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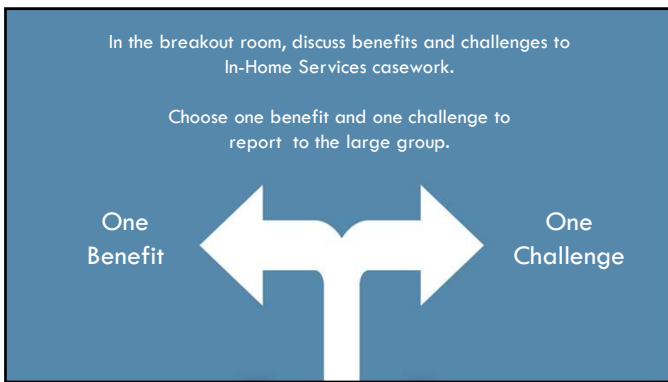
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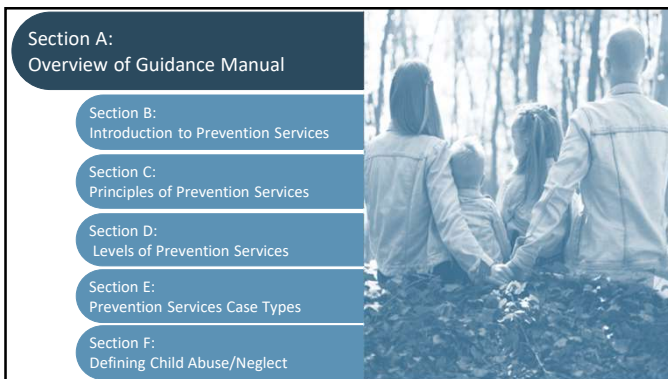
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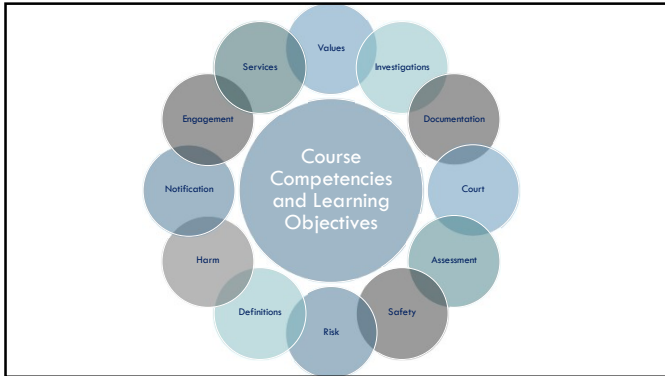
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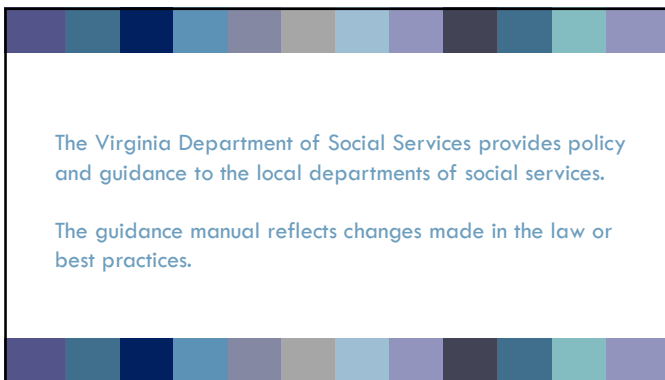
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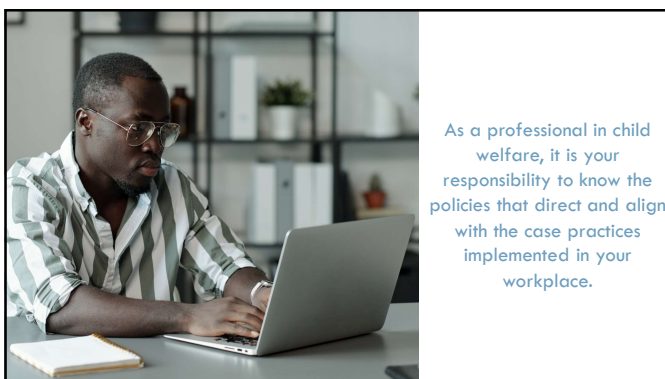
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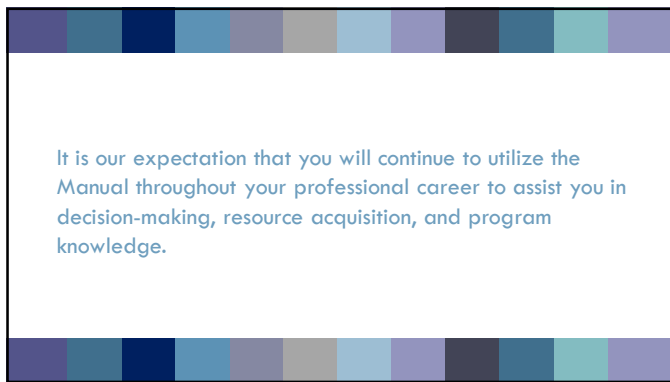
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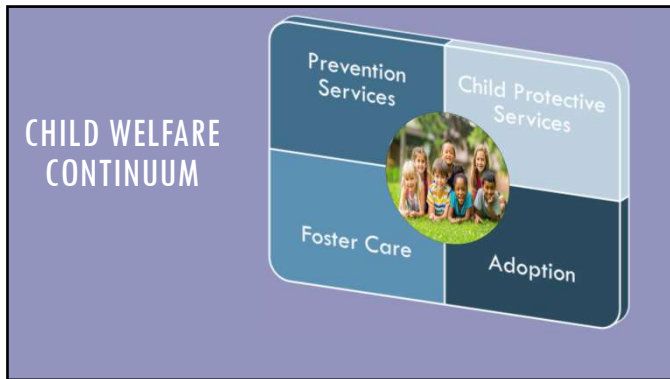
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Section 1.4

### VIRGINIA'S CHILDREN'S SERVICES PRACTICE MODEL

1. All children and communities deserve to be safe.
2. Practice is family, child, and youth-driven.
3. Children do best when raised by families.
4. All children and youth need and deserve a permanent family.
5. Partnering with others is important to support child and family success in a system that is family-focused, child-centered, and community-based.
6. How we do our work is as important as the work we do.



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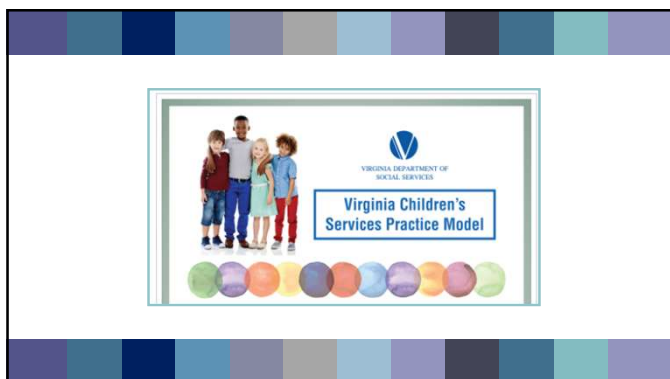
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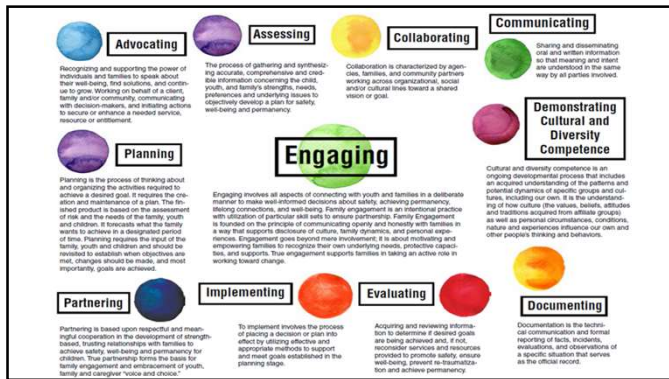
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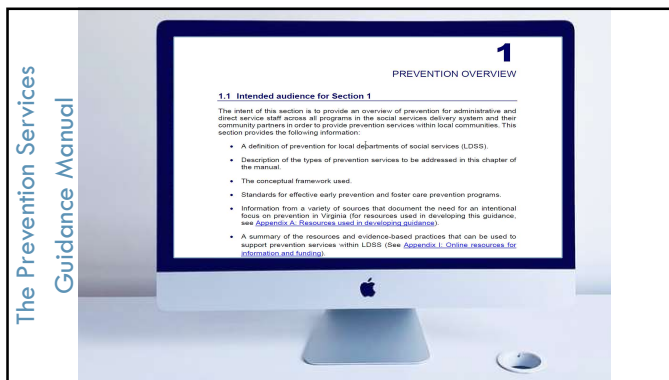
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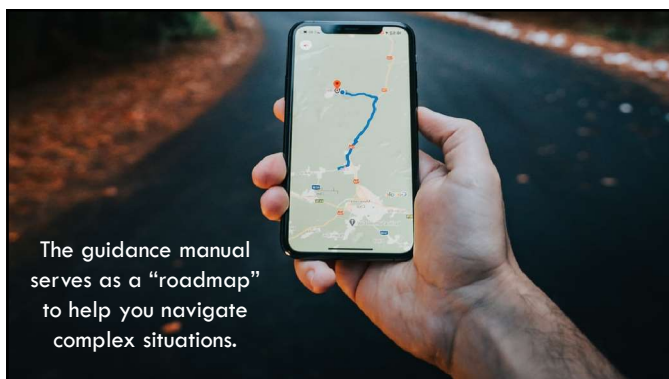




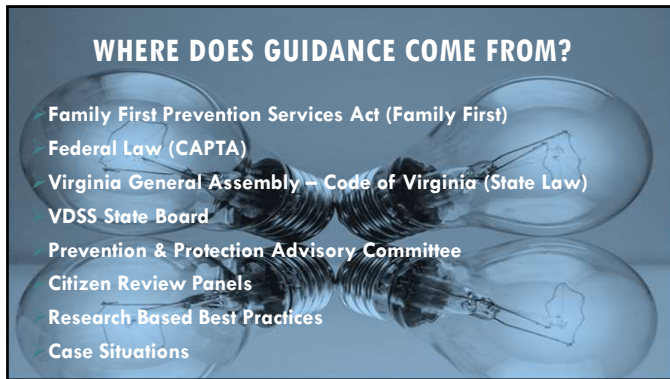
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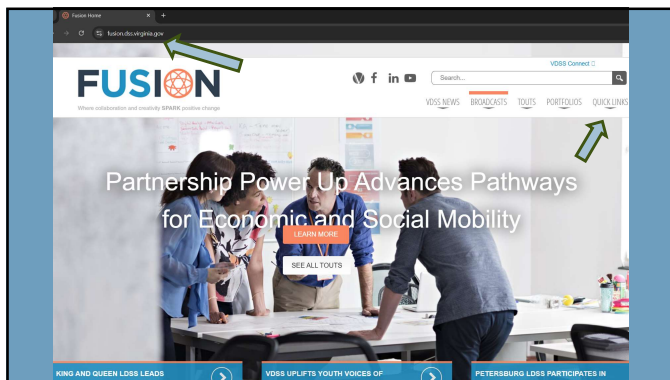
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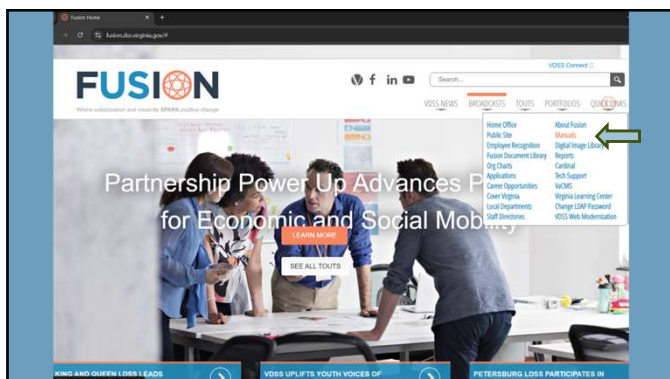
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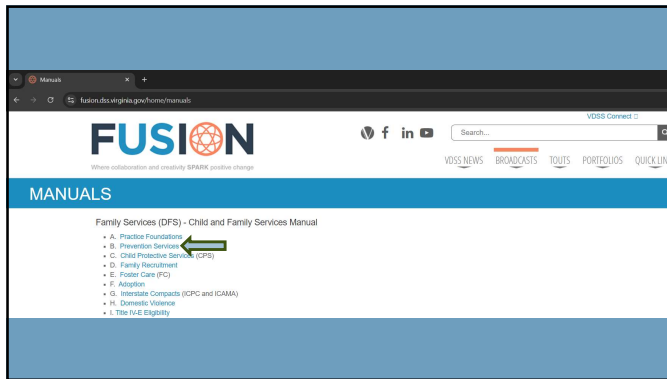
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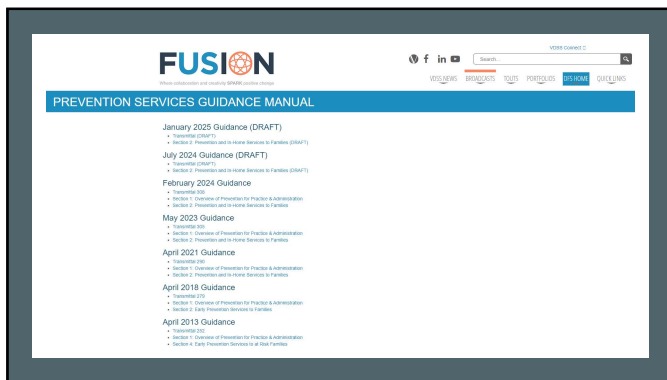
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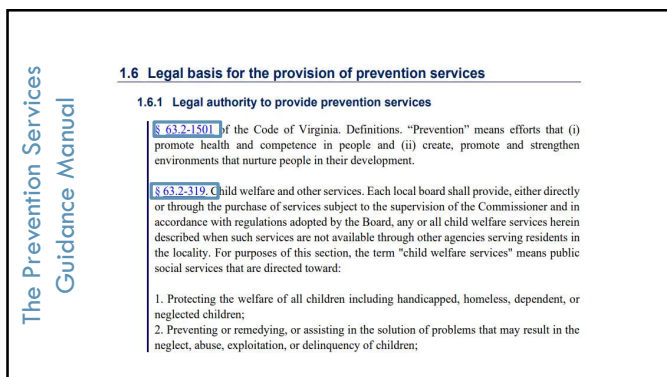
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Guidance Manual Appendices

Virginia Department of Social Services  
Child and Family Services Manual

February 2024  
Chapter B. Prevention

1.22 Appendix A: Resources used in developing guidance.....59

1.23 Appendix B: What the research reflects about the impact of maltreatment and removal and the costs to children, families and communities .....62

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1.25 Appendix D: Protective Factors.....75

1.26 Appendix E: Risk Factors .....78

1.27 Appendix F: Moving from problem focused to solution focused in strength-based practice.....81

1.28 Appendix G: Father Friendly Environmental Assessment Tool .....82

1.29 Appendix H: Funding sources for prevention .....85

1.30 Appendix I: Online resources for information and funding .....89

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Guidance Manual Appendices

1.30.3 Child abuse and neglect prevention (National)

**Annie E. Casey Foundation:** The primary mission of the Annie E. Casey Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.

**Child Welfare Information Gateway:** Child Welfare Information Gateway promotes the well-being, safety, and permanency of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

**Children's Bureau:** Works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes

**FRIENDS** (Family Resource Information, Education, and Network Development Service): National Center for Community-Based Child Abuse Prevention.

**Healthy Families America:** Evidence-based, nationally recognized home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences.

**National Alliance of Children's Trust and Prevention Funds (Alliance):** Membership organization that provides training, technical assistance, and peer consulting opportunities to state Children's Trust and Prevention Funds and strengthens their efforts to prevent child abuse.

**National Child Support Enforcement Association (NCSEA):** Serves child support professionals, agencies, and strategic partners worldwide through professional development, communications, public awareness, and advocacy to enhance the financial, medical, and emotional support that parents provide for their children.

**National Survey of Child and Adolescent Well-Being (NSCAW):** Nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services.

**Prevent Child Abuse America:** Provides leadership to promote and implement prevention efforts at both the national and local levels.

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A transmittal (describing revisions that are made) is issued, usually in January and/or July of each year



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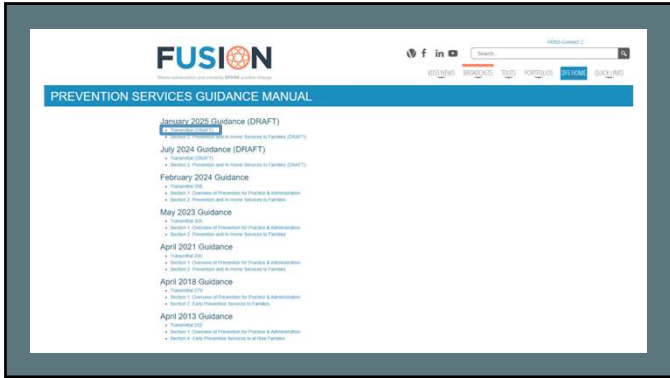
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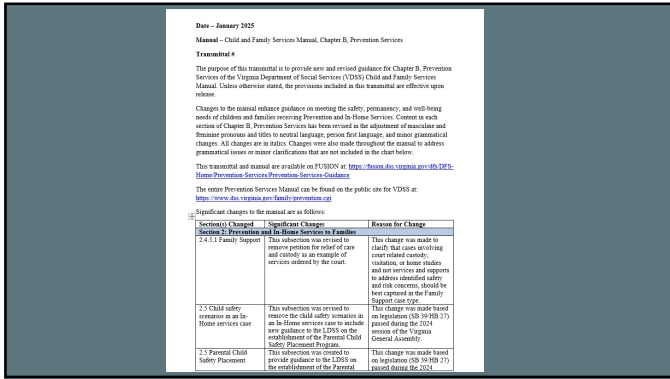
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PREVENTION

Efforts that promote health and competence in people and create, promote and strengthen environments that nurture people in their development.

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What are the goals of Prevention Services?



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## PREVENTION

Section 1.2

Prevention services include, but are not limited to, providing information and services intended to accomplish the following goals:

- Strengthen families.
- Promote child well-being, safety, and permanency.
- Minimize harm to children.
- Maximize the abilities of families to protect and care for their children.
- Prevent the occurrence or reoccurrence of child maltreatment.
- Prevent out-of-home care, including preventing foster care.

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### Benefits of Prevention Services

- Children are less likely to be at risk of abuse/neglect and out-of-home care
- Reduces likelihood of abuse and neglect occurring
- Empowers families and increases their opportunity to be self-sufficient
- Reduces negative behavior problems and family conflict and improves family relationships

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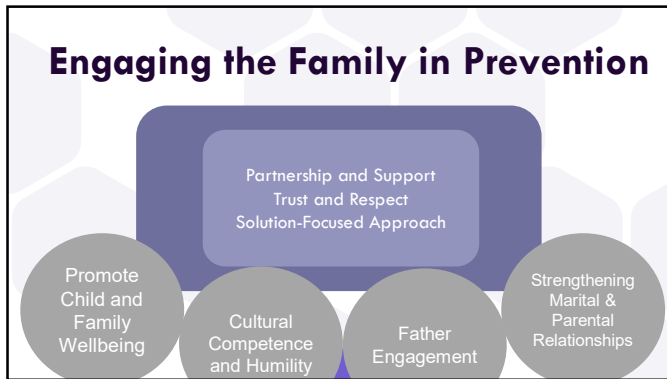
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Putting the Principle to Work

All local departments of social services should coordinate services with community organizations and maximize local funding opportunities

Section 1.9 and Appendices H and I



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Guiding Principle

The most effective prevention efforts are those where the emphasis is on strengthening the family's social network

Section 1.5



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Putting the Principle to Work

Utilize the family's social network to collaboratively assess safety

Sections 1.9 and 1.12.1



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**Guiding Principle**

Respond to the long-term impact of trauma

Section 1.5

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**Putting the Principle to Work**

Family Services Specialists should use a strengths-based approach by:

- routinely screen for trauma exposure
- address trauma
- make trauma resources available
- utilize a solution focused approach

Section 1.12.3



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**Guiding Principle**

All families should have access to culturally responsive prevention programs, services, and resources

Section 1.5

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### Putting the Principle to Work

Family Services Specialists should:

- use culturally appropriate evidence-based assessment and treatment
- explore cultural and spiritual values that impact the family's views
- be aware of local resources in the community that serve culturally specific groups

Sections 1.12.4.1 & 1.13.2



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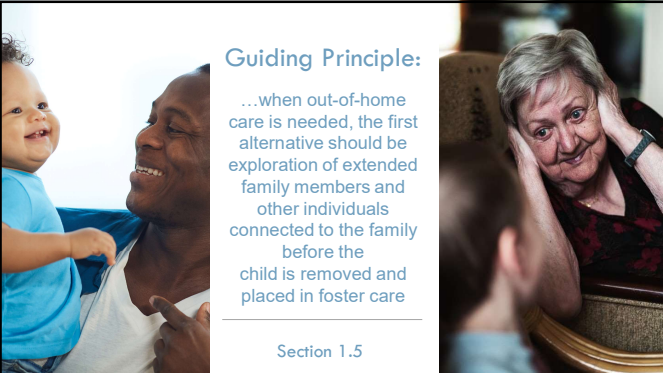
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### Guiding Principle:

...when out-of-home care is needed, the first alternative should be exploration of extended family members and other individuals connected to the family before the child is removed and placed in foster care

Section 1.5

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### Putting the Principle to Work

Family Services Specialists should...

- assist families in identifying their support systems
- engage with the families' support systems

Section 1.10



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**Guiding Principle**

Relationships – within families and communities, between families and providers, and across systems – are essential as agents for change

Section 1.5

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**Putting the Principle to Work**

Local departments of social services should...

- educate community partners about early warnings and risks
- inform community partners about resources
- explore how community partners can more responsive

Section 1.12.7

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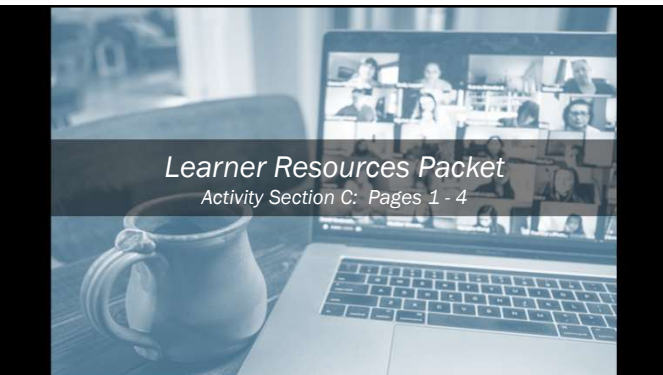
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**Learner Resources Packet**

Activity Section C: Pages 1 - 4

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## Section 1.21

### Prevention Services with a strengths-based, trauma-informed approach...

- Reduces costs associated with CPS, foster care, and adoption
  - Increases safety and stability of children and families
  - Changes the way the community views LDSS

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- Ensure CONSISTENT delivery of prevention services
- Ensure all LDSS have resources to provide prevention services



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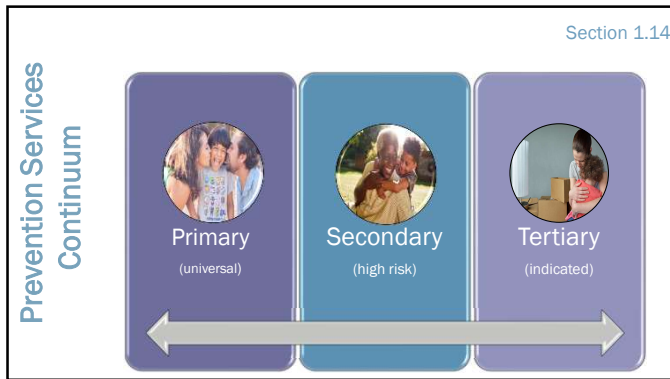
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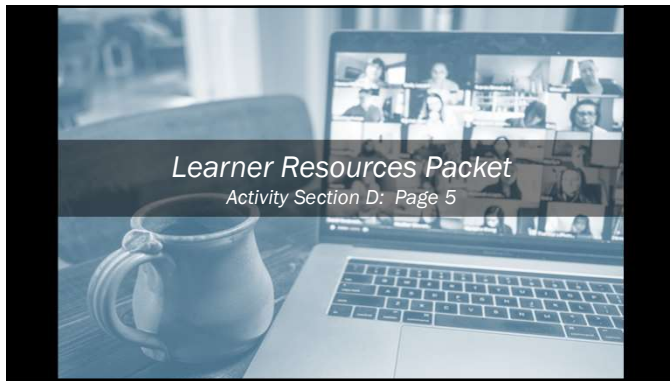


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Primary Prevention	Secondary Prevention (In-Home Services)	Tertiary Prevention (In-Home Services)
<ul style="list-style-type: none"> <li>Directed at <b>general population</b></li> <li>Seeks to raise awareness about scope and problems of child maltreatment</li> <li>Attempts to address maltreatment before it occurs through:               <ul style="list-style-type: none"> <li>Public service announcements</li> <li>Parent education programs</li> <li>Family support groups</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Offered to populations that have one or <b>more risk factors</b> associated with child maltreatment               <ul style="list-style-type: none"> <li>Targets services for communities that have a high incidence of any or all of the following risk factors:                   <ul style="list-style-type: none"> <li>Poverty</li> </ul> </li> <li>Parental substance abuse                   <ul style="list-style-type: none"> <li>Young parental age</li> </ul> </li> <li>Parental mental health concerns</li> <li>Parental or child disabilities</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Focuses on families where <b>maltreatment has already occurred</b></li> <li>Seeks to reduce the negative consequences of the maltreatment and prevent recurrence               <ul style="list-style-type: none"> <li>Prevention programs may include services such as:</li> </ul> </li> <li>Intensive family preservation services with trained mental or behavioral health providers               <ul style="list-style-type: none"> <li>Parent mentor programs</li> <li>Parent support groups</li> <li>Mental health services</li> </ul> </li> </ul>



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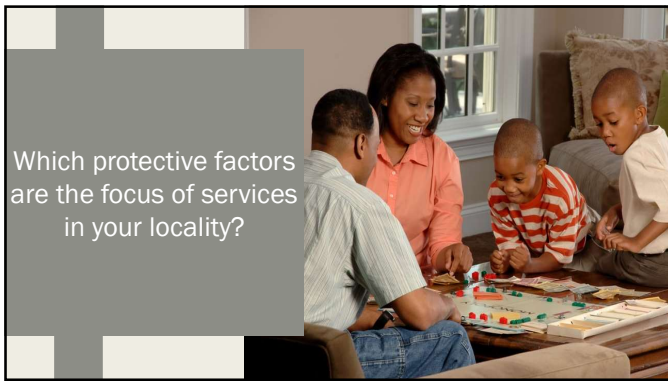
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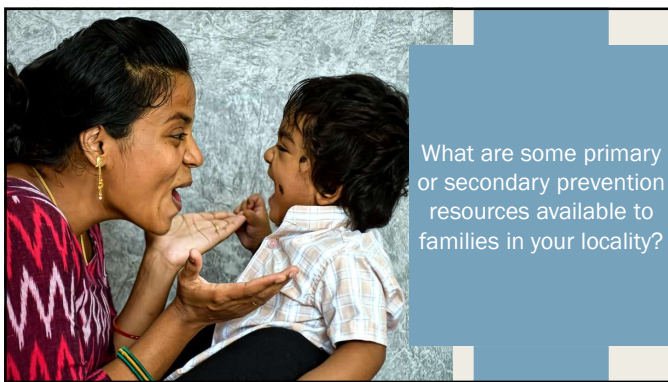
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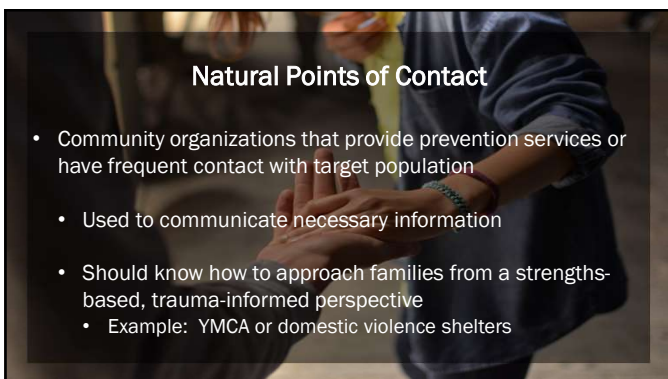
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### Natural Points of Contact

- Child care based programs or teen pregnancy programs
- School-based programs
- Clinics or hospitals
- Health fairs or community festivals
- Neighborhood resource centers or recreation centers
- Religious institutions or faith-based programs
- Food pantries or local grocers
- Programs for incarcerated parents or domestic violence shelters
- Culturally-based resource centers
- Parenting videos played in a common waiting area of the LDSS
- Public libraries or public transportation stops
- Housing assistance programs or mobile outreach services
- Boys and Girls Clubs or YMCA/YWCA
- Families currently served by the LDSS can be a resource for determining general activities and can be a resource for contacting other families within their community

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### Tertiary Prevention:

In-Home Services and  
Foster Care Prevention

- Safely maintains children in own homes or with relative/fictive kin caregivers in their own communities
- Reduces reoccurrence of child maltreatment
- Engages family, their support system, and service providers
- Addresses identified safety and risk concerns



Section 1.17

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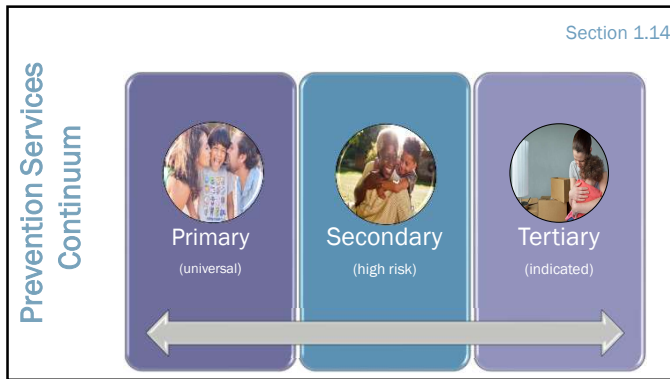
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Section 2.4.2

Some Prevention Cases can be addressed with Information and Referral only.

This could mean:

- No case is opened
- No ongoing assessment is needed
- No referral is made
- Family referred for services either outside the LDSS or internally to a program that does not require a case to be opened

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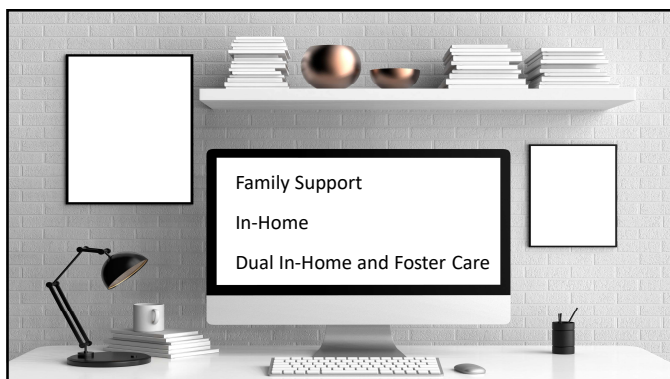
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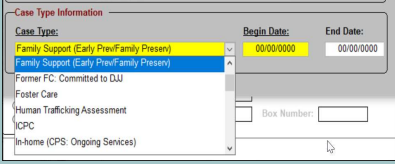
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Section 2.4.5.1

### Case Type: Family Support (Early Prev/Family Preserv)

- Used for low to moderate risk cases
- Family is not in need of a formal service plan



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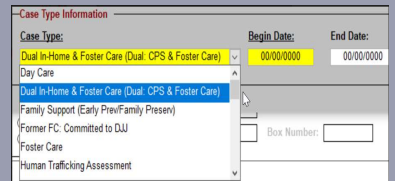
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### Case Type: Dual In-Home and Foster Care

- When a child is in the custody of the LDSS and is in foster care and there are other children remaining in the home who are not in the custody of the LDSS.
- Family has agreed to services or services are court ordered



Sections 2.4.5.3  
and 2.6.5.2

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Further guidance around Family Support cases and Dual In-Home and Foster Care cases is provided by your local department of social services

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### Case Type: In-Home Services

- Used for high to very high risk cases
- Family is in need of formal service plan

Sections 2.4.5.2  
and 2.6.5.2

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### Child Welfare Information System

Code of Virginia requires that child welfare  
information be maintained in OASIS.

Section 2.4.1

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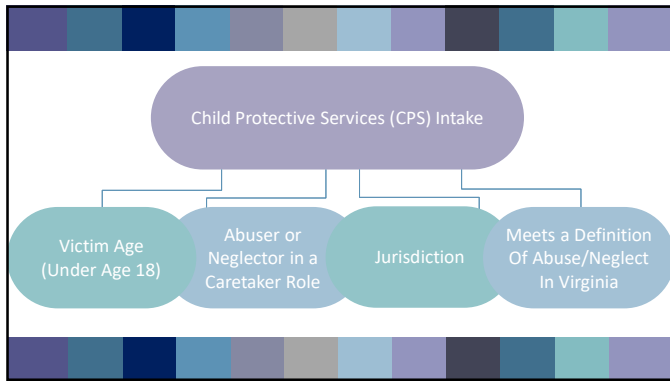
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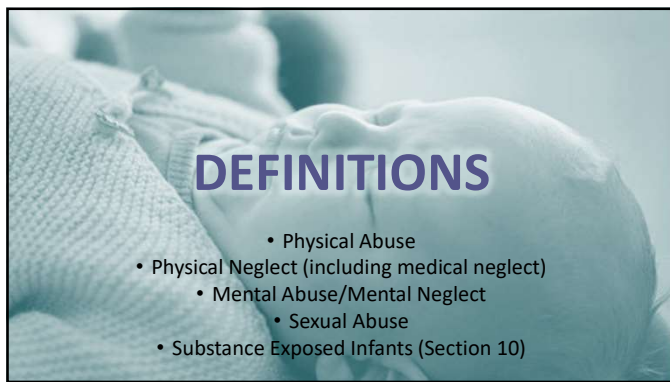
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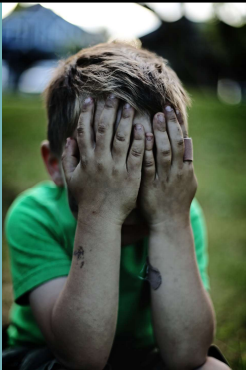
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When we consider child abuse and neglect, we must consider both the **actual** harm to the child and the **threat** of injury or harm to the child

CPS Guidance Manual, Section 2.2



What is the difference between actual harm and threat of injury or harm to a child?

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## DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a **physical injury** by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.



**Physical Injury =** Hurt or damage to the body.

CPS Guidance Manual, Section 2.3

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## DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a **physical injury** by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.



**Other than Accidental =**

- Consider the act which precedes the injury.
- The result is unforeseen, unexpected, unusual.

CPS Guidance Manual, Section 2.3

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## DEFINITION OF PHYSICAL ABUSE

Physical abuse occurs when a caretaker creates or inflicts, threatens or allows to be created or inflicted upon a child a **physical injury** by other than accidental means or creates a substantial risk of death, disfigurement, or impairment of bodily functions.



**Substantial Risk of Death or Disfigurement =**

- Could it have killed the child?
- Could it have seriously injured the child?

CPS Guidance Manual, Section 2.3

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### IS IT PHYSICAL ABUSE?

- Is there an injury?
- Was it accidental?
- Was there a threat of:
  - Death?
  - Disfigurement?
  - Impairment of Bodily Functions?

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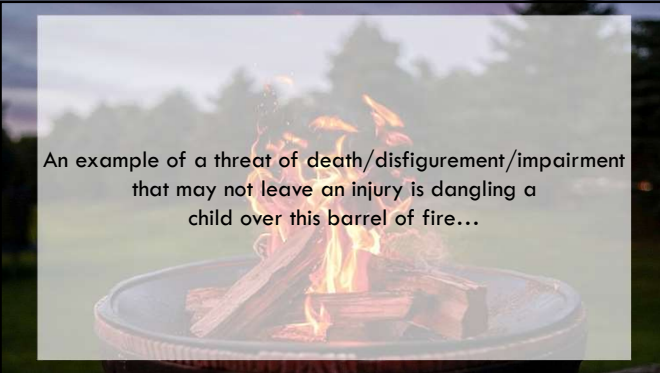
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An example of a threat of death/disfigurement/impairment that may not leave an injury is dangling a child over this barrel of fire...

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### TYPES OF PHYSICAL ABUSE

- Asphyxiation
- Bone fracture
- Head Injuries
- Burns/Scalding
- Cuts, bruises, welts, abrasions
- Internal Injury
- Poisoning
- Sprains/Dislocations
- Gunshot Wound
- Strangulation
- Stabbing
- Bizarre Discipline
- Exposure to Manufacture/Sale of Drugs
- Abusive Head Trauma
- Munchausen syndrome by proxy
- Battered Child Syndrome
- Other Physical Abuse

Section 2.3.2

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**PHYSICAL ABUSE:  
POISONING**

... “any substance that interferes with normal physiological functions.”

Virtually ANY substance can be poisonous if consumed in sufficient quantity.



CPS Guidance Manual,  
Section 2.3.2.7

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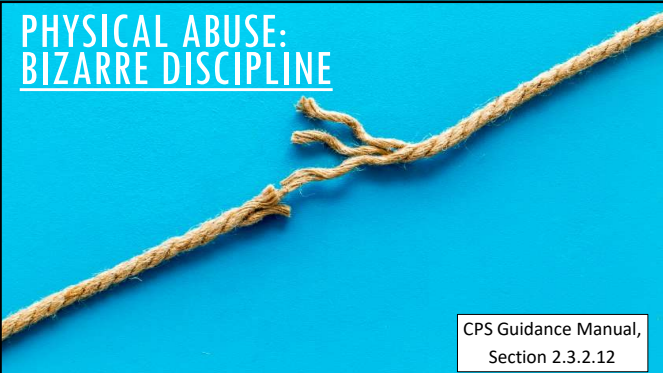
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**PHYSICAL ABUSE:  
BIZARRE DISCIPLINE**



CPS Guidance Manual,  
Section 2.3.2.12

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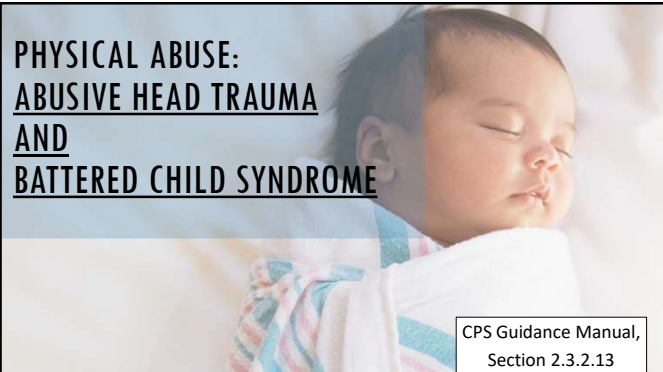
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**PHYSICAL ABUSE:  
ABUSIVE HEAD TRAUMA  
AND  
BATTERED CHILD SYNDROME**



CPS Guidance Manual,  
Section 2.3.2.13

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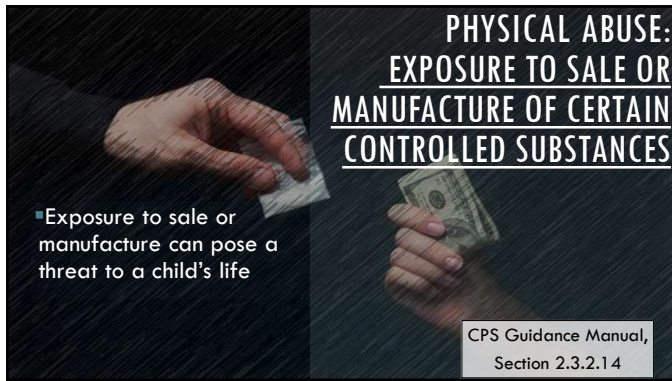
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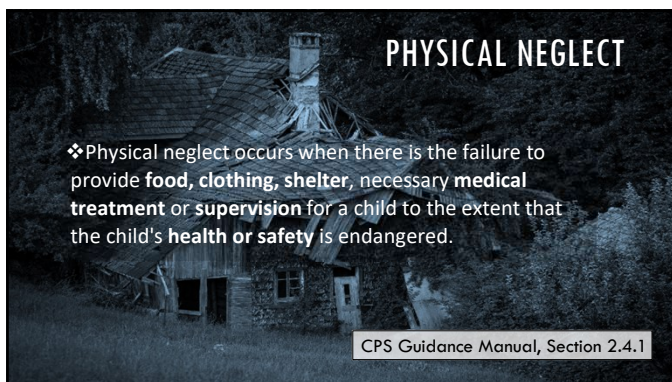
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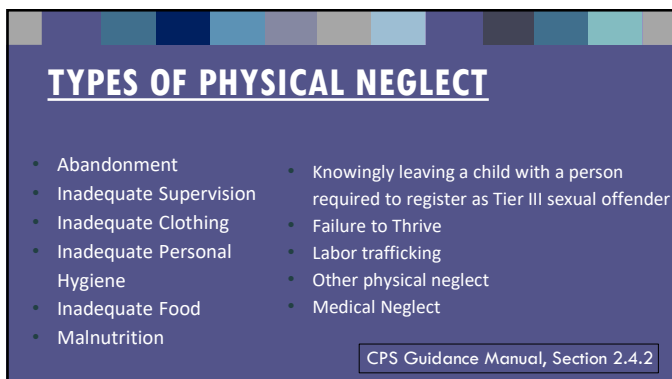
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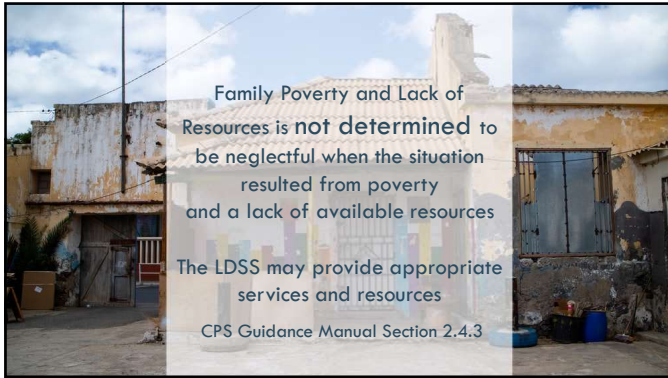
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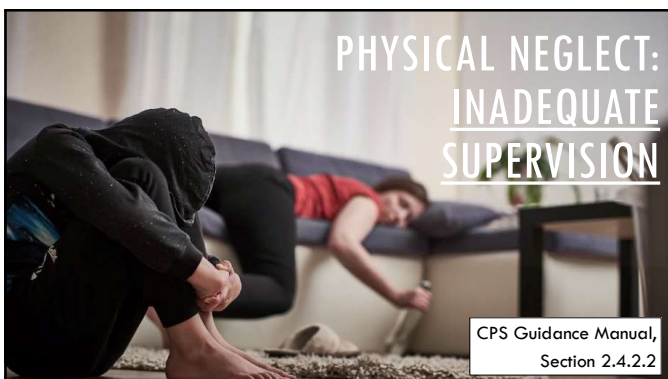
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**PHYSICAL NEGLECT:**

**KNOWINGLY LEAVING  
A CHILD WITH A  
PERSON REQUIRED TO  
REGISTER AS TIER III  
SEXUAL OFFENDER**

- **\*Knowingly\*** left child alone with person not related by blood or marriage
- That person has been convicted of an offense against a minor
- Person is required to register as a Tier III sex offender
- Must be an INVESTIGATION
- Report to Commonwealth Attorney within 2 Hours
- The Alleged Neglector is the Parent/Caretaker (not the sex offender)

CPS Guidance Manual,  
Section 2.4.2.8

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CPS Guidance Manual,  
Section 2.5.1

What is the definition of medical neglect?



**Medical Neglect**

Occurs when caregiver fails to obtain or follow through with medical regimen that could result in illness or developmental delays

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Occurs when a caregiver withholds medically indicated treatment

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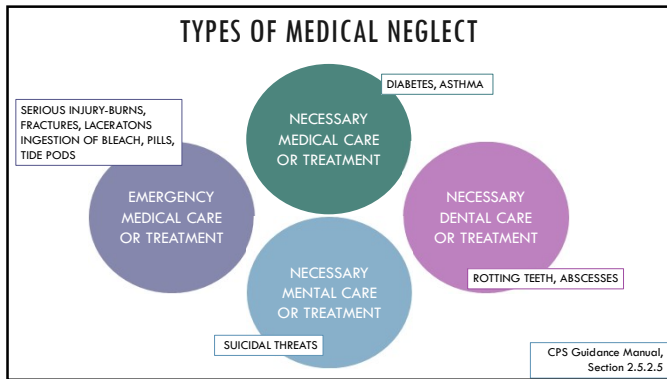
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**MENTAL ABUSE/NEGLECT**

- Caretaker creates, threatens, allows, or inflicts, a mental injury by other than accidental means or creates a substantial risk of impairment of mental functions.
- Includes acts or omissions resulting in harm to a child's psychological or emotional health or development.
- Obtain documentation supporting a nexus between caretaker's action/inaction and child's mental dysfunction

CPS Guidance Manual, Section 2.6.1

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**SEXUAL ABUSE**

Caretaker commits or allows to be committed any act of sexual exploitation, including sex trafficking, or any sexual act upon a child in violation of the law.

CPS Guidance Manual, Section 2.7.1

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## TYPES OF SEXUAL ABUSE

### Exploitation

- Porn, Photos, Prostitution

### Molestation

- Touching Intimate Parts

### Intercourse & Sodomy

- Oral, Anal, Vaginal, Object

### Sex Trafficking

- Facilitating Commercial Sex

### Other

- Exposing, Soliciting

CPS Guidance Manual, Section 2.7.2

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## SUBSTANCE EXPOSED INFANTS

The Code of Virginia § 63.2-1509B requires the local department of social services to accept as valid a report that a newborn infant may have been exposed to controlled substances prior to birth.

CPS Guidance Manual, Section 10.1

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## Office of the Children's Ombudsman



- Inform birth, foster, and prospective adoptive parents
- Inform older foster care youth
- Assist the OCO with the investigation as needed
- Provide progress reports if requested

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## TRANSFER OF LEARNING REVIEW – DAY ONE

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**Transfer of Learning (TOL) – Day One (Part A)**

Research illustrates that activities completed before, during, and after training can enhance a participant's comprehension and knowledge retention so that they can better apply practice skills effectively. Below are activities specifically developed to complement the practice skills learned in today's virtual [guidance](#).

**Complete this Transfer of Learning (TOL) assignment after participating in the first day of the CWS1000W Prevention Services (or Home) New Worker Guidance Course. Email the TOL to \_\_\_\_\_@\_\_\_\_\_.**

**Activity: How Do I Plan?**

For each scenario, circle the answer (more than one is OK) that came closest to how you have responded or would probably respond in the situation. If none of them fits, write what does.

**1. Your grandparents (or parents) will soon have a 50th wedding anniversary. You:**

- Let everyone know that you can take the lead to plan the party. You make a two-column list "must have" and "maybe". You make three rows: "activities", "food", and "decorations". You go on [www.anniversary.com](http://www.anniversary.com) and fill in all of the cells on your chart with ideas.
- Talk to lots of people (relatives, friends, other skilled party planners), take in all of their opinions, and sort out what seems right for this party.
- Leaf through some family photo albums while you listen to music that your grandparents (or parents) love and wait for some inspiring ideas to come to you.
- Order a "Happy Anniversary" cake (standard white with white frosting) and buy some "It's an Anniversary" invitations.
- Figure that if a party seems in order on their anniversary day, you'll be able to get a cake and some credits at the grocery store.

Other: \_\_\_\_\_

**Transfer of Learning (TOL) – Day One (Part B)**

The best way to learn the policy and principles presented in the manual is to continually review the document. Use it to research resources that are available to enhance your skill set as a child welfare professional.

It is our expectation that you will continue to utilize the manual throughout your professional career to assist you in decision-making, resource acquisition, and program knowledge.

**Directions:** Take some time to navigate the document by completing the following table.

Question	Answer	Guidance Section
Family Services Specialist's first visit or attempted visit should occur _____.	Within five business days of opening the case	2.4.3
Maximum number of times a Family Services Specialist should visit with the child(ren) and family _____.		
Initial safety assessment must be conducted _____.		
Initial risk assessment must be conducted _____.		

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**Section G:**  
Opening an In-Home Services Case

**Section H:**  
Managing an In-Home Services Case

**Section I:**  
Closing an In-Home Services Case



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**In-Home Services**

- supports families to safely maintain children in their own home or own communities
- helps to eliminate identified safety and threat concerns
- reduces risk of future child maltreatment
- provides accessible, equitable, individualized services

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## In-Home Services Populations

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Section 2.3.2

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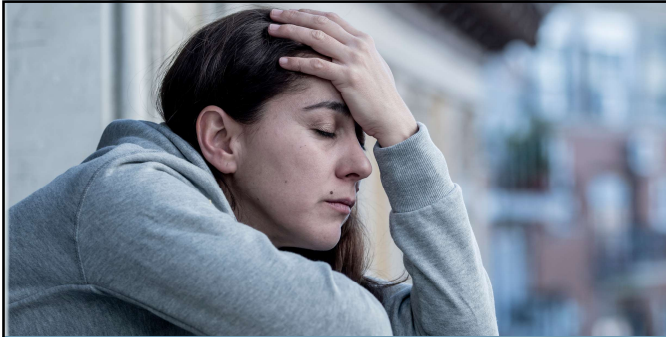
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Families self-referred due to significant crisis

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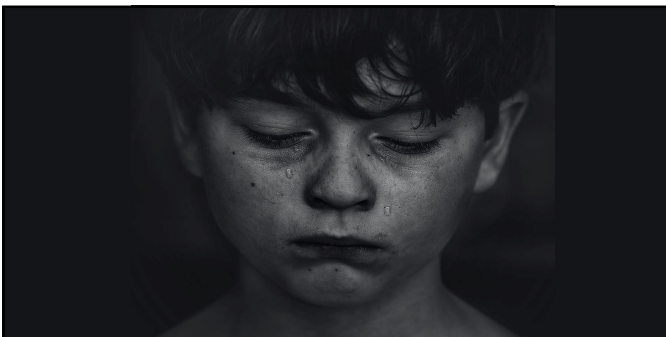
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Families who may have had a substantiation of abuse or neglect

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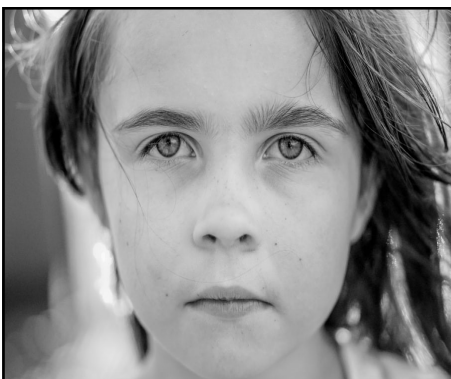
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Children or youth who, in the absence of preventive services, are at imminent risk of out-of-home placement into foster care

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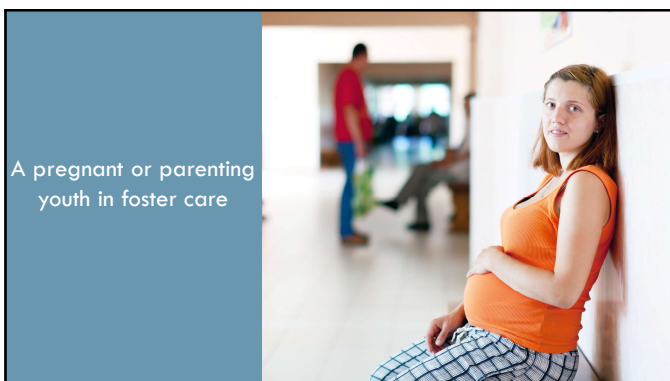
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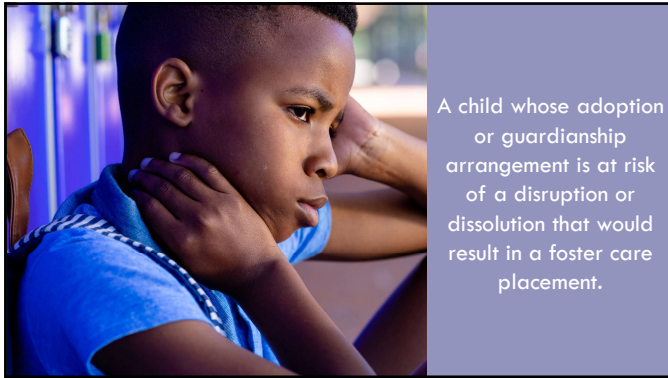
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### OPENING AN IN HOME SERVICES CASE

- Open case without delay
- If opening an In-Home case as a result of a Family Assessment or Investigation, use the "Case Connect" function
- Case must have a primary worker assigned within 3 business days of case opening, and completion of opening case narrative
- Service Application or a Family Service Agreement

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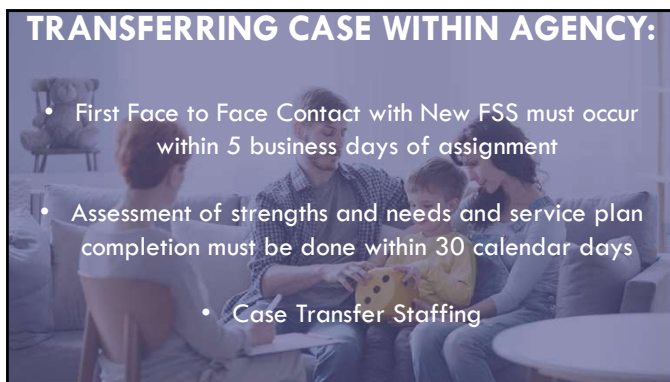
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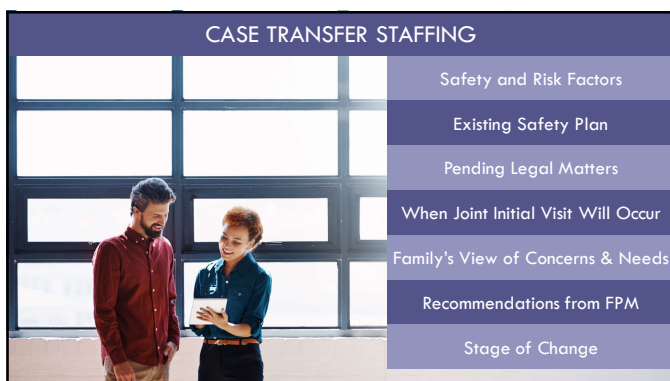
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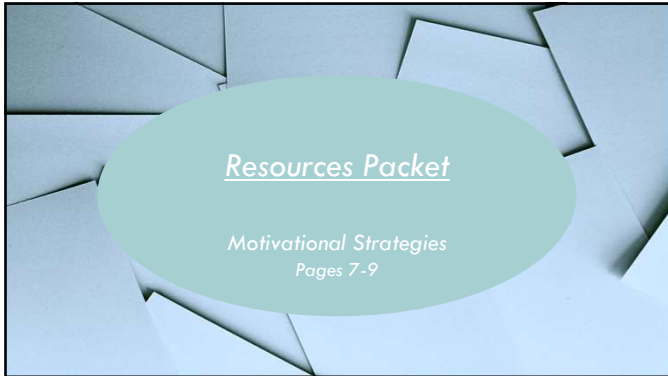
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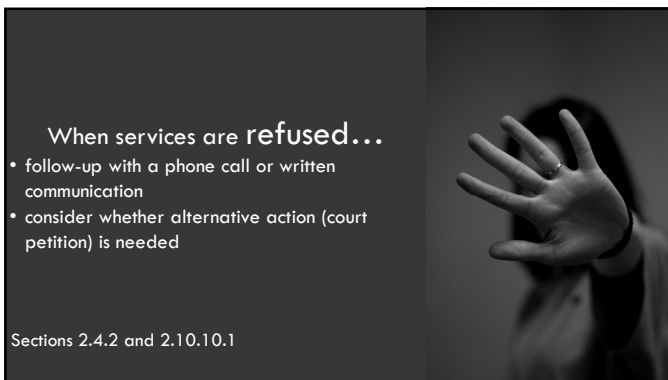
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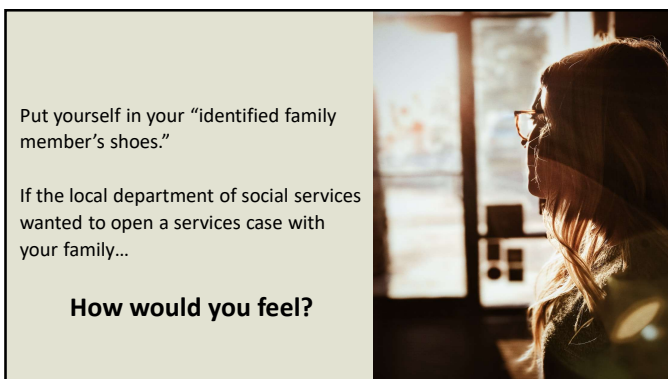
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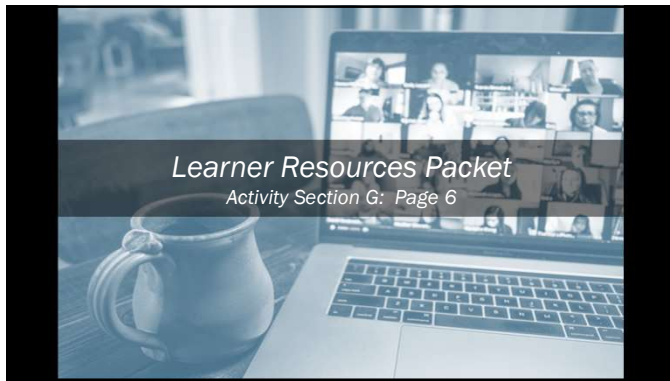
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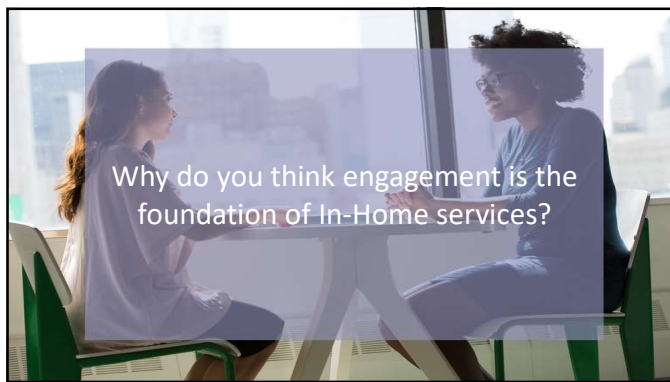
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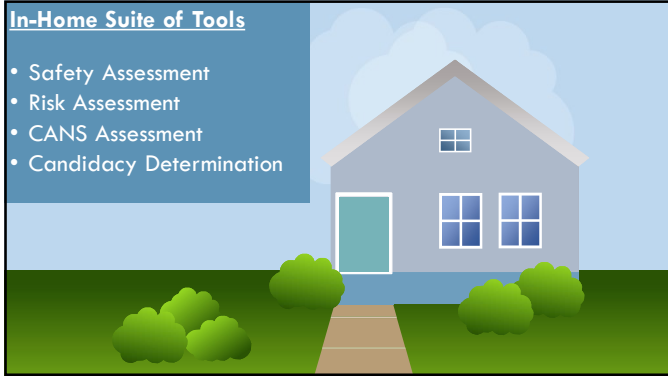
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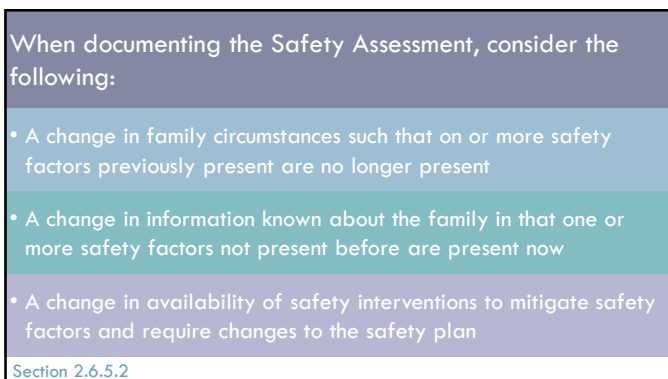
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SAFETY DECISIONS	
safe	Not likely to be in immediate danger or serious harm at the time (no safety plan required)
conditionally safe	Protective safety interventions taken and have resolved unsafe situation at the time (safety plan required)
unsafe	Approved removal and placement is only possible intervention (court order required)

Section 2.6.5.2

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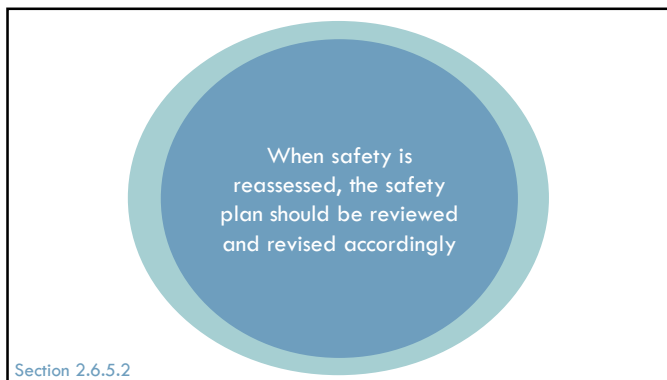
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Section 2.6.5.2

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**VDSS - CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare**

Classroom

**VDSS - CWSE1510: Structured Decision Making In Virginia (Module 2: Safety Assessment)**

Online

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## Parental Child Safety Placement Program

### Prevents Unnecessary Foster Care Placements

- Allows children to stay with relatives or fictive kin caregivers
- Focuses on family-driven decision-making
- Short-term and Voluntary

Section 2.5

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## Parental Child Safety Placement Program

### Initiated If:

- Valid Abuse/Neglect Complaint
- Safety Assessment Resulted in Conditionally Safe
- Parent or Legal Guardian Agrees

Section 2.5

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## Parental Child Safety Placement Program

### Only Appropriate If:

- Safety concern can be resolved within 7 calendar days or;
- Within 90 calendar days if the family is willing to participate in the program

\*If the safety concerns aren't resolved within 90 days, or the family does not participate, LDSS must seek court intervention.

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## THE AGREEMENT MUST INCLUDE:

- A factual indication that the child cannot remain safely in the home
- How the parent/caregiver/guardian will provide necessary medical and educational consent
- A plan for contact, family time, and visitation between the child and the parent(s) or caregiver/guardian
- The responsibilities of the LDSS
- A timeframe for when the agreement will be re-evaluated or ended
- Any additional terms that the LDSS identifies necessary to ensure the safety and well-being of the child
- An acknowledgement that the parent/caregiver/guardian can consult with legal counsel prior to signing the agreement
- A statement that the parent/caregiver/guardian voluntarily agrees to the PCSP and that their consent is not an admission of child abuse or neglect
- A statement that the parent/caregiver/guardian have the right to refuse to sign the agreement
- A statement that the LDSS has informed the parent/caregiver/guardian of the option to become an approved kinship foster parent and the child's entry into foster care

Section 2.5.1

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Section 2.5.2.1

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**Permanency Assessment Tool**

Accurint Criminal Background check

Central Registry check

Home Visit

Permanency Assessment Tool

Out of Home Staffing

FPM

Exception Report

Parent Child Safety Placement	Relative and Foster Kin Options
<p><b>Background Checks</b></p> <ul style="list-style-type: none"> <li>Every adult 18+ in the home will need criminal history inquiry completed in Accurint</li> <li>Every adult 18+ in the home will need child welfare history inquiry completed in DASH</li> </ul> <p><b>Home Visit</b></p> <ul style="list-style-type: none"> <li>Complete home visit prior to placement</li> <li>Home visit must be completed within 14 days of placement</li> <li>Home visit must be completed by a licensed social worker or a licensed foster parent</li> <li>Home visit must be completed by a licensed social worker or a licensed foster parent</li> <li>Home visit must be completed by a licensed social worker or a licensed foster parent</li> </ul>	<p><b>Relative and Foster Kin Options</b></p> <ul style="list-style-type: none"> <li>Relative and Foster Kin Options must be completed within 14 days of placement</li> <li>Relative and Foster Kin Options must be completed by a licensed social worker or a licensed foster parent</li> <li>Relative and Foster Kin Options must be completed by a licensed social worker or a licensed foster parent</li> <li>Relative and Foster Kin Options must be completed by a licensed social worker or a licensed foster parent</li> </ul>

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#### FPM WITHIN 7 DAYS OF PCSP TO DETERMINE:

- The child can return to the home of the parent(s) or caretaker(s)/guardian(s) safely, with services.
- The family will voluntarily participate in the Parental Child Safety Placement Program and enter into a PCSPA.
- The agency should file for custody and facilitate placement because the safety concerns necessitating the PCSP will not be resolved within 90 calendar days.

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#### LDSS ENSURES:

- The relative/fictive kin caregiver(s) will be made aware of any financial assistance they will be eligible for upon signing of the PCSPA and while the agreement is in place.
- The LDSS will obtain signatures of all involved parties on the PCSPA within four (4) business days of the initial FPM.
- The parent(s) or caregiver(s)/guardian(s), relative/fictive kin caregiver(s), and other involved parties will be given a copy of the signed PCSPA.
- The LDSS will maintain a copy of the agreement into the electronic case record.

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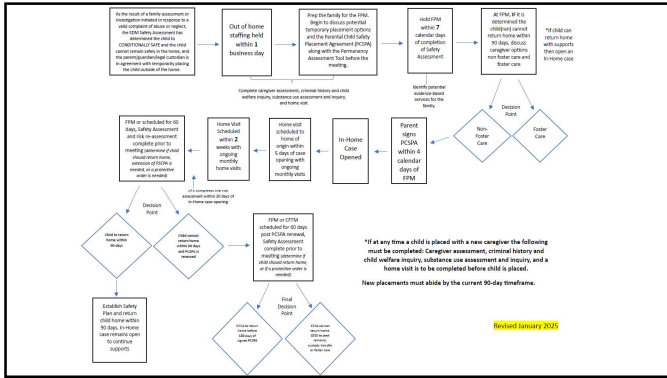
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## EXCEPTION REPORT

EFFECTIVE JAN 1, 2025

A report must be filed within 72 hours anytime a child enters foster care into a **non-relative placement** or moves to a non-relative placement at any point in a foster care case.

The exception report is an electronic Qualtrics form, and the link can be found on Fusion.

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## Family Risk Assessment

(Completed within first 30 calendar days of case opening)

- Assesses whether family is more or less likely to have an incident of abuse or neglect without intervention
- Based on conditions that exist at time the incident is reported and assessed
- Based on family's prior history
- Based on supporting narrative in OASIS
- Reassessed within 90 days

Section 2.6.6

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Very High	<ul style="list-style-type: none"> <li>• VERY HIGH likelihood that child(ren) will be maltreated</li> <li>• Open In-Home case</li> </ul>
High	<ul style="list-style-type: none"> <li>• HIGH likelihood that child(ren) will be maltreated</li> <li>• Open In-Home case</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>• MODERATE likelihood that child(ren) will be maltreated</li> <li>• Consider opening In-Home case or if other protective capacities will lower risk</li> </ul>
Low	<ul style="list-style-type: none"> <li>• LOW likelihood that child(ren) will be maltreated</li> <li>• Consider opening Family Support (Early Prev/Family Preserv) case if services are needed or requested by the family</li> </ul>

Section 2.6.1

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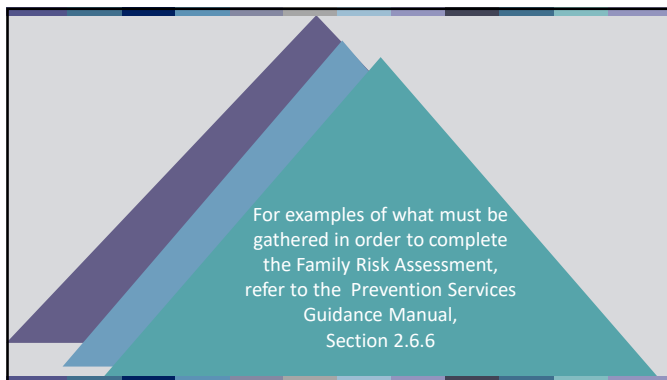
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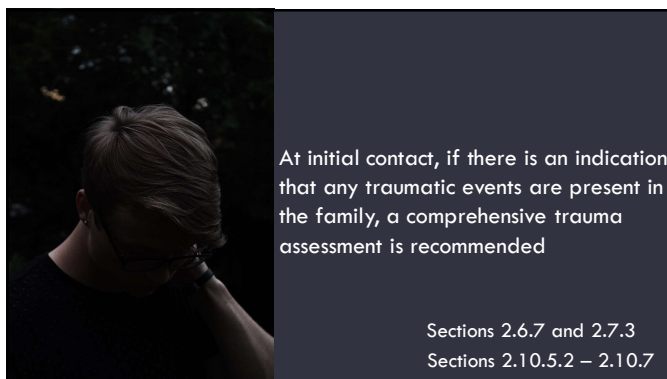
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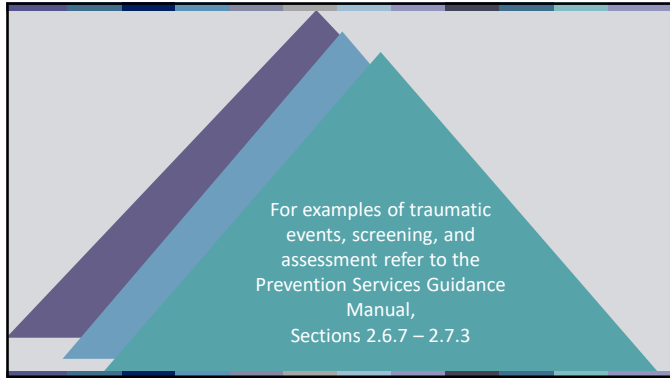
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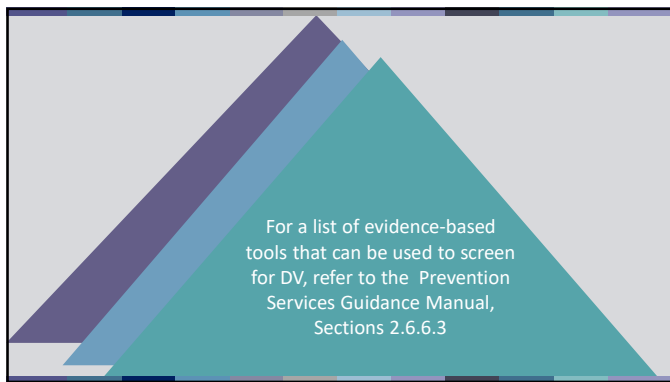
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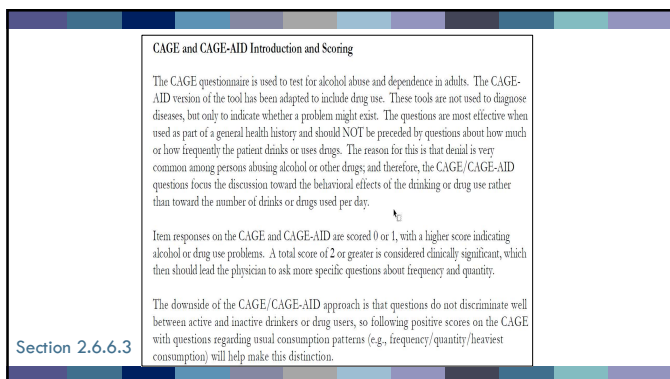
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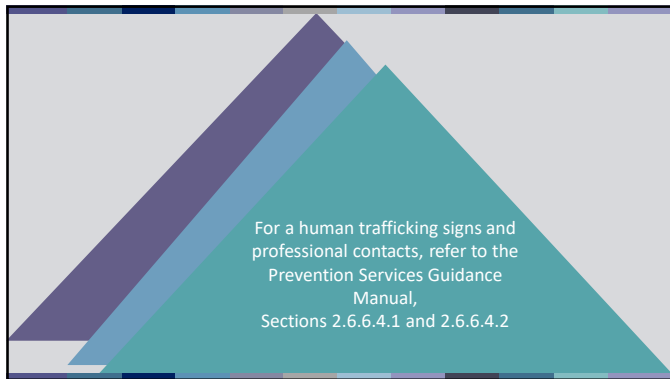
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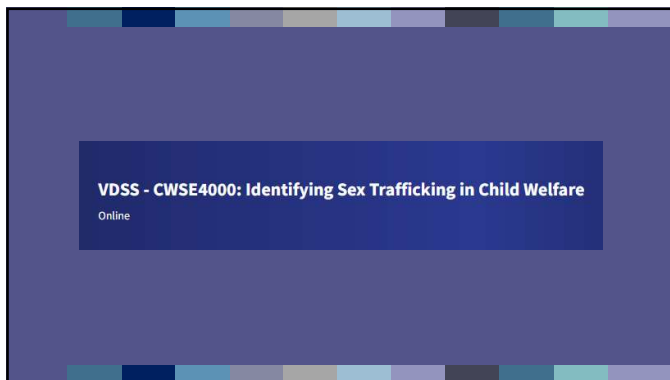
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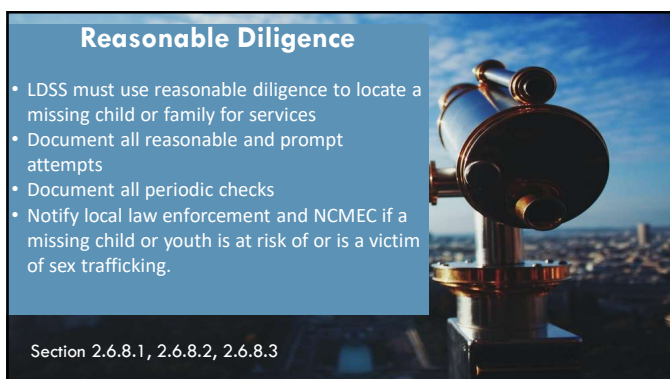
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**Reasonable Diligence Checklist**

The Code of Virginia § 63.2-1103 F mandates the LDSS to use reasonable diligence in locating the subjects of a report or complaint of abuse or neglect. Guidelines dictate that the CPS worker shall conduct a face-to-face interview with the alleged victim child and shall conduct this worker visit within the required priority level assigned. This checklist provides strategies to aid in meeting mandated timelines of initial contacts.

- ☐ Accrual Data System.
- ☐ Coordinate with School System (Emergency Contact Info, Health Card, Bus Schedule).
- ☐ Relatives, Neighbors, Landlords (professional discretion in release of information).
- ☐ Coordinate with other agency workers (Benefits, VIEW, Child Care, etc.) or prior/current LDSS workers and other community partners (DVC, Health Department, CHIP, Home Visiting Program, Pediatrician, etc.).
- ☐ Follow-up with complaints/responses.
- ☐ Text Messaging directly to clients.
- ☐ Read details of prior OASIS history.
- ☐ Register or Family Advocacy Program (Military OneSource) for Service Members or Dependents.
- ☐ Personal locator tool and/or SPIDER, CLEAR, Yitterish, watches.
- ☐ Department of Motor Vehicles.
- ☐ Coordinate with other members of Multidisciplinary Team (MDT), law enforcement, court liaison/victim witness/leak's office, etc.
- ☐ Division of Child Support Enforcement.
- ☐ Telephone and utility companies.
- ☐ Children provider records.

Section 2.6.8.1

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**Services for Children of...**

- Native American heritage
- Alaskan Native heritage
- Aleut heritage

Section 2.6.6.8

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**VDSS - CWSE5020: Introduction to the Indian Child Welfare Act (ICWA)**

Online

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## Family Partnership Meeting (FPM)

- Within 24 hours after Safety Concerns are Identified and Agency is Considering Removal
- Whenever Risk Assessment = High or Very High Risk
- Within 30 Days of Initiating Services, and Prior to Development of Service Plan
- Within 7 Days of PCSP
- Within 60 Calendar Days of the PCSPA being established
- Prior to the extension of a PCSPA
- Within 150 Calendar Days and Prior to the Conclusion of PCSPA

Section 2.5.3.1, 2.6.5.3, 2.6.6.6

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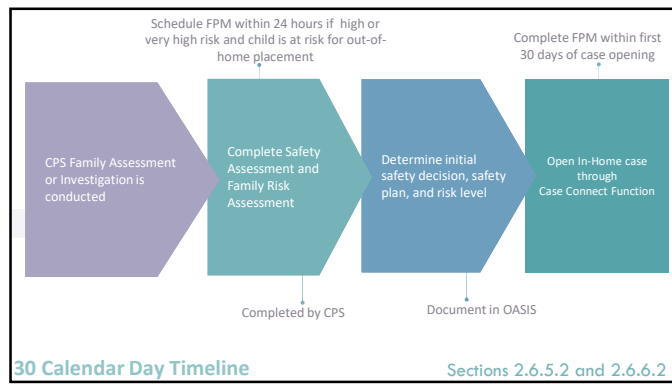
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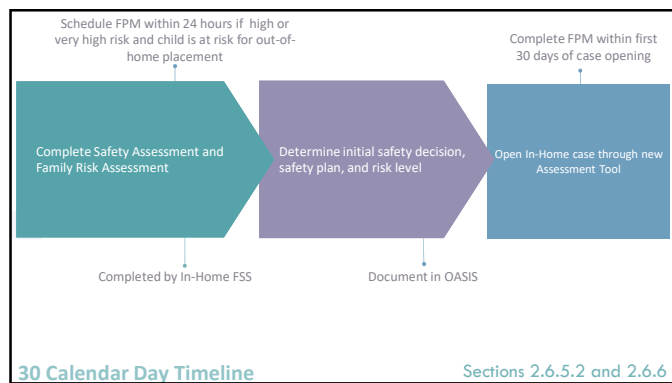
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Conduct a mutual, comprehensive assessment with the family's needs and strengths

- Discuss expectations
- Need for services
- What and how services will be delivered

Section 2.7



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Strength-based, family focused, comprehensive assessments can help identify the protective factors that reduce risks

Section 2.7

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**Child and Adolescent Needs and Strengths (CANS)**  
(Completed within first 30 calendar days of case opening)

- Must be completed for any children and their caregivers **who are identified on the service plan or receiving a direct or funded intervention or service**
- Identifies and prioritizes strengths and needs of child and family
- Helps guide service planning
- Helps track child and family outcomes
- Promotes resource development and supports decision-making

Section 2.7.1

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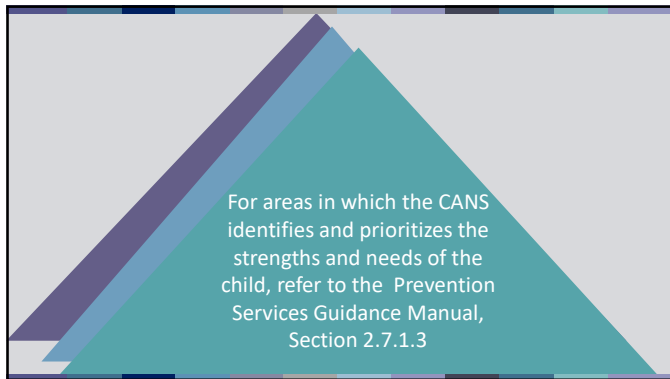
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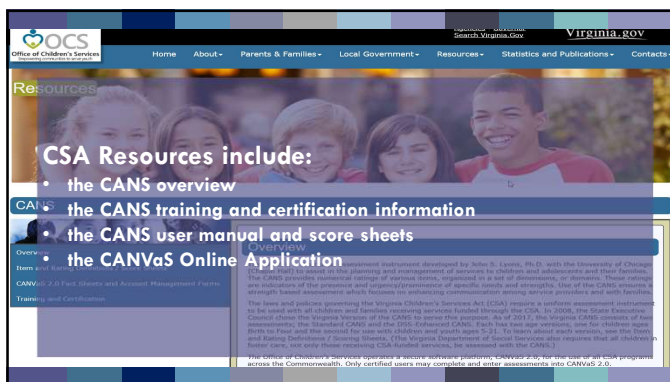
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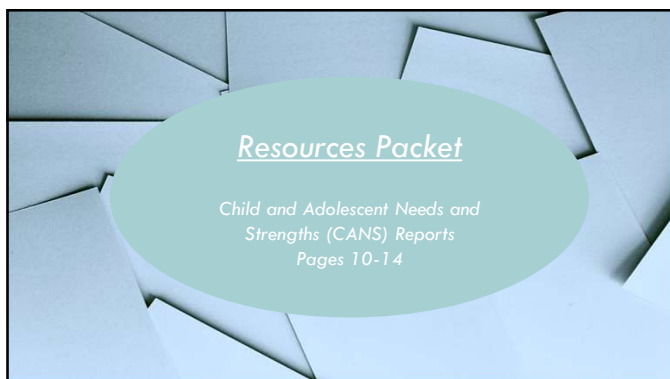
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**Candidacy Determination**  
(Completed within first 30 calendar days of case opening)

- critical assessment
- completed in all In-Home cases

**Section 2.6.6.5**

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Reasonable Candidate	Candidate for Foster Care
Child is determined to be at imminent risk of foster care placement	Child is determined to be at imminent risk of foster care placement
Child can remain safely in home with parents or relative/fictive kin caregivers as long as interventions, services, or supports documented on the service plan are provided	Child can remain safely in home with parents or relative/fictive kin caregivers as long as <b>Title IV-E, evidence-based services</b> that are identified in Virginia's approved federal Prevention Plan and documented on the service plan are provided

**Section 2.6.6.5**

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**Candidacy Determination must be documented on the...**

- Service Plan and
- Candidacy Determination Form

**Section 2.6.6.5**

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The *Service Plan*  
should be completed on the same day or  
PRIOR to completing the  
*Candidacy Determination Form* in OASIS

Section 2.6.6.5

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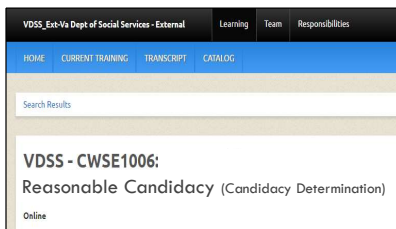
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Section 2.6.6.5

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Once all the required  
assessments have been  
completed and their  
findings collectively  
evaluated, what is next?

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## Service Plan

Completed within first 30 calendar days of case opening  
Re-evaluated every 90 days thereafter

Documents all services to prevent further child maltreatment, out-of-home care, or placement into foster care

**Section 2.8.5**



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## Service Plan

Components of an effective service plan are:

- Achievable goals
- Individualized, measurable, time-limited objectives for behavioral change
- Strengths used to achieve goals
- Barriers to achieving goals and objectives
- Services
- Strategies

**Section 2.8.5**



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**VDSS - CWS1071W: Family Centered Case Planning in Child Welfare**

Classroom



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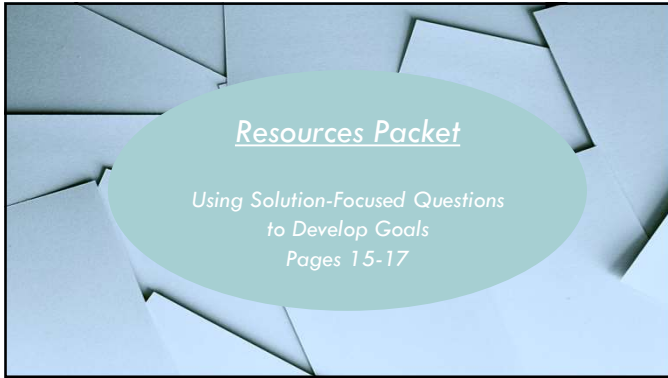
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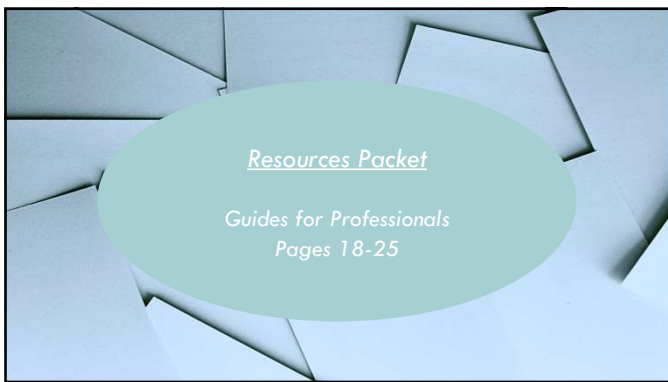
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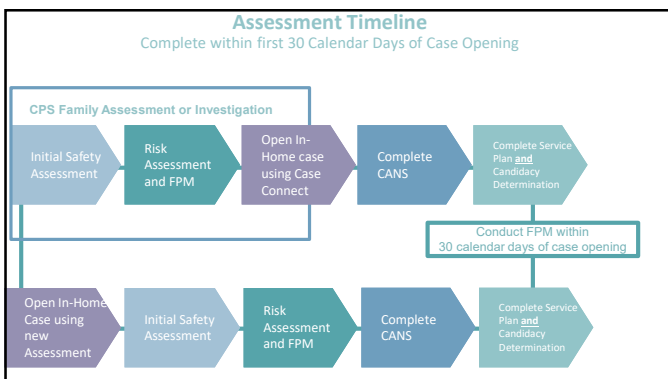
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### Evidence-Based Services

In order to receive Title IV-E federal funding for services:

- document services needed in the service plan
- document the child's determination as a Candidate for Foster Care
- choose a service that is approved in Virginia's federal Prevention Plan



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### Funding the Services

- Explore with the family the plan for funding services
- Become familiar and comply with policies established by the local Community and Policy Management Team for access to CSA funding

**Section 2.8.9**



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For a range of funding sources,  
refer to the Prevention  
Services Guidance Manual,  
Appendix D



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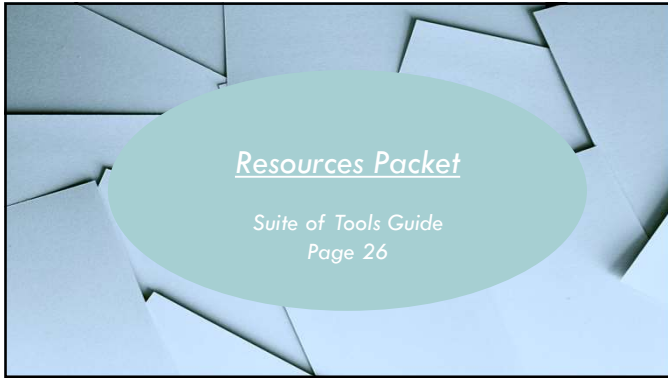
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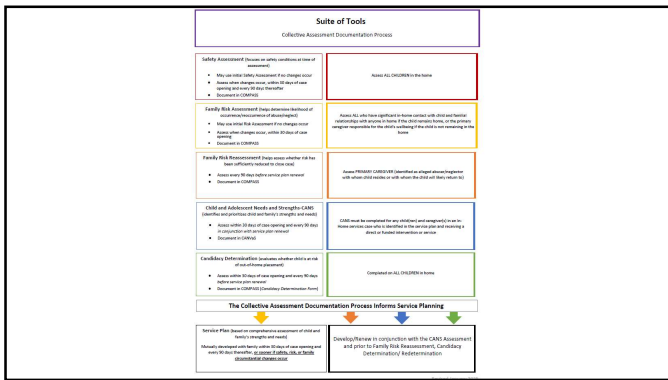
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### Family Partnership Meeting (FPM) Review

Facilitates planning at **critical decision points** to determine whether:

- child can remain or return home safely with services
- voluntary placement of the child with relative/fictive kin caregiver and provision of services and safety plan will occur
- LDSS should file for custody and facilitate placement into foster care

Section 2.6.5.3

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### Child and Family Team Meetings (CFTM)

- Used to regularly review services and progress
- Used to regularly review the family's needs and preferences
- Held PRIOR to any service plan review

Section 2.6.6.7

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**Why is it best practice to conduct a CFTM every 30 days?**

**What could you do to ensure this happens?**

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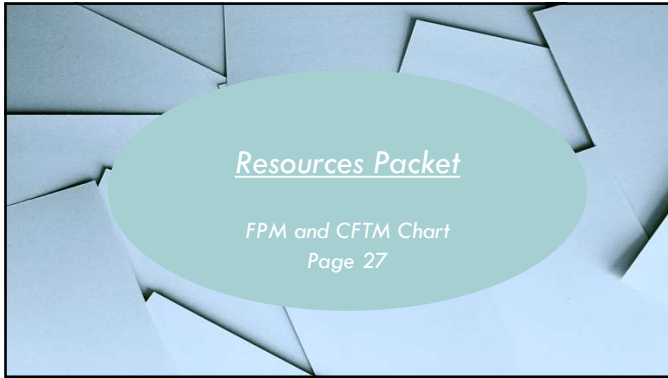
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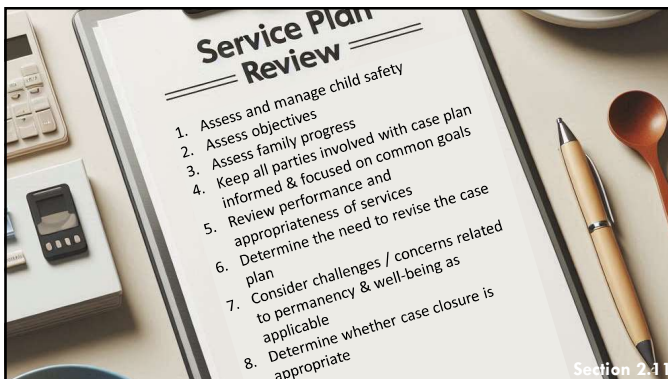
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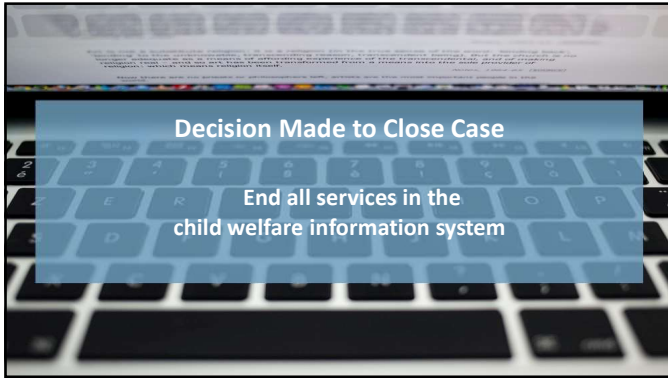
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**When Closing an In-Home Case:**

- Complete the final Safety Assessment Tool within 30 days of case closure
- Safety Assessment must be SAFE
- Document in COMPASS

Section 2.12.1

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**When Closing an In-Home Case:**

- Complete the final Risk Reassessment Tool within 30 days of case closure
- Risk Reassessment should be LOW or MODERATE
- Document in COMPASS

Section 2.12.2

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### When Closing an In-Home Case:

- Close the CANS assessment in CANVaS

Section 2.12.3

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### When Closing an In-Home Case:

- Document a closing case summary detailing rationale for closing the case to include:
  - Reason case was opened
  - Services provided to child and family
  - Results of assessments
  - Outcomes of court matters
  - Recommendations or referrals – use of formal/informal supports

Section 2.12.4

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Case closure must be approved by the Family Services Specialist Supervisor in OASIS

Section 2.12.5

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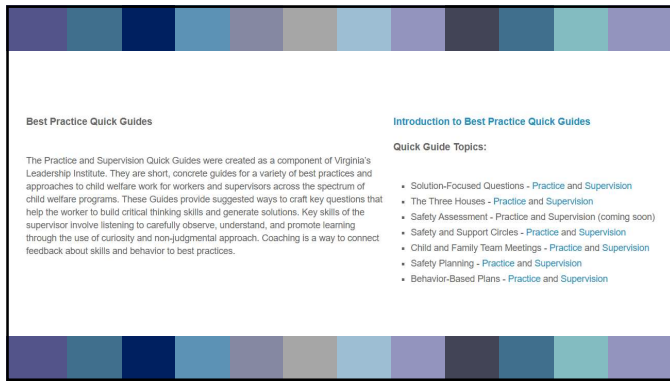
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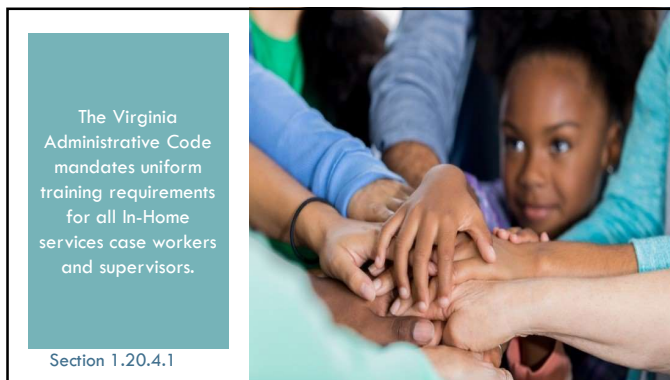
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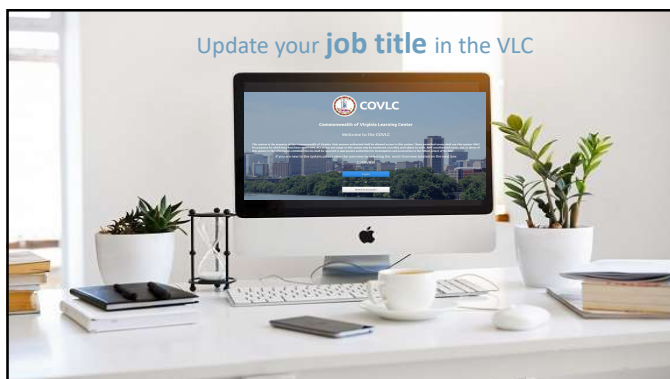
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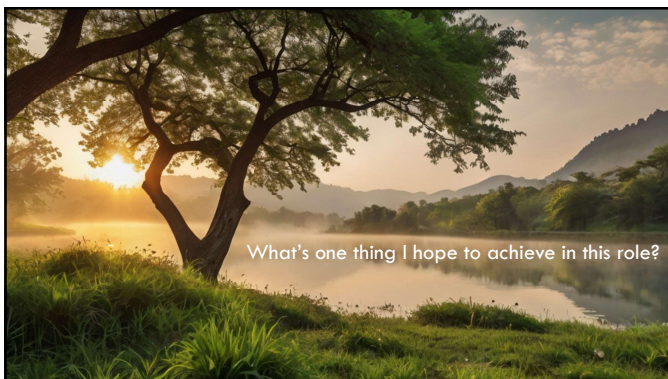
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### Survey

- Your feedback is important to us.
- It is anonymous.
- The course is:  
**CWS1000W – In-Home Services New Worker Guidance Training**
- The trainer is:
- Date is:

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