New York City's children. ACS's Division of Administration, with support from other City agencies, has recently arranged for the delivery of 20 additional cars to the field offices to be certain that child protective investigators can make any necessary visit day or night. Additionally, 2,000 cell phones have been ordered for field staff, which are coming in at a rate of 250 every three days and are expected to be assigned to staff in the very near future. These phones will allow workers to communicate more readily with their coworkers, supervisors, law enforcement personnel and to gain access to public phone numbers through 411. In addition, our partners at the Department of Transportation are working with us to increase the allotted number of parking permits for ACS frontline staff if the need arises.

The Division of Administration has also successfully implemented a pilot Field Office Administration program so that frontline staff can get answers to their administration-related questions and concerns immediately and on-site. The project places one administrative staff member in a field office in each borough to directly interact with field office staff, document and address complaints and issues and report back directly to senior Administration staff. We are working to fully roll out this program to all field office sites.

Children's Services is also focused on expanding its field staff to reinforce and redouble our efforts at child safety. To that end, we have begun work to quickly locate temporary staff to fill clerical, paralegal, social work and medical staff positions as we continue to experience historic highs in reports of abuse and neglect. We have also placed employment ads in many of the City's daily, weekly and ethnic community papers to recruit qualified, committed child protective staff who represent the cultural diversity of the families and children we serve. We have already received more than 1,400 applications for these positions.

ACS and State Work to Provide On-Site Technical Support

Our partners at the State level have agreed to bolster our technical support by increasing ACS MIS staff. This will allow many technical support workers, who now spend much of their time working with our partner agencies, to support our frontline Children's Services staff fulltime to help them resolve technical computer issues when they arise.

We believe that all of these changes will benefit Children's Services staff and enhance our capacity to keep New York City's children safe. We intend to continue to meet these needs and will be sure to keep you informed of our progress.

Thank you for all that you do to keep children safe.

Updated Procedure for Warrants and Entry Orders

Face-to-face contacts and home visits are essential to the work we do to ensure the safety and well-being of children and adolescents receiving protective, preventive and foster care services. When a worker is unable to make contact with all members of the family, gain access to the home or locate a family or child, appropriate and swift action must be taken, including seeking an entry order and/or a warrant.

Children's Services is reissuing the Procedure for Warrants and Entry Orders to reinforce the importance of considering entry orders and warrants to assist us in our work. The revised procedure replaces existing ACS Procedure No. 90A, dated May 23, 2001, **effective immediately**.

All staff should be aware that in situations where there is reasonable cause to believe there is imminent danger to a child's life or health and the worker is refused entry to the premises, s/he must immediately seek police assistance. If there is reasonable cause to believe that there is immediate danger to the child, the police may have the authority to make a forcible entry without a court order.

Entry Orders

An entry order is a court order that authorizes a child protective worker accompanied by a police officer to enter specific premises. The Family Court will issue an entry order where there is probable cause to believe that an abused or neglected child may be found on a specific premises, such as in a home.

During a child protective investigation or active case, when the worker cannot gain access to the premises, the following actions should be taken to seek police assistance and/or an entry order so that the safety of the children in the home can be assessed.

Emergency Situations

If a parent or other person legally responsible for a child's care or with whom the child is residing **refuses to allow the child protective worker to enter the residence** to investigate allegations contained in an SCR report, and where there is reasonable cause to believe that there is imminent danger to the child's life or health, police assistance is to be sought immediately. If there is reasonable cause to believe that the danger to the child is immediate, the police have authority to make a forcible entry without a court order. If the police determine that they do not have the authority to make a forcible entry without a court order in a particular case because there is no reasonable cause to believe a child is in imminent danger, child protective workers should consult with an FCLS attorney immediately to determine if an entry order can be obtained.

Non-Emergency Situations

Generally, family courts require that in non-emergency situations, CPS attempt to gain consent for entry onto the premises before an entry order will be issued. If a CPS attempts to make a home visit during a child protective investigation or Family Court proceedings and the child and parent (or person legally responsible) are not home or the child is not present during the home visit, the worker should make a second attempt to visit the home and assess the safety of the children in the home. If children are school aged, CPS should attempt to make contact with the children at the school immediately and diligent efforts should be made to confirm the home address and make contact with the family in the home. Efforts must be made by CPS staff to attempt visits to the home at varied times of the day or evening to increase the likelihood of making contact. If the CPS is unable to access the home within 72 hours of the initial attempt, the CPS worker must seek a legal consult with an FCLS attorney immediately to discuss seeking an entry order. Note that at least two attempts to visit the home must be made before seeking a legal consult; therefore, the second attempt must be made within 72 hours of the initial attempt to ensure that the legal consult occurs within the required time frame. **If on the first attempt a parent or subject of report refuses entry, CPS staff must consult with an FCLS attorney about seeking an entry order within 24 hours of the first denied entry.** In every child

protective case, CPS must complete two face-to-face visits a month and one of these visits per month must be made in the home. The above actions should be taken by CPS staff to ensure that a worker is able to assess the safety of the children in the home during the initiation of the investigation and throughout the CPS case, including when the initial contacts with the family and home assessments have been completed, and a worker is no longer able to gain access into the home.

Warrant

A warrant is a written court order that commands a law enforcement officer to arrest a person and bring that person before the court. A warrant should be considered:

- By a foster care caseworker for a child absent without consent from the foster home or facility. Refer also to Procedure No. 90/Bulletin No. 01-3, *Children Absent Without Leave from Foster Care*;
- By a child protective specialist or foster care caseworker for an adult or child when there has been a directive to produce the child but the adult fails to appear in court and produce the child during Family Court proceedings; and
- By a child protective, family service or foster care worker when unable to locate a parent or child during a child protective investigation where an Article 10 petition has been filed, or when the court has ordered services to be provided at other stages of the case.

The staff should contact the appropriate unit for the Family Court that has jurisdiction over the case and consult with an attorney as soon as any of the indicators bulleted above are encountered.

Seeking a Warrant or Entry Order

Whenever a worker believes that a warrant or entry order is necessary to ensure the safety of a child, the worker should contact the FCLS attorney assigned to the case, if there is presently a case pending in Family Court. If there is no FCLS involvement in the case, the worker should contact the FCLS borough office to arrange for a legal consultation, and that consultation, by phone or in person, must occur that same day or the next business day. The worker must be prepared with the necessary information documented in the case record that will show why it is believed that court intervention is necessary.

The revised procedure outlines this information in further detail and includes information on how to contact FCLS law offices if contact information for an FCLS attorney is unknown.

ACS Administration for Children's Services

Procedure No. 90A *Revised*

Date: February 10, 2006

WARRANTS AND ENTRY ORDERS



John B. Mattingly
Commissioner

Distribution: All Children's Services Staff

SUBJECT: Warrants and Entry Orders

PURPOSE: To inform casework staff of the procedures to secure a warrant for a child absent without consent from a foster care facility or for an adult or child who fails to appear before the court; to inform child protective services workers of the procedures to secure an entry order, if necessary, during a child protective services investigation.

TABLE OF CONTENTS

I.INTRODUCTION 2

II.WARRANTS

 A. When to Obtain a Warrant for a Parent or Other Person
 Responsible for a Child’s Care 2

 B. When to Obtain a Warrant for a Child 4

 C. Legal Consultation with ACS Family Court Legal Services 4

 D. Types of Warrants 4

 E. Executing a Warrant 5

 F. Failure or Inability to Execute Warrant 6

 G. Warrant Review 6

 H. Vacating Warrant 7

 I. Practical Considerations Concerning Warrants 7

III.ENTRY ORDERS 8

 A. When to Obtain an Entry Order 8

 B. Legal Consultation with ACS Family Court Legal Services 8

 C. Executing an Entry Order 9

 D. Practical Considerations Concerning Entry Orders 9

ATTACHMENT: Telephone Numbers for ACS/Family Court Legal Services for Obtaining
Warrants/Entry Orders

I. INTRODUCTION

A warrant is a written order issued by the court that commands a law enforcement officer to arrest a person and bring him before the court. The family court may issue a warrant to secure or compel the attendance of an adult respondent or child or any other person whose testimony or presence the court deems necessary at a hearing or proceeding.¹

The Family Court may also issue what is commonly called an “entry order,” pursuant to Section 1034(2) of the Family Court Act (FCA). An entry order will be issued where probable cause exists to believe that an abused or neglected child may be found on specific premises and the Child Protective Services (CPS) cannot gain access to the premises. The entry order authorizes CPS, accompanied by a police officer, to enter the premises to determine if the child is present.

Foster care agencies, including non-planning agencies, will need to secure a warrant for children who are absent from care without the agency’s consent (See Procedure No. 90/Bulletin No. 01-3, *Children Absent Without Leave from Foster Care*) and (CPS workers may need to secure a warrant or entry order during the course of a CPS investigation or during Family Court proceedings.

NOTE: Where there is reasonable cause to believe that there is imminent danger to the child’s life or health and the caseworker is refused entry to the premises, s/he must immediately seek police assistance. If there is reasonable cause to believe that the danger to the child is immediate, the police may have authority to make a forcible entry without a court order. This procedure/bulletin will describe how to secure a warrant or entry order and the means of executing them.

II. WARRANTS

A. When to Obtain a Warrant for a Parent or Other Person Legally Responsible for a Child’s Care

1. Section 1037 of the FCA states that the court may issue a warrant directing that the parent, or other person legally responsible for the child’s care, or with whom the child is residing, be brought before the court when a petition is filed with the court and it appears that one of the following situations exists:

- (a) a summons could not be served; or
- (b) the summoned person refuses to obey the summons and appear in court; or
- (c) a parent or other person legally responsible for the child’s care is likely to leave the jurisdiction; or
- (d) the safety of a child is endangered; or
- (e) the court believes that the issuance of a summons would be ineffectual; or

¹ See Family Court Act (FCA) § 153.

- (f) the safety of a parent, person legally responsible for the child's care or with whom the child is residing, foster parent or temporary custodian is endangered (i.e., when the child's caretaker's safety is at issue).

2. A warrant for a parent, or other person legally responsible for the child's care, or with whom the child is residing can be sought under the following circumstances:

- (a) Refusal by a parent, or other person legally responsible for a child's care, or with whom the child is residing, to open the door to allow a CPS worker to investigate allegations contained in a report made to the State Central Register (SCR). See also Section II, "Entry Orders."

or

- (b) ACS has filed an abuse and/or neglect petition and:

- i. there is reason to believe that the child who is the subject of the petition may be in the custody of the adult for whom a warrant is sought; *or*
- ii. there is reason to believe that the adult for whom a warrant is sought knows *or* should know the whereabouts of the child but is unwilling to disclose this information; *or*
- iii. a parent or person legally responsible for a child's care interferes with delivery of services to a child and may jeopardize the child's safety.

or

- (c) The Family Court has made a finding pursuant to an abuse and/or neglect petition, *and:*

- i. the child is legally placed with the Commissioner and there is reason to believe that the child may improperly be in the physical custody of an adult for whom a warrant is sought; *or*
- ii. there is reason to believe that the adult for whom a warrant is sought knows *or* should know the whereabouts of the child but is unwilling to disclose this information; *or*
- iii. a parent or person legally responsible for the child who was the subject of the abuse/neglect petition interferes with delivery of services to a child and may jeopardize the child's safety.

or

- (d) Where a child in the legal care and custody or custody and guardianship of the Commissioner is absent without leave (AWOL) and there is reason to believe that the AWOL child may be in the custody of the adult for whom the warrant is sought or there is reason to believe that the adult for whom the warrant is sought knows *or* should know the whereabouts of the AWOL child but is unwilling to disclose this information.

B. When to Obtain a Warrant for a Child

1. Section 153 of the FCA authorizes the court to issue a warrant for a child where the court deems his or her presence necessary at a hearing or proceeding.

2. A warrant must be sought when the child is in the legal care and custody, or custody and guardianship of the Commissioner and is AWOL. This includes voluntarily placed children and court-placed children (including placement through FCA Article 10 (Abuse and Neglect), FCA Article 3 (Juvenile Delinquents), FCA Article 7 (Persons in Need of Supervision), children freed for adoption and destitute children brought into foster care.) Refer also to Procedure No. 90/Bulletin No. 01-3, Children Absent Without Leave from Foster Care.

C. Legal Consultation with ACS's Family Court Legal Services (FCLS)

If there is a need to obtain a warrant, or to ask questions as to whether a warrant is appropriate, the worker must consult with FCLS immediately. The worker must contact the FCLS unit for the Family Court that has jurisdiction over the case. To schedule a legal consult, call the telephone numbers listed in Attachment 1.

D. Types of Warrants²

The court, at its discretion, may order one of the following types of warrants:

1. Arrest Warrant - The Family Court has the power to issue a warrant of arrest which "may be executed on any day of the week, and at any hour of the day or night."³ This is an "all-purpose" warrant authorized by the FCA and unless a court specifically imposes conditions when a warrant is issued, it may be executed at any time. This type of warrant may also be referred to as a "pickup warrant," an "open warrant" or simply a "warrant."

AN ARREST WARRANT SHOULD ALWAYS BE SOUGHT IN CASES WHERE THERE IS REASONABLE CAUSE TO BELIEVE THAT THERE IS IMMINENT DANGER TO THE CHILD'S LIFE OR HEALTH OR THE CHILD'S SAFETY IS OTHERWISE JEOPARDIZED.

2. Court Hours Only Warrant - Directs that the subject of the warrant be taken into custody and brought to court only when the courts are in session. These warrants should only be executed during business hours (9 a.m. - 5 p.m.) on non-holiday weekdays.

3. Stayed Warrant - The Family Court may issue a warrant but suspend its execution for a short period of time, usually until the next court date. Typically, a court issues a "stayed warrant" for a missing party in order to give the party an opportunity to appear in court before the warrant is executed.

² The terminology used in this section is unofficial shorthand commonly used in the New York Family Courts. The terminology may differ depending on the court.

³ See FCA § 153-a(a).

E. Executing a Warrant

“Executing” a warrant means having the person who is the subject of the warrant brought into court in the custody of law enforcement officials. Once the Family Court issues the warrant, the court provides the caseworker with a copy of the warrant that bears the seal of the court. The warrant must be presented to the New York City Police Department (NYPD) or Family Court Warrant Squad Officer when requesting their assistance executing the warrant. NOTE: The worker must retain a copy of the warrant for the case record.

1. New York Police Department

Any NYPD officer may execute a warrant.⁴ Each NYPD precinct has a warrant squad whose primary function is to execute warrants. The worker must bring the warrant to the precinct that has jurisdiction over where the subject of the warrant last resided.

2. Family Court Warrant Squad

The Family Courts of New York State also have dedicated warrant squads whose primary function is to execute Family Court warrants. Family Court Warrant Squads receive a copy of each warrant issued by the Family Court. Family Court Warrant Squad offices are usually located in the family court building.

NOTE: There is no time limit on the execution of a warrant issued in a child case. This type of warrant is referred to as an “open warrant” and is valid until executed or stayed by the court. The court must be kept notified as to the status of the failure to execute the warrant (See “Failure or Inability to Execute a Warrant” below).

3. Information Regarding the Subject of a Warrant

The worker must convey any relevant information he or she may have about the whereabouts of the subject of a warrant to the NYPD and Family Court Warrant Squad Officer assigned to the matter and to the FCLS attorney. Information regarding the subject of the warrant must include, but is not limited to, the following:

- Name of the subject
- Date of birth of the subject (if known)
- Last known address of the subject
- Address of known relatives of the subject
- Physical description of the subject (if known)
- Photograph, if available
- Any other information which may aid in the investigation

F. Failure or Inability to Execute Warrant

In some instances, the warrant may not be executed immediately because, for example, the subject of the warrant cannot be located.

⁴ FCA § 153-a specifically states how an “arresting police officer” may execute a warrant.

1. If a warrant is not executed within two days, a report must be made to the court on the third day.⁵ The worker must inform the FCLS attorney of the failure to execute the warrant. The FCLS attorney must inform the clerk of the court of the unexecuted warrant as required by the Family Court Rules.⁶ The clerk of the court is required to place the case on the court calendar and give notice of the date to each party.

2. In the case of a warrant that is not executed, the worker may be required to appear in court on the next court date (sometimes referred to as a “control date”) to report upon any developments involving the subject child and/or family. This report should include information on efforts made by the caseworker, the warrant squad and/or law enforcement officials in attempting to execute the warrant.

NOTE:The caseworker must document all efforts to locate the child and/or family in progress notes and, where applicable, FASP Plan Amendments. Refer also to Procedure No. 90/Bulletin No. 01-3, *Children Absent Without Leave from Foster Care*.

G. Warrant Review (unexecuted warrant)

A Family Court will place an unexecuted warrant on the calendar for periodic review from six weeks up to one year from the date the court issued the warrant. The time for review differs depending on the court. The caseworker should check with the FCLS attorney assigned to the case in order to learn when the case will be on for review. The caseworker must continue efforts to locate the subject of the warrant and be prepared to report to the court on these efforts at the review.

In some cases, the judge may mark a matter that contains an “open warrant” off the calendar, obviating the need for reporting to the court on a periodic basis. However, the worker must continue efforts to locate the child who is the subject of a warrant.⁷ The worker must document all efforts made to locate the child in the progress notes and, where applicable, FASP Plan Amendments. Refer also to Procedure No. 90/Bulletin No. 01-3, *Children Absent Without Leave from Foster Care*.

The worker must advise the FCLS attorney and, where applicable, the NYPD precinct where the missing person’s report had been filed of any new information that the caseworker may learn regarding the whereabouts of the subject of the warrant.

H. Vacating a Warrant

Once the court has issued a warrant for a child in a child protective case the court will ascertain the best interests of the subject child in determining whether to stay or vacate the warrant. The court will usually not vacate a warrant unless the subject of a warrant presents

⁵ This time period may differ depending on the case and the court. Consult with the FCLS attorney assigned to the case to ascertain when a report will be required.

⁶ See Family Court Rules § 205.80.

⁷ See 18 NYCRR § 432.2 et seq. for pre-filing situations. See 18 NYCRR § 431.8 et seq. for children in placement.

him/herself to the court or is brought into court. In order to vacate a warrant for a child, the Family Court usually requires a showing that the subject child has been located and is safe.

The worker must contact the FCLS attorney assigned to the case in order to determine whether it is appropriate to attempt to vacate a warrant. Furthermore, if the child who is the subject of the warrant returns voluntarily, the case planner must immediately notify:

- NYPD
- The FCLS attorney
- The ACS case manager if the child's previous placement facility is no longer available and transfer is necessary

I. Practical Considerations Concerning Warrants

If a worker locates a child who is the subject of any type of warrant and the worker reasonably believes that the child is in imminent danger, the worker must immediately remove the child. In this situation, the worker may do so without the need to have the warrant formally executed by the NYPD or a Family Court's Warrant Squad. This course of action should only be undertaken if there is no danger to the caseworker or the child. The worker must advise FCLS immediately of the removal of the child and may need to appear in court.

III. ENTRY ORDERS

Pursuant to Section 1034(2) of the Family Court Act, the Family Court may issue what is commonly called an "entry order." The Family Court will issue an entry order where there is probable cause to believe that an abused or neglected child may be found on a specific premises. The entry order authorizes a CPS worker, accompanied by a police officer, to enter the premises to determine if the child is present.

In the case of entry orders, probable cause means that the circumstances would lead a reasonably prudent person to believe that an abused or neglected child may be found on specific premises. Probable cause is more than mere suspicion. It is supported by facts or circumstances. There must be a reasonable basis for belief that an abused or neglected child may be found on the premises.

Please Note: There is no need to prove "imminent danger" to the court to obtain an entry order; "probable cause" is sufficient.

A. When to Obtain an Entry Order or Seek Police Assistance

Emergency Situations – If a parent or other person legally responsible for a child's care or with whom the child is residing **refuses to allow CPS to enter the residence** to investigate allegations contained in an SCR report, and where there is reasonable cause to

assistance. If there is reasonable cause to believe that the danger to the child is immediate, the police have authority to make a forcible entry without a court order. If the police determine that they do not have the authority to make a forcible entry without a court order in a particular case because there is no reasonable cause to believe a child is in imminent danger, then the CPS worker must consult with an FCLS attorney immediately to determine if an entry order can be obtained.

Non-Emergency Situations – Generally, Family Courts require that in non-emergency situations, the CPS attempt to gain consent for entry onto the premises before an entry order will be issued. If a CPS attempts to make a home visit during a child protective investigation or Family Court proceedings and the child and parent (or person legally responsible) are not home or the child is not present during the home visit, the CPS worker should make a second attempt to visit the home and assess the safety of the children in the home. If the children are school aged, CPS should attempt to make contact with the children at the school immediately and diligent efforts should be made to confirm the home address and make contact with the family in the home. Efforts must be made by CPS staff to attempt visits to the home at varied times of the day or evening to increase the likelihood of making contact. If the CPS is unable to access the home within 72 hours of the initial attempt, the CPS worker must seek a legal consult with an FCLS attorney immediately to discuss seeking an entry order. Note that at least two attempts to visit the home must be made before seeking a legal consult; therefore the second attempt must be made within 72 hours of the initial attempt to ensure that the legal consult occurs within the required time frame. **If on the first attempt a parent or subject of report refuses entry, CPS staff must consult with an FCLS attorney about seeking an entry order within 24 hours of the first denied entry.**

In every child protective case, CPS must complete two face-to-face visits a month and one of these visits per month must be made in the home. The above actions should be taken by CPS staff to ensure that a worker is able to assess the safety of the children in the home during the initiation of the investigation and throughout the CPS case, including when the initial contacts with the family and home assessments have been completed, and a worker is no longer able to gain access into the home.

B. Legal Consultation with ACS's Family Court Legal Services (FCLS)

1. Obtaining an Entry Order

If there is **no reasonable belief** that a child is in imminent danger, the CPS worker must have a legal consult **no later than 72 hours after the first "unsuccessful attempt" to gain entry to the premises.** To schedule a legal consult, call the telephone numbers listed in the attachment.

C. Executing an Entry Order

1. After obtaining the entry order, the caseworker should immediately proceed to the NYPD Precinct that has jurisdiction for the premises to be entered.

2. The CPS worker should then present the entry order to the Desk Sergeant. The Desk Sergeant will assign NYPD officers to accompany the CPS worker to the premises and execute the order. A copy of the entry order must be kept in the case record.

3. If the subject child is not found in the home upon execution of the entry order or entry could not be made, the CPS worker must immediately consult with FCLS to seek a warrant directing that the parent, or other person legally responsible for a child's care or with whom the child is residing, be brought before the court and produce the child.⁸ See Section II, "Warrants," above.

D. Practical Considerations Concerning Entry Orders

After entering the premises and conducting the investigation the CPS worker must inform the FCLS attorney of any developments regarding the investigation, including whether a determination was made to remove the child(ren).

In some cases a judge may issue a warrant for the parent, or other person legally responsible for a child's care or with whom the child is residing, and/or order ACS to file an Article 10 petition even though the child has not yet been located or observed. Even if an Article 10 petition has not yet been filed pursuant to the Family Court Act, the caseworker has a duty to continue to make efforts to locate a child who is the subject of an SCR report.⁹ The caseworker must document all such efforts to locate the child.

If after gaining entry the caseworker reasonably believes that the child is in imminent danger, and there is no time to seek an order from the court, the caseworker may immediately remove the child. The CPS worker must immediately advise FCLS of the removal and may need to appear in court.

⁸ See FCA § 1037.

⁹ See 18 NYCRR § 432.2 et seq.

**TELEPHONE NUMBERS FOR ACS FAMILY COURT LEGAL SERVICES
FOR OBTAINING WARRANTS/ENTRY ORDERS**

Whenever a worker/supervisor believes that a warrant or an entry order is necessary, a consultation is necessary with the ACS/Family Court Legal Services. The worker should contact the attorney assigned to the case. If the attorney assigned is unknown or unavailable, the worker should contact the main number at the appropriate FCLS borough office.

FCLS OFFICE	TELEPHONE NUMBER	FAX NUMBER
Bronx	718/590-5944	718/992-0084
Brooklyn	718/802-2790	718/802-2798
Manhattan	212/788-2456	212/788-3943
Queens	718/725-3202/3203	718/725-3124/3192
Staten Island	718/727-2791	718/447-1090

Case Recording and Documentation

This is a reminder to all staff and service providers of the requirements for adequate and timely case recording and documentation of case information.

It is Children's Services' policy, as well as a requirement under New York State Social Services Regulations, that the recording of case information through progress notes be commenced on the case initiation date or upon receipt of a report of suspected abuse or maltreatment from the State Central Register. Progress notes must then continue until the case is closed to all child welfare services.

It is required that progress notes must be made as contemporaneously as possible with the occurrence of the event or the receipt of information which is to be recorded, so that all documentation is logged as soon as possible to ensure an accurate, timely account of all casework activity and family circumstances.

Progress notes document the activities of casework staff and the information acquired during these activities. They also capture the decision-making and actions taken by workers and other staff or service providers to ensure the safety, permanency and well-being of children. Progress notes must include all contacts and attempted contacts.

CONNECTIONS (CNNX) is the New York State child welfare services system of record, and therefore all casework activities and progress notes must be documented in CNNX in a timely manner. Progress notes must continue to be documented in CNNX until the case is closed for all child welfare services. In addition, there will be external documents that must be maintained in folders outside the CNNX system and must be included in the paper case file.

Now that progress notes are available to all decision makers in a case, it is important that critical information and observations be included in the CNNX case record so that these assessments can be referenced by all staff and service providers involved with a family throughout the life of a case. Progress notes should contain observations of the parents' behavior and participation in services and court proceedings. It is imperative that the progress notes include the results of court hearings, and the basis upon which judges entered neglect or abuse findings, so that all staff working with a family understands the reasons that the original abuse or neglect case was filed, the evidence presented in court and the specifics of the judge's decision.

Furthermore, entries into the case record shall only include information relevant to the particular case. Staff shall refrain from entering into the case record information that does not pertain to the case.

Each progress note must include the date of the event and the author of the note. The CNNX system will automatically record the date the note is being entered in the system and the person who is making the entry.

No documentation should be backdated. This policy applies to, but is not limited to, all progress notes, protocols, supervisory reviews, conferences, referrals for services, service plans and any other case documentation in or outside of CNNX. An employee who backdates or otherwise alters case documentation in an attempt to defraud will be in violation of the Standard B(5) of the ACS Employee Code of Conduct, which states: "Employees shall not knowingly make any false entry upon nor alter any record of the City or ACS nor submit, or cause to be submitted, any false document to or by the City or ACS."

Thank you for your cooperation.

The relevant State Regulation is 18 N.Y.C.R.R. 428.5.

Child Safety Alert

From Executive Deputy Commissioner Zeinab Chahine

#6

March 13, 2006

Strengthening Our Partnerships to Better Protect Children

Preventive services are an essential element of ACS's child protection efforts, and we remain committed to linking families at risk, especially those with indicated cases, to these services. In order to strengthen our partnerships and better protect children, Children's Services last week informed our contracted provider agency partners that they would be receiving an additional \$9 million in flexible funding for preventive services programs in high-need communities throughout the city. These funds are being made available to selected preventive programs based on utilization, quality and community need. **We urge all child protective staff to make use of preventive services for all families in need, especially families whose reports have been indicated.**

The \$9 million has been awarded in two tiers:

Preventive programs that have achieved an average utilization of 90% or greater in 2005 and are not currently on a corrective action plan were awarded additional funds for each contracted preventive service slot. Children's Services anticipates that many programs will utilize the funds to hire case aides, clinical consultants or group work specialists. A portion of the funds, not to exceed 40%, may be used for one time investments in equipment, supplies, program evaluation or other administrative costs, to enhance the program's overall effectiveness.

Preventive programs which did not achieve an average utilization of 90% or greater in 2005 and/or are currently on a corrective action plan related to administrative or case practice issues, were offered small technical assistance grants. These technical assistance grants are to be used for the specific purpose of improving program performance in the areas of utilization or practice areas covered by a corrective action plan.

Going forward, Children's Services will make every effort to make these or similar resources available in fiscal year 2007 and subsequent years. In order to do so, Children's Services' Division of Family Support Services is working to ensure that the resources dedicated to preventive services are used efficiently, by increasing utilization rates among our contracted providers. Beginning on July 1, 2006, Children's Services will begin to reallocate preventive resources to programs with higher utilization, with the goal of achieving an overall preventive services utilization rate of 95%.

Thank you for your cooperation.

The relevant State Regulation is 18 N.Y.C.R.R. 428.5.

Improvements in Service, Resources and Expertise

Mental illness, domestic violence and substance abuse are difficult issues that many of our families and children face each day. The negative impact of these challenges for many of those we serve and the pervasiveness of these issues within child welfare led to the creation of the Clinical Consultation Program. Established in 1992, the program was designed to respond to the need for greater expertise among frontline staff and to aid our efforts to ensure child safety. Members of the 12 Clinical Consultation Teams offer case-specific consultation, training and referral in the areas of needs assessment, problem solving and service planning. They have been trained to use an approach that is child-centered, family focused and culturally sensitive. Consultation services are available to staff in the Division of Child Protection and in contracted and direct preventive service programs.

Case-Specific Consultation

- Assistance with screening, assessment or service planning for domestic violence, mental illness or substance abuse.
- More than one consultant may assist workers when more than one condition is present in the family. For example, consultants may advise on substance abuse and domestic violence, or mental illness and substance abuse.
- Participation in Child Safety Conferences or assistance in preparing for conferences.
- Direct client contact to model or demonstrate effective intervention and engagement strategies and enhance the assessment.
- Home visits or other field work to provide modeling and support for family engagement and assessment of needs.

Office-Based Training

- Customized training to meet specific needs.

Community Resources

- Help in identifying community-based resources for children and families.
- Education and information about the referral process to facilitate access to services.
- Assistance with strategic partnerships and collaborations that improve access to services.

Keep in Mind That:

- Consultation requests should be directed to Clinical Consultation Team Coordinators (for list, see below).
- Consultants do not render decisions related to placement, interview a client alone or provide a substitute for therapy or other direct service interventions or interventions or treatments. Their recommendations are intended to support the decision making process, illuminate specific needs related to mental health, domestic violence, and substance abuse and encourage an individualized response to presenting needs of the family.
- Emergency cases will be prioritized to address urgent needs of a child or family, and in such instances the process for Clinical Consultation Program access will be flexible to accommodate a rapid response.
- Medical consultants will be added to the teams in the coming months. A separate announcement will be made at that time.

To make a referral, or if you have questions about the Clinical Consultation Program, contact the following Team Coordinators:

Juan Carlos Paz-Franco	2501 Grand Concourse	718/933-6814
Joyce Bobo	151st Street	718/292-7623
Fabio Cotza	151st Street	718/292-7884
Kay Albert	974 Morris Park	718/319-7125
Patricia Benjamin	1274 Bedford Avenue	718/623-4927
Rene Chapman	2554 Linden Boulevard /185 Marcy Avenue*	718/827-6564
Ellen Ervin	345 Adams Street	718/522-2047
Peter Hill	19 Grant Square	718/493-7720
Mimi Lox	55 West 125th Street	212/426-4802
Kinaja Janardhanan	150 William Street/ 350 St. Mark's Place	212/676-6505 718/720-1038
Lorraine Hay	165-15 Archer Avenue	718/481-5802
Mary Ann Bruno	90-25 161st Street	718/262-1393

Borough Directors:

Linda Colson	150 William Street	212/676-6504
Cassandra Williams	2501 Grand Concourse	718/933-5780

Director:

Sharon M. Cadiz, Ed.D.	150 William Street, 14th Floor New York, NY 10038	212/341-8940
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***Note:** At this time, Marcy Avenue is covered on a rotating basis by the four Brooklyn teams. In the future, both Marcy Avenue and St. Mark's Place will have their own dedicated teams.

CPS Investigations

24/48 Hour Contacts and Documentation

In an effort to promote appropriate case practice and safety planning in the initial stage of a Child Protective Services (CPS) investigation (i.e., the first 24 to 48 hours), Children's Services has developed and made available a report to monitor completion of the 24 and 48 hour contact requirements. To ensure the accuracy of these reports and to ensure the safety of children from the very start of the investigation, this memo clarifies and strengthens Children's Services' policy around making 24 and 48 hour contacts and provides guidance on the correct way to document necessary 24 and 48 hour contacts. This updates the information distributed on March 22, 2006.

Required 24 and 48 Hour Contact in All CPS Investigations

A CPS investigation must be initiated within 24 hours of the receipt of the State Central Register (SCR) report in all cases. This may include significant face-to-face or telephone contact(s) with the child and/or family, the source of the report and/or another person who can provide information about whether or not the child is in immediate danger of serious harm. A supervisory conference between a child protective specialist and her/his supervisor must take place at the start of an investigation to consider the information available through prior cases, the intake report and contacts with individuals listed above to determine what actions must be taken to assess immediate safety of the child(ren).

In addition to the 24 hour contact described above, the following actions are required by CPS during the first 24 or 48 hours of an investigation, depending on whether or not the report is designated High Priority:

- **If the report is designated High Priority**, CPS staff is required to visit the home to initiate face-to-face interviews with all children, subject(s), parents/caretakers and other household members within 24 hours. If the only child in the home is hospitalized, then the 24 hour contact may be made face-to-face at the hospital and a home assessment may be completed before the child returns to the home.
- **If the report is not designated High Priority**, CPS must make a home visit within 48 hours of the receipt of the report to assess the home conditions and conduct face-to-face interviews with all children, subject(s), parents/caretakers and other household members.

If at any time during the initial stage of the investigation information is obtained that leads CPS to suspect that the child(ren) may not be safe, immediate actions should be taken to assess the safety of the child(ren) and arrange for appropriate interventions. Expected case practice during the initiation of the investigation is outlined in the CPS Casework Practice Guide.

NOTE: If CPS is unable to gain access or are refused entry, please refer to ACS Procedure No. 90-A, Warrants and Entry Orders, revised and issued by Commissioner John Mattingly on February 10, 2006 (or Child Safety Alert #4).

Documenting Casework Contacts

All casework contacts must be documented in CONNECTIONS (CNNX). To properly document a significant 24 or 48 hour contact, **you must indicate in the "Purpose" section of the progress notes that the contact is either a 24 or 48-Hour Contact**. You can include more than one purpose in this section. However, to satisfy this requirement, **the 24-Hour or 48-Hour Contact box must be selected**. The appropriate method of contact, participants and location should be selected as well. With the implementation of CONNECTIONS Build 18.8, "Summary Type Contact" progress notes will not be allowed until a 24 and 48-Hour Contact has been documented.

The 24 or 48-Hour purpose should only be selected if the contact meets the requirements outlined above. In order for a contact to be significant, CPS must obtain information as a result of this contact about the present safety of the child(ren).

NOTE: Because CNNX is the system of record and all contacts must be recorded in CNNX, you are **no longer required** to record 24 and 48-Hour Contacts in ACRS Plus.

Examples

In non-High Priority cases where CPS contacts the source by phone:

- The "Type" is Collateral Contact.
- The "Purpose" is both **Investigation** and **24-Hour Contact**.
- The "Other Participant" would be **Reporter/Source**.

*The follow-up home visit would have the "Type" as **Casework Contact** and the "Purpose" as **48-Hour Contact**.*

In High Priority cases where you make a home visit, the "Purpose:"

- **Must include 24-Hour Contact.**
- And may also include:
 - o Investigation
 - o Assessment
 - o Other Household Members Account

Every report received by the SCR requires the initial 24/48-Hour Contact. This includes those reports in which the subsequent investigation (INV) stage is being consolidated. Prior to consolidation, there must be documentation that the 24/48-Hour Contact was made. For additional information on consolidated investigations please refer to the memo issued by Commissioner John B. Mattingly on August 27, 2004.

For example:

- If two or more reports are received on the same day, the same 24/48-Hour Contact may be copied and documented into each associated INV stage.
- If a subsequent report is received on an ongoing investigation and consolidation is being considered, the 24/48 Hour Contact must first be documented in the subsequent INV stage prior to consolidation.

NOTE: If the documentation is not complete prior to consolidating, document the 24/48-Hour Contact in the current stage.

Important Reminder on Documenting the Source Information

In order to safeguard the confidentiality of the reporter/source, CPS staff is only permitted to enter identifying information related to the reporter/source (name, organization/agency, telephone number, etc.) in Investigation Stage Progress Notes using the "Other Participant" data field with the value of "reporter/source." CPS staff must not include any identifying information regarding the reporter/source, including the institution, organization, etc. with which the person is affiliated, in any investigative actions. No identifying information related to the reporter/source of a CPS report may be included in narrative portion of the Family Services Intake (FSI) or Progress Note in the Family Services Stage (FSS). This will allow only those with proper security to view details of reporter/source information. In any other section the reporter/source should only be referred to as "the reporter" or "the source."

ACS Encourages Care Be Taken When Relative Custody is Being Recommended

During the course of a CPS investigation, parents/caretakers may make arrangements with family members or friends to provide a temporary, short-term safe home for the children. These informal arrangements must not be considered long-term or permanent solutions to address the safety or risk to the children.

A relative or family friend's willingness to file for custody of a child who is the subject of a child protective investigation should not be the determining factor for CPS or FCLS when they are deciding whether to file an abuse or neglect petition in Family Court. If CPS learns during a child protective investigation that family members or friends have already stepped in or are willing to step in to care for the children, CPS should consider whether the relative or friend may be an appropriate kinship foster parent.

Encouraging family members or friends to file a custody petition instead of filing a neglect petition is an appropriate option for CPS staff to recommend only in exceptional circumstances. Custody should not be recommended when the family member or friend would not qualify as a foster parent due to a child abuse, neglect or criminal history. Exceptional circumstances may exist if all of the following conditions are present: (i) there are no child protective concerns regarding the relatives or friends who are seeking custody; (ii) it is determined after review with an FCLS consulting attorney that there is no basis to file an abuse or neglect petition against the parent or caretaker; and (iii) the parents and relatives or friends agree to the custody arrangement. Exceptional circumstances may also exist if the abuse and neglect allegations are unfounded against the parents. In these circumstances, the relatives' or friends' service needs must always be identified and addressed.

CPS staff may not recommend that a relative or family friend file for custody during the course of a child protective investigation without obtaining the expressed approval of their Child Protective Manager. Prior to granting such approval, the CPM will ensure that the CPS and their Supervisor II reviewed the decision to make the custody recommendation with an FCLS consulting attorney.

While relatives and family friends may intend to protect the child(ren) in their temporary care, CPS must consider in each case whether the children have been neglected or abused by their parent(s), who are legally required to care for them safely. If either parent/caretaker has demonstrated an inability to care for their child(ren) safely, it is Children's Services' obligation to determine whether the child(ren)'s parent(s)/caretaker(s) could benefit from the provision of services and whether Family Court intervention is necessary.

Unless the underlying neglect or abuse is addressed, child(ren) may remain at risk while in the custody of a relative or family friend. Children's Services must take all available steps to eliminate this risk to children. Parents may demand that a relative or family friend return their child(ren), and the relative or friend may feel that they have to return the child even though they have a court order that gives them legal custody. A relative or family friend may become unable or unwilling to continue caring for the child(ren). In either case, children may be returned to their parents without the parents having received necessary services because Children's Services failed to pursue a neglect or abuse case. It is critical to the safety of the children that this be avoided. Once ACS files a neglect or abuse case, the Family Court retains the option to release the children to their parents with ACS supervision or to release the children to the custody of a relative or family friend with ACS supervision.

Staff should consult with their supervisor and manager when considering whether to recommend that a relative or family friend file for custody of a child during a child protective investigation. Thank you for your cooperation.

Home Care Services Now Easier to Access, Benefit Families

Some families involved with the child welfare system struggle with the daily tasks of family life such as managing children's personal care (bathing, dressing and feeding), teaching social behavior and completing household chores. Family Home Care (Homemaking) is available to help caregivers develop these skills in order to keep children safe with their families and in their communities. **These services are now easier to access than ever.** Children's Services staff and provider agencies are urged to take full advantage of the availability of this service, which will now be accessible within 24 to 48 hours.

Children's Services staff and provider agencies can access **expedited** homemaking services through the following steps:

- 1) Complete the CM20 (Homemaker Services Referral) form, available from the field office Home Care Liaison (see list, attached) or on the ACS intranet under Forms and Documents > Forms > Child Protection > Family Home Care.
- 2) Link to this site for home care forms: <http://10.239.3.195:8080/docushare/dsweb/View/Collection-55>.
- 3) Submit to CPSS II or CWSS II for review and approval. Provider agencies will submit to the assigned case manager.
- 4) Immediately fax the request to the Vendor Assignment Unit at 212/676-6812 or submit via the Home Care Liaison.

Referrals are assessed on a case by case basis by ACS Family Home Care, and frequently provide for, but are not limited to, the following types of situations:

- Family with young children (under 5 years of age)
- Family with previous child abuse or neglect history
- Caretaker mentally ill/developmentally disabled
- Caretaker abuses drug/alcohol.
- Child with fragile medical needs where the parent or guardian can meet the needs of this child but requires assistance with other young children in the home. (Please note that for medically fragile children with skilled nursing needs, referrals for intake should be made via the ACS Home Care Liaison, CWSS II or CPSS II to St. Mary's Health Care Systems for Children at 718/281-8640.)

For unsanitary household conditions, **Children's Services staff should contact the ACS Day Program directly at 212/361-8775 or go to the ACS intranet (Admin Services > Day Program) and download and print a Special Handling Form and follow the Day Program directions for heavy duty cleaning.** If appropriate, homemaking services can begin once the heavy duty cleaning has been completed.

For all other home care issues, speak with the borough office Home Care Liaison (see list, attached).

Please note there is no exception to policy required to provide homemaking services to children in foster care.

**ACS/BORO OFFICE HOME CARE LIAISONS
FIELD OFFICES I.D. NO.**

S63	PAUL EHIGIEGBA (pronounced E – Ji – Ba) Bronx Field Office	192 East 151st Street Bronx, NY 10451 Office: 718/292-8117 Fax: 718/401-2467 718/579-9237	Supervisor: ANTONIO MENDEZ (718) 292-7683 Administrator: FRANCES CARRERO Office: (718) 933-1313
S61 S62 S66 S68	VERONICA JOHNSON-AUSTIN Brooklyn Field Office	Office 1274 Bedford Avenue Brooklyn, NY 11216 Office: 718/623-4686 718/623-4593 Fax: 718/623-4548	Administrator: YVES COUPET Office: (718) 623-4990
S60 S65 S70	NILSA OGILVIE Manhattan Field Office	150 William Street, 3rd Floor New York, NY 10038 Office: 212/676-7083 Fax: 212/676-7135	Administrator: EDUARDO VIDAL Office: (212) 426-0072
S71	MICHELLE NAPOLEON Family Home Care	150 William Street, Room 783 New York, NY 10038 Office: 212/676-6813 Fax: 212/676-6799	Administrator: VICTOR HAINSWORTH Office: (212) 676-6814
S73	ELLA HORNE Queens Field Office	90-25 161st Street and Jamaica Avenue, 3rd Floor Jamaica, NY 11433 Office: 718/481-5628 Fax: 718/262-1228	Administrator: ROBYN THOMPSON Office: (718) 262-1204
S74	MARILUZ QUINONES Staten Island Field Office	350 St. Mark's Place Staten Island, NY 10301 Office: 718/720-2822 Fax: 718/720-8229	Administrator: SEE YEUN KUENT Office: (718) 720-2712
S10 S69 S75	VINCENT SANCHEZ OCACM/ Division of Accountability and Case Management	150 William Street, 5th Floor New York, NY 10038 Office: 212/676-6740 Fax: 212/676-9420	Administrator: JUDITH VASSELL-MARIETTE Office: 212/676-6705
S00 S01 S02	LEM DELANY, Central Office Division of Adoption and Foster Care	150 William Street, 6th Floor New York, NY 10004 Office: 212/676-7546 Fax: 212/676-6912	Administrator: YOLANDA DILLARD Office: (212) 676-6917
S01	ROYCE FALVEY ERUSHIA ACKINSON	151 Lawrence Street Brooklyn, NY 11201 Office: 718/488-5322 Fax: 718/488-5423 718/488-5301	
S04	LINCOLN LEE Direct Care Adoption	150 William Street, 6th Floor New York, NY 10038 Office: 212/676-7424 Fax: 212/676-6827	Administrator: ROSE NATANGO Office: (212) 676-6824

Strengthened Preventive Services Now Available for At-Risk Teens and Babies Born with a Positive Toxicology

(Please note that the chart that accompanied the original version of this alert contained serious errors; please reference the chart that follows for accurate information.)

Children's Services has allocated \$9 million in new funding for specialized preventive services programs for at-risk teens and babies born with a positive toxicology to illicit substances. These funds support intensive wrap-around services, intended to enable children to remain safely at home with their families. The Enhanced Preventive Services initiative is an additional resource to support the difficult work of ensuring the safety of the vulnerable children of New York City. The service model was designed with broad input from staff in child protective field offices, contract preventive programs and other child welfare program areas.

These Enhanced Preventive Services are located in specific high-need communities across all five boroughs, and are linked to existing general preventive and family rehabilitation programs. Both initiatives offer comprehensive wrap-around services, with mental health, domestic violence and substance abuse consultants onsite to provide crisis intervention, assessments, and referrals as needed (including early childhood intervention for the babies and educational/vocational work with teens) as well as increased casework contacts and services. These enhanced preventive teams will provide intensive casework contacts, advocacy, group work, outreach, conflict resolution and other interventions. Each enhanced "teen" provider is staffed with a Teen Specialist (MSW) and two case planners, each of whom carries a caseload of 15 families. Each "babies" provider is staffed with a CASAC/MSW specialist, two case planners (each with a caseload of 10 families) and two Parent Advocates/Aides.

Children's Services program development and planning staff are working closely with field office staff for the target CDs to generate referrals to these programs. All referrals will originate in the field offices. Once family eligibility for this initiative is determined through a pre-consultation conference with the appropriate DCP supervisor, the CES will schedule an Elevated Risk Conference, inviting child protective staff, Clinical Consultation Team members, the PPRS Liaison, family members and their support system, as well as the Enhanced Preventive program staff. A referral will be made to the enhanced services program at the Elevated Risk Conference where the engagement process will begin. Training has been and will continue to be provided to staff working in the targeted CDs. Future training sessions will be offered to staff in other areas of Children's Services, including the Family Assessment Program (FAP) in order to identify at-risk families in the target CDs who could benefit from these services. For additional information on these new services, please call Regina Prince, Director of the ACS Program Development Unit, at 212/341-2901.

A chart of the contracted programs and service availability follows:

TEENS	
Target CDs	Agency/Program Number of Slots
Bronx CDs 1, 3 Mott Haven, Morrisania	Puerto Rican Family Institute (30 slots)
Bronx CDs 4, 5 Grand Concourse, University Heights	Citizen's Advice Bureau (30 slots)
Bronx CDs 6, 7 East Tremont, Fordham	St. Dominic's Home (30 slots)
Bronx CD 9 Soundview	Catholic Guardian Society (30 slots)
Bronx CD 12 Williamsbridge	Astor Home Family Services (30 slots)
Brooklyn CD 16 Bedford-Stuyvesant	Child Development Support, Inc. (30 slots)
Brooklyn CD 3 East New York	Protestant Board of Guardians (30 slots)
Brooklyn CD 5 Brownsville	Brooklyn Bureau of Community Service (30 slots)
Manhattan CD 10 Central Harlem	New York City Mission Society (30 slots)
Manhattan CD 11 East Harlem	East Harlem Council for Community Improvement, Inc. Beacon (30 slots)
Queens CD 12 Jamaica	Community Mediation Services – PINS (30 slots)
Queens CD 14 The Rockaways	Harlem Dowling West Side Center (30 slots)
Staten Island CD 1 St. George	Jewish Board of Family and Children's Services (30 slots)

BABIES	
CD Location	Agency/Program Number of Slots
Bronx CD 3, 4 Morrisania	SCAN, New York (20 slots)
Bronx CD 1 Grand Concourse	New York Foundling - Mott Haven (20 slots)
Bronx CD 6 East Tremont	Kingsbridge Heights Community Center (20 slots)
Manhattan CD 10 Central Harlem	Harlem Children's Zone – Project Class (20 slots)

Working with Parents Experiencing Domestic Violence: Child Safety Depends on Careful Assessment and Intervention

(Please note that this is a reissue of Child Safety Alert #12. The original version included attachments that contained serious errors.)

When child abuse or neglect occurs in a family, domestic violence is a factor 30 to 50% of the time, according to national research. Domestic violence poses particular challenges for child welfare staff, and requires diligent assessment, safety planning and service delivery. Collaboration with clinical consultants and domestic violence service providers is essential. This safety alert provides a review of case practice expectations in the area of domestic violence. For further guidance, child protective staff is urged to refer to the Domestic Violence Protocol, appropriate sections of the Casework Practice Guide and domestic violence training materials distributed by Satterwhite Academy and the Office of Domestic Violence Policy and Planning, attached. Domestic Violence Consultants in the field offices are an important resource for this work, and should be consulted on cases involving allegations of domestic violence.

Assess for Safety and Risk in Domestic Violence Cases

- Child protective specialists are expected to conduct **universal domestic violence screening** for all CPS investigations regardless of allegations, as described in the Case Practice Recording Template. **Domestic violence screening should be conducted in private – never in the presence of the caregiver’s partner or other family members. Assessment for domestic violence or other safety factors must be ongoing and not limited to the initial investigation.**
- If screening suggests that domestic violence may be present, or if domestic violence is alleged or suspected, the **Domestic Violence Protocol** should be used as an interviewing tool with both the suspected victim and the suspected abuser. It is important to complete all sections of the protocol including Part 1: Interviewing the Survivor; Part 2: History of Survivor’s Help-Seeking Behaviors; Part 3: Suspected Abusive Partner (Suspected Batterer’s) Interview.
Always interview family members separately.
- When interviewing abusive partners, it is important to plan ahead regarding the victim’s safety. The victim’s statements should not be revealed to the abuser, and there should be a safety plan in place for the victim and children prior to the abusive partner’s interview.
- When interviewing clients with limited English proficiency regarding domestic violence, as in all child welfare work, it is important to use qualified, professional interpreters. Family members, friends or other members of the family’s network should never be used to interpret child welfare interviews.
- Exposure to domestic violence does not, in and of itself, constitute abuse or neglect. Rather, we must assess and document whether domestic violence in the home has led to actual harm or specific risk of harm to the child(ren). For more, see Frequently Asked Questions, attached.
- In assessing safety and risk, the following behaviors by abusive partners should be considered indicators of heightened risk to both the adult victim and the child(ren):
 - o Use of or threats with a weapon
 - o Access to or possession of a gun
 - o Threats to kill the survivor or children
 - o Stalking behavior including following the victim(s), telephone harassment, pursuit or surveillance.
 - o Control of most or all of the survivor’s daily activities

- o Unemployment (While unemployment is unlikely to cause abuse in someone who was not previously abusive, it may make a batterer more dangerous because he/she has less to lose.)
- o Causing serious physical injury
- o Choking or strangling the survivor, or attempting to do so
- o Sexual assault
- o Drug use
- o Frequent and/or heavy drinking
- o Abuse during pregnancy
- o Violent or extreme jealousy
- o Suicide threats or attempts
- o Violence outside the home
- o Injuries to children
- o Serious acts of violence in front of child(ren)

In Addition, the Impact of Domestic Violence on the Children Must Be Assessed

- o Are the children showing signs of serious emotional distress that appear to be connected to domestic violence? For example, did symptoms such as bedwetting or behavioral problems begin or escalate following a violent incident?
- o Has domestic violence contributed to neglect of the child by either parent (e.g., missing school, lack of supervision, inadequate food or clothing, etc.)?
- o As part of the assessment, be sure to obtain any Domestic Incident Reports from the NYPD, and obtain copies of any Orders of Protection from the survivor.

Engage the Survivor and the Abusive Partner

- Focus on engaging the survivor as well as the abusive partner and work collaboratively with each partner to keep the children safe.
- Create (an) individualized safety plan(s) for survivor(s). Remember, new safety planning is required when there is a change in danger and/or risk. Please note that survivors face increased danger of harm and retaliation when leaving an abusive relationship.
- **Elevated Risk Conferences are an important tool for establishing appropriate safety interventions for the family. Always hold separate Family Team Conferences for the survivor and abusive partner when domestic violence is suspected or identified. Domestic violence consultants are available to assist in preparation for such conferences, as well as to participate in the conferences directly.**

Focus on Batterer Accountability

- **Engage the abusive partner in services**, as he/she must be held responsible for violent behavior. Reinforce that the abusive partner's behavior has a significant impact on children's well-being, and only he/she can stop the violence.
- **Send a clear message to abusive partners** that they are responsible for their violent behavior and that such behavior can place children at risk. Reinforce that violence against family members is unacceptable and wrong. Seek to hold the batterer accountable through the Family Court, and through collaboration with the police and district attorneys' offices wherever possible and appropriate.

- **Refer abusive partners to batterer intervention programs.** Referrals to anger management, mediation or couples counseling will not address abusive partners' violent and coercive tactics and are therefore inappropriate. While some abusive partners may need mental health treatment, this is not a substitute for an accountability-oriented batterer intervention program, but may be provided in conjunction with such a program. Domestic violence consultants can be helpful in making appropriate referrals.
- **Precisely document who is responsible for the violence in the home, and any resulting harm to children.** Name the specific coercive, controlling behaviors that the abusive partner has exhibited, and describe how these actions have affected the children. Document any specific and present danger(s) to children that may result from the domestic violence. Indication decisions and narratives should reflect an emphasis on batterer accountability; the victim must not be held accountable for the abuser's behavior.
- **Preserve the victim's confidentiality.** Use the utmost care to avoid revealing information that may endanger the victim, such as a domestic violence shelter location or other confidential addresses, details of his or her safety plan, timing of child visits or the identity of the victim's domestic violence advocate/counselor. When such information is requested in court proceedings, work with the Family Court attorney to inform the Court that revealing such information may pose a threat to the victim and/or children. When confidential information must be included in the case record make sure to identify it as such by writing clearly in the record "Confidential Information Due to Domestic Violence – Do Not Share."
- **Explore the continuum of safety interventions to increase safety.** There are many different resources available to assist survivors of domestic violence and their children, including services that help protect families in their own homes. Always consult with supervisor(s). In domestic violence cases involving one or more of the risk factors listed above, seek a domestic violence consultation for assistance with safety and service planning for all members of the family.

Collaborate with:

- **Clinical Consultation Teams** and **Family Court Legal Services** when appropriate.
- The Children's Services **Office of Domestic Violence Policy and Planning (212/341-0408 or 0409)** for additional support including access to the **Domestic Violence Emergency Fund** and/or assistance in finding immediate shelter for families.
- **Instant Response Team Coordinators** and the **NYPD Domestic Violence Prevention Officers**, to obtain Domestic Incident Reports and address safety needs of the family.
- **The 24 hour Domestic Violence Hotline: 800/621-HOPE (4673).**

Remember – if the survivor, children and/or you are in immediate danger, always call 911.

For additional guidance, refer to the attached Domestic Violence Guiding Principles and Frequently Asked Questions and to the appropriate sections of the Casework Practice Guides.

You can also find the attached files at: <http://10.239.3.195:8080/docushare/dsweb/View/Collection-774>.

New York City Administration for Children's Services

Principles for Addressing Domestic violence¹ in Children's Services

The mission of the Administration for Children's Services (ACS) is to ensure the safety and well-being of all the children of New York City. In keeping with this aim, ACS has developed a set of guiding principles that address domestic violence between or against caretakers receiving ACS services, including: Protective Services; Foster Care; Preventive Services; Homemaking; Child Care; Child Support; and Teenage Services.

Of the many factors that place children at risk, domestic violence is one of the most pervasive and complex. In addition to crossing boundaries of race, class, religion, culture, and sexual orientation, domestic violence challenges traditional methods of service delivery. Effective domestic violence interventions require unique and deliberate coordinated services both within ACS and across agencies. These guiding principles reflect ACS's philosophy regarding domestic violence and are intended to help direct policy, formulate practice guidelines and protocols, and provide a framework for staff training in this area.

DOMESTIC VIOLENCE

ACS believes that one of the most effective ways to enhance children's safety after the detection of domestic violence in their homes is to support and help non-abusive parents to protect themselves and their children while engaging abusive partners² in services and holding them accountable for their actions. When appropriate, preventive services for the family are preferred. Preventive services should help families create or maintain a safe home and promote the stability and well-being of both parents and child.

If placement into foster care is required, the non-abusive parent and the abusive partner should be engaged in service and/or safety planning to facilitate the child's safe return home as soon as possible.

¹ Domestic violence, as defined in Section 459-a(1) of the Social Services Law and 18 NYCRR 452.2(g), is an act against a family or household member that would be a violation of the Penal Law including, but not limited to, disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder. It may also include sexual, psychological, and economic abuse that impairs the ability of the abused person to function in a self-determining and healthy way or causes a person to be afraid. Children's Services uses a broader definition that includes non co-habiting partners and adolescents/young adults in dating

All children deserve to live in homes free of domestic violence.

- ACS child welfare and child care staff should be equipped to effectively identify and respond to domestic violence and have access to expert consultation and adequate resources.
- Every family involved with ACS should receive timely and appropriate assessments that evaluate for domestic violence. Individual family members must be interviewed separately during this assessment. The adult/adolescent survivor's prior help-seeking efforts and experiences must be explored and incorporated into the assessment.
- Family members should be provided with appropriate and responsive interventions, including ongoing safety planning for the adult/adolescent survivor.
- The non-abusive parent and the abusive partner must be engaged in appropriate services to help maximize the safety and stability of the home for the child. These services must be provided separately when indicated by the assessment.
- When domestic violence creates an immediate danger of serious physical harm or serious emotional impairment to a child, every effort should be made to provide for safety without separating the non-abusive parent and child. If preventive services cannot effectively curtail domestic violence within the household, the abusive partner should be removed from the home by the police, or the non-abusive parent should be assisted in entering emergency shelter or another safe living situation with her child.
- When safety planning with the non-abusive parent and/or criminal justice intervention does not reasonably provide for children's safety in the context of domestic violence, appropriate safety interventions, including foster care placement, must be made.
- In considering kinship foster care placement in cases involving domestic violence, a careful assessment must be conducted to ensure that such arrangements will not compromise the safety and well-being of the adult/adolescent survivor or child, or interfere with permanency planning with the adult/adolescent survivor.
- Children entering foster care must not be placed with any person who is currently a perpetrator of domestic violence. If the assessment reveals past domestic violence, a thorough assessment must be done to document that it is no longer present in the household.

All families in domestic violence situations deserve assessment and proactive services that meet their individual needs and respect their unique strengths.

- Every child and family member must receive individual assessments and age appropriate service plans that address the trauma and impact of domestic violence.
- All family members must receive culturally and linguistically competent services in safe and appropriate settings when domestic violence is identified.
- All family members must be provided with an understanding of their rights and options.

- All non-abusive parents should be referred to needed services, including domestic violence programs. Referrals must be made to law enforcement agencies or the courts for legal intervention when appropriate.
- Every parent who is a survivor of domestic violence should be engaged in developing a strategy for increasing their safety and preparing in advance for the possibility of further violence.
- Every parent who is a survivor of domestic violence should be engaged in developing their service plan to ensure that it is responsive to their needs. All abusive partners should receive individual service plans, referral to batterer intervention programs, when appropriate, and monitoring of the progress of their plans.
- The history of domestic violence must be taken into account in planning or making recommendations about visiting, to ensure that such arrangements do not endanger the child or the non-abusive parent. Children's visits with an abusive parent should be planned with the non-abusive parent to minimize risk.

Abusive partners must be held accountable for their actions.

- Mechanisms for holding abusive partners accountable may include criminal justice and law enforcement interventions, and required participation in batterer intervention programs.
- Non-abusive parents must not be held accountable for the violence committed by others.

Every person and system involved with a child's care must work in partnership to ensure positive outcomes for children and their families.

- Each individual involved in a child's care must be treated with respect and viewed as an integral part of the process.
- Children should be ensured of enhanced safety through a coordinated community response. This coordinated community response should engage domestic violence programs, the police, family and criminal courts, and other key systems and providers.
- Child welfare and child care staff should work together with domestic violence program staff toward a shared goal of overall family well-being.
- Families experiencing the overlap of domestic violence with other risk factors, such as child abuse/neglect, substance abuse, mental illness, and poverty, should be assisted through intra- and interagency collaboration that may include cross-training and collaborative programming.
- Families should receive consistent and appropriate judicial responses fostered by a partnership between ACS and the family and criminal court systems.
- Whenever possible, given legal and ethical standards governing client confidentiality, families should be more comprehensively served through the sharing of information among agencies and providers.

NEW YORK CITY ADMINISTRATION FOR CHILDREN'S SERVICES

Safety, Risk, and Decision-Making in Child Protective Services Cases Involving Domestic Violence

Frequently Asked Questions

How is “victim of domestic violence” defined?

Legal Definition of Domestic Violence as defined in Social Services Law § 459-a(1) and 18 NYCRR § 452.2(g): An act that would be a violation of the Penal Law including, but not limited to, disorderly conduct, harassment, menacing, reckless endangerment, kidnapping, assault, attempted assault, or attempted murder; such an or acts have resulted in actual physical or emotional injury or have created a substantial risk of physical or emotional harm to such person or such person's child; and such acts or acts are or are alleged to have been committed by a family or household member.

Social Definition Domestic Violence: A pattern of coercive tactics, including physical, emotional, economic, and/or sexual abuse, with the goal of gaining and maintaining power and control in an intimate relationship.

Victim of Domestic Violence: Any individual who has been abused by an abusive partner, and who has not committed acts of abuse against the abusive partner except in selfdefense.

- We often refer to the **victim** of domestic violence, who may also be called the **survivor**, or the **non-offending parent**. While any of these terms is appropriate, keep in mind that many prefer the term “survivor” because it communicates strength and hope. Also, many of us in child protective services use the term “non-offending parent” because it clarifies that the abusive partner is responsible for risks to children created by his or her own behavior.
- The individual who has behaved in a way that is violent or abusive is often called the **batterer**, the **abusive partner**, or the **offending parent**. Because we try not to label people in a way that suggests they are incapable of change, or that demonizes them, we are trying to use the term “abusive partner” rather than “batterer.” However, you will find that the term “batterer” is frequently used by other service providers and law enforcement.
- As you know, domestic violence cases often present to us with allegations of mutual abuse, or we find that both parties have been arrested or charged with a crime. In these instances, we must make every effort to determine who is the primary or predominant aggressor.

What if both parents say that they are the survivor of domestic violence?

Legal petitions and case records should clearly distinguish the primary aggressor from the survivor. There are cases in which violence has occurred in the family, but there is no identifiable

perpetrator or survivor, the violence appears to be “mutual”, and there is no evidence of a pattern of coercive and violent behavior by one individual within the relationship (See memorandum from William Bell and Joseph Cardieri, dated August 14, 2001). Primary aggressor assessment is an in-depth analysis of factors to look at the role of both parties in the relationship.

Efforts always should be made to identify the primary aggressor. A thorough assessment would include:

- Identifying which party exercises power and control over the other;
- Reviewing history of domestic violence incidents in the household;
- Reviewing arrest history, domestic violence incident reports (DIRs) or temporary or final orders of protection; and conversations with police or domestic violence service providers who have had contact with parties;
- Interviewing all parties separately and assessing through investigation who is placing the child(ren) at risk; who is using controlling or coercive tactics in the relationship; and who is afraid of whom;
- Doing collateral interviews with neighbors, school personnel, responding police officers;
- Looking at physical evidence such as bloody or torn clothing, broken furniture, etc.;
- Examining each person’s role and actions and asking who has been focused on keeping the child safe and whose behavior has placed him/her (them) at risk? Sometimes actions may seem puzzling but when we do a deeper analysis, we often uncover ways in which survivors strategize to protect themselves and their family members;
- Identifying the nature of physical injuries. For example, slashes or bruises on hands or forearms may be defensive injuries incurred while blocking blows. The survivor may have used force against the abuser in self-defense;
- Factoring in that it is not mutual abuse when a survivor resorts to violence in selfdefense;
- Keeping in mind that the comparative size of the parties can be important in making an assessment, however, it is not always the determining factor in assessing who is the primary aggressor;
- Using the Suspected Batterer’s Interview in the DV Protocol (this may be a preliminary assessment for the suspected abusive partner).
- Consulting with the Clinical Consultation Team and/or Domestic Violence Policy and Planning (DVPP) after going through the above analysis.

A new issue with regard to the primary aggressor is dual arrest. Dual arrests may occur for a variety of reasons. Police responding to domestic violence calls may be confronted with sharply conflicting accounts of what transpired, with each party claiming to be the survivor. The survivor may have used force against the abuser in selfdefense. A false cross-complaint may be made by the abuser. Both parties may exhibit some injury. When dual arrests occur in domestic violence cases, the survivor of domestic violence may feel re-victimized by the criminal justice system. A survivor who calls the police only to be arrested may avoid the criminal justice system the next time s/he is abused. (See New York State Office for the Prevention of Domestic Violence website at www.opdv.state.ny.us). **This is why primary aggressor assessment is so critical.**

Can a report of suspected child abuse or maltreatment be indicated against the parent who is a survivor of domestic violence?

CPS shall unfound domestic violence related allegations as to the adult survivor unless there is specific evidence that the child has been harmed or placed at risk as a result of the survivor's actions or inactions. CPS must document with specificity how the child has been harmed or is at risk of harm.

Can the parent who is a survivor of domestic violence be charged with neglect in these circumstances?

The battered parent is charged with neglect not because s/he is a survivor of domestic violence or because his or her children witnessed the abuse, but rather because a preponderance of the evidence establishes that the children were actually impaired or were in imminent danger of becoming impaired by reason of his or her failure to exercise even minimal care in providing them with proper oversight.

What is needed to establish neglect?

In general, a party seeking to establish neglect must show by a preponderance of the evidence that:

- a child's physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired; and
- the actual or threatened harm to the child is a consequence of the failure of the parent or caretaker to exercise a minimum degree of care in providing the child with proper supervision or guardianship.

What proof is required?

There must be proof of actual, or imminent danger of, physical, emotional or mental impairment to the child. This ensures that the Family Court will focus on serious harm or potential harm to the child, not just on what might be deemed undesirable parental behavior.

What is "imminent danger?"

Imminent danger reflects the legislature's judgment that a finding of neglect may be appropriate even when a child has not actually been harmed, but is at risk of harm. Imminent danger of impairment to a child is an independent and separate ground on which a neglect finding may be based. Imminent danger, however, must be near or impending, not merely possible.

Must there be a connection between the allegation of neglect and the action or inaction of the parent?

In each case, there must be a link or causal connection between the basis for the neglect petition and the circumstances that allegedly produce the child's impairment or imminent danger of impairment.

How are “impairment of emotional health” and “impairment of mental or emotional condition” defined?

These terms are defined to include a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as failure to thrive; control of aggressive or self-destructive impulses; ability to think and reason; or acting out or misbehavior, including incorrigibility, ungovernability or habitual truancy.

What is “minimum degree of care?”

Minimum degree of care is a baseline of proper care for children that all parents, regardless of lifestyle or social or economic position, must meet. Parental behavior must be evaluated objectively. Would a reasonable and prudent parent have so acted, or failed to act, under the circumstances then and there existing? The standard takes into account the special vulnerabilities of the child, even where general physical health is not implicated.

What is “minimum degree of care” in the context of domestic violence?

When the inquiry is whether the parent who is a survivor of domestic violence failed to exercise a minimum degree of care, the focus must be on whether she has met the standard of the reasonable and prudent person in similar circumstances.

What factors may be considered in determining whether a parent’s actions constitute a minimum degree of care in the context of a survivor of domestic violence?

What course of action constitutes a non-offending parent’s exercise of a minimum degree of care may include such considerations as: risks attendant to leaving, if the abusive partner has threatened to kill him or her if s/he does; risks attendant to staying and suffering continued abuse; risks attendant to seeking assistance through government channels, potentially increasing the danger to his/herself and his or her children; risks attendant to criminal prosecution against the abuser; and risks attendant to relocation. Whether a particular parent in these circumstances has actually failed to exercise a minimum degree of care is dependent on facts such as the severity and frequency of the violence, the parent’s knowledge of the impact of the violence on the children, the resources and options available to him or her, and prior help-seeking activities.

Once the decision to file a neglect petition, and against whom, is made, how are the petitions drafted?

Petitions alleging domestic violence must provide a particular and specific description of any domestic violence perpetrated by the respondents, identify with particularity which respondent (if both are named) perpetrated the violence and which was the survivor of the violence, and of the neglect or abuse suffered by the child as a result of that domestic violence. As described above, there must be a causal connection between the basis of neglect and the circumstances of imminent danger. More is required for a showing of neglect than the fact that a child was exposed to domestic violence against the caretaker. Rather, ACS needs to establish that the children were actually impaired or were in imminent danger of becoming impaired by reason of the caretaker’s failure to exercise even a minimal degree of care.

What should the CPS worker do when the abusive partner abuses or threatens to abuse a child in connection with domestic violence against the parent and the parent has not himself/herself abused or neglected the child?

In these circumstances, the CPS worker must make reasonable efforts to provide reasonably adequate protection from the abusive partner, such as by identifying intervention services, and safety planning, and/or by separating the abusive partner from the parent and child, such as by helping the parent and child obtain safe shelter together, and/or helping the parent obtain an Order of Protection against the abusive partner and prosecution of the abusive partner. The CPS worker should seek assistance in these efforts by consulting with the clinical consultation team and/or obtaining additional support and supervision in the field. CPS should consider filing a neglect petition against the abusive parent or parent substitute.

What circumstance(s) must exist in order for a removal to be made?

New York State law requires that there must be an imminent danger to the child's life or health in order for there to be any removal, no matter how it occurs (see the next Question and Answer). The removal of the child(ren) from the custody of the parent who is a survivor of domestic violence, to foster care or an alternative placement (or continued placement) must be the only controlling safety intervention possible for the child(ren).

It is strongly recommended that a Family Team Conference be held before a decision to remove is made. See discussion of Family Team Conferences below.

What are the ways in which a child can be removed from his or her home?

New York State law sets forth four ways in which a child can be removed when that child is found to be in imminent danger to life or health and when reasonable efforts to prevent or eliminate the need for removal are ineffective or inappropriate. They are: 1) temporary removal with consent; 2) removal by court order after a petition is filed; 3) removal by court order before a petition is filed; and 4) emergency removal without a court order.

When a parent does not wish to consent to a removal, the law requires that CPS assess the degree of the emergency to determine whether or not there is enough time to go to court to file a petition and ask for a removal order. If there is not enough time to file a petition, CPS must then assess whether there is enough time to ask the court for a removal order prior to filing the petition. Only where there is not enough time to safely obtain a court-ordered removal does the law permit an emergency removal without a court order to be made. In such cases, a petition must be filed no later than the next court day, and a hearing must be held to determine whether the child would be in imminent danger if returned home and to determine whether reasonable efforts, where appropriate, were made to prevent or eliminate the need for removal.

How does CPS balance the risk of harm against the trauma of removal?

Each case is fact-specific and emphasis is placed on assessment and providing preventive services designed to maintain family relationships rather than removal. An assessment is made as to whether family strengths and/or family/neighborhood resources or other mitigating circumstances utilized prior to CPS involvement have effectively removed the threat of immediate danger of serious harm for the children. CPS has the responsibility to determine

whether a child's life or health is in imminent danger, and whether safety interventions are sufficient to maintain a child at home. Safety decisions are based upon the caseworker's assessment of immediate danger of serious harm, family strengths and/or family/neighborhood or community resources that mitigate or address safety concerns. There is a requirement that where appropriate, reasonable efforts be made to prevent or eliminate the need for removal of the child from his home. Always the effort on CPS is to engage in a balancing test of the imminent danger to the particular child with the best interests of the particular child and, where appropriate, the reasonable efforts made to avoid removal or continued removal. Exploration as to how that risk may be mitigated or eliminated by other means, such as issuing a temporary order of protection or providing services to the survivor is critical.

What are the Family Team Conferences that may be held?

72-Hour Elevated Risk Child Safety Conference: A conference facilitated by a Division of Child Protection Child Evaluation Specialist (CES) within three days of a caseworker's assessment that risk to a child has increased. The purpose of this conference is to share information, discuss the risk factors, identify family strengths and service needs, and develop a community based service plan that will help keep children safely at home.

(Protective) Placement Decision Making Conference: Currently in the pilot stage, Placement Decision Making (PDM) conferences provide an opportunity for families, their resources, protective staff, and community partners to work together to develop the best possible safety plan for a child in imminent danger. The conference occurs at the point in time in which a child is deemed to be in imminent danger, or on the following morning if a protective removal occurs during a night or weekend. The Child Protective Specialist shares the safety concern with the parents and invites them to participate in the PDM conference. The Child Evaluation Specialist facilitates the conference, at which parents, family supports, child protective staff, parent advocates, community resources, Family Preservation staff, and other applicable service providers work together to analyze the safety situation, consider alternative interventions, and make the best possible safety decision based on the strengths and needs of the family. The pilot commenced in June 2005 in Central Harlem, Manhattan; it will expand to Highbridge, Bronx in February 2006; and it will roll out citywide during 2006.

72-Hour Post Removal Child Safety Conference: A conference held by a Division of Child Protection Child Evaluation Specialist (CES) three to five business days after a protective removal to provide an opportunity to discuss safety issues, share information, start relationship building between parent and foster care agency, discuss possible kinship resources, and develop visiting, education, permanency, and service plans that address the safety concerns.

The 30-Day Family Permanency Conference: A conference held 30-35 days after the protective removal, or after the Elevated Risk conference. The purpose of this conference is to share updated information, follow up on the service plan developed at the 72-Hour Conference, and discuss any need for additional services or change in services. In placement situations, stakeholders also discuss the child's adjustment to placement, discuss newly identified kinship resources, update the visiting and education plans, and begin long-term permanency planning.

The Voluntary Placement Decision Making Conference (formerly known as the Critical Case Conference): A conference held whenever a family requests voluntary placement of a child into foster care. The goal of the conference is to create a community based service plan that will remediate the service needs underlying the request for placement.

Who participates at the Family Team Conferences?

Separate conferences for each parent is essential in cases of domestic violence. The abusive partner and survivor(s) should not be conferenced together. The Child Evaluation Specialist, a master's level social worker, facilitates the conferences. The conference includes protective staff, contract agency staff, the parent or caretaker, the parent's family and support system, the child aged 10 and older, and others who have had significant experience with the child and family. During the conference, both parent and a child 10 years of age or older may consult with an attorney who is available outside the conference room or by telephone.

What information does the CPS worker provide to the parent before taking action to separate the parent and child?

If the CPS worker is making a removal because s/he has reasonable cause to believe that the child is in such circumstances that continuing in the place of residence or in the care of the parent or caretaker presents an imminent danger to the child's life or health, then the CPS worker must inform the parent of his/her rights and those of his/her child, as described above, and provide him/her with the "701B" Notice and copies of the Parent Handbook and Children's Rights brochure. If the CPS worker is unable to contact the parent before effecting the removal, s/he must leave and mail a copy of the "701B" Notice, and also provide the brochures to him/her as soon thereafter as practicable.

What information does the CPS worker provide to a child 10 years of age or older before taking action to separate the parent and child?

If the CPS worker is making a removal because s/he has reasonable cause to believe that the child is in such circumstances that continuing in the place of residence or in the care of the parent or caretaker presents an imminent danger to the child's life or health, then the CPS worker must provide a copy of the Children's Rights brochure to any child ten years of age or older.

Can emotional harm, or risk of emotional harm, suffered by a child exposed to domestic violence warrant the removal of child from his or her home?

There can be no blanket presumption favoring removal when a child witnesses domestic violence. Each case is fact specific. It must be a rare circumstance, however, in which the time would be so fleeting and the danger so great that emergency removal would be warranted. When a court orders removal, particularized evidence must exist to justify that determination, including, where appropriate, evidence of efforts made to prevent or eliminate the need for removal and the impact of removal on the child. The court must weigh, in the factual setting before it, whether the imminent risk to the child can be mitigated by reasonable efforts to avoid removal. It must balance that risk against the harm removal might bring, and it must determine

factually which course is in the child's best interests. In this rare circumstance, in which the time would be so fleeting and the danger so great that emergency removal would be warranted, it is imperative, as soon as the child(ren) is (are) safe, to connect the domestic violence adult/adolescent(s)/child(ren) survivors to needed services including domestic violence advocacy, mental health/and or substance abuse providers and the legal and social service system.

When must ACS file a neglect or abuse petition in Family Court once the child has been removed from his or her home?

If the removal was without parental consent or court order, ACS must file a petition in Family Court no later than the next day the Family Court is open. If the removal was with parental consent or court order, ACS must file a petition in Family Court within three days of the removal or order.

What must the CPS worker do to secure the appearance of the parent in court once a neglect petition has been filed?

The CPS worker must make every reasonable effort, with regard for any necessity for immediate protective action, to inform the parent of the intent to apply for an order removing the child of the intent to apply for the order, of the date and time that the application will be made, of the right of the parent to be present at the application and at any hearing held, and of the right to be represented by counsel, including procedures for obtaining counsel, if indigent. The written Notice that the CPS worker gives to the parent apprising them of this information, along with contact information for the CPS worker and contract agency, is referred to as the "701-B" form, "Notice of Temporary Removal of Child(ren) and Right to Hearing."

When does the CPS worker bring the child to be interviewed by the law guardian?

On the day the petition is filed, the FCLS attorney should discuss with the law guardian whether the child(ren) need(s) to be interviewed by the law guardian and when and where such interview needs to take place. The FCLS attorney then will provide this information to the CPS.

Except as provided in a court order, where the parent is a survivor of domestic violence and has not otherwise abused or neglected his or her child, and where parent and child are separated because no other practicable alternative is available to protect the child from the abusive partner, when should ACS return physical custody to the parent?

It would be an unusual circumstance for this emergency scenario to arise. If there ever was such an applicable situation, ACS must return the child to the parent who is a survivor of domestic violence as soon as a non-removal alternative that adequately protects the child is available. If the child is on remand, CPS must make an application to the family court for a parole to the parent who is the survivor of domestic violence. If the court placed the child with ACS and ACS wishes to trial discharge the child, ACS must obtain a court order permitting the trial discharge.

When the Family Court orders the return of the child to the parent(s), when must the child be returned?

In any neglect or abuse proceeding where the Family Court issues an order which will result in the return of a child previously remanded or placed in the custody of someone other than a respondent, such order is automatically stayed until 5:00 p.m. of the next business day after the day on which such order is issued unless such stay is waived by all parties to the proceeding. In addition, the Family Court judge in his/her discretion may stay an order returning a child to the custody of a respondent for a longer period of time. If the child was not previously remanded or placed and the Family Court issues an order which will result in the return of the child, then the child must be returned immediately unless the Family Court specifically stays the order for a period of time.

Will ACS continue to include a domestic violence specialist in each of its clinical consultation teams?

Yes.

What should CPS do if the abusive partner returns to the home after an Order of Protection (precluding him/her from the home) has been issued in an Article 10 proceeding?

An Order of Protection is a court order generally directed against an abusive partner. If the Order of Protection directs that the abusive partner stay away from the home and not have contact with the survivor and children, and s/he subsequently returns to the home or the abusive partner has contact with the survivor and/or children, with or without the permission of the survivor, then the abusive partner has violated the court order. It would be improper, under such an order, to say that the survivor of domestic violence failed to enforce the Order of Protection. Responsibility to enforce Orders of Protection rests with the police, the district attorneys' offices and the courts.

CPS should immediately assess the risk and safety of the survivor and children and offer assistance with safety planning. For assistance with safety planning, the Domestic Violence Emergency Fund, and other domestic violence resources, CPS may contact DVPP, the domestic violence clinical consultation team consultant, and/or 800/HOPE (4673). CPS also should contact the FCLS attorney to discuss whether to file a violation petition and/or whether to amend the neglect or abuse petition. In assessing what action to take, it is important for CPS to evaluate the circumstances surrounding the abusive partner's return to the home or contact with the survivor: Did the abusive partner enter the home through force or threats? Was the abusive partner contacted by the non-offending parent and/or invited into the home? If so, why did the non-offending parent contact/invite the abusive partner? CPS should consult with supervisors to inform them of the violation and the course of action taken.

CPS should be aware that the Family Court also may direct an order against a non-offending parent and may hold the non-offending parent accountable for "acts of commission or omission" if they create unreasonable risk to the health, safety or welfare of a child. If the survivor continues to have contact with the abusive partner after the court has entered an Order of Protection against the abusive partner and ordered the survivor to comply with the Order of Protection, and if the child has been harmed or is in imminent danger of harm as a result of the continued contact, CPS should contact FCLS to discuss filing a violation and possibly a neglect petition against the survivor.

INSTANT RESPONSE PROTOCOL

The Instant Response Team protocol was developed by Children's Services and the New York City Police Department to improve coordination between ACS and law enforcement on the most serious cases of child abuse and maltreatment. The objectives of IRT are: 1) to protect children from abuse and maltreatment by ensuring that evidence is gathered quickly, effectively and in a coordinated manner, and 2) to minimize trauma to children during the investigation by reducing repetitive interviews and holding those interviews and examinations at child-friendly settings such as Child Advocacy Centers and Child Protection Centers. Since the inception of IRT in 1998, ACS and the New York City Police Department (NYPD) have jointly responded to more than 23,500 reports of severe child abuse and maltreatment reports under the IRT protocol.

The IRT program has been reviewed during the past several months by the Mayor's Task Force on Child Welfare and Safety, including ACS and NYPD; as a result, we will be making several enhancements.

Effective Monday, June 19, 2006, there will be a rollout of these enhancements in Queens and Emergency Children's Services. The new procedures will change the way IRT Coordinators contact the NYPD to initiate an IRT, and the way Child Protective Specialists request NYPD assistance on removals, entry orders, warrants, etc. in non-emergency cases. Citywide implementation will become effective **July 1, 2006**.

To strengthen the IRT initiation, coordination, documentation and tracking process, the following procedures will be implemented on the above mentioned dates: Home Care Services Now Easier to Access, Benefit Families

INITIATION OF INSTANT RESPONSE CASES

Previously, IRT Coordinators contacted the various NYPD precincts or detective squads to initiate an IRT based on the age of the child and the type of child abuse and maltreatment. Effective **June 19, 2006**, in Queens and ECS, and expanding citywide on **July 1, 2006**, the following procedure will be followed:

- IRT Coordinators will call a newly created NYPD Central Intake Desk to initiate all IRT cases. The intake desk will be open 24 hours a day, seven days a week, and will be answered by a police officer.
- NYPD patrol and detective personnel will continue to call the Children's Services IRT Coordinator to initiate IRT cases. The IRT Coordinator will then call the NYPD Central Intake Desk to ensure the IRT is properly tracked.

REQUEST FOR POLICE ASSISTANCE

Past procedures required child protective staff to go into the precinct to request assistance in executing removals, warrants, entry orders or cases involving weapons, drug selling, or incidents of violence in the home or threatened acts of violence against ACS staff. This procedure is being changed to ensure CPS get assistance quickly. Effective **June 19, 2006**, in Queens and ECS, and expanding citywide on **July 1, 2006**, please follow the procedure below:

- **In emergencies involving immediate danger to themselves or others, CPS should continue to call 911 for assistance.** In non-emergency situations, CPS will notify the IRT Coordinator when police assistance is required to execute warrants, entry orders, removals or other potentially dangerous situations. CPS will no longer be required to go to the precinct to get assistance.
- The IRT Coordinator will obtain pertinent information from the CPS and direct the CPS to notify the IRT Coordinator when he or she gets to the location and before entering. If the worker is already at the location, CPS then will notify the IRTC from the scene.
- IRT Coordinators will continue in their current role as law enforcement liaisons for ACS and have been trained in the new procedures.
- The ACS IRT Hotline number will remain the same. Please contact the IRT Coordinator in your borough if you have questions or need assistance at 877/CALL-IRT, or at his or her

- office phone number listed in the IRT Resource Manual.
- Upon notification that the CPS has arrived at the location, IRT Coordinators will call the NYPD Central Intake Desk.
- The IRT Coordinator will use the script provided by the NYPD to obtain assistance for the CPS. The NYPD will immediately dispatch a patrol car to meet the CPS.
- CPS should identify themselves to the responding officers and give them a copy of the Removal/Entry Order or warrant if applicable, and also provide them with the CONNECTIONS SCR intake number.

EFFECTIVE IMPLEMENTATION OF IRT PROTOCOL

The following practices are critical to ensure that the IRT protocol is applied in situations involving the most severe child abuse or maltreatment cases requiring joint investigations with law enforcement:

- The IRT Coordinator must review referrals thoroughly in order to determine whether the criteria for IRT are met.
- Every effort must be made to contact the source of the report at the beginning of the investigation. One of the first steps in any investigation is a call to the source of the report to obtain firsthand information about the child(ren) named in the SCR report.
- Minimal facts interviews should be conducted in cases where the source of the report can't be contacted or the information regarding the severity of the case is insufficient, and a decision can't be made about whether to trigger an IRT. If the case meets the IRT criteria, the IRT Coordinator must trigger an IRT immediately;
- IRT cases are the most severe abuse and maltreatment reports, and require immediate attention. Supervisors must assign Child Protective Specialists to the IRT case immediately. This will ensure that CPS arrives at the scene or location as quickly as possible to expedite the initiation of joint investigation with NYPD.

CPS staff assigned to IRT cases should always use the IRT vehicles to quickly arrive at the scene and to transport non-offending parents and children when necessary;

- Child-friendly centers (including Child Advocacy and Child Protection Centers and other specialized facilities) should be utilized where available to reduce trauma to child victims by minimizing multiple interviews and ensuring specialized medical examinations when necessary.
- CPS may share the SCR intake report on an IRT case while responding with NYPD personnel.

OTHER ENHANCEMENTS

In addition to the changes outlined above, the following have been or will be implemented in the near future:

- ACS's new Senior Advisor for Investigations, Susan Morley, began in February 2006. She is assisting in the restructuring and management of NYPD-related programs and protocols at ACS;
- Effective June 5, 2006, NYPD has assigned Lieutenant Carolyn Fanale as a full-time liaison to work at ACS headquarters and serve as the NYPD's first contact within ACS to facilitate coordination between the two agencies;
- Assignment of additional DA liaisons in each field office to carefully screen SCR intake reports to ensure only those reports which fit the criteria of the Memorandum Of Understanding between ACS and the Offices of the District Attorneys are sent to the DA offices without delay, and to support the IRT Coordinator in his or her role;
- This summer ACS will hire 20 staff with law enforcement backgrounds who will report to the Senior Advisor for Investigations. They will be stationed in field offices and serve as investigative consultants to provide assistance and training on child protective cases;
- ACS and NYPD will conduct joint trainings on IRT;
- Select ACS staff will attend the NYPD's Child Abuse and Sex Crimes School.

The IRT Protocol will be revised and updated to reflect the new changes.

Safety Planning for Newborns Whose Siblings Are in Foster Care

This memorandum clarifies and strengthens Children's Services' policy regarding safety planning for newborns whose siblings are already in foster care as a result of abuse or neglect. Since Children's Services has already determined that it is unsafe for older sibling(s) to be in the home, there must be full safety and risk assessments to ensure the safety of these newborns and appropriate court action taken on behalf of the new child. This memorandum also applies to any newly discovered child of any age whose siblings are already in foster care. The following steps are intended to strengthen our capacity to protect these children from potential harm:

Prior to the Birth

As soon as the case planner learns of the mother's pregnancy, and throughout the pregnancy, the case planner must conduct an assessment to determine if it would be safe for the newborn to reside in the home. A case conference with the family and service providers during this time should address the upcoming birth, services needed and the family and agency's safety plan for the baby. In addition, prior to the birth or as soon as the case planner learns of the new baby, the case planner must notify the Family Court Legal Services (FCLS) attorney who is handling the sibling's case and the Child Protective Specialist (CPS) if the case continues to be active in the field office. The FCLS attorney must then work with the case planner, the case manager and CPS pursuant to the steps below to notify the court and take appropriate legal action.

Calling the SCR As Soon As the Child is Born or Discovered

As soon as the foster care agency learns of the birth or presence of a new child in the home, the case planner must call the State Central Register (SCR). If there is reasonable cause to suspect abuse or neglect of the new child, the SCR will accept this call as a report in accordance with their protocol and a CPS will be assigned to conduct an investigation. If the SCR does not accept the call as a new report, the SCR will take the information about the birth of a child with a sibling in care as "Additional Information." Pursuant to the February 7, 2006, memo from Associate Commissioner Gilbert Taylor titled Additional Information on SCR Reports & Subsequent Reports, a child protective specialist will be assigned to do a full assessment of the safety of the new child in the home.

Assigning CPS to Do an Assessment When the SCR Does Not Accept a Report

In cases where the SCR accepts a report, an investigation by a CPS worker will be triggered. The following steps must be taken for CPS to assess the safety and risk of the new child when the SCR takes the information about the new child as "Additional Information":

1. **The SCR will send the "Additional Information" to the Applications Unit in the field office.** The Applications Unit will conduct clearances to determine where in ACS the case is active.
2. **Cases Active in the Field Office:** If the case is active in the field office, the safety and risk assessment of the new child will be done by the CPS unit assigned to the case.
3. **Cases Active in Other Case Management Units:** If the case is active in another case management area (e.g., OCM or DFCS), the Applications Unit will assign the CPS borough field office where the family is living as the "Primary" and send an "Alert" to the case manager. The case manager must **immediately** go into CONNECTIONS to assign the CPS worker a role in the case (caseworker) so that CPS can assess the safety of the new child and document this in CONNECTIONS.

The Investigation/Assessment

It is critical that the Child Protective Specialist and the foster care agency case planner share and discuss their information with one another. The investigation/assessment should include a review of the facts and circumstances surrounding the family's current service needs and their ability to care for the child, coupled with the family's history including why the siblings came into care and what progress the family has made towards addressing those safety concerns. If during the course of the investigation/assessment the newborn/newly discovered child is determined to be at imminent risk of serious harm and there is insufficient time to obtain a court order, immediate action must be taken to ensure the child's safety.

The Legal Options and the Safety Decision

In all cases, there must be a legal consult with the FCLS attorney on the sibling's case regarding the newborn or newly discovered child. Once informed, the FCLS attorney must discuss the case with Child Protective Services, the case planner and the case manager in order to determine the appropriate legal action to be taken to file a case on behalf of the new child. CPS, with the input of the FCLS attorney and the foster care agency, will need to make a decision as to whether it is appropriate for Children's Services to seek a remand or court ordered supervision. Keeping in mind that the foster care agency and/or the Family Court have already determined it is not yet appropriate to reunify the older siblings, if the decision is to seek court ordered supervision (or in exceptional circumstances not to take court action on behalf of the new child), there needs to be clear documentation in the record that explains why the older children have not yet been reunified, while it would be safe for a more dependent and fragile newborn to remain safely in the home.

In exceptional circumstances, if the FCLS Borough Supervising Attorney and/or Assistant Supervising Attorney and the DCP Deputy Borough Director believe that there are no allegations that can be brought to court, then this will need to be documented in the record and preventive services will need to be offered.

Planning for Newborns Who Remain in the Home

If the decision is made for the baby to remain in the home, a Family Team Conference must be held as soon as possible to ensure appropriate services are in place to meet the child and family's needs through the provision of preventive services. Furthermore, this memorandum does not alter or eliminate the existing required casework contact and documentation requirements outlined in the April 7, 2000, memorandum (Family Casework Contact Requirements and Safety Assessments for Families with Histories of CPS Indicated Cases Receiving Services from Protective, Preventive and Foster Care Providers). Specifically, when the safety and risk assessments outlined above lead to a determination that the newborn can remain safely in the home, the foster care agency case planner must make **two face-to-face contacts per month** (both in the home for the first six months, one in the home thereafter).

Ongoing Assessment

Finally, if a decision is made to leave a newborn in the home, the case planner(s) must continually monitor and reassess the situation on an ongoing basis to determine the safety of the child. During home visits, it is critical for the worker to inquire about and interview any new members of the household in order to assess any potential safety threats. Case conferences, legal consults or SCR reports should occur as necessary to ensure the safety of the child.

Newborn Sibling Reports Received by CPS

It is possible that a case planner will not know that there is a newborn or newly discovered child in a family. When a CPS receives a report regarding a child who has siblings in foster care, the CPS worker must immediately contact the case planner and the FCLS attorney to alert them to the child in the home. Children's Services and the agency should then follow the steps outlined above.

Newborn When Siblings Are at Home Under ACS Supervision

When a child is born while Children's Services is supervising the family, the Family Services (FSU) worker supervising the case must immediately contact the FCLS attorney so that appropriate legal action can be taken to add this new child to the supervision case in Family Court.

Children's Services' Policy Regarding Kinship Care

Children's Services is committed to ensuring that when children need out-of-home care, every effort is made to place them with kinship resources, including relatives and other adults who already have a significant relationship with the child or family. Of course, all caregivers – including relatives – must be willing and able to keep the children safe.

The Kinship Guidelines update Children's Services' policy regarding kinship care. Note that ACS and its partner agencies now have expanded responsibilities under New York law to identify and seek appropriate kinship caregivers.

It is Children's Services' responsibility, with the help of our child welfare partners, to keep children connected with their families and communities. As you know, kinship placements can reduce the trauma experienced by children entering foster care and offer permanency options for children moving from residential or group care into a family setting.

When children enter care, it is particularly important that Child Protective Services (CPS) staff interview all family members including the child in order to identify adults with whom the child has a significant relationship and who may be able to serve as a kinship placement resource. It is imperative for CPS staff to seek to identify appropriate kinship caregivers and to immediately conduct emergency home studies to initially place children with caregivers with whom they are already connected.

In addition, foster care providers must continue to make every effort to identify appropriate kinship placement resources at the time of placement and at any appropriate time during the child's out of home placement.

The guidelines are available on the intranet at <http://nycacs>. Click on "News" then "Child Safety Alert Newsletters."

Guidelines for Placing Children with Kin June 5, 2006

Child Protective Services (CPS) and foster care provider agency staff must make all efforts to explore the availability of appropriate relatives and non-relatives, who have a positive connection to the child or family, and who can serve as kinship caregivers. These Children's Services Guidelines are based on the premise that those who are familiar to the children may be able to provide greater continuity and reduce the trauma of children entering care, and offer permanency options for youth moving from residential or group care into a family setting.

Defining Kin

The New York State regulatory definition of who is eligible to be approved or certified as a kinship foster parent on an emergency basis includes not only "Relatives Within the 3rd Degree," and "Relatives Beyond the 3rd Degree" but also non-relatives "with a significant prior relationship with the family or child." Non-relatives may include, but are not limited to, a child's godparent, neighbor, family friend or any adult "with a positive relationship with the child." All cases where children are either entering foster care or having their placements changed, regardless of whether they came into care through an abuse/neglect petition, voluntary placement agreement, PINS petition, or Juvenile Delinquency (JD) case, are eligible for expedited home studies of their relatives and eligible non-relatives.

"Relatives Within the 3rd Degree" can be approved as foster parents. "Relatives Beyond the 3rd Degree" and non-relatives with significant prior relationships with the family or child must be certified as foster parents. Additional details are set forth in the May 25, 2005 Memorandum from ACS Executive Deputy Commissioner Zeinab Chahine, "Emergency Home Studies for Youth Placed in Foster Care as a Result of Voluntary Placement Agreements, PINS Cases and JD Cases" and Procedure No.105/Bulletin No.01-1, "Certification/Approval of Foster Boarding Homes" which is currently being revised and will soon be released.

New Legal Requirements for Identifying and Notifying Kin

Family Court Act § 1017 and Social Services Law § 384-a were recently amended to require staff to conduct an immediate investigation of "any non-respondent parent of the child and ... all suitable relatives identified by any respondent parent or any non-respondent parent and any relative identified by a child over the age of five as a relative who plays or has played a significant positive role in his or her life." The law further requires that the results of such investigation be documented in the case record. The documentation in the record must include but need not be limited to, the name, last known address, social security number, employer's address and any other identifying information to the extent known regarding any non-respondent parent.

In addition to contacting the non-respondent and respondent parents for potential resources, staff must reach out to children over age 5, and relatives, neighbors, teachers, and other providers familiar with the family or with the child to try to identify potential kinship resources and then document the results of those discussions.

These statutes also specifically require that relatives be informed of the court proceeding and be given the opportunity to become foster parents, or to seek custody to care for the child, and that relatives be informed that the child may be adopted by the foster parents if reunification efforts are not successful. Upon making contact with the child's relative(s) or other adults with whom the family has a close relationship, ACS staff must complete the **attached notification form**, "Important Information For Relatives and All Grandparents of Children in ACS Custody or Being Placed Through a Voluntary Placement Agreement" and provide it to all identified relatives, including all of the child's grandparents, informing them of pending court proceedings or administrative procedures, and of the opportunity for them to become foster parents of the child or to seek custody or care of the child. (This information replaces the January 7, 2004, Memorandum, "Recent Statutory Changes to Grandparents Rights," issued by Deputy Commissioners Joseph Cardieri and Zeinab Chahine.) (See also March 23, 2006, Memorandum, "Recommending Custody During Child Protective Investigations" from Executive Deputy Commissioner Zeinab Chahine.)

Existing Legal Requirements

The law requires that CPS and foster care provider agency staff must consider giving preference to placement of a child with an adult or relative over a non-related caregiver, provided that the relative caregiver meets relevant child welfare standards.

The law also requires that if a child has previously been in foster care and is returning to foster care that consideration must be given to replacing the child with the foster parents with whom the child was last placed. These former foster parents may be people with whom the child is already bonded and has a pre-existing significant connection and thus such a placement into a familiar environment could be less traumatic for the child.

In addition, the Interstate Compact on the Placement of Children (ICPC) applies to all foster children, including those placed with kin. If an out-of-state resource is identified, all ICPC procedures must be followed.

Initial Placement by CPS

When children enter care, it is particularly important that CPS staff interview all family members including the child in order to identify the adults with whom the child has a significant relationship and who might be able to serve as a kinship placement resource. It is imperative for Child Protective Services staff to seek to identify appropriate kinship caregivers and to immediately conduct emergency home studies to initially place children with caregivers with whom they are already connected.

When a potential kinship resource is identified prior to or at the time of a child's initial placement, CPS staff are responsible for conducting the emergency home study (documenting on Form CM-912X – *Emergency Home Study*, pp 2-4), and placing the child.

CPS will discuss and give the applicant(s): (1) CM-912x (*Statement by Foster Parent Applicant[s]*) for signature and then submit a copy of the signed document to the Child Evaluation Specialist (CES) who will send it to the foster care agency; (2) CM-912z (*Notice Regarding Fingerprinting Requirements*); and (3) DSS-3370 (SCR Clearance Form) for completion and signature by all persons in the household age 18 and over, which will be subsequently collected by the assigned foster care agency. The worker must advise the family that a statewide SCR clearance and criminal background check must be carried out as a condition of approval or certification. CPS must address any health or safety concerns in the home such as the installation of window guards and smoke detectors. In addition, CPS must assess the need for other items required to bring the home up to standard including beds, cribs, and other furniture and then assist the family in obtaining these items from ACS Day Program when necessary. CPS is responsible for discussing the kinship foster care process fully with the family members/close family friends and providing the applicant with a copy of the kinship brochure.

All initial kinship placements by CPS must be referred through the CES to the Office of Placement (OPA) immediately. It is very important for the placement referral to be made to OPA in order for the relative home to be assigned to a foster care agency to conduct a full home study and to process the foster care payment to the relatives.

The CPS must also inform the family and the relative that a Family Team Conference will be held within a few days and at other points throughout the case. The CPS must share the relevant conference brochure with the relative and discuss the benefits of attending and participating, and inform them that the Child Evaluation Specialist (CES) will follow up to schedule the conference date.

At 72-Hour and 30-Day Family Team Conferences, Child Evaluation Specialists (CES) must continue to explore potential kinship resources. With the expected roll-out of the new Placement Decision Making Conferences, in situations where the safety decision for the children is placement, ACS must use this opportunity to identify and explore possible kinship resources at the time of the initial placement.

Foster Care Providers

When children are already in foster care (including youth residing in congregate care), it is the responsibility of the foster care agency to interview children, youth, parents (respondent and non-respondent) and others relevant to a particular case, to find out who the caring and committed adults are in the children's lives. These adults may be relatives but they can also be teachers, school aides, group home staff, mentors, parents of classmates and friends, etc.

Immediately following initial placements that are not into kinship homes, the foster care agency should, depending on the case circumstances, continue to work with the family and the children to identify adults who may be able to provide an appropriate kinship home. Since some children and parents may be so traumatized and/or emotionally affected or overwhelmed at the point of intake/removal that they may not be able to immediately identify any kinship resources, this issue needs to be addressed with them sensitively over time.

Foster care agencies are responsible for continuing to try to identify kinship resources after children enter care and for conducting expedited kinship home approval. Refer to *Procedure No.105/Bulletin No.01-1, "Certification/Approval of Foster Boarding Homes"*. Ideally, when a child already in care moves from one foster home to another, or leaves a congregate care setting to move to a foster home, there should be time for a full, regular home study to be performed. However, Children's Services recognizes that an expedited approval process may be necessary. For example, a group home may be closing, a current foster parent may have died or become seriously ill, a home that will produce better outcomes for a young person may have been identified, the young person may need to move quickly to a new home to start the new school year on time, or a court may order the child's immediate replacement. In these and other urgent situations which may arise on a case-by-case basis, the compelling reason to use the emergency home study procedure must be carefully considered and documented by the foster care agency in the FASP and progress notes. See *18 NYCRR 443.1 and 443.7*, and the May 25, 2005 memorandum for more information on Emergency Home Studies. The foster care agency is responsible for helping to make any identified kinship resource home meet the foster care regulatory standards and may utilize funds available through the flexible spending provision under the Special Payment process to do this (i.e. Buying cribs, beds, etc.). (Refer to August 10, 2005 memorandum from Commissioner J.B. Mattingly "*Special Payments for Foster Care*").

Assessing Kin's Child Protective History

An indicated child abuse/neglect report can be grounds for a relative to be disqualified from becoming a foster parent. However, it is not necessarily an automatic disqualification if there is clear evidence that a child will be safe in the relative's home. The specific case circumstances must be assessed and weighed against the current functioning of the family and the best interests of the child.

Before a child may be placed in an emergency certified or approved foster home:

- Children's Services must review its records to determine whether the potential caretaker(s) or eligible relative(s) has a prior history of abuse or maltreatment.
- Children's Services must conduct SCR, ACRS+, NYC/WMS, and CCRS clearances of all members of the relative or non-relative household. If there is/was an SCR or ACS case, the case circumstances must be evaluated with and by the case manager. When the Division of Child Protection (DCP) has case management of the case, the CPM has final approval on the placement decision of the child in the home. When the Office of Case Management (OCM) has management of the case, the borough manager has final approval on the placement decision of the child in the home.

In a situation where a prior indicated case is located, the following are required:

- If the indicated report was from July 1, 1997 to present, the case should be reviewed on line in Connections to assess the situation. If the indicated report is prior to June 30, 1997, the physical case record must be reviewed and evaluated. To obtain the physical case record from the warehouse, Children's Services staff can contact the SCR Unit at (212) 341-9011.
- The child should not be placed in the home of the relative or friend until such record is reviewed.
- Information should be obtained from staff and providers who previously worked with the family if available.
- The current family functioning and household conditions should be reviewed to assess whether there have been changes since the prior report(s).
- Review the level of seriousness of the past allegation(s) and any current concerns.

The review of the prior history must include an assessment for safety and risk, considering:

- The seriousness of the incident(s) and/or extent of the abuse or maltreatment documented in the indicated reports.
- Any detrimental or harmful effect the individual's actions or inactions may have had on the child and relevant events and circumstances related to the indicated reports.
- The age of the subject and child at the time of the incident of child abuse and maltreatment.
- The amount of time that has elapsed since the most recent incident of child abuse and maltreatment.
- The number of indicated incidents of abuse and maltreatment. In cases where there is more than one substantiated incident, a separate evaluation should be done for each incident as well as for the total effect of all the indicated incidents.
- The effectiveness of previous interventions including whether they provided relief/rehabilitation and had any lasting impact.

A written justification for the placement decision must be documented in the comments section in the Emergency Home Study Checklist and in Connections.

Immigration Status

Immigrants, including those who are undocumented, can be considered as kinship resources. There is no law or regulation that requires a person to be a citizen or "legal permanent resident" to be eligible to become a kinship foster parent. As with all others who are being considered to be certified or approved as foster parents, immigrants must be able to demonstrate visible means of financial support other than the foster care rate and must meet all of the other requirements for becoming kinship foster parents. The lack of a Social Security number does not indicate the lack of means of financial support; immigrants ineligible for Social Security numbers can still demonstrate means of financial support through copies of paychecks or letters from employers.

Relatives residing outside the United States may be considered as discharge resources for children in foster care, however, these relatives cannot be considered for foster parent status. Organizations are available to arrange for home studies in other countries to explore relatives as discharge resources. For further references, please see the list of resources in the Children's Services booklet, *"Immigration and Language Guidelines for Child Welfare Staff"*.

Attachments:

1. *Important Information For Relatives and All Grandparents of Children in ACS Custody or Being Placed Through a Voluntary Placement Agreement*
2. *Looking for Extended Family and Other Caring Adults with Positive Connections to the Child or Young Person*, is a resource that can be utilized when asking children and young people about their connections to caring adults in order to identify placement and permanency resources for them.

Additional Information Received from the SCR on Open Cases: The Need for Close Attention and Assessment

At times, a reporter will provide the State Central Register (SCR) with additional information on cases already active in ACS. When this information does not rise to the level of a new abuse or neglect report, it is sent to ACS from the SCR as "Additional Information." **This memo reminds staff that the "Additional Information" must be fully assessed to determine the safety and well-being of the children involved.**

Given that these are families who may have children already in foster care or be receiving services from ACS, the "Additional Information" should be assessed by CPS to determine if any safety or risk issues are present. If the information refers to the birth of a new child, refer to "Safety Planning for Newborns Whose Siblings Are in Foster Care," issued by Commissioner Mattingly on June 1, 2006. If the case is open in ACS for the provision of foster care or preventive services, but not open in CPS, the "Additional Information" will be assigned to a CPS worker for assessment. If the case is currently under investigation, the information should be integrated into the ongoing assessment of the family.

The following actions must be taken to assign the "Additional Information" to CPS:

1. The SCR will send the "Additional Information" to the Applications Unit in the field office. The Applications Unit will conduct clearances to determine where in ACS the case is active.
2. If the case is active in the field office, the assessment of the child(ren) will be done by the CPS unit assigned to the case.
3. If the case is active in another case management area (e.g., OCM or DFCS), the Applications Unit will assign the CPS borough field office where the family is living as the "Primary" and send an "Alert" to the case manager. The case manager must immediately go into CONNECTIONS to assign the CPS worker a role in the case (caseworker) so that CPS can do an assessment of the child(ren) and document this in CONNECTIONS.
4. **The Applications Unit must follow up with the Office of Case Management to ensure that the assignment is made to the field office worker.** Any delays in the assignment must be referred to the manager or Deputy Director for Administration for follow up.

Except for demographic information that is transmitted from the SCR as "Additional Information" such as address updates or name changes, **all other information received from the SCR as "Additional Information" must be carefully reviewed and assessed by the assigned CPS.** Demographic information received as "Additional Information" should be forwarded by the receiving Applications Unit to the CPS or case management unit in which the case is currently active to add to the case record.

The following actions must be taken by CPS to assess the "Additional Information," in addition to any other steps necessary to gather information that will help determine whether interventions are necessary to ensure the safety and well-being of the children:

1. CPS must consult with his/her field unit supervisor upon receipt of such information to determine if the "Additional Information" is related to the allegations contained in previous investigated reports concerning the family.
2. A contact with the reporter of the "Additional Information," if known, must be made to clarify the basis of the reporter's concern and determine whether the reporter has reason to suspect child abuse or neglect. Following the contact with the reporter of the information, the CPS must discuss the case with the supervisor to determine whether there is a basis to make a new SCR report. If a new report is called in to and accepted by

the SCR, a complete investigation of the allegations must be conducted. If there is insufficient basis to make a report of child abuse or neglect to the SCR, the CPS should continue his/her assessment. At any point during the assessment, if any information is uncovered that leads to suspicion that a child may be abused or neglected, a new report must be made to the SCR.

4. CPS must make contact with the foster care or preventive service provider and the ACS case management unit to discuss the open case, the additional information received, and any information the workers may have concerning the family.

The CPS must consult with his/her field unit supervisor to consider the information gathered and determine if any safety interventions are necessary. All casework activities must be documented in CONNECTIONS in the open stage associated with the "Additional Information." Supervisory review and approval is required during the assessment of "Additional Information" consistent with the same timeframes as a CPS report. The "Additional Information" should only be closed by a supervisor after a complete review and approval of the information gathered and the assessment.

This replaces the Additional Information on SCR Reports and Subsequent Reports memo issued by Gilbert Taylor on February 7, 2006.

Child Safety Alert

From Commissioner Gladys Carrión

#17 (Revised)

November 30, 2016

Gathering and Assessing Information from Medical Providers During a Child Protective Investigation

The safety of a child often requires child protective staff to contact the child's pediatrician and/or other health care providers in a timely manner. During all child protective investigations, Child Protective Specialists (CPS) should make documented efforts to obtain medical information from the child's caretaker(s) and pediatrician to assess whether or not the child is receiving adequate medical care. When excessive corporal punishment, physical abuse or sexual abuse is alleged or suspected during the course of a child protective investigation, within the first seven (7) days of receiving the allegation, CPS must make documented efforts to speak with and request the child's medical record¹ from the child's pediatrician and other medical professionals at any and all medical institutions known to have been involved in treating the injury that the child allegedly sustained as a result of the alleged neglect or abuse. This Child Safety Alert shall serve as a guide in obtaining medical information in such cases.²

Please Note: CPS are required to seek to arrange for a medical examination or consultation to evaluate and/or treat a child alleged to have been abused, or to seek to obtain the results of an examination or consultation that has already occurred, whenever there are concerns of **serious physical abuse, or a pattern of repeated physical abuse.**³ This may include calling 911 and/or accompanying the child to a Child Advocacy Center (CAC).

Cases in Which Excessive Corporal Punishment, Physical Abuse, Sexual Abuse, Malnourishment⁴ and Failure to Address a Child's Special Medical Needs⁵ is Alleged or Suspected During the Course of a Child Protective Investigation

When excessive corporal punishment, physical abuse, sexual abuse, malnourishment, or failure to address a child's special medical needs is alleged or suspected during a child protective investigation, CPS must make documented efforts to speak with the child's pediatrician, any other regularly treating physicians⁶, and appropriate medical professionals at any and all medical institutions that treated the child for injuries sustained as a result of the alleged neglect or abuse. Medical professionals can include, but are not limited to, an attending physician, emergency room (ER) physician, nurse practitioner, physician's assistant, school nurse, surgeon, pediatrician, orthopedist, dentist, and/or child abuse specialist at a hospital or CAC. If a child was treated for the same injury at multiple medical facilities, it is critical that CPS speak with at least one (1) medical professional at each institution. It is not sufficient to speak only with a social worker from the facility when excessive corporal punishment, physical abuse or sexual abuse is alleged or suspected.

¹ For children in foster care, CPS must also obtain the child's medical record from the provider agency's medical department.

² This policy is applicable for all ACS/CPS staff, including Office of Special Investigations (OSI). Also see [16-OCFS-ADM-13](#) for CPS investigations when the child is abused or neglected while in foster care.

³ Please note that parental consent or a court order is required prior to any forensic medical examination.

⁴ Also see Policy and Procedure entitled, *Assessment and Safety Planning for Malnourished Children*, which at the time of this writing is in draft.

⁵ The Special Medical Needs Pocket Guide is available to assist CPS to identify and assess children with special medical needs.

⁶ See [The Division of Child Protection Casework Practice Requirement Manual, December 2013](#).

The medical professional's name, type of professional license (e.g., MD, RN, NP), affiliation (hospital or clinic name and location) and field of practice or expertise must be documented in the record. Some topics that CPS should discuss with the medical professional and should appropriately document, include, but are not limited to, the following:

- Medical professional's description of the injury or injuries.
- Medical professional's opinion and supporting findings of whether the injury is consistent with the explanation provided by the subject child, or by any other child or collateral contact who has provided an explanation, or by any caretaker(s).
- Medical professional's opinion and supporting findings concerning the most likely cause of the injury.
- Medical professional's opinion and supporting findings regarding the probable age of the injury.
- Other medical findings or observations that support or challenge a suspicion of abuse or neglect and specific steps the parent(s)/caretaker(s) should have provided or did provide in order to avoid the child's injuries.

In addition, child protective and supervisory staff⁷ should address the following indicators of potential child abuse in their investigations:

- Current or prior history of multiple visits to various health care providers/facilities for a variety of injuries (as part of an assessment of whether the caretaker is trying to avoid having a single provider know how many injuries a child has experienced). This should also include an assessment of the reasons for using multiple providers, if that occurred.
- Caretaker keeping the child home from school for a significant period without medical documentation (as part of an assessment of whether the caretaker is trying to avoid having the school know whether a child is injured or how many injuries a child has experienced).
- Severity, frequency or extent of injuries has escalated over time.
- Conflicting, inconsistent and evolving (changes over time) reports regarding the means, process, timing and circumstances surrounding the injury.
- Caretaker delay in seeking care for the reported injury or "under-reporting" the seriousness of the injury.

As part of the investigation, the presence of any of the above indicators must be discussed with the CPS' supervisor and/or manager and ACS' medical consultants from the Office of Child and Family Health (OCFH) to assess whether they should give rise to a safety concern. In the event the parent is unwilling to provide medical consent for treatment of the child, CPS must immediately contact the manager to determine if an emergency removal is necessary or whether a consultation with Family Court Legal Services (FCLS) to attempt to obtain a court order is appropriate and feasible.⁸ Cases involving allegations of physical or sexual abuse should be assessed by a multidisciplinary team, preferably at a CAC. In the event the child is taken to a hospital, the CPS must consult with a CAC⁹ to see if the child should receive follow up at the CAC for a forensic medical examination or if CPS should consult with a child abuse specialist from the hospital or another facility. However, parental consent or a court order is required prior to any such forensic medical

⁷ In the event the CPS team needs additional support, the team should escalate the case/concerns to the respective Deputy Director.

⁸ See Policy #2011/01- Conducting Emergency Removals, February 23, 2011.

⁹ Depending on the circumstance, the contact person at the CAC may be the CAC Director, CAC-Dedicated CPM, medical provider, or another appropriate CAC staff member.

examination.¹⁰

It should be noted that, pursuant to Social Services Law (SSL) § 422 (4) (A) (a), CPS may share, where necessary, the details of a State Central Register (SCR) report with “a physician who has before him or her a child whom he or she reasonably suspects may be abused or maltreated.” SSL § 422 (4) (A) (o) further provides that details of the SCR report may also be shared with “a provider or coordinator of services to which a child protective service or social services district has referred a child or a child’s family or to whom the child or the child’s family have referred themselves at the request of the child protective service or social service district[...] when the records, reports, or other information are necessary to enable the provider or coordinator to establish and implement a plan of service for the child or the child’s family.” In this case, a “provider of services” may include a doctor to whom ACS has referred the family or to whom the family has referred themselves at the request of ACS. During the investigation, CPS must not share the details of an SCR report with a doctor who does not fit within the description in the statute.

Obtaining Parental Written Authorization for the Release of Medical Information During the CPS Investigation

In order to retrieve a child’s medical information from a medical professional at any medical institution, CPS staff must obtain written authorization for the release of the medical information from the child’s parent(s)/guardian(s)¹¹. In order to complete an accurate safety assessment within seven (7) days, CPS staff must obtain the authorization at the **initial visit** or **within seven (7) days** of the date on which the allegations were reported to the SCR.¹² The CPS must attempt to get the Health Insurance Portability and Accountability Act (HIPAA) form – *Authorization for Release of Health Information Pursuant to HIPAA* (OCA Official Form No.: 960) signed by the parent(s)/guardian(s) in person at the very first visit. **A separate HIPAA form is needed for each provider/medical institution.** For more information on HIPAA see the HIPAA section on pages 4 & 5 in this document. For freed¹³ children, medical consent can be given by the foster care agency’s executive director or his/her designee.

CPS staff are most likely to be successful in obtaining the needed authorization for release of medical information, and also minimize the trauma that may be inflicted on both families and their injured children, by engaging immediate/extended families as partners in the investigation and by seeking and incorporating the family’s perspective in planning for solutions. This entails conveying an understanding of the family’s situation, being cognizant of their culture, and demonstrating empathy. Actively engaging the family can be the most effective way of getting them to give their written consent, which can also

¹⁰ See Procedure 102A, May 7, 2002. If a parent refuses to give consent to a medical examination, CPS must immediately consult with Family Court Legal Services (FCLS) to determine if there is enough cause for a Family Court order to override that parent refusal to consent.

¹¹ See SSL 383-b and Policy and Procedure #2014/08 entitled, Medical Consents for Children in Foster Care.

¹² It should be noted that SSL § 415 provides that mandated reporters who call in a report of suspected child abuse or maltreatment must comply with all requests by Children’s Services for records that are needed for an investigation of the report; therefore, CPS may obtain medical records/information from a medical provider without a signed HIPAA release, if the medical provider was the source of the report of suspected child abuse or maltreatment.

¹³ Also see 14-OCFS-LCM-16. The foster care agency director or designees must attempt to obtain consent from a destitute child’s parent(s). If the parent(s) is deceased, incapacitated, or the parent’s whereabouts are unknown, then the foster care agency’s director or designees may consent to the child’s medical treatment. Any investigatory examination of a destitute child requires a court order.

enhance joint problem-solving efforts that are in the best interest of the child¹⁴.

Contacting the Pediatrician and Obtaining Medical Information in All CPS Investigations

During **all** child protective investigations, CPS should seek to obtain medical information about the child from the child's caretakers.¹⁵ In addition, CPS must contact the child's pediatrician in order to assess both the child's well-being and the adequacy of efforts by the child's caretakers to obtain medical care. If the CPS cannot reach the medical provider by telephone, then he or she must go to the clinic or doctor's office, when possible, to speak to the doctor or other medical professional in person. If both telephone and in-person attempts are unsuccessful or if the medical provider refuses to release the medical records, the CPS should discuss the issue with his or her child protective supervisor/manager to determine if legal intervention is necessary.

CPS and supervisory staff should try to obtain the following information from the child's parent(s)/guardian(s) or caretaker(s):

- Immunization record and whether the parent(s) believe(s) immunizations are up-to-date.
- Location of the usual source of health care for the child.
- Primary care provider's name, phone number and address.
- Date of child's last doctor visit and reason for the visit.
- Date of child's last full medical examination.
- Significant medical history, including diagnoses, medications and/or medical equipment used.
- Parent(s)/guardian(s) assessment of whether the child has any condition that categorized him/her as a "special medical needs" child.
- Signature on the HIPAA form, providing written authorization for ACS to obtain the child's medical information. If the parent(s)/guardian(s) refuse(s) to sign the HIPAA authorization form or provide necessary medical information, CPS should immediately consult with the medical consultant, his/her supervisor, and/or the CPM. In cases where the child has a special medical need, it will be necessary for the CPS to consult with the Medically Fragile Liaison for assistance in engaging the parent(s)/guardian(s) in a discussion about signing the HIPAA form. If the parent(s)/guardian(s) continue(s) to refuse to sign the HIPAA authorization form, then the CPS should consult with the child protective supervisory team and FCLS to assess whether legal intervention is necessary.

Not all cases involving special medical needs¹⁶ children will be clearly identified as such at the time of case assignment. Therefore, CPS is required to look for indicators that suggest the child may be a special medical needs child. Refer to the Special Medical Needs Indicator Chart and the Developmental Milestones Checklist¹⁷ to assist with determining if a child has special medical needs.

Listed below is some important information that should be obtained from the pediatrician and other health care provider(s):

- Date of the child's last visit and the reason for the visit.
- The name of the person who accompanied the child (gave permission for treatment).
- Any incidents for which the parent(s)/caretaker(s) delayed treatment or failed to follow medical advice.

¹⁴ This information was extracted from the National Association of Social Workers Standards for social work practice in child welfare, 2013.

¹⁵ The term caretaker includes the child's foster parent.

¹⁶ See *Assessment and Safety Planning with Special Medical Needs Children, March 29, 2012*, for further information.

¹⁷ The Developmental Milestones Checklist is an age-specific checklist that helps CPS to determine if the child is meeting the developmental milestones. It is a reference tool that CPS should utilize when assessing each child.

- Any concerns about the parent’s ability to care for the child and the reasons for the concerns.
- The dates of immunizations and whether there are missing immunizations.
- The medications and/or medical equipment that have been prescribed, indications for their use and whether the parent(s) has (have) been trained to provide/use them with the child. In any case where there is a new baby (regardless of whether the new baby is a subject of the allegations), CPS should make a collateral medical contact to make sure the baby is going to well-baby visits and to find out if the new baby has any special needs.
- If the CPS learns from the caretaker that a child has a special medical condition, the CPS must contact the medical professional treating the child’s condition to confirm the diagnosis and obtain an update on the treatment. The CPS must also ask the medical professional for an assessment of the parent(s)/caretaker(s) understanding of the condition and ability to manage the child’s condition.
- If a CPS learns that a young child needs dental work, there should be a contact made with the child’s dentist.
- If the CPS learns from the pediatrician that the child also is being seen by a mental health professional, the CPS should contact the mental health professional.

Documentation

All contacts with medical staff and all casework activities and case-related events must be documented in CONNECTIONS (CNNX) within **five (5) business days** of such events. [Child Safety Alert #5](#) provides comprehensive instructions on case recordings and documentation. Additionally, CPS must follow the instructions in the memorandum at this link: [24-Hour and 48-Hour Contacts and Documentation Memorandum](#).

Please note: All documentation must be clearly and efficiently detailed to reflect whether the information obtained changes the assessment of safety and risk to the children.

Child protective supervisors are required to provide timely and ongoing guidance to staff and to record in CNNX all case-related actions, including the guidance given CPS staff, as soon as possible, but no later than **five (5) business days** after such an event. CNNX documentation must be specific, detailed and provide a clear description of the purpose and outcome of each case-related contact or event.¹⁸

HIPAA, Exceptions to HIPAA, and Other Statutory Authority to Obtain Records

While parent(s)/guardian(s) are not compelled to sign the HIPAA release form, it is important for the CPS staff to convey to them the importance of having them sign the HIPAA form by explaining to the parent(s)/guardian(s) that giving their consent will contribute to the overall assessment and investigation of the case.

In addition, SSL § 415 provides that mandated reporters who call in a report of suspected child abuse or maltreatment must comply with all requests by Children’s Services for records that are needed for an investigation of the report. This includes records relating to diagnosis, prognosis or treatment, and clinical records. A written authorization is not required to obtain these records. This statute only applies to the records of the mandated reporter who called in the report and the institution where s/he works and does not apply to the records of other medical providers who may have treated the child.

¹⁸ See [Timeframes for Connections \(CNNX\) Entries, January 28, 2011](#).

Attachments:

- [HIPAA Release Form](#) (different languages) (PDF)



**Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation**

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out online and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as “at the conclusion of my court case” or provide a specific date amount of time, such as “three years from this date.”

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.



AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA
[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

- This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
- If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
- I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
- I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
- THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

Medical Record from (insert date) _____ to (insert date) _____

Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.

Other: _____ Include: (Indicate by Initialing)

_____ **Alcohol/Drug Treatment**

_____ **Mental Health Information**

_____ **HIV-Related Information**

Authorization to Discuss Health Information

(b) By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:

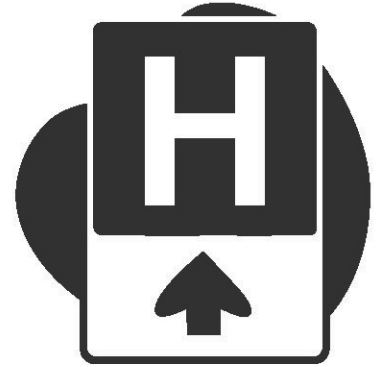
(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information: <input type="checkbox"/> At request of individual <input type="checkbox"/> Other:	11. Date or event on which this authorization will expire:
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law. Date: _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.



NYC ADMINISTRATION FOR CHILDREN'S SERVICES

List of Hospital Contacts in All NYC Boroughs

Provided by:

Medical Programs

Child and Family Health

Family Support Services

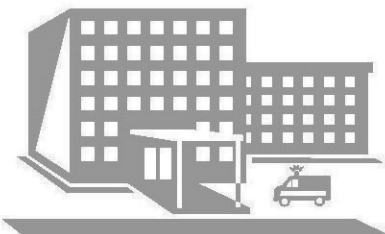


TABLE OF CONTENTS

THE BRONX..... page 3

BROOKLYN..... page 5

MANHATTAN..... page 8

QUEENS..... page 12

STATEN ISLAND..... page 14

**Please address any changes/updates you may find to:
karen.keith@dfa.state.ny.us**

General updates will be completed and distributed as needed.

THE BRONX

BRONX LEBANON HOSPITAL

1650 Grand Concourse, Bronx, NY 10457
718/590-1800
Pediatric: 718/518-5635
Director Of Social Workers: Ibeté Hernández 718/960-2058
Senior SW: Pam Jordan 718/960-1209
Pediatric SW: Sandra Edwards 718/518-5635
ER SW: Nydia Rosario 718/518-5637
Maternity SW: Ira Landau 718/960-1000
Nursery: 718/518-3625 and 3628
NICU: 718/518-5215 and 3215

JACOBI HOSPITAL AND MEDICAL HOSPITAL

1400 Pelham Parkway, Bronx, NY 10461
718/918-5000
Pediatrics: 718/918-5874
Supervisor: Margarita Colon 718/918-5395
Pediatric SW: Raven Waterman 718/918-5757
Pediatric SW: Hannah English Ext. 5398
ER and Maternity SW: Angela Paciniela 718/918-5835
OB/GYN SW: Marilyn Kerney Ext. 5440
Week-end SW: Jacqueline Francis
Maternity Coverage: Margarita Colon 718/918-5395

LINCLON MEDICAL and MENTAL CENTER

234 East 149th Street, Bronx, NY 10451
718/579-5000
Pediatrics: 718/579-5466
Child Projection Coordinator (CPC): Millie Toro 718/579-5277
Director Of Social Workers (DSW): Andy Benejam
Please call DSW only when CPC is off duty 718/579-5614 or 5657

MISERICORDIA HOSPITAL

111 East 210th Street, Bronx, NY 10467
718/920-4321
Pediatrics: 718/920-9009
Director of Social Workers: Rhanda Leberman 718/741-2290
3415 Bainbridge Avenue, Bronx, NY 10467

THE BRONX (cont.)

NORTH CENTRAL BRONX HOSPITAL

3424 Kossuth Avenue, Bronx, NY 10467

718/519-5000

Pediatrics: 718/20-5875

Mary McClosky: On call Social Worker Beeper: 917/430-0211

DOES NOT HAVE A PEDIATRIC UNIT.

OUR LADY OF MERCY

600 East 233rd Street, Bronx, NY 10466

718/920-9000 OR 718/920-9926

Social Worker Supervisor: Carmine Belez 718/920-9950

Pediatric and ER SW: May Dear 718/920-9950

ST. BARNABAS HOSPITAL

4422 Third Avenue, Bronx, NY 10457

718/960-9000

Pediatrics: 718/960-6276

Director of Social Workers: Louis Asman 718/960-6456; Only when SW is out.

Assistant Director: Michael Swanwick 718/960-3695

Pediatric and Maternity SW: Norma Hamil 718/960-6195

ER SW: Luisa Gonzelez 718/960-4594

UNION COMMUNITY HEALTH CENTER

260 East 188th Street, Bronx, NY 10458

718/220-2020

Case Manager: Tara Crossman 718/220-2020 Ext. 8915

SW: Lynn Hamberg 718/220-2020 Ext. 8915

BROOKLYN

BROOKDALE PLAZA HOSPITAL M.C.

1 Brookdale Plaza, Brooklyn, NY 11212
718/240-5000
Pediatrics: 718/240-5893
Social Worker Supervisor: Samantha Christmas 718/240-5255
SW Pediatrics: Ebela Iloka 718/240-5898
SW Emergency: Tonya Zelaya 718/240-5067
SW Maternity and NICU: Keisha Jackson 718/240-6598

BROOKLYN HOSPITAL CENTER

121 Dekalb Avenue, Brooklyn, NY 11201
718/250-8000
Social Worker Manager: Robert Ferrer 718/250-8705
SW Pediatrics and Emergency: 718/250-6398
ALL CALLS GO TO PEDIATRICS and EMERGENCY NUMBER

CONEY ISLAND HOSPITAL

2601 Ocean Parkway, Brooklyn, NY 11205
718/616-3000
Euripides Rivera: Child Protection Coordinator 718/616-3092
Beeper 917/879-6896
ER Social Services: 718/616-4355
Main Social Services line 718/616-4209

CUMBERLAND DIAGNOSTIC and TREATMENT CENTER

100 North Portland Avenue, Brooklyn, NY 11201
718/963-8000
Social Worker Supervisor: Rosa Alvarez-Ladapo 718/963-8000 WILL
PAGE
SW Pediatric: Janice German 718/963-6882
Emergency: 718/963-8825 ASK FOR SW ON DUTY.
SW Nursery: Wendy Martin 718/960-7408
SW Nursery: Lola Rigg EXT. 3947 and 5535
SW Outpatient Services: Lesley Buck EXT. 7383
MAIN LINE: 8070
OTHER LINES ON PED. UNIT 8485, 8486 and 8483

BROOKLYN (cont.)

KINGS COUNTY HOSPITAL CENTER

451 Clarkson Avenue, Brooklyn, NY

718/245-3131

Child Protection Coordinator: Paula Hood 718/245-4035

Pediatric Unit: Sharon Lasky: Supervisor of Social Worker 718/245-4116

SW Emergency and Clinic: Nicki Dorcelli

LONG ISLAND COLLEGE HOSPITAL

339 Hicks Street, Brooklyn, NY 11201

718/780-1000

MAIN LINE FOR ALL PEDIATRICS 718/780-1907

Pediatrics:718/780-1141

Social Worker Supervisor: Lillian Tsai 718/780-4714

SW Pediatrics: Susan Morance 718/780-1000; ASK OPERATOR FOR

BEEPER #13105

SW Emergency: Rosalind Eaton

LUTHERAN MEDICAL CENTER

150 55TH Street, Brooklyn, NY 11220

718/630-7000

Social Worker Supervisor: Iris Degutz 718/630-7516

SW Pediatrics: Tannya Ramos-Mendelson 718/630-7529

SW Emergency: Karen Thompson 718/630-7635

SW Emergency: Grace Sotirakis 718/630-8242

SW Maternity: Juanita Torres 718/630-7513

Case Manager: Marie Detaz 718/630-6719

MAIMONIDES HOSPITAL

4802 Tenth Avenue, Brooklyn, NY 11219

718/283-6000

Director Of Social Workers: Aida Ramos-Ryan

SW Pediatrics: Carl Delorenz 718/283-7677

SW Emergency: Claudia Luma 1pm-9pm 718/283-8316

MS. RAMOS-RYAN IS ON CALL

BROOKLYN (cont.)

METHODIST HOSPITAL

506 Sixth Street, Brooklyn, NY 11215

718/780-3000

Pediatrics: 718/780-3757

Director of Social Workers: Debra Cahvan 718/780-5540

SW Pediatrics and Emergency: Megan Fenn 718/780-5582

ST. JOHN INTERFAITH HOSPITAL

1545 Atlantic Avenue, Brooklyn, NY 11213

718/604-6000

Director Social Workers: Maria Marquez 718/613-4364

SUNY DOWNSTATE:

SEE UNIVERSITY HOSPITAL OF BROOKLYN

WOODHULL MEDICAL and MENTAL HC

760 Broadway, Brooklyn, NY 112068

WYCOFF HOSPITAL

374 Stockholm Street, Brooklyn, NY 11237

718/963-7272

Pediatrics 718/963-7543

Director of Social Workers: Irdira Parmar 718/963-7221

SW Pediatrics and Maternity: Vanessa Pearlman 718/486-4127

SW Emergency: Maria Silva 718/302-8529

UNIVERSITY HOSPITAL OF BROOKLYN

450 Clarkson Avenue, Brooklyn, NY

718/703-5900

Pediatric ER 718/270-8266

Director of Social Workers: Barry Mandel

MAIN LINE FOR PEDIATRIC: 718/270-2005

MANHATTAN

BELLEVUE HOSPITAL CENTER

462 First Avenue, New York, NY 10016
212/562-4141
Pediatrics: 212/562-3025
Child Protection Coordinator: Toni Cardinas 212/562-4050

CABRINI MEDICAL CENTER

227 East 19th Street, New York, NY 10003
212/222-7464

COLER-GOLDWATER MEMORIAL HOSPITAL

One Main Street, Roosevelt Island, NY
212/318-8000
Nursing Home SW: Marcelle Johnson 212/848-6501

COLUMBIA PRESBYTERIAN MEDICAL CENTER

622 West 168th Street, New York, NY 10032
212/305-2500

THE CHILDREN'S HOSPITAL (at Columbia Presbyterian)

212/342-0657
Child Protection Coordinator: Shannon Tansey 212/305-2504; Pager:
917/899-0189

HARLEM HOSPITAL CENTER

506 Lenox Avenue, New York, NY 10037
212/939-1000
Pediatrics: 212/939-2240
Associate Director of Social Workers: Gary Caldwell 212/9393-4616
Pediatric SW: Mana Culibaly 212/939-1901
OB/GYN SW: Margaret Small 212/939-4629

MANHATTAN (cont.)

HOSPITAL FOR JOINT DISEASE ORTHOPAEDIC INSTITUTE

301 East 17th Street, New York, NY

212-598-6000

Director of Social Workers: Joan Dauhajre 212/598-6100

Pediatric and Outpatient SW: Dana Hertzberg 212/598-6601

HOSPITAL FOR SPECIAL SURGERY

535 East 70th Street, New York, NY

212/606-1000

Director of Case Management: Hillary Williams 212/606-1003

Pediatrics SW: Meryl Solman

MARY IMMACULATE HOSPITAL

152-11 89th Avenue, Jamaica, NY 11432

718/558-2000

METROPOLITAN HOSPITAL

1901 First Avenue, New York, NY 10029

212/423-6262

Pediatrics: 212/423-6658

Coordinating Manager Child Protection: Judy Alberto, LCSW-R; 212/423-6596;

E-mail: Judy.Alberto@nychhc.org; Pager: 917/537-0604

Senior Associate Director Social Work Department: Richard Siegel: 212/423-6596

E-mail: Richard.Siegel@nychhc.org;

Pediatric Inpatient Unit: Teresa Edriera; 212/423-6596;

E-mail: Teresa.Edriera@nychhc.org

Pediatric Outpatient SW: Mary Ann Torres; 212/423-6596;

E-mail: MaryAnn.Torres@nychhc.org

Labor and Delivery, NICU, Nursery SW: Patricia Williams; 212/423-6596

E-mail: Patricia.Williams@nychhc.org

MANHATTAN (cont.)

MOUNT SINAI MEDICAL CENTER

1190 Fifth Avenue

212/241-7707

Sr. Assistance Director: Virginia Walther 212/241-6866

Main Line 212/241- 6861

WEEK-END ON CALL AND AFTER 5:00 PM CALL THIS 212/241-5581

NEW YORK PRESBYTERIAN HOSPITAL

525 East 68th Street, New York, NY 10019

212/472-6639

Main Social Workers Line: 212/746-4320

Pediatrics: 212/746-3300

Social Worker Manager: Jay Sandys 212/746-3144

PEDIATRIC LINES FOR SOCIAL WORKERS

North General Pediatric: 212/746-0309

South PIU: 212/746-0308

Central Maternity: 212/746-0303

Emergency: 212/746-5026

West Burn Unit: 212/746-0328

NEW YORK UNIVERSITY MEDICAL CENTER

550 First Avenue, New York, NY

212/263-7300

Pediatric SW: Elina Linchezskaya 212/562-3707

ST. LUKE'S- ROOSEVELT HOSPITAL (Roosevelt Site)

1000 Tenth Avenue at 58th Street, New York, NY 11019

212/523-4000

Pediatric and Outpatient SW: Maria Salom

212/523-2134; 212/523-8838

MANHATTAN (cont.)

ST. LUKE'S- ROOSEVELT HOSPITAL (St. Luke's Site)

1111 Amsterdam Avenue at 114th Street, New York, NY
212/523-4000

Pediatrics: 212/523-8511

Pediatric and Outpatient SW: Maria Salom; 212/523-4880

Pager: CALL PAGE OPERATOR 212/523-5678 and ASK FOR HER

ST. VINCENT'S HOSPITAL MANHATTAN

170 West 12th Street, New York, NY
212/604-7000

Social Worker Manager: Margaret Retta 212/604-8595

SW Pediatric and Maternity: Fran Barnes 212/604-8595

SW ER: Margaret Meeker 212/604-7126

SW ER: Diane Litwin 212/604-2766

MAIN SW LINE 212/604-8585

QUEENS

ELMHURST HOSPITAL

79-01 Broadway, Elmhurst, NY 11373
718/334-4000
Pediatrics: 718/334-3000
Child Protection Coordinator: Amy Weinstein 718/334-2749
PLEASE CALL OPERATOR:718/334-4000 Operator will page the Social Worker on duty.

FLUSHING HOSPITAL

45th Avenue at Parsons Boulevard, Flushing, NY 11355
718/670-5000
Pediatrics: 718/670-5929
Director of Social Workers: Denise James 718/670-5380
Pediatric SW: Susan Kang 718/670-3038

JAMAICA HOSPITAL

8900 Van Wyck Expressway, Jamaica, NY 11355
718/206-4000
Pediatrics: EXT. 4216
Social Worker Director: Lisa Schneider 718/206-6741
Pediatric unit SW Liz Moshkovich: 718/206-6741
Emergency SW: Shara Abraham 718/206-6741

NEW YORK HOSPITAL OF QUEENS

56-45 Main Street, Flushing, NY 11355
718/670-1231
Pediatrics: 718/670-1947; MAIN PEDIATRIC LINE: 718/670-1300
SW: Nancy Kahn 718/670-2801; E-mail: NEK9004@nyp.org

QUEENS (cont.)

PENNSULA HOSPITAL

51-51 Beach Channel Drive, Far Rockaway, NY 11691
718/734-2000
Pediatrics: 718/734-2700
Lead Social Worker: Rozann Pomerantz 718/734-2278
SW Pediatric and ER: Header Lobody 718/734-2595

QUEENS HOSPITAL CENTER

82-68 164th Street
Jamaica, NY 11432
718/883-3000; Pediatric: 718/883-3075

ST. JOHN'S QUEENS HOSPITAL

327 Beach 19 Street, Far Rockaway, NY 11691
718/869-7000
Pediatric 718/869-7755
Pediatric Social Worker: Diana Calderone 718/869-7000

ST. JOHN'S QUEENS HOSPITAL

90-02 Queens Boulevard, Elmhurst, NY
718/558-1000
Social Worker Pediatric: Dominique Nicolas 718/558-1747
PLEASE CALL SOCIAL OFFICE IF SW IS NOT ON DUTY 718/558-1760

STATEN ISLAND

STATEN ISLAND UNIVERSITY HOSPITAL

475 Seaview Avenue, Staten Island, NY 10305

718/226-9000

Pediatric ER: 718/226-8950

Child Protection Coordinator: 718/226-9170; Cell: 718/226-3554

Pediatric ER SW: Regina Walsh: Cell 718/226-3558

SW: Iris Gil: Burn Unit: Cell 718/226-3553

SW: Lana Orenstein: Maternity and Pediatric 718/226-3561

ONLY IN HOUSE E-MAIL AT PRESENT

ST. VINCENT'S HOSPITAL

355 Bard Avenue, Staten Island, NY 10305

718/818-1234

Pediatric ER: 718/818-3044

Sherri Salinardi: Children Protection Coordinator: 718/226-9170

Investigating Allegations of Educational Neglect and Coordinating with DOE During CPS Investigations

As we begin a new school year, it is an appropriate time to reinforce the expectations regarding the investigation of reports to the State Central Register (SCR) with allegations of educational neglect, as well as the protocol for coordinating with New York City Department of Education (DOE) personnel on child abuse and neglect cases involving **school age children**.

When physical abuse is alleged or suspected during a child protective investigation, CPS must contact the child's pediatrician and a medical professional at any and all medical institutions that treated the child. Medical professionals can include an attending physician, emergency room (ER) physician, nurse practitioner, physician's assistant, school nurse, surgeon, pediatrician, orthopedist, dentist, and/or child abuse specialist at a hospital or child advocacy center. If a child was treated for the same injury at multiple medical facilities, it is critical that CPS speak with at least one medical professional at each institution. It is not sufficient to speak to a social worker from the facility when physical abuse is alleged or suspected. Please note that a list of hospital contacts in all five boroughs is attached to this memo.

I. Educational Neglect

Educational neglect exists when a parent or person legally responsible (or caretaker) fails to exercise a minimum degree of care to ensure that his or her child attends school on a regular basis, and that the child's physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of missing school. More specifically, the following elements must be present:

- a child from the ages 6 to 17 has unexcused absences from full-time educational instruction (if a child has his or her 17th birthday during the regular school year and is not employed, he or she continues to be included in the definition of "child");
- the parent is aware that the child is missing school (either by direct notification or reasonable cause to suspect that the parent should be aware of the unexcused absences);
- the parent is not taking appropriate action to ensure that the child attends school (parent's failure to exercise care in enrolling or facilitating school attendance); and
- the child's educational and emotional development has been impaired or is in immediate danger of becoming impaired as a result of the unexcused absences.

Educational neglect is often an indicator that there is deeper trouble in the family which is resulting in the parent's inability to ensure that the child attends school every day. Therefore, it is critical that in every report to the SCR that includes allegations of educational neglect, a thorough safety and risk assessment be conducted, and the family's full functioning be assessed. Part of this assessment must include interviews with relevant DOE personnel, as well as the collection of reports and other documentation from DOE.

In many reports of educational neglect, the child will return to school once ACS begins its investigation. Regardless, the report must still be fully investigated to determine if the underlying cause for the child missing school is still present and, therefore, creating a neglect situation. **The return of the child to school does not necessarily mean that the allegation is to be unsubstantiated.** Every allegation must be fully investigated and the determination based on the facts present in the case. If the investigation reveals that some credible evidence of child abuse or maltreatment exists, the report must be indicated. Some credible evidence is defined as evidence which is worthy or capable of belief. Regarding educational neglect, it must be determined that the child's unexcused absences from school are the result of the actions of the subject of the report or the failure to act by the subject of the report.

II. Communication and Coordination with DOE

As in all child protective investigations, the source of the report is to be contacted immediately to obtain further clarification and information about the allegations. If the source of the report is not a school official, the child's school must also be contacted as soon as possible to obtain all information about the child's attendance, school performance and overall functioning.

In addition, the field offices can access the New York City Department of Education database, "Automate the Schools" (ATS), to obtain specific information about the child's attendance and performance. However, it is critical for CPS to visit the school and to conduct interviews with school personnel face-to-face in order to gain a better understanding of the child and fully assess the situation. The guidance counselor, teacher or school nurse may be able to offer a wealth of information about the child and the family. It is often necessary to speak with school personnel at different points in the investigation in order to make a thorough assessment.

Pursuant to a Memorandum of Understanding between ACS and DOE, ACS is permitted to share information regarding an open investigation when a child involved in the SCR report is enrolled in a DOE school. CPS should work with the relevant DOE personnel and provide pertinent information to the school about the investigation. It is important to work with the DOE to share information and coordinate the development of a service plan for the family. In addition, when a DOE employee is the source of a report of abuse or neglect, he or she may be informed of the outcome of the investigation when the determination is made.

Designated Reports and DOE Liaisons

To help facilitate communication between the two agencies, the Department of Education (DOE) has established designated reporters for every DOE school in the City. These personnel are the primary people for ACS staff to contact during an investigation (in addition to the source of the report). The designated reporter will collect and provide all relevant school documentation, including efforts made by the school to contact the family regarding a child's absence. When the source of a report is a DOE employee and there is difficulty making contact with the source, the designated reporter can help facilitate contact and communication. The list of designated reporters is available on the ACS intranet site at <http://nycacs> (on the homepage. Click on **Investigating Allegations of Educational Neglect**. Follow link at bottom of page.). If the designated reporter is not available in a reasonable amount of time, the Principal's Office should be contacted.

In addition, ACS child protection offices have all established a DOE liaison within the field office. These staff will (1) coordinate meetings with DOE staff, (2) troubleshoot when issues arise involving inter-agency coordination, (3) act as a point of contact for DOE staff when the CPS is unavailable and (4) provide information to DOE about ACS mandates and policies through presentations, meetings and other forums. The list of DOE liaisons by ACS site is available on the ACS intranet site at <http://nycacs> (on the homepage. Click on **Investigating Allegations of Educational Neglect**. Follow link at bottom of page.).

III. Other Issues in Educational Neglect Reports

In some reports alleging educational neglect, it may be determined that the parent is not neglectful, yet the child is in need of services or is experiencing other issues related to school. In these circumstances, there must be a thorough assessment of the family situation, communication with the DOE, and a referral to the appropriate services to meet the needs of the young person. (See Child Safety Alert #11 for more information about the new specialized preventive programs for at-risk teens.)

In these types of cases, ACS must inform the school of its determination and help inform the parent of options for seeking assistance for his or her child. The Child Protective Specialist may utilize the expertise of the Child Evaluation Specialist (CES) and Family Assessment Program (FAP) staff, as well as work with the Department of Education (DOE) liaison at your site. It is important to include the youth, the parent (or caretaker) **and relevant school personnel** in the development of the service plan for the family.

IV. Information and Assistance

The Children's Services Education Unit is available to provide information on referring, evaluating and obtaining special education services for children known to ACS. Their consult schedule is as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
Maya Cooper	Elvie Cadet	Rotating	Jamillah Brown	Alexa Cato
718/401-4233	718/401-4225	718/401-4232 or 212/442-3030 or 212/442-3010	718/401-4251 Jamillah. Brown@ dfa.state.ny.us	718/401-4234 Alexa.Cato@ dfa.state.ny.us

The Department of Education website (<http://schools.nyc.gov>) also provides useful information for helping children and families facing education related issues. As described above, every school has a designated reporter who can also be helpful in addressing school-related issues.

It is our intent to support your work on educational neglect cases as we enter the new school year. We welcome suggestions and comments about the implementation of these additional supports and resources in working with these cases. Please contact Andrea Reid with your observations and ideas.

Attachments:

- **Board of Education Liaisons** (PDF)

Every ACS field office site has an education liaison with the responsibility to (1) to coordinate providing information to DOE about ACS mandates (2) troubleshoot when issues arise with inter-agency coordination (3) act as a point of contact for DOE staff when the Child Protective Specialist (CPS), Child Protective Specialist Supervisor (CPSS) or Child Protective Manager (CPM) is unavailable and (4) in partnership with the Neighborhood Services Unit (NBS) provide information to DOE about ACS mandates and policies through presentations, meetings and other forums.

ACS-Division of Child Protection DOE Liaisons

Borough	Liaison	Field Office	Phone	Fax
Manhattan	Nilsa Ogilvie	150 William Street New York, NY 10038 Zone South (C), CDs 1, 2, 3, 4, 5, 6, 7, 8	212/676-7083	212/676-7060
	Bette Durham	55 West 125 Street New York, NY 10027 Zone (B), CDs 11, 12 Zone North (A), CDs 9, 10	212/289-4425	212/369-7258
Bronx	Jacqueline Berridge	2501 Grand Concourse Bronx, NY 10453 Zone B, CDs 3, 4, 6 Zone D, CDs 2, 10	718/716-0396	718/716-0398
	Vanessa Thompson	974 Morris Park Avenue Bronx, NY 10462 Zone D, CD 9	718/319-8909	718/319-8991
	James Stewart	192 East 151 Street Bronx, NY 10462 Zone A, CDs 1, 8, 12 Zone C, CDs 5, 7, 11	718/292-5435	718/401-3233
Brooklyn	Theresa Alexander	345 Adams Street Brooklyn, NY 11201 Zone A, CDs 2, 6, 7, 8, 9, 10, 11, 12	718/522-8187	718/858-1458
	Lisa Shaw	185 Marcy Avenue Brooklyn, NY 11211 Zone B, CDs 1, 3, 4	718/218-6319	718/218-6283
	Cleo Childs	2554 Linden Blvd Brooklyn, NY 11208 Zone D, CDs 5, 16, 18	718/348-8100	718/348-8106
	Karen Kirkland	19 Grant Square Brooklyn, NY 11216 Zone C, CDs 12, 13, 14, 15, 17	718/245-5902	718/245-5990
	Janice Hawkins	1274 Bedford Avenue Brooklyn, NY 11216 Zones A, B, C, D, CDs 1, 4, 6, 8, 9, 14, 17	718/623-4569	718/623-4974
	James Massey	404 Pine Street Brooklyn, NY Zone S CDs 16, 18	728/623-4568	718/623-4974

ACS-Division of Child Protection DOE Liaisons

Borough	Liaison	Field Office	Phone	Fax
Queens	Nilsa Ogilvie Dorabella Delamothe	165-15 Archer Avenue Jamaica, NY 11433 Zone A, CDs 6, 8, 12, 13, 14	718/481-5947	718/481-5704
	Joy Jorge-McMillian	90-25 161 Street Jamaica, NY 11433 Zone B, CDs 3, 4, 5, 9, 10, 12, 13, 14	718/262-1611	718/262-1634
	Digna Hoyos	Jamaica, NY 11433 Zone C - CD 10	718/725-6931	
		92-31 Union Hall St Jamaica, NY 11433 Zone C, CD 10		
Staten Island	Jodi Maltzman		718/720-2830	718/720-2819
		350 St. Marks Place Staten Island, NY 10301 CDs 1, 2, 3	718/319-8909	718/319-8991
Office of Confidential Investigation (OCI)	Evelyn Nyman	150 William Street New York, NY 10038	212/676-7683	212/676-7684

Child Safety Alert

From Commissioner Gladys Carrión, Esq.

#19 (Revised)

May 22, 2014

Protecting Children of Young People in Foster Care

This Child Safety Alert serves to clarify and strengthen Children's Services' policy regarding safety planning and protective measures for infants and children of youth in foster care, when the infants and children reside with their parents in a foster home or an alternate foster care setting. Children's Services and our provider agencies must work to provide the same safeguards to the children of youth in foster care as we do for all children with whom we come into contact through a protective, preventive or foster care case.

When a youth in foster care has a child of his or her own, New York State laws and regulations do not require that the youth's child be placed in the legal custody of the Commissioner of Children's Services (i.e., foster care) in order for the child to reside in a foster care setting with the parent (the youth in foster care). Nevertheless, Children's Services and our provider agencies are responsible for providing support and offering services to the young parent who is in our care so that he or she is able to keep his or her child safe without child protective (or safety) intervention.

The young parent is responsible for the care of his or her child as long as the young parent retains custody. A foster parent or residential care staff person may be a resource, but if the young parent is unwilling or unable to care for his or her child and the young parent's failure to do so poses a safety issue, then the case planner must intervene to address the situation.

If there is reasonable cause to suspect that a young parent is exposing his or her child to harm or risk of harm, a report must be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR) and appropriate casework and/or legal intervention must be implemented. The Office of Special Investigations (OSI) within the Children's Services Division of Child Protection (DCP) shall investigate allegations accepted by the SCR. The child protective specialist (CPS) investigating the SCR report and the assigned agency case planner must promptly apprise the Division of Family Court Legal Services (FCLS) attorney assigned to the young parent's case of any concerns regarding the care of the young parent's child. If appropriate, OSI staff shall convene a Child Safety Conference.¹ OSI staff shall notify the FCLS attorney when a Child Safety Conference is scheduled to occur and of the outcome of the conference.

In certain cases it may be appropriate for the young parent to sign a voluntary placement agreement with Children's Services. The agreement would place the young parent's child in the legal custody of the Commissioner of Children's Services. If the outcome of the Child Safety Conference is a recommendation that the young parent sign a voluntary placement agreement

¹ See the Initial Child Safety Conference (ICSC) Policy, revised June 2012, for additional information on Child Safety Conferences.

with Children's Services, the CPS shall follow the procedures for a legal consultation with FCLS and request that a voluntary placement petition be filed in Family Court.

If the outcome of the Child Safety Conference is a recommendation to file an abuse or neglect petition and seek a remand of the child, or court ordered supervision while the child remains in the care of the young parent, the CPS shall refer the case to the appropriate FCLS Family Court Unit to request that an abuse or neglect petition be filed against the young parent in Family Court.

Children's Services has several legal options with respect to obtaining court assistance to protect the child of a young parent in foster care including, but not limited to, the options specified below:

1. At the initial hearing after the filing of an abuse or neglect petition, Children's Services may request a Family Court order to temporarily place or release the child directly to the custody of the youth in foster care with Children's Services' supervision (commonly referred to as a "parole" of the child with supervision). This will enable the young parent and the child to live together in a foster boarding home or alternate foster care setting. Legal and physical custody would remain with the young parent, and the young parent may be mandated by court order to cooperate with services and any necessary restrictions.
2. At the initial hearing after the filing of an abuse or neglect petition, Children's Services may request, a Family Court order to place the child of the youth in foster care in the legal custody of the Commissioner of Children's Services. Children's Services may then place the youth's child in a different residence from the young parent. Legal custody of the child would be transferred to Children's Services. In addition, the Court may order that the young parent comply with services in order to regain legal custody of his or her child.
3. Children's Services may request a Family Court order to approve a voluntary placement agreement signed by the young parent placing the young parent's child in the legal custody of the Commissioner of Children's Services. Legal custody of the child would be transferred to Children's Services. In such a situation, Children's Services may then place the youth's child in a different residence from the young parent.

All decisions concerning whether Children's Services should seek legal custody of a child of a youth in foster care should be based on the facts and circumstances of the individual case and based upon determinations of a Child Safety Conference. Whenever possible, unless there is imminent risk to the child's life or health, staff from the provider agency and Children's Services should make reasonable efforts to prevent the removal of the young child from his or her parent in foster care.

Child Safety Alert

From Commissioner John B. Mattingly

20

March 13, 2007

Initiating an Investigation: The First Interview with the Subject

In every SCR report that we receive, Child Protective Services is responsible not only for investigating every **allegation** that is reported but also for conducting a comprehensive **assessment** of the immediate safety and risk of future harm to each child in the family. The best way for the Child Protective Specialist(s) (CPS) to begin the initial interview with the subject of the report is by engaging the parent, family member or caretaker. Our goal is to first gather the necessary information in order to assess whether a child is abused or neglected and, second, to take the steps necessary to protect that child from further harm. **This can best be accomplished if the CPS opens up a conversation with the parent/caretaker in a way designed to elicit accurate information. This cannot be done by opening the conversation by listing the allegations in the report.**

During the course of an investigation, it is important that the subject be told about each of the allegations and given the opportunity to respond. But opening an investigation in this way is naturally going to lead to denials. It is not good practice to list specific allegations at the very outset of our conversations with the subject. The CPS should say that ACS has been notified of some concerns about the care of the family's children and wants to help the family keep its children safe. This introduction can be followed by general questions that then narrow down to more specific ones related to the allegations.

Before ACS makes a final determination, we want to give every subject the chance to hear each allegation and respond to it. Furthermore, in making a determination, the CPS must list each allegation separately, along with the finding for that allegation. **However, reading or paraphrasing the allegations to the subject or the family at the outset of the investigation is not acceptable practice.**

Should the subject demand to know the specific allegations and refuse to proceed, the CPS may respond generally: "We've received a report that your children may not be going to school"; or "We are looking to see if your children are receiving the medical attention they need"; or "We are checking to see if your children have been injured." If families insist on more specific information, the CPS should refer them to the contact information for the State Central Register to be found in the Notice of Existence that must be given to them at the initiation of an investigation. Parents or other subjects of a report have a legal right to request information (other than the name of the reporter) from the SCR.

In addition, because the law protects the confidentiality of SCR reporters and subjects, CPS workers must never bring the intake report or a copy of this or any other part of the case record with them on field visits.

Finally, during the pre-conference at the initiation of the investigation, Child Protective Supervisors should discuss with the CPS how best to begin each investigation based on an assessment of the intake report, prior history and contact with the source. Part of this supervision should involve suggested questions for the worker to use to initiate the investigation.

The following are guidelines to assist CPS staff in interviewing the subject of a report:

1. Introduction: You can start the initial interview by asking general questions about the family. It is best to start broadly before narrowing in on the allegations. You should begin the conversation with the parent/subject by introducing yourself and explaining the reasons that you are interviewing them. For example:

"I am from the New York City Administration for Children's Services. We are here because there are some concerns about the safety of your child(ren). The reason for my visit is to determine if they are safe and to assist you and your family in keeping them safe, if necessary. To do this, I need to ask you some questions about your children and family. I also want to listen to what you have to say."

2. Engagement: After you have introduced yourself and explained the reason for the interview, you have an opportunity to ask general questions about the family that will help you to build rapport with the family member and gather information that you will need to assess the safety of the children. Prior to even exploring the allegation with the parent/subject you should first try to obtain information on the family composition, sleeping arrangements, times when subjects may be alone with the child, how children are disciplined, etc. It is important to interview each household member separately and to ask children these same questions, separate from their parents/caretakers, and compare the answers of the family members. Information that must be obtained during the first interviews and home visit of an investigation are outlined in the CPS Casework Practice Guide section titled, "Initiation of the Investigation."

3. Free Narrative: When it is time to discuss the allegations, do not begin by accusing the subject or reading the allegations described in the intake report. At this time it may be helpful to start by asking questions that will allow the subject to have an opportunity to provide his or her own version of the events, like:

"As I said earlier, I am here to discuss concerns that have been brought to our attention regarding your child(ren). I am interested in hearing how things are going with you and your family and if you are in need of any assistance."

You should allow the parent/subject to respond with minimum interruption at this stage of the interview.

4. Open-ended Questions: After the subject has had the opportunity to share his or her own thoughts on how the family is functioning, you can begin exploring the allegations by asking open-ended questions. It may be most effective to start with questions that do not directly identify the allegations as described in the intake report. For example:

"Do you know how your daughter got injured?" Instead of "Did you punch your daughter in the eye?"

"How is your child doing in school? Does your son/daughter enjoy school?" Instead of, "Why is your child in danger of being left back?"

"How is your child's attendance?" Instead of, "This allegation says you do not send your child to school."

"Who takes care of your child when you are not home?" Instead of, "Why are you leaving your child home alone?"

"Do you sometimes drink alcohol? How often? How many drinks?" Instead of, "Do you have a drinking problem?"

5. Specific Questions: At some point in the interview, it may be necessary to ask the subject specific questions that will allow him/her to respond to the allegations that were presented in the intake report. As stated earlier, these allegations should not be read word for word in order to protect the reporter and the child and to enhance your ability to conduct an appropriate investigation. You can describe the nature of the allegations as they were reported in the intake report and give the subject an opportunity to explain his/her point of view. It is important to remember that most people do not readily admit to mistreating their child. Denial of the allegations does not automatically mean that the information is not true or that there are not safety concerns for the child. How and when you discuss or describe the nature of the allegations will be determined based on the circumstances of the case, the family and your own judgment.

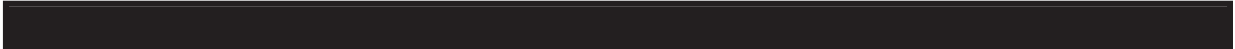
6. Concluding the Interview: Concluding the interview respectfully is an important opportunity to facilitate continued engagement with the subject and to try to build trust. The subject will appreciate being given the opportunity to ask questions. You should always thank the subject for taking the time to speak to you and provide your contact information. This is also an opportunity to introduce the Notice of Existence and explain the next steps of the investigation.

Since every person is different you may need to use the engagement and interpersonal skills you have learned to calm down a concerned parent. If the subject of the report asks specific questions during the interview process about what the allegations in the report are, you can describe the nature of the allegations and emphasize that investigating the information described in the report is only one part of what you are responsible for. You can explain that you are also responsible for determining if there is any assistance the family needs. Efforts to focus the conversation on the questions that you have for the subject should be made before describing the nature of the allegations; however, at times sharing this information will be an important step in engaging the parent/subject.

During your interviews, you can expect a denial but you should not assume the neglect or abuse did not occur solely because the subject, family members or child(ren) denied the allegations. A statement of denial does not end the investigation. All CPS investigations must include contacting collateral resources who may have information about the safety of the children, such as the source, schools,

pediatricians, other family members, the police precinct, parole officer, the building superintendent, and the neighbors. Information gathered by various contacts must be compared and assessed when determining whether there is "some credible evidence" to substantiate an allegation.

It is important to remember that by the conclusion of the investigation you must gather all of the necessary information to determine whether there is credible evidence to substantiate or unsubstantiate each allegation and whether any interventions are necessary to ensure the safety of and minimize the future risk to the children.



Child Safety Alert

From Commissioner John B. Mattingly

21

June 11, 2007

Going Out in Pairs When Conducting CPS Investigations

The purpose of this Child Safety Alert is to enable Child Protective Services (CPS) staff to safely and thoroughly conduct field visits when investigating allegations of child abuse and neglect.

All CPS staff are encouraged to go out in pairs when making an initial home visit during an investigation of child abuse or neglect, especially when the allegations suggest that staff may encounter dangerous circumstances. Working in pairs is also encouraged when there are complex family situations that make it difficult to assess the safety of children, and when taking children into protective custody.

Examples of situations where supervisors should consider sending workers out to the field in pairs during a CPS investigation include:

- Initial visits to a family residence when there is/are:
 - Current allegations or prior history of hostility or threats to CPS staff, weapons in the home or violent criminal history;
 - Current or past allegations of domestic violence in the home and the offender may still be residing in the home;
 - A report identified as a Fatality and/or Instant Response Team (IRT) at intake or during the initiation of the investigation;
 - Allegations of Sexual Abuse;
 - Allegations that a member of the household may be involved in gang activity.
- Other cases where concerns for the worker's safety exist as determined by the supervisor after considering the type of allegation, prior history and the type area/location responding to;
- Any visit that is likely to result in a removal of a child from the home. Please note: NYPD must be contacted for assistance when a removal is planned;
- Cases where the parent or caretaker has refused to allow CPS into the home;
- Subsequent visits when there are any concerns for a worker's safety for reasons listed above or others.

During the initial supervisory conference, the CPS worker and Supervisor should consider the current allegations, the nature of the visit, the location of the visit, the child welfare history with the family, criminal background when known, and any other information known at the time to determine whether it is appropriate for the worker to be accompanied in the field by another worker.

Staff should discuss with their Supervisors any safety concerns they may have when going out to the field alone on CPS investigations. Supervisors should give these concerns careful consideration when deciding whether or not a worker should be accompanied to the field by another worker. Even when not requested, Field Office Management and Supervisors should consider the worker's safety when investigating CPS reports to determine whether it is appropriate to have CPS workers go to the field in pairs. The Supervisor or Manager has the authority to decide who will accompany the assigned CPS worker to the field.

In non-emergency situations, staff must obtain NYPD assistance when needed by contacting their IRT Coordinator in cases where CPS are executing family court warrants/entry orders and removals or they are aware of safety issues (i.e. weapons, drug selling, incidents of violence in the home, or threats to CPS.) CPS should continue to call "911" in all emergency situations. Refer to Child Safety Alert # 13 on the *Instant Response Protocol* for more information. Investigative Consultants are available in the field offices to consult on cases and assist CPS to obtain information from law enforcement agencies.

Child Safety Alert

From Commissioner John B. Mattingly

22

Oct. 5, 2007

New Guidelines for Mandated Reporters

There has been a recent change in state law that will affect our work. Mandated reporters are now all required to make their reports to the State Central Register (SCR) personally.

Beginning October 1, 2007, those mandated reporters who work for a school, child care provider, foster care facility, residential care facility, hospital, medical institution or mental health facility, and who have direct knowledge of any allegation(s) of suspected child abuse or maltreatment, must personally make a report to the SCR. Afterwards, that reporter should then notify the person in charge of the institution that a report has been made. The person in charge is then responsible for all subsequent internal action that must follow such a report. This may include providing follow-up information to child protective services (CPS), for example, relevant information contained in the child's educational record.

Further, all reports made to the SCR shall include the name, title and contact information for every staff person of an institution that has direct knowledge of the allegations contained in the report.

No institution shall take retaliatory personnel action against an employee who made a report to the SCR. Also, no institution shall demand that prior approval is necessary before a mandated reporter reports suspected child abuse or maltreatment.

Chapter 193 of the Laws of 2007 also specifically includes school teachers, guidance counselors, school nurses and school social workers on the list of individuals classified as mandated reporters and therefore required to report cases of suspected child abuse or maltreatment to the SCR. Also, the new law would be applicable in residential and non-residential domestic violence programs.

It is possible that many teachers, medical personnel, etc. will not know this new requirement. When we interview the source and it is not the teacher but the principal, for example, we should suggest that the individual who made the report contact their administrator or manager to learn about this new change in policy.

All executive directors of voluntary authorized agencies, directors of OCFS-licensed day care centers and directors of residential and non-residential

domestic violence programs should notify their respective staff of the provisions contained in Chapter 193 of the Laws of 2007, as outlined above.

Child Safety Alert

From Commissioner John B. Mattingly

23

Dec. 3, 2007

Interviewing Neighbors and Superintendents as part of a Child Protective Services Investigation

The purpose of this Child Safety Alert is to remind staff of the importance of interviewing neighbors and apartment building superintendents in order to determine whether they may have useful information about the safety and well-being of children who are the subject of an abuse or maltreatment report.

Child Protective Services (CPS) Specialists are responsible for interviewing collateral contacts as part of every child protective investigation. Neighbors and superintendents may be important collateral contacts and should be interviewed because they may be able to provide pertinent information that will assist CPS in assessing safety and risk, locating the family, and determining whether the allegations are credible. New York State recently clarified its regulations^[1], stating that collateral contacts may include “neighbors and other persons who have information relevant to the allegations in the report and to the safety of the children.” Examples of other collateral contacts in the community who may be able to provide important information about a family include postal employees, other building personnel (i.e., maintenance workers, porters, doormen, etc.), and social workers if a family lives in a City housing complex.

When interviewing neighbors and/or superintendents, CPS can identify the family under investigation. At the same time, the CPS worker must be careful not to reveal confidential information such as the source of the report, the exact allegation, and the services the family is receiving. It is best to start the interview with broad, open-ended questions to identify whether the person being interviewed has concerns about child safety in a way that does not identify the allegations. If after asking these broad questions more specific information is needed to contextualize or to clarify the neighbor’s or superintendent’s observations of the family, CPS can ask open-ended questions to narrow the focus of the interview on the allegations. For the neighbor or superintendent’s safety, and in case additional information is needed later in the investigation, it is important not to reveal the identity of the contact to the subject and the subject’s family. The guidelines below provide some examples of when a neighbor /superintendent should be interviewed and suggestions on how to begin these interviews.

Determining Appropriate Collateral Sources to Interview

In each case/investigation, CPS must consider the allegation(s), information gathered throughout the investigation and information found in the Intake Report, including the miscellaneous section, to determine when it is appropriate to interview collateral contacts. Below are a few examples.

Example 1

If the source is anonymous but the allegations state that “noises that sound like children being beaten are frequently coming out of the apartment,” or that “the children are home alone/unsupervised for long periods of time,” CPS should consider:

- Who is close enough to the children’s home/apartment to be able to hear this noise?
- Who might have observed that the children are alone?
- Are there apartments right next door or across the hall?
- Are there apartments above or below where someone could hear?
- Is there a superintendent who may have information?

Example 2.

Sometimes someone in the household may provide information that would lead you to interview a neighbor:

- While interviewing Mom she says, “I have been having trouble with my neighbor, he probably called in this report.” You should ask her the name or apartment number of the neighbor and why she believes this. The neighbor(s) should be interviewed in the early stages of the investigation.

Example 3

CPS has attempted a few home visits and no one answers the door.

- Interviewing the superintendent, neighbor or building staff may reveal that the family no longer lives there or may provide information on when the family leaves and comes home so CPS will know the best time to reach them. “I am trying to reach Mrs. Smith. Do you know when she is normally home?”

Interviewing Neighbors and Superintendents

CPS should begin an interview with a neighbor or superintendent by introducing him or herself. It is best to start with broad introductory explanations of why they are being contacted and broad questions that do not reveal the actual allegation. For example:

- “I am from the New York City Administration for Children’s Services. I am here because there are some concerns about the well-being of the Jones children. The reason I am talking with you is to learn if you have any information that would help me figure out if they are OK or not and if there

is anything that needs to be done to keep them safe. I am hoping that you might be willing to share any information that you have or observations that you have made that have concerned you. What can you tell me?"

- "We had a report that there may be some concerns about the care of the Jones children. I am hoping you can assist us in confirming whether or not there are in fact any concerns about these children. I know people are often reluctant to get involved but it is important because many times after children are harmed, neighbors come forward and by then it is too late. Often with our intervention families get the help they need and children are protected. What have you seen or heard that might indicate that these children may need help?"
- "Can you please tell me about any concerns you may have about the Jones children?"
- "Have you noticed anything going on with the Jones Family? Please tell me what you have noticed."

If further information is required after the broad questions have been asked, CPS should ask questions that zero in on the allegations:

- "Have you heard any children screaming (day of report, other days)?"
- "Have you ever noticed the Jones children left home alone? When was this? What did you observe? "

If the allegations involve drugs or prostitution, you may be able to elicit information without directly revealing the allegation. For example, you may ask:

- "Have you noticed any unusual activity, such as a lot of people coming in and out of the Jones apartment? Does this concern you? How so?"
- "Have you noticed strangers coming in and out of the Jones apartment? Please tell me what you have noticed."

It may be helpful to explain at some point in the interview with the neighbor or superintendent that the discussion will be confidential and that CPS will not inform the family that the neighbor or superintendent provided any information, especially if such disclosure may be detrimental to their safety or interests. CPS should clarify during the interview that the information provided in the report may or may not be true and that the purpose of the investigation is to look into the concerns reported and determine whether the family is in need of any assistance. It is important to remember that the neighbors or superintendents will most likely continue to have contact with the family after the CPS investigation has concluded.

It is important to remember that by the conclusion of the investigation, CPS is responsible for gathering all of the necessary information to determine whether there is credible evidence to substantiate or unsubstantiate each allegation and whether any interventions are necessary to ensure the safety of and minimize the future risk to the children.

Child Safety Alert

From Commissioner John B. Mattingly

24 Revised
April 26, 2010

Guidelines for Filing for Court-Ordered Supervision

The purpose of filing for court-ordered supervision (COS) is the protection of children in abusive or neglectful family situations. COS should be sought in those circumstances when a child has been found to have been harmed and/or is at serious risk of harm, **but** removal is not immediately necessary, because safety interventions are available to protect the child if the family will accept help.

A request to file for court ordered supervision should be used to assure that families change their behavior by accepting help. Court ordered supervision should be used as a way to allow ACS to continue to monitor whether necessary changes are occurring. Court ordered supervision should be considered:

- When a family has previously been referred for help but has again harmed their child;
- When a family refuses the help needed to alleviate risk of future harm.

These are general guidelines for filing court-ordered supervision cases.

A Child Safety Conference must be held prior to filing a request for court ordered supervision in Family Court. The decision to file the case must be based on the family's unique circumstances and the agency's assessment of the level of risk to the child. In making this determination, the agency will apply the following guidelines:

A. ACS should file a request for court-ordered supervision when:

- **HARM:**
There is evidence that a child is being seriously harmed or is at imminent risk of being harmed; AND
- **REFUSAL OF HELP:**
The family refuses the help it needs to change whatever is threatening harm to the child; OR
- **PREVIOUS HELP DID NOT WORK:**
The family has a history of chronic maltreatment in which agreements to accept voluntary help did not lead to change in the family's behavior, and the child has again been harmed or placed at imminent risk of harm.

B. ACS should not file a request for court-ordered supervision when:

- Evidence does not exist of harm or risk of harm; OR
- The family is not engaging in services, but despite the lack of engagement, unsafe behaviors are changing and no child is being harmed, OR

- The child is in immediate danger of serious harm, and safety interventions short of removal will not protect the child.

C. Other Special Circumstances which may require court-ordered supervision

- Child needs an Order of Protection.
- A new child is born while there is an on-going court case, the children are at home, and the parent's/caretaker's behavior still poses a risk of neglect/abuse.

When court ordered supervision is being considered, ACS staff involved in the Child Safety Conference must be able to clearly express the safety factors that currently exist in the family that places the children at risk of imminent harm. Conference discussions should concretely spell out which behaviors need to change, and in what ways, in order to reduce future risk. Past history that voluntary service engagement has not worked should also be highlighted, so that the rationale for court intervention is clearly laid out to all parties.

A detailed safety plan should be immediately agreed upon during the Child Safety Conference, so that specific conditions for supervision can be shared with the court. It is expected that a more comprehensive safety and service plan will be developed by the assigned case planner and reviewed at the Follow up Child Safety Conference. The parents must agree to this plan if the children are to remain at home.

Settlement of court-ordered supervision cases in Court:

Children's Services will be seeking to resolve court-ordered supervision cases in the Family Courts in an expedited manner. FCLS will expedite settlement by offering an Adjournment in Contemplation of Dismissal (ACD) on Court Ordered Supervision cases when children are at home with the respondent parent. The terms and conditions of the ACD will include the components of the safety plan created at both the Initial and the Follow-up Child Safety Conference held within 20 days. They will be further informed by the FSU 45-Day Family Services Planning Conference. The FCLS attorney shall contact the assigned CPS worker after the 45- Day conference to discuss whether there is any reason why the case can not be resolved with an ACD.

If it is agreed that the ACD can be offered the terms and conditions of the same will be discussed at the court's 50-day settlement conference. If the case is resolved with an ACD, the case will be scheduled for a court conference to take place within 90 days to review the progress of the service plan. If after the ACD is issued, the parents do not comply with the terms and conditions of the same, the FSU caseworker must notify FCLS so that a violation petition can be filed in court. On the other hand, if the family is following through with the plan, the Court may decide to terminate supervision at the 90-day conference or may decide not to require any additional court appearances prior to the expiration of the ACD order.

If following the 45-Day FSU conference the CPS believes that the case should not be ACD'd an immediate assessment must be made as to whether the child can continue to remain in the home with the parents or whether a removal should be considered. If it is assessed that the child cannot safely remain in the home, the CPS should immediately contact the assigned FCLS attorney to request a change of the child's status in Court.

This type of expedited settlement is not appropriate for court ordered supervision cases in which the children are living temporarily with non-custodial / non respondent parents and / or relative caretakers.

Obtaining a final court order for supervision by way of an ACD will enable Children's Services to monitor the family's progress toward making the changes deemed necessary to keep children safe in the home without necessitating many months of court appearances.

Child Safety Alert

From Commissioner John B. Mattingly

25 Revised
April 29, 2011

Minimizing Harm to Children During the Removal and Placement Process

As we all know, when children come into foster care, they are almost always very upset, scared, and even traumatized. Some are scared because of what they have been through at home. But sometimes they are frightened by the very way in which we bring them into foster care.

Many of us have experienced the toddler whose little fingers have to be pried off of her mother when she has to be removed—even when there has been serious abuse. Then just hours later her fingers have to be pried from the worker or agency staff person who has cared for her for a few hours, just so she can go to a foster home. (S)he is frightened by all of these strangers now involved in her life. And while teenagers and children who have had to be brave for their younger siblings may have trouble showing it, they can be quite upset as well.

At Children's Services we cannot control some of this upset and trauma. It's necessary to take this action in order to protect the children from serious harm. **But there are many things that we can do to minimize the hurt that children experience from placement.**

In general all of us at ACS must work hard to stop handing children off from person to person and to avoid moving children so many times during the placement process.

Think about it from the child's perspective. The police and our workers remove children from their home. They drive them to a strange office filled with unknown adults and hand them off to nursery staff who pass them on to nurses, who pass them on to CFS, who send them back to nursery staff. The worker who made this momentous decision to remove the children too often will be too busy to stay with them during this very scary time. The children may stay in the field office for hours; then they are driven too often by new strangers to the Children's Center, where they are handed off again to more strangers. After a night spent in an unfamiliar place, they meet new staff on the morning shift. Then the children are passed on to a driver and escort and taken to a new home altogether. The foster family knows very little about the child, since the driver or escort doesn't know her either.

WE MUST LIMIT THE THINGS WE ARE DOING THAT ADD TO A CHILD'S TRAUMA DURING HER PLACEMENT INTO FOSTER CARE.

Here are a few ideas—you may have more:

Do whatever you can to bring a child's personal items with her into placement, especially stuffed animals, family pictures, etc.

Anytime we know we are asking for a removal from Family Court, we have to act much sooner to let OPA and CES know that we will need a home for the children involved. We

must not wait to inform OPA of our need. If the Court does not grant the removal, no harm is done. But we must have placement specialists working on finding the right home during the entire time it takes to get the necessary Court approval.

During every investigation where removal is a clear possibility, workers should be gathering family information, including extended family on both parents' sides of the family. We should then be ready in many situations to have relatives in mind before we head to Court. Whenever there is a Child Safety Conference and placement is being seriously considered, we must use the conference to work with the family (if possible) to point us toward appropriate relative resources.

In FSU cases (including Court Ordered Supervision), we need to again begin the process of assessing possible relatives for placement from the very outset. As we become concerned about children's safety, we should early on begin the process of finding appropriate placement resources.

In FSU cases where we make the decision to request removal from the Court, we need to inform CES and OPA as soon as we make the decision to go forward—and not wait until the Court actually grants our request. No FSU removal should ever wait until the evening of the day we go to Court for us to begin the search for a relative or foster home.

In sum, the best thing we can do for a child coming into placement is to move the child from the family and, after a brief medical evaluation, take him directly to a relative or foster home. We can only do that, of course, if supervisors, workers, CES' and OPA have been planning ahead as the investigation or removal process moves forward.

The next best thing we can do is to take the child to the field office nursery and then move her directly to a home.

The worst alternative, although sometimes the only one, is to move the child to the Children's Center and then to her new home.

Avoid handing children off from one staff person to another.

As much as possible, the workers involved in the removal of the child should stick with him throughout the process, telling the child what to expect, answering his questions, and letting him know he hasn't done anything wrong and will see his family again soon.

Supervisors, CES', nursery staff, and other workers in the unit should pitch in whenever possible to assist the worker, so that (s)he can pay maximum attention to the child going through this difficult time.

Whenever possible, the worker involved in the removal should go with the child to her new temporary home, tell her what is happening, take her into the relative or foster home, give her a chance to ask questions and to let the worker know what she is worried about, and tell her she will be by to check in on her. In addition, the worker should give the new caregiver information about the child and what she has gone through. Our staff should share with caregivers whatever information they will need to initially take care of the child

When we have to take a child to the Children's Center for placement, the worker should stay with the child and reassure her until (s)he is settled in.

When you can, the worker is strongly urged to visit the child the next day, at the Children's Center or at her new home.

The supervisor and worker involved in the removal should stay in contact with the foster parent in the early days, to make sure the child is settling in.

When you take a child to a foster or relative home, if the worker has concerns about how this caretaker is reacting to the child, (s)he should feel absolutely free to share her concerns with her supervisor, OPA, and her CPM. Do not drop the child off if you are uncomfortable with how the family is behaving or if there are serious issues in the home. We don't want children treated as anything less than precious by those who care for them.

Finally, the joint meetings between CPS, the foster care agency case planner, and the birth parent offer another opportunity to share the child's experience of placement and to initiate immediate visits between parent and child.

As Commissioner of Children's Services, I am aware of how challenging this way of doing our work is. But the children deserve the best we can give them.

Please feel absolutely free to ask questions or raise issues about this policy with your Supervisor, CPM, Deputy Director, Borough Commissioner, Deputy Commissioner, or me.

As always, you may email or call me (the Commissioner) anytime to discuss these important matters. If there are any ways in which you think we could do a better job for the children, we want to know about it.

Child Safety Alert

From Commissioner John B. Mattingly

26

July 22, 2008

Domestic Incident Report

In order to strengthen our ability to investigate and make informed decisions regarding open and active child protective cases, effective immediately, Children's Services Instant Response Team Coordinators (IRTC) and Children's Services Investigative Consultants (IC) will be able to access the New York Police Department (NYPD) Domestic Incident Report (DIR) database directly. This must be done in accordance with the Memorandum of Understanding and protocols established in the policy/procedure as described below.

The DIR is a report of domestic violence made to the New York City Police Department (NYPD), and filed in a confidential NYPD DIR database.

For both Child Protective Specialist (CPS) and Office of Special Investigation (OSI) cases, **a request to search the DIR database should be made if any one of the following three circumstances is present during an open/active child protective investigation:**


1. A State Central Register (SCR) report where there is an allegation or suspicion of domestic violence, or a prior substantiated or unsubstantiated allegation of domestic violence; or
2. An SCR report with alleged criminal involvement by any member of the household, for example: sexual abuse, drug selling, weapons, prostitution, or investigations where a suspicion or disclosure of criminality surfaces; or
3. Subsequent to the completion of a Universal Domestic Violence screening, one of the following arises:
 - a. A positive result of domestic violence;
 - b. A negative result for domestic violence, but domestic violence is suspected;
 - c. Information surfaces during the child protective investigation that leads to a suspicion of domestic violence.

In addition to the above, for OSI cases only, a DIR may be requested in those circumstances where an SCR report with allegations of educational neglect or inadequate guardianship of a child or children 13 years old or younger is present.

Once the DIR report has been accessed, the CPS/OSI staff can obtain the report from the IRTC or IC and should consult with the IRTC or IC regarding results of the DIR search. After consulting with the IRTC or the IC, the CPS/OSI staff must carefully examine the report to search for any indication of past or present domestic violence or any form of criminality or behavior that might suggest an inherent potential for violence or threat to a child's life or health. Details contained in the DIR search must be documented in CONNECTIONS (CNNX) and discussed with

supervisory staff for additional guidance. The result of the supervisory conference and all directives must be documented in CNNX.

For additional information, please see the procedure: #2008/04, June 3, 2008,
Accessing the New York Police Department Domestic Incident Report.



Child Safety Alert

From Commissioner John B. Mattingly
Locating Victims of Abuse and Neglect

27

August 12, 2008

The purpose of this Child Safety Alert is to ensure that all investigative resources are utilized to help find children and families in child protective cases where the children cannot be interviewed because they or their family cannot be located.

As per the **Division of Child Protection's Casework Practice Guide**, "the initial interview of all children named in a new or subsequent report must be conducted separately from the parent/alleged subject within 24 hours if immediate danger is suspected or the case is high priority, and within 48 hours for all other reports."

Too frequently in child protection cases nationwide, children are hurt or killed after a few efforts to locate them are unsuccessful, and the case is closed. Therefore, in cases where the Child Protection Specialist (CPS) cannot locate a child or family, a request should be made for a consultation with an Investigative Consultant as soon as possible.

There are 60 Investigative Consultants located throughout DCP's offices. The IC's are retired investigators with twenty or more years of law enforcement experience. The Investigative Consultants were hired to provide Child Protection Specialists with additional investigative support for difficult investigations. They have extensive experience in locating people and have access to various investigative resources that have proven valuable in assisting CPS to locate or gain access to children and their families.

Effective immediately, the CPS must request an investigative consultation in cases where the CPS has been unable to locate the children at the beginning of a case, throughout the life of the investigation or in subsequent stages of a case. CPS Supervisors need to insure that Investigative Consultants are utilized when a child or family cannot be found. In certain cases the Investigative Consultant may provide a new address for CPS to visit. If the new information still does not lead to locating the child or family, the CPS should once again confer with the Investigative Consultant, and the IC will notify the IC Supervisor. The IC Supervisor will review the case to determine if there are any other additional investigative steps that should be taken to locate the child/family.

To make sure that every investigative avenue has been pursued, CPS Supervisors must have a face-to-face conference with the Investigative Consultant Supervisor prior to approving any case closing when a child has not been located.

Child Safety Alert #28

From Commissioner John B. Mattingly August 22, 2008

Screening Requirements for Foster/Adoptive Parents

This safety alert is being forwarded as a reminder of the screening requirements for foster/adoptive parents as well as the actions to be taken when the results of a criminal background check are positive. It is vital that we continue to be vigilant about the foster/adoptive parents that we select for the care of our children. The areas below summarize the requirements to be followed.

Current Screening Requirements

- Prior to the placement of a child in a foster or adoptive home:
 - all household members 18 years of age or over, and the home itself must be thoroughly reviewed and assessed;
 - criminal background checks and SCR reports must be submitted for everyone over the age of 18 years;
 - clearances must be conducted by ACS staff via all legacy systems (WMS, ACRS, etc.).

Note: NYS Office of Children and Family Services (OCFS) currently has a system in place to identify fingerprints that have been submitted under multiple identities, which is part of the criminal background checks they will conduct.

For additional information about screening requirements as they relate to placement of children in *emergency certified and emergency approved homes*, please see Requirements for Certifying or Approving Emergency Foster Boarding Homes, Guidance 2008/04, June 1, 2008.

A. When There Is An Identified Criminal Background

1. A thorough assessment must be conducted by the foster care agency to determine that there is no risk to the well-being, health and safety of children.
2. Foster care agency staff also must notify the Children's Services Office of Parent Support and Recruitment of the results of a background check that indicates a criminal history if they are interested in proceeding with the approval/certification process. Children's Services staff will guide the agency about whether to proceed.

B. When There Are Multiple Identities Associated with a Prospective Foster/Adoptive Parent's Fingerprints

1. Foster care agencies must investigate the cause and seek an explanation with supporting documentation from the applicant.
2. To pursue certification/approval, foster care agencies must notify ACS Office of Parent Support & Recruitment to discuss the situation, the assessment and actions that will be taken to ensure the safety of all children who may be placed in the home.

C. When Multiple Certifications/Approvals are Discovered for a Prospective Foster/Adoptive Parent

1. Upon receipt of the Criminal Background Results Letter with an indication that there is an already existing certification/approval for an applicant, foster care agencies must notify Children's Services and halt the certification/approval process for that applicant.
2. Foster care agencies are to check with agencies where the applicant previously served as a foster or adoptive parent if certifications/approvals are no longer active to ascertain full information about the family's history of care and the reason for termination of the certification/approval.

As indicated above, foster care agencies must not proceed with the certification/approval process until a written response has been received from Children's Services agreeing to the submitted plan.

Disqualification for Reasons of Criminal Background

Please be aware that there is currently a category of Presumptive Disqualifying Crimes which will remain in place until October 1, 2008, and includes convictions of a felony that falls within one the following categories:

- Child abuse or neglect;
- Spousal abuse;
- Crime against a child;
- Crime involving violence, including rape, sexual assault or homicide;
- Drug or assault conviction within five years of the application.

As of October 1, 2008, these currently "presumptive" disqualifiers will become mandatory disqualifiers.

While Children's Services develops detailed written guidance on these matters, if you or your staff needs additional detail, instruction or technical assistance to ensure that staff and providers agencies are meeting all requirements, please contact **Jairo Guzman**, Executive Director of the Office of Parent Support and Recruitment, at **718-488-7863**. For copies of policies and regulations, you may contact **Deborah C. Harte**, Director of the Policy and Procedures Unit, at **212-341-2936**.

Child Safety Alert

From Commissioner John B. Mattingly

29

November 5, 2008

Additional Safeguards in Cases Involving Infants and Young Children with Serious Injuries

Background:

As child protective professionals, our hard-earned experience tells us that infants with broken bones and young children with serious injuries may be at risk for future harm, even death, unless the situation is carefully assessed--and appropriate safety interventions are put in place based on that assessment.

Child protective safety assessments on cases involving serious injury should always be informed by the judgments and opinions of medical and other professionals. While these professionals can offer insight into the cause and extent of an injury, they are sometimes unable to draw conclusions about whether a child can safely remain with his or her caregiver or whether a child is at risk of future harm. In addition, not all medical professionals have specific expertise in child abuse. For example, emergency-room medical staff who lack experience in child abuse may nonetheless express opinions that are not well founded. Finally, it is important to distinguish between the evidence needed for a criminal case and the information needed for a safety assessment--sometimes law enforcement does not have sufficient evidence to charge a caregiver with a crime, yet we believe that risks to the baby continue.

When a child has sustained serious injury--especially when that child is an infant or so young that (s)he cannot speak for herself--child protective staff need to be aware of the serious risks involved if we do not act to set up immediate protective measures for the child. Judgments of medical and other professionals cannot replace child protective assessments and decisions based on our long experience with serious child abuse.

Changes to ACS Procedures:

Effective immediately, the following procedures are to be followed *in all cases of serious injuries to infants and young children (including broken bones) that are called in by mandated reporters:*

A. When parents or caregivers present *conflicting explanations* for an injury, and/or some of these explanations are inconsistent or implausible, the case requires heightened focus by the Child Protective staff. When a medical provider says that *the injury is inconsistent* with the explanation provided, immediate safety actions must be put in place, including:

- The investigation must be assigned to a Hospital/Sex Abuse unit.
- Especially careful review of the family's history must take place, including assessment of previous suspicious injuries, whether the prior case was

indicated or unfounded.

- Immediate safety interventions must be undertaken, including placement with a safe resource when necessary. All current protocols regarding removals will apply when placement is sought.
- Child safety or elevated risk conferences are to be called within 24 hours to further discuss the specific risk factors at issue with the family.
- Consultation must take place between the CPS, the Supervisor, and the CPM
- IRT involvement must be sought.
- Immediate DIR and Criminal Records checks need to take place.
- Immediate involvement of Investigative Consultant should be sought.
- Immediate referral should be made to the CAC, so that a physician with expertise in child abuse can be quickly consulted.
- If they have not already been notified, the DA Liaison should notify the District Attorney's Office of the injury.

B. When the medical authority expresses *uncertainty* or there is a *dispute* among medical authorities and law enforcement, the above actions must also be undertaken, although the notification of the District Attorneys is discretionary. .

C. When the medical provider believes that the caretaker's explanation is *consistent with the injury*, the following actions are still required:

- IRT involvement
- Immediate DIR and Criminal Records check
- Immediate involvement of Investigative Consultant
- Consultation between the CPS, Supervisor, and CPM

Child Safety Alert

From Commissioner John B. Mattingly

#30

November 18, 2010

Conducting Emergency Removals of Children

The proper authority to remove a child from his/her family lies with the Family Court.

Children's Services does have the legal authority to take a child into emergency protective custody without a Court order, but **only** when it is determined that the harm to a child is immediate or emergent and the Court is not available because of the time of day or the day of the week.

When there is sufficient time and opportunity to obtain a Court order without compromising the safety of the child, child protective staff must go to Court to obtain approval to remove a child from his/her family.

- ***Put simply, the CPS worker's first decision is: Is the child at imminent risk of serious harm? If so, and if reasonable efforts requirements have been met, ACS should seek custody of the endangered child from the Family Court.***
- ***The second decision follows: Can we leave the child in her current circumstances for the time it would take to go to Court? If so, ACS holds a Child Safety Conference and files for emergency custody. If not, i.e., the danger is so imminent that we cannot leave the child, then ACS is empowered to take emergency protective custody and remove, with a Child Safety Conference to follow.***

Taking a child into protective custody includes any interference with the parent's right to custody of the child, including requesting that a hospital, school or other caretaker not release the child to the parent (so-called social holds), or taking a child to the Child Advocacy Center for an interview without parental consent.

In addition, please note that seeking parental consent for a removal is not an appropriate way to take custody of a child in such emergency circumstances. If we believe the child's safety is in immediate jeopardy, ACS should take the emergency custody—and not ask for parental consent. Keep in mind, however, that these removals are the exception, not the rule. Only the CPM in charge of the case is the decision-maker for each **emergency custody** decision.

Again, the proper authority to remove a child from his/her family lies with the Family Court.

Nothing in this **Alert** changes the fact that we are required by law to make reasonable efforts to prevent or eliminate the need for foster care placements when that is possible. Prior to removing a child, CPS should consider the full range of safety oriented interventions to keep children safely at home and out of foster care. Finally, as with every removal, all reasonable efforts must be made to communicate compassionately with the child, parents and family members at the time of the emergency removal, so as to reduce the trauma caused by this serious intervention.

In order to avoid confusion in the implementation of this **Alert**, DCP and FCLS leaders are updating ACS procedures (which appropriate staff will receive in the near future) to be used in these circumstances.

Child Safety Alert From Commissioner John B. Mattingly

#31 (Revised)
February 24, 2011

Additional Information Received from SCR on Open Cases – Need for Close Attention and Assessment

Please see bullet #3 below which reflects a revision for Safety Alert #31 sent out earlier this month. This alert replaces Safety Alert #16 which has been withdrawn.

At times, a reporter will provide the State Central Register (SCR) with additional information on cases already active in ACS. When this information does not rise to the level of a new abuse or neglect report, it is sent to ACS from the SCR as "Additional Information."

This memo is being updated and reissued to remind staff that the "Additional Information" must be fully assessed to determine the safety and well-being of the children involved.

Given that these are families who may have children already in foster care or who are receiving services from ACS, the "Additional Information" should be assessed by the CPS to determine if any further safety or risk issues are present. If the information refers to the birth of a new child, refer to "Safety Planning for Newborns Whose Siblings Are in Foster Care," issued by Commissioner Mattingly on June 1, 2006. If the case is open in ACS for the provision of foster care or preventive services, but not open with a CPS, the "Additional Information" will be assigned to a separate CPS for assessment. If the case is currently under investigation, the information should be integrated into the ongoing assessment of the family.

The following actions must be taken to assign the "Additional Information" to CPS:

1. The SCR will send the "Additional Information" to the Applications Unit in the borough office. The Applications Unit will conduct clearances to determine where the case is active.
2. If the case is actively being investigated in a Protective Diagnostic Unit, the assessment of the child(ren) will be done by the CPS unit assigned to the case.
- 3. If the case is active in a Family Services Unit, the Applications Unit will assign the case to the Family Services Unit where the case is active. The assessment of the children will be done by the Family Services Unit CPS assigned to the case.**

Except for demographic information that is transmitted from the SCR as "Additional Information" such as address updates or name changes, **all other information received from the SCR as "Additional Information" must be carefully reviewed and assessed by the assigned CPS.** Demographic information received as "Additional Information" should be forwarded by the receiving Applications Unit to the CPS or case management unit in which the case is currently active to add to the case record.

In addition to any other steps necessary to gather information that will help determine whether

interventions are necessary to ensure the safety and well being of the children, the following actions must be taken by the CPS to assess the "Additional Information" :

1. CPS must consult with his/her unit supervisor upon receipt of such information to determine if the "Additional Information" is related to the allegations contained in previous investigated reports concerning the family.
2. A contact with the reporter of the "Additional Information," if known, must be made to clarify the basis of the reporter's concern and determine whether the reporter has reason to suspect child abuse or neglect. Following the contact with the source of the report, the CPS must discuss the case with the supervisor to determine whether there is a basis to make a new SCR report. If a new report is called in to and accepted by the SCR, a complete investigation of the allegations must be conducted.
3. If there is insufficient basis to make a report of child abuse or neglect to the SCR, the CPS should continue his/her assessment. At any point during the assessment, if any information is uncovered that leads to suspicion that a child may be abused or neglected, a new report must be made to the SCR.
4. CPS must make contact with the foster care or preventive service provider and the FSU unit to discuss the open case, the additional information received, and any information the workers may have concerning the family.

The CPS must consult with his/her unit supervisor to consider the information gathered and determine if any safety interventions are necessary. All casework activities must be documented in CONNECTIONS in the open stage associated with the "Additional Information." Supervisory review and approval is required during the assessment of "Additional Information" consistent with the same timeframes as a CPS report. The "Additional Information" should only be closed by a supervisor after a complete review and approval of the information gathered and the assessment documented.

Child Safety Alert

From Commissioner John B. Mattingly

#32
March 30, 2011

Responding to Heightened Safety Concerns in Preventive Services Cases

During the course of their work with families engaged in Preventive Services, program staff may develop heightened or new safety concerns for the children. Providers must, of course, be alert to the safety conditions and risk factors in a family that warrant one of the actions below. It is imperative that case planners act swiftly to assess these situations and determine a plan of action for the children and the family.

As part of that action plan where appropriate, providers are encouraged to engage Children's Services help through one of two means:

1. Requesting an ACS-facilitated Elevated Risk Conference (ERC)
2. Calling in a new report to the State Central Register (SCR).

This Safety Alert provides general guidance on taking these steps. It also announces an expanded scope of coverage for Elevated Risk Conferences that will create more direct access for providers: Effective April 1, 2011 providers can request an ERC for all preventive cases including those managed or otherwise involved with the Division of Child Protection, as well as foster care cases where Preventive Services are used to: a) prepare for the child's permanency (reunification, adoption or other family-based permanency outcomes); and b) continue to offer help to families within or close to their communities when children return home from care and/or for the siblings of children in care.

1. Elevated Risk Conferences (ERC)

The Elevated Risk Conference model was designed for Preventive Services providers as an option for bringing concerns about a family to Children's Services for discussion. It supports providers in conducting comprehensive safety and risk assessments, the cornerstone of our responsibility to ensure that children are protected from harm, by supporting best practice decisions to alleviate risk and engage families. The ERC is available in circumstances not requiring a call to the State Central Register, but when risk to the family's children is increasing.

Specifically, the Elevated Risk Conference is designed to:

- a) Bring together providers and others who are involved with a family, to prevent potential harm to children when the family's situation poses an increased risk to their safety.
- b) Inform the development of interventions needed to stabilize the family,
- c) Facilitate safety planning decisions at a critical point in the life of a case.

Not to be confused with Child Safety Conferences or Family Meetings held by the Division of Child Protection (DCP), the FSS-facilitated ERC is available for all Preventive cases, including Advocates (ADVPO) cases, and can be requested at any time during the life of the case. These conferences also can be requested when DCP is conducting an investigation (during the investigative stage following an SCR report) or when DCP holds case management responsibility, while the case is in the Family Services Unit (FSU) and the family is also receiving Preventive Services. In both instances, staff in FSS'

Office of Preventive Family Team Conferencing (OPFTC) will facilitate the Elevated Risk Conference.

Providers are encouraged to follow the FSS' Office of Preventive Family Team Conferencing (OPFTC) procedures for all Elevated Risk Conference requests. To schedule a conference the provider must complete the FSS Scheduling Request form and send it to their respective FSS' FTC team scheduler.

All Elevated Risk Conference requests will be screened by FSS to determine whether a family is involved with DCP. When FSS has confirmed that the family is also receiving services from DCP, the Elevated Risk Conference request will also be sent directly to the assigned local DCP Zone's Deputy Director. The Child Protective Manager will determine which DCP staff will participate -- either the Child Protective Specialist or Unit Supervisor assigned to the investigation or staff from the Family Service Unit.

FSS will work with the Preventive Provider to schedule a date, time and place for the conference, and FSS also will inform the local Zone's Deputy Director of these details. Conferences can occur at either the Preventive agency program site or at other locations, including the family's home, child's school, local DCP Zone office or other locations as determined by the Preventive provider and/or the family.

Due to the serious nature of the safety and risk concerns that trigger an Elevated Risk Conference, the conference will be held even if the parent/family does not attend.

Upon completion of the conference, FSS' OPFTC facilitators, Preventive Providers, and DCP will document Conference participation in the Family Service Stage in CNNX and list the decisions made in the conference.

As an appendix to this Safety Alert, please find a list of scenarios in which an Elevated Risk Conference would be warranted. For more information about the use of Elevated Risk Conference or how to request one, please contact the OPFTC Manager assigned to your program.

2. New Reports to the State Central Register (SCR)

Elevated Risk Conferences should not be requested when a provider has reasonable cause to suspect that a child has been abused or maltreated or when there is reason to believe that the child is in immediate danger of serious harm. In these instances, the Preventive provider should exercise her/his mandated reporting responsibilities by placing a call to the SCR for a child protective response.

A new report to the SCR should contain a new or changed set of circumstances or an incident creating a heightened level of risk or safety concern for children in the family. An SCR report will trigger a new investigation, and this could lead to a Child Safety Conference (CSC) held by DCP. *A Child Safety Conference can occur only as the result of a DCP investigation.* DCP will utilize this conference when the case is determined to need some level of Family Court intervention, to develop a safety plan that lowers the level of determined risk or safety concern. It is imperative for the Preventive provider working with the family to attend the Child Safety Conference.

Appendix: Examples of case situations that call for an Elevated Risk Conference

- A family has disengaged from services without sufficiently addressing the issues placing the children at risk of maltreatment.
- Children and youth have not been seen, or preventive workers are not given access to observe and

interview a child/youth.

- A family consistently misses appointments, refuses to come to the office or is not available for home visits.
- Family members are not willing to share information that will help you understand what is going on in the family.
- Case planner is unsure if the family can protect the child and want to consult with ACS about the facts and situation that lead them to that conclusion.
- The service model chosen for the child/youth does not meet the level of care that the child, youth or family needs.
- Additional issues/conditions have surfaced that create an increased risk of maltreatment to the children and the family is not working with the agency to address them. For example:
 - Not following through on services, i.e. drug treatment when in an FRP program; mental health service, when there are young or multiple children in the home.
 - A parent or child tests positive for drugs.
 - Child or youth are not attending school.
 - A child/youth has an untreated or under-treated medical condition.

By partnering together in an Elevated Risk Conference, the Preventive Provider, ACS, the family and its supports can develop realistic steps to re-engage the family in the needed efforts, identify actions to reduce risk of maltreatment to children and reinforce safety assessments, analyses and decision making.

In those circumstances when such steps cannot be agreed on, and if an indicated CPS case was the cause of the Preventive case, a SCR or additional information report should be made asking for consideration of court-ordered supervision or placement for the children at risk.

***Nicholson* Balancing Test: Balancing Imminent Danger and Emotional Risk of Harm during Removal Decisions**

Parent-child attachment is critical to the physical and emotional well-being of a child. Parent-child separation reduces the opportunity for a child to bond physically and emotionally with their parent. Secure bonding with a parent enables a child to experience normal, emotional development and form his or her own identity. Children, particularly young children and infants who are separated from their parents, may experience significant emotional harm that affects their physical and emotional development. Extended separation from a parent may result in a child experiencing emotional dysregulation that results in acting out behavior by the child.

***Nicholson* Balancing Test**

In the case of *Nicholson v. Scoppetta*, the New York State Court of Appeals ruled that the Family Court must apply a balancing test (hereinafter “*Nicholson* balancing test”) when deciding whether a child should be removed from their home. Although the Family Court is required to conduct the balancing test, CPS must also balance the risk of emotional harm a removal may cause against the threat of physical and/or emotional harm if the child remains in the parent’s care. CPS must be able to explain to the court why it was determined that the risk of physical and/or emotional harm by staying with the parent is greater than the risk of harm that may be caused by removal.

With each removal decision, the CPS must consider this question: Is the physical and/or emotional harm to the child greater if the child remains with the parent than the harm a removal may cause?

I. Questions to Consider During Removal Decisions

When there is threat of harm to a child, the CPS is required to make reasonable efforts to keep the child safely in the home. The CPS should use the following to guide their decision as to whether the threat of harm is so imminent that a removal is necessary:

- a) **What is the threat of harm to the child?** What is the specific behavior, the immediacy of the threat, and the likely consequences of the threat? How does the threat of harm place the child in immediate or impending danger?
- b) **What are the behaviors of each parent that are causing the harm or threat of harm?** The actions of each parent need to be analyzed

separately to determine whether the child may be safe with either parent.

- c) **What is the protective capacity of the parent(s) and other family members?** How well does the parent/family members understand the threat of harm to the child? Do they have insight into how the child can be harmed by the situation? Do they understand what it means to protect the child? Are they as a family unit, or are specific family members willing and able to protect the child?
- d) **What reasonable efforts were made or can be made to keep the child safely in the home? Will safety interventions placed in the home significantly reduce the threat of harm?** Consider child vulnerability and parent/family willingness and ability to follow the safety plan that reduces the safety factors when making this determination.
- e) **Balance the threat of harm** (imminent danger) the child faces versus the risk of emotional harm that a removal may cause. The age of the child, previous abuse/neglect history including removals and the availability of relatives to care for the child should be considered when assessing the emotional harm a removal may cause. Consider how the removal may affect the physical, cognitive, affective and behavioral functioning of the child.

If the threat of harm (imminent danger) of the child remaining in the home with the parent(s) is greater than the emotional harm that a removal may cause, the CPS should follow the process detailed in the Emergency Removal Policy.

II. Preparing for Court Hearings

During court hearings (including but not limited to: 1027, 1028, Fact Finding), the CPS should be prepared to provide testimony concerning the following:

- a) The threat of harm to the child, and the connection between the actions of the parent and the harm or imminent risk of harm;
- b) The child's vulnerability to being harmed;
- c) The parent/family protective capacity: Consider whether the child could remain with one parent with an order excluding the offending parent;
- d) Why safety interventions placed in the home will not reduce the danger to the child;

- e) How does the harm, if the child is not removed, outweigh the emotional harm that a removal may cause?
- f) What specific actions will the CPS team take to reduce the emotional harm that may result from the removal?

III. Actions to Reduce Emotional Harm

The following actions by the CPS team may reduce the risk of emotional harm:

- a) Be aware that removals may cause emotional harm to children and removal discussions should include strategies to reduce emotional harm.
- b) Place children with appropriate kinship resources to enable parents to have more frequent visits.
- c) Advocate for frequent visits between children and parents when children are placed in non-kinship homes.
- d) Limit the number of staff that handle the children during removal and placement.
- e) Place children in homes that can provide a loving and consistent environment where children can develop.
- f) Reduce the number of placements a child experiences by matching the needs of the child with the ability of the placement resource to meet the needs.

Child Safety Alert

From Commissioner Ronald E. Richter

#34

August 20, 2013

Submission of Court Reports

Child protective staff (CPS) in the Division of Child Protection may be required to produce written reports on active Family Court cases to provide the Judge and all parties on the case with the most current information about family functioning, case planning, visitation and service planning. All written reports to Family Court must be submitted in advance of the scheduled court date to the Family Court Legal Services' (FCLS) attorney for review and subsequent distribution to the Court and to other parties. Distribution by FCLS of the report in advance will allow all parties to be better prepared for the court hearing and will reduce the likelihood that the case will be adjourned. In addition, providing timely and thorough reports will ensure that the Court's decisions impacting child safety and permanency are fully informed with current information about services provided to address the behaviors that pose a risk to the children.

Types of Reports and Timeline for Submission

Investigation and Report (I & R). At the conclusion of a fact finding hearing on a child protective case, a judge may direct that ACS conduct an investigation of the family's current functioning and submit a report describing the same at the dispositional hearing. In addition, the I & R should contain ACS recommendations for the disposition that best addresses the child's need for safety and permanency. These reports are traditionally prepared by DCP child protective staff. The I & R must be submitted to the FCLS attorney 5 days before the dispositional hearing date for review to provide an opportunity for the FCLS attorney and the CPS to discuss any issues prior to the hearing.

Reports for Court Conferences

The New York City Family Court has implemented a court conferencing system on child protective cases to promote efficiency and to improve outcomes for children and families. Court case conferencing facilitates better compliance with discovery requirements on cases; achieves more timely resolution of certain issues on cases; promotes settlement where possible; ensures trial-readiness; and promotes more routine compliance with prior orders, including those regarding services, visitation, as well as identifying and assessing resources.

Court reports may be routinely requested for court case conferences. These reports must be submitted to the assigned FCLS attorney no less than 72 hours prior to the scheduled conference date. This will provide an opportunity for the FCLS attorney and the CPS to discuss any issues, and for the CPS to make changes to the report prior to the conference. FCLS will then distribute the court report or information to the parties involved no less than 24 hours prior to the conference unless a different deadline had been set for reports to be provided.

In addition to addressing any specific issue raised by the court on prior court dates, the report should provide detailed information about:

- Visits, if the children are not residing with one or more parent;
- Services in place to support the goals;
- Level of engagement in each of those services verified directly by the service providers; the credentials of the service providers;
- Documented behavioral change, if any;
- Any updates about all children's medical and educational status;
- Any barriers to treatment unrelated to the parent's actions (e.g. availability of services,) and what is the agency doing to overcome the barriers; and
- Efforts to engage the father, if he is involved, and if he is not involved, the efforts to locate him.
- Any additional safety concerns that need to be addressed by additional services or could impact a decision regarding reunification or visitation.

Other Court Reports

A judge may require a report to be prepared for any stage of the Court case. The Court may direct that the report address one specific issue or may require that it be a general update on the status of the family. These reports should also be submitted to the FCLS attorney 72 hours in advance and contain updated information as listed above.

Child Safety Alert

From Commissioner Gladys Carrión

#35 (Revised)

July 28, 2016

Responding to Heightened Safety Concerns in Foster Homes

This alert addresses the following:

- A. Responsibilities of foster care provider agencies, hereinafter foster care agencies, to notify the Administration for Children's Services (ACS) of calls to the Statewide Central Register of Child Abuse and Maltreatment (SCR), investigations and other concerns pertaining to foster homes;
- B. Responsibilities of foster parents to notify foster care agencies if they are the subjects of an investigation or have been arrested; and
- C. Responsibilities of foster care agencies to protect the safety and well-being of children in foster care.

This guidance supplements the following prior issuances:

- Requirements for Incorporating a Youth's Voice into the Annual Renewal Process of Certified and Approved Foster Homes, June 28, 2011 (Procedure 2011/03).¹
- Assessing the Safety and Quality of Life in Foster Boarding Homes, June 28, 2011 (Procedure 2011/04).²
- Revised State Central Register Reporting Requirements for Mandated Reporters and Expansion of Social Service Workers Classified as Mandated, July 1, 2008 (Guidance 2008/07).³
- Changes in Case Review Requirements for Office of Special Investigation Child Protective Managers on High Priority 13 Cases, May 7, 2013.⁴
- Child Safety Alert 31: Additional Information Received from SCR on Open Cases- Need for Close Attention and Assessment, February 24, 2011.⁵

A. Responsibilities of foster care agencies to notify ACS regarding SCR calls, investigations and other concerns pertaining to foster homes

- 1) When professional and paraprofessional staff members at a foster care agency have reasonable cause to suspect that any child in a foster home has been abused or maltreated, such staff members are mandated to report their suspicions to the SCR.
 - a. If the SCR accepts a report, reporters must immediately inform their agency's Executive Director or the Executive Director's designee of the report, as required by law. If the mandated reporter knows that the child is in the custody of ACS, the mandated reporter must flag that report for the Executive Director or a designee.
 - b. The foster care agency Executive Director or a designee must fill out the LDSS 2221-A, *New York State Office of Children and Family Services Report of Suspected Child Abuse or Maltreatment* form⁶ and submit it to the appropriate local social services district. If a child named in the report is in the custody of ACS but ACS is not conducting the child protective investigation, a copy of the LDSS 2221-A must also be submitted to:

ACS Office of Special Investigation (OSI)
110 William Street, 13th Fl.
New York, NY 10038
Fax #: (917) 551-7947
Scan/E-mail: OSI-APPL@acs.nyc.gov⁷

c. This form must be submitted within 48 hours of an accepted oral SCR report.⁸

- 2) If the foster care agency becomes aware that a jurisdiction other than ACS is investigating one of its foster homes pursuant to a report made to the SCR concerning a child in the custody of ACS, the foster care agency is required to complete and submit form CS-853-D, *Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care*, in compliance with ACS' Procedure #2011/04: *Assessing the Safety and Quality of Life in Foster Boarding Homes*. When completing the form CS-853-D, the foster care agency must not include case-identifying or case-specific information about another jurisdiction's foster children or about the natural or adopted children of the foster parent. Form CS-853-D should be submitted to:

ACS Office of Shared Response
150 William Street, 8th Fl.
New York, NY 10038
Fax #: (212) 341-4167
Scan/E-mail: incident.forms@acs.nyc.gov

- 3) If the foster care agency conducts its own investigation of a foster home due to safety concerns, the foster care agency is required to complete and submit form CS-853-D, *Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care*, in compliance with ACS' Procedure #2011/04: *Assessing the Safety and Quality of Life in Foster Boarding Homes*, to the Office of Shared Response as directed above. The foster care agency must notify ACS of the reason(s) for the investigation, as well as the findings/outcome of the investigation. When completing form CS-853-D, the foster care agency must not include case-identifying or case-specific information about another jurisdiction's foster children or about the natural or adopted children of the foster parent.

This obligation extends to information obtained about investigations that occurred at any point while the foster home was certified or approved by the foster care agency, and includes investigations which occurred during time periods in which no foster child was placed in the home.

- 4) If a foster care agency becomes aware that a foster parent has been arrested, the foster care agency is required to immediately report this information to the Office of Shared Response in accordance with the most recent *Fatality and Critical/Significant Incident Criteria and Reporting* protocol.⁹
- 5) Pursuant to existing New York State procedure, when the SCR accepts a report as additional information pertaining to an open investigation, the person with case planning responsibility is notified via an alert in CONNECTIONS (CNNX). Staff with case planning responsibilities must regularly check for system alerts within CNNX.¹⁰

When a case planner receives an alert in CNNX regarding a new or subsequent report of possible abuse or maltreatment of a child in a foster boarding home, the case planner must conduct an immediate safety assessment of the foster home and determine whether there have been any regulatory violations. When a case planner receives an "additional information" alert, he or she must assess, upon receipt, whether the new information requires any follow-up action.

- 6) When two (2) or more SCR reports have been made within the prior five-year period, the case must be considered a “high priority” case, which requires immediate review by an agency supervisor, regardless of whether the prior reports have been indicated or unsubstantiated.¹¹ The required supervisory review should be documented in the homefinding/foster parent record. The documentation should include, but is not limited to the following: the allegation(s), steps taken during the supervisory review, and a safety plan addressing each allegation if the child(ren) will remain in the foster home.
- 7) If a mandated reporter is advised by the SCR that a report will not be accepted, and the mandated reporter disagrees with and/or does not understand the SCR’s decision, the mandated reporter should ask to speak with an SCR supervisor to obtain clarification.
- 8) When a report concerning a child in the custody of ACS is not accepted by the SCR, foster care agencies must complete form CS-853-D, *Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care*, and immediately (and no later than 48 hours of SCR non-acceptance of report) forward it to the ACS Office of Shared Response as directed above.

Additionally, if a report made by a mandated reporter is not accepted by the SCR, the reporter should document the date and time he or she made the call, and request the SCR staff member’s name, as well as the SCR supervisor’s name, if applicable. The reporter shall inform his or her supervisor about the attempted report and make note of the attempted report in the CNNX progress notes of the subject child(ren). If, despite the report not being accepted, the mandated reporter continues to have concerns about the safety or care of children in the foster home, the reporter should request a Family Team Conference to discuss his or her concerns and evaluate whether the placement remains in the best interest of the child(ren).

B. Responsibilities of foster parents to notify foster care provider agencies if they are the subject of an investigation or have been arrested

- 1) It is requested that foster parents voluntarily inform agency case planners if they are notified that they are the subject of a report of alleged child abuse or maltreatment or if they have been arrested, regardless of whether the report or arrest occurred in a different state or social services district.
- 2) It also is requested that foster parents voluntarily inform agency case planners of household members age 18 and over who have been named as the subject of a report of alleged child abuse or maltreatment or of an arrest, regardless of whether the report or arrest occurred in a different state or social services district, including household members who have not been identified as having childcare responsibilities. Foster care agencies must inform all active foster parents of these expectations, and may do so by providing foster parents with a copy of this document.
- 3) If a foster care agency is notified of such report of alleged child abuse or maltreatment or arrest, then the foster care agency must immediately provide ACS’ OSI with the information that it has received. However, the foster care agency cannot provide ACS with case-identifying or case-specific information about another jurisdiction’s foster children or about the natural or adopted children of the foster parent.

C. Responsibilities of foster care provider agencies to protect the safety and well-being of children in foster care

- 1) For annual foster home recertification, ACS will require foster care agencies to review SCR activity on all out-of-NYC foster homes. ACS will provide a quarterly report on all foster homes with two or more SCR reports within a five-year period. Foster care agencies will not be able to see detailed information regarding child welfare system activity in other jurisdictions, but the presence of any known SCR activity requires that the foster care agencies speak with the foster parent to seek information about the incident, and also seek information from the other jurisdiction.
- 2) Case planners must, during every contact with a foster child or a foster parent, assess the safety of the foster home and the appropriateness of the placement.¹² Safety and risk assessments must occur during every home visit and include consideration of the child and family behaviors observed during the visit.
- 3) Best practice includes regular private conversations with each foster child outside of the presence or supervision of the foster parent. Such conversations may facilitate sharing of concerns or issues with the foster care placement. Children in foster care may also request to speak to the case planner or his or her supervisor privately to discuss any concerns.¹³
- 4) All case planners are mandated reporters. None of the expectations outlined above preclude the responsibility to report any reasonable cause to suspect abuse or maltreatment to the SCR.¹⁴ Providers shall verify that their staff members are trained in and carry out their responsibilities to report suspected child abuse and maltreatment in accordance with the law.¹⁵
- 5) Upon discovery of an allegation of abuse or maltreatment in a foster home, foster care agencies must immediately establish a safety plan for all children in the foster home.
- 6) There is a presumption against a foster parent taking a child out of state during an active investigation of the foster home.
- 7) Whenever a foster care agency plans to remove a child from his or her foster family home, the requirements of the regulations at 18 NYCRR 443.5 must be met. As the initial step in that process for any child in the custody of ACS, a Family Team Conference must be convened, and the agency must notify the foster parent in writing. If the health or safety of the child requires that the child be removed immediately, the foster care agency must provide a CS-701D form, *Notice of Removal of Child(ren) from a Foster Home* (NOR), to the foster parent, at the time of the emergency removal or immediately thereafter. However, if the removal is a planned removal, the foster care agency must provide a NOR to the foster parent at least 10 days prior to the proposed effective date of removal.
- 8) Whenever a foster care agency plans for nonrenewal or revocation of a foster home's certificate or approval, or for involuntary decertification, the requirements of the regulations at 18 NYCRR 443.11 must be met.

- 9) Case planners are reminded that foster parents are to be treated with respect throughout the investigation of alleged child abuse or maltreatment by the local child protective service, and that foster parents must be informed of their rights as foster parents.¹⁶

Attachments:

- LDSS 2221-A form, *New York State Office of Children and Family Services Report of Suspected Child Abuse or Maltreatment*
- CS-853-D form, *Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care*
- CS-701D form, *Notice of Removal of Child(ren) from a Foster Home (NOR)*

¹ <http://10.239.3.195:8080/docushare/dsweb/Get/Document-172456/6%20%2028%20%2011%20%20Two%20Final%20Procedures%20Issued.PDF>

² <http://10.239.3.195:8080/docushare/dsweb/Get/Document-172456/6%20%2028%20%2011%20%20Two%20Final%20Procedures%20Issued.PDF>

³ <http://10.239.3.195:8080/docushare/dsweb/Get/Document-406319/7%20%2001%20%2008%20%20Revised%20State%20Central%20Register%20Reporting%20Requirements%20for%20Mandated%20Reporters%20and%20Expansion%20of%20Social%20Service%20Workers%20Classified%20as%20Mandated%20Reporters.pdf>

⁴ <http://10.239.3.195:8080/docushare/dsweb/Get/Document-276793/Changes%20in%20Case%20Review%20Requirements%20for%20Office%20of%20Special%20Investigation%20Child%20Protective%20Managers%20on%20High%20Priority%2013%20Cases%205-2013.pdf>

⁵ [http://10.239.3.195:8080/docushare/dsweb/Get/Document-6517/Child alert aug 17.pdf](http://10.239.3.195:8080/docushare/dsweb/Get/Document-6517/Child%20alert%20aug%2017.pdf)

⁶ See the list of forms on OCFS' website, including the LDSS 2221-A, http://ocfs.ny.gov/main/documents/docs.asp?document_type=1&category_number=5

⁷ Any scanned document and e-mail sent must comply with ACS' policy on Security of Confidential, Case-Specific and/or Personally Identifiable Information, http://10.239.3.195:8080/docushare/dsweb/Get/Document-138923/12%20%2006%2010%20%20SECURITY%20OF%20CONFIDENTIAL%20CASE%20SPECIFIC%20ANDOR%20PERSONALLY%20IDENTIFIABLE%20INFORMATION%20-2010_07%20.PDF

⁸ <http://10.239.3.195:8080/docushare/dsweb/Get/Document-406319/7%20%2001%20%2008%20%20Revised%20State%20Central%20Register%20Reporting%20Requirements%20for%20Mandated%20Reporters%20and%20Expansion%20of%20Social%20Service%20Workers%20Classified%20as%20Mandated%20Reporters.pdf>

⁹ At the time of this writing the most updated memo entitled *Fatality and Critical/Significant Incident Criteria and Reporting* is dated April 7, 2014, [http://10.239.3.195:8080/docushare/dsweb/Get/Document-325132/12%20%2001%20%2011%20%20Fatality%20and%20Critical%20Incident%20Criteria%20and%20Reporting%20\(Re-Issued\).pdf](http://10.239.3.195:8080/docushare/dsweb/Get/Document-325132/12%20%2001%20%2011%20%20Fatality%20and%20Critical%20Incident%20Criteria%20and%20Reporting%20(Re-Issued).pdf)

¹⁰ CPS Manual, Chapter 5, State Central Register Responsibilities, http://ocfs.ny.gov/main/cps/cps_manual.asp

¹¹ <http://10.239.3.195:8080/docushare/dsweb/Get/Document-276793/Changes%20in%20Case%20Review%20Requirements%20for%20Office%20of%20Special%20Investigation%20Child%20Protective%20Managers%20on%20High%20Priority%2013%20Cases%205-2013.pdf>

¹² http://ocfs.ny.gov/main/policies/external/OCFS_2000/INFs/00-OCFS-INF-05%20ASFA%20Safety%20and%20Permanency.pdf

¹³ *New York State Bill of Rights for Children and Youth in Foster Care*, http://ocfs.ny.gov/main/policies/external/OCFS_2015/ADMs/15-OCFS-ADM-18%20New%20York%20State%20Bill%20of%20Rights.pdf

¹⁴ NYS Justice Center, <https://www.justicecenter.ny.gov/about/faq>

¹⁵ ACS *Foster Care Quality Assurance Standards*, page 53, 6(a-b).

¹⁶ *Foster Care Quality Assurance Standards*, page 25, 3(a)9.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

Report Date	Case ID	Call ID
Time : <input type="checkbox"/> AM <input type="checkbox"/> PM	Local Case #	Local Dist/Agency

SUBJECTS OF REPORT

List all children in household, adults responsible and alleged subjects.										
Line #	Last Name	First Name	Aliases	Sex (M, F, Unk)	Birthday or Age Mo/Day/ Yr	Race Code	Ethnicity (Ck Only If Hispanic/Latino)	Relation Code	Role Code	Lang. Code
1.							<input type="checkbox"/>			
2.							<input type="checkbox"/>			
3.							<input type="checkbox"/>			
4.							<input type="checkbox"/>			
5.							<input type="checkbox"/>			
6.							<input type="checkbox"/>			
7.							<input type="checkbox"/>			

MORE

List Addresses and Telephone Numbers (Using Line Numbers From Above)	(Area Code) Telephone No.

BASIS OF SUSPICIONS

Alleged suspicions of abuse or maltreatment. Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/Fatality	<input type="checkbox"/> Child's Drug/Alcohol Use	<input type="checkbox"/> Swelling/Dislocation/Sprains
<input type="checkbox"/> Fractures	<input type="checkbox"/> Poisoning/Noxious Substances	<input type="checkbox"/> Educational Neglect
<input type="checkbox"/> Internal Injuries (e.g., Subdural Hematoma)	<input type="checkbox"/> Choking/Twisting/Shaking	<input type="checkbox"/> Emotional Neglect
<input type="checkbox"/> Lacerations/Bruises/Welts	<input type="checkbox"/> Lack of Medical Care	<input type="checkbox"/> Inadequate Food/Clothing/Shelter
<input type="checkbox"/> Burns/Scalding	<input type="checkbox"/> Malnutrition/Failure to Thrive	<input type="checkbox"/> Lack of Supervision
<input type="checkbox"/> Excessive Corporal Punishment	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Inappropriate Isolation/Restraint (Institutional Abuse Only)	<input type="checkbox"/> Inadequate Guardianship	<input type="checkbox"/> Parent's Drug/Alcohol Misuse
<input type="checkbox"/> Inappropriate Custodial Conduct (Institutional Abuse Only)	<input type="checkbox"/> Other (specify) _____	

State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem. (If known, give time/date of alleged incident)

MO
DAY
YR

Time : AM PM

Additional sheet attached with more explanation. The Mandated Reporter Requests Finding of Investigation YES NO

CONFIDENTIAL

SOURCE(S) OF REPORT

CONFIDENTIAL

NAME	(Area Code) TELEPHONE	NAME	(Area Code) TELEPHONE
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

RELATIONSHIP

Med. Exam/Coroner Physician Hosp. Staff Law Enforcement Neighbor Relative Instit. Staff
 Social Services Public Health Mental Health School Staff Other (Specify) _____

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician who examined/treated child	(Area Code) Telephone No.
	Hospitalization Required: <input checked="" type="checkbox"/> None <input type="checkbox"/> Under 1 week <input type="checkbox"/> 1-2 weeks <input type="checkbox"/> Over 2 weeks		
Actions Taken Or <input type="checkbox"/> Medical Exam <input type="checkbox"/> X-Ray <input type="checkbox"/> Removal/Keeping <input type="checkbox"/> Not. Med Exam/Coroner About To Be Taken <input type="checkbox"/> Photographs <input type="checkbox"/> Hospitalization <input type="checkbox"/> Returning Home <input type="checkbox"/> Notified DA			
Signature of Person Making This Report: X		Title	Date Submitted Mo. Day Yr.

TO ACCESS A COPY OF THE LDSS-2221A FORM: Via Internet: <http://www.ocfs.state.ny.us/main/forms/cps/>
Via Intranet: <http://ocfs.state.nyenet/admin/forms/SCR/> OR

TO ORDER A SUPPLY OF FORMS ACCESS FORM (OCFS-4627) Request for Forms and Publications, from either site above, fill it out and send to: **Office of Children and Family Services, Resource Distribution Center, 11 Fourth Ave, Rensselaer, NY 12144.**

If you have difficulty accessing this form from either site, you can call **The Forms Hot Line at 518-473-0971**. Leave a detailed message including your name, address, city, state, the form number you need, the quantity and a phone number in case we need to contact you.

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RACE CODE	ETHNICITY CODE	RELATION CODES FAMILIAL REPORTS (Choose One)		ROLE CODE (Choose One)	LANGUAGE CODE (Choose One)	
AA: Black or African-American	<i>(Check Only If Hispanic/ Latino)</i>	AU: Aunt/Uncle	XX: Other	AB: Abused Child	CH: Chinese	KR: Korean
AL: Alaskan Native		CH: Child	PA: Parent	MA: Maltreated Child	CR: Creole	MU: Multiple
AS: Asian		GP: Grandparent	PS: Parent Substitute	AS: Alleged Subject (Perpetrator)	EN: English	PL: Polish
NA: Native American		FM: Other Family Member	UH: Unrelated Home Member	NO: No Role	FR: French	RS: Russian
PI: Native Hawaiian/Pacific Islander		FP: Foster Parent	UK: Unknown	UK: Unknown	GR: German	SI: Sign
WH: White		DC: Daycare Provider			HI: Hindi	SP: Spanish
XX: Other		IAB REPORTS ONLY			HW: Hebrew	VT: Vietnamese
UNK: Unknown		AR: Administrator	IN: Instit. Non-Prof		IT: Italian	XX: Other
		CW: Child Care Worker	IP: Instit. Pers/Vol.		JP: Japanese	
		DO: Director/Operator	PI: Psychiatric Staff			

Abstract of Sections from Article 6, Title 6, Social Services Law

Section 412. Definitions

1. **Definition of Child Abuse**, (see also N.Y.S. Family Court Act Section 1012(e))

An "abused child" is a child less than eighteen years of age whose parent or other person legally responsible for his care:

- 1) Inflicts or allows to be inflicted upon the child serious physical injury, or
- 2) Creates or allows to be created a substantial risk of physical injury, or
- 3) Commits sexual abuse against the child or allows sexual abuse to be committed.

2. **Definition of Child Maltreatment**, (see also N.Y.S. Family Court Act, Section 1012(f))

A "maltreated child" is a child under eighteen years of age whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care:

- 1) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
- 2) in providing the child with proper supervision or guardianship; or
- 3) by unreasonably inflicting, or allowing to be inflicted, harm or a substantial risk thereof, including the infliction of excessive corporal punishment; or
- 4) by misusing a drug or drugs; or
- 5) by misusing alcoholic beverages to the extent that he loses self-control of his actions; or
- 6) by any other acts of a similarly serious nature requiring the aid of the Family Court; or
- 7) By abandoning the child.

Section 415. Reporting Procedure. Reports of suspected child abuse or maltreatment shall be made immediately by telephone and in writing within 48 hours after such oral report.

Submit the written paper copy of the LDSS-2221A form originally signed to: the County Department of Social Services (DSS) where the abused/maltreated child resides. To locate your local DSS, visit this site <http://www.ocfs.state.ny.us/main/localdss.asp>.

Residential Institutional Abuse Reports: Submit a paper copy of form, LDSS 2221A, **originally signed**. It must be submitted **directly** to the Office of Children and Family Services (OCFS) Regional Office, associated with the county in which the abused/maltreated child is in care.

**NYS CHILD ABUSE AND MALTREATMENT REGISTER: 1-800-635-1522 (FOR MANDATED REPORTERS ONLY)
1-800-342-3720 (FOR PUBLIC CALLERS)**

Section 419. Immunity from Liability. Pursuant to Section 419 of the Social Services Law, any person, official, or institution participating in good faith in the making of a report of suspected child abuse or maltreatment, the taking of photographs, or the removal or keeping of a child pursuant to the relevant provisions of the Social Services Law shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For the purpose of any proceeding, civil or criminal, the good faith of any such person, official, or institution required to report cases of child abuse or maltreatment shall be presumed, provided such person, official or institution was acting in discharge of their duties and within the scope of their employment, and that such liability did not result from the willful misconduct or gross negligence of such person, official or institution.

Section 420. Penalties for Failure to Report.

1. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who willfully fails to do so shall be guilty of a class A misdemeanor.
2. Any person, official, or institution required by this title to report a case of suspected child abuse or maltreatment who knowingly and willfully fails to do so shall be civilly liable for the damages proximately caused by such failure.

STAPLE TO LDSS-2221A (IF NEEDED)

**REPORT OF SUSPECTED
CHILD ABUSE OR MALTREATMENT**

(Use only if the space on the LDSS-2221A under "Reasons for Suspicion" is not enough to accommodate your information)

Report Date	Case ID	Call ID
Time <input type="checkbox"/> AM : <input type="checkbox"/> PM	Local Case #	Local Dist/Agency

**PERSON MAKING
THIS REPORT:** _____

Print clearly if filling out hard copy.

<p>Continued: State reasons for suspicion, including the nature and extent of each child's injuries, abuse or maltreatment, past and present, and any evidence or suspicions of "Parental" behavior contributing to the problem.</p>	<p>(If known, give time/date of alleged incident)</p> <p>MO DAY YR</p> <p>Time : <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
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Report of Incident, Accident, Illness, or Death Involving Child(ren) in Foster Care SERVICES INCIDENT REPORT

(Do not complete or send this form to OCI if incident was reported and accepted by the State Central Register)

<input type="checkbox"/> Voluntary Agency <input type="checkbox"/> Field Office <input type="checkbox"/> OCACM <input type="checkbox"/> DFCS <input type="checkbox"/> DCCS Congregate Care facility <input type="checkbox"/> Adoption
Agency/Office/Zone:
Address:
To: ACS Office of Confidential Investigations 150 William Street—5th Floor New York, NY 10038

Date:
Case Name:
Case Number:
Case Manager:
Unit/Worker No.
ACS Office/Division:
CS 853D Reporter:
Tel. No: ()

Children (last name, first name)	DOB	CIN	Initial Placement Date
1)			
2)			
3)			

Mother's Full Name:	Father's Full Name:
Address:	Address:
Notified? <input type="checkbox"/> Yes- how and date: <input type="checkbox"/> No- explain:	Notified? <input type="checkbox"/> Yes- how and date: <input type="checkbox"/> No- explain:

Were parents advised of their legal rights? Yes No- explain:

Full name of foster parents, AOBH, GH, GR, or INST:

Address:

Report of Incident, Accident, Injury, Illness, or Death—enter precise and detailed information

Location:	Date & Time:
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Details:

_____ Staff Signature

_____ Title

Name and address of attending physician:	Date first consulted:
Name and address of hospital treating the child:	Date of admission: Date of discharge:
Diagnosis and treatment given (attach pertinent documents, if available):	
Results of examination, including X-rays, neurological findings, etc:	
Prognosis and follow-up care required; indicate if permanent disability has resulted or will result:	
Police precinct name/number (if notification required, made, or indicated): Address:	
Police action taken, if any	
Agency attorney notified? <input type="checkbox"/> Yes-enter name and address: <input type="checkbox"/> No-explain:	
Insurance carrier for: Agency-enter name and address: School-enter name and address: Other-specify and enter name and address: Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No-explain:	
Is legal action being contemplated? <input type="checkbox"/> Yes-enter by whom: <input type="checkbox"/> No	
Any other participating attorney? <input type="checkbox"/> Yes-enter name and address: <input type="checkbox"/> No	

Distribution: Send 1 copy to OCI and 1 copy to ACS case manager. Retain 1 copy for file.

NOTICE OF REMOVAL (NOR) OF CHILD(REN) FROM A FOSTER HOME

Foster Parent Name: _____		Date NOR Issued: ____/____/____
Foster Care Agency: _____		Is removal court ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Case Name (Include only 1 case per NOR form): _____	Case Number: _____	
Agency Case Planner: _____	Telephone Number: _____	
Foster Child(ren) (Last Name, First Name; LIST ONLY CHILDREN TO BE REMOVED):		DOB
_____		____/____/____
_____		____/____/____
_____		____/____/____
_____		____/____/____
_____		____/____/____

Complete **Either** Section A or Section B. Must enter date.

The following action has been/will be (**circle one**) taken on or about ____/____/____ regarding the above child(ren):

A. Change In Service Plan:

We Plan to:

Place the child(ren) in another foster home or other appropriate facility **because** (Provide detailed summary of issues that led to replacement):

Place the child(ren) in an adoptive home

Return the child(ren) to the natural parents/legal guardians/custodian/self

B. Emergency Removal: It was necessary to remove the above child(ren) **because** (Provide specific details of safety issues that led to replacement):

Case Planner Signature: _____ Title: _____ Date: ____/____/____

Supervisor's Signature: _____ Date: ____/____/____

If you disagree with the removal of the child(ren) from your home, you may request **any or all** of the following (See reverse side of form):

- An Agency Conference (Note that a foster parent(s) can request an Agency Conference **only** if the removal has not yet occurred. In addition, if the foster parent(s) also requests an Independent Review, the Agency Conference cannot delay ACS's holding the Independent Review in accordance with the timeframes in 18 NYCRR § 443.5);
- An Independent Review Conference by calling NYC Children's Services' **Office of Advocacy** within ten (10) days of receiving this notice;
- A New York State fair hearing by writing to the Bureau of Special Hearings (Address on reverse side).

If you have any questions, please contact your foster care caseworker.

If you agree to the removal of the child(ren) from your home, please indicate this by checking the box below next to **Waiver**, then sign and return the form to your foster care caseworker.

Waiver: I have no objections to the removal of the foster child(ren) from my home.
I waive my right to an Independent Review (See reverse for information).

Foster Mother's Signature: _____ Date: ____/____/____

Foster Father's Signature: _____ Date: ____/____/____

Independent Review

YOU MUST REQUEST AN INDEPENDENT REVIEW WITHIN 10 DAYS OF THE DATE OF THIS NOTICE OR YOUR REQUEST MAY BE DENIED

To request an Independent Review conference (IR), you must telephone the Office of Advocacy at (212) 676-9421.

You may bring a representative to the Independent Review, but you are not required to do so. Your foster care agency case planner will attend the conference. In addition, if the ACS Office of Special Investigations (OSI) is involved they will facilitate the conference. The child's Law Guardian may attend the conference or present a position in writing to be shared at the conference. If your representative is an attorney, the other parties may also have legal representation. Please inform the Office of Advocacy if you plan to bring an attorney.

At the conference, you may: **1)** discuss the reason for the removal; **2)** state why the child(ren) should not be removed or should not have been removed; and **3)** have the action reviewed. Unless removed on an emergency basis, the child(ren) will not be removed until at least three (3) days after decision is sent to you, or until the date of the proposed removal if it occurs later.

Note: *If you received a notice of "indication" on an OSI/ child protective case and wish to contest that decision, you should request a review through the State Central Register as indicated on the notice you received.*

Fair Hearing Information

YOU MUST REQUEST A FAIR HEARING WITHIN SIXTY DAYS OF THE DATE OF THIS NOTICE OR YOUR REQUEST MAY BE DENIED

If you object to the removal of the child(ren) from your home, you may request a New York State fair hearing, whether or not you request a foster care agency conference or an Independent Review. The Independent Review **is not** a fair hearing and requesting one does not prevent you from also requesting a fair hearing. However, the child(ren) may be removed from your home following the decision of the Independent Reviewer. If you do not request an Independent Review or the decision of the Independent Review upholds the removal, the child(ren) may be removed from your home on or after the proposed removal date and before the fair hearing is held. To request a fair hearing, you may write to:

New York State Office of Children and Family Services
Bureau of Special Hearings
P.O. Box 1930
Albany, New York, 12201

Please include the following information when you request a fair hearing:

- Applicant's (*foster parent*) name, address and telephone number.
- Name and date of birth of child(ren) removed.
- Name and address of agency that removed the child.
- Name and telephone number of Supervisor/Administrator of agency that removed the child.

If you request a fair hearing, you have a right to examine your case record to the extent that the case record is not confidential. You may request copies of any part of the case record that you wish to present at the hearing, at no cost to you. At the fair hearing, you will have the right to be represented by an attorney, by a friend or relative, or you may represent yourself. You will have the right to bring witnesses, to ask questions, and to present written and oral evidence. The foster care agency and NYC Children's Services must comply with the decision issued after the fair hearing. If you need legal assistance for your agency conference or fair hearing and you cannot afford a lawyer, contact the local legal aid or legal services office. This action is based on Section 400 of Social Services and Section 443.5 of Title 18 of New York Codes Rules and Regulations.