

FRONT DOOR TO THE DCF CHILD AND FAMILY WELLBEING SYSTEM

JOINT COMMITTEE FOR CHILD WELFARE SYSTEM OVERSIGHT
DEPUTY SECRETARY TANYA KEYS | 6.2.2025

TABLE OF CONTENTS

3	Kansas Practice Model	16	Additional Coordination
5	Kansas Protection Report Center	18	Prevention Service Path
13	Reports Assigned		

KANSAS PRACTICE MODEL

FRAMEWORK

Approach

- Safety organized practice
- Authentic engagement
 - Family and youth voice
 - Kin First
- Cultivate family and community prevention networks
 - Connect to concrete and relational supports
 - Bridge to community supports
- System Collaboration and Coordination
- Evidence Based
 - Assessments
 - Meaningful service interventions
- Robust workforce supports, data and quality assurance

Tools and Resources

- Signs of Safety mapping, family and child conversation tools with safety scaling
- Structured Decision Making
- Family Finding/ Family Seeing (via Kevin Campbell)
- Solution Focused Questions (via Safe Generations)
- Team Decision Making (via Evident Change)
- Four (4) questions
- Protective Factor integration
- Collaboration – CARE providers, Child Advocacy Centers, Family Resource Centers
- Evidence based service referrals
- DCF Caseload management (data, QA)

OUR MISSION:

To protect children, strengthen families
and promote adult self-sufficiency.

WHAT WE BELIEVE:



PEOPLE HAVE THE CAPACITY:

- To progress
- To succeed
- To grow
- To do well in life



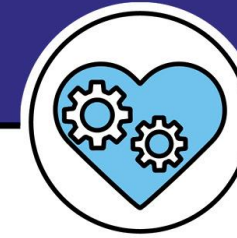
PEOPLE ARE THE EXPERTS ON THEIR LIVES AND HAVE:

- Voices
- Choices
- Needs
- Strengths
- Life Stories



WE VALUE COMMUNITIES AND THE PEOPLE THAT MAKE THEM UNIQUE:

- We honor the whole person
- We rely on each other
- We are partners, not competitors
- We all benefit from a collective impact approach
- Communities bring strength through relationships and resources



WE LEAD WITH AUTHENTICITY, CURIOSITY, AND RESPECT:

- We are innovative
- We are inclusive
- We are experts
- We are leaders
- We are authentic
- We are diverse
- We care about each other, our work and the people we serve
- We share success stories

FRONT DOOR PATH OVERVIEW

REGIONAL CHILD PROTECTION SPECIALIST ALONGSIDE THE FAMILY AND THEIR NETWORK



1. A report is made to Kansas Protection Report Center (KPRC). An intake protection specialist uses Kansas Intake Guidance to determine the assignment of the report.



2. The report is sent to a DCF Regional Service Center if it meets any criteria of abuse/neglect or family in need of assessment (FINA).



3. The report is assigned to a Child Protection Specialist (CPS) to visit and assess family.



4. The CPS and family work together to find services that promote family well-being and/or child safety to keep families together.

KANSAS PROTECTION REPORT CENTER (KPRC)

INITIAL GATEWAY FOR CHILD IN NEED OF CARE REPORTS



Kansas Protection Report Center Overview

- Receives reports 24/7 every day regarding a family in need of assessment or allegations of abuse or neglect.
- 1-800-922-5330, On-line Web reports, fax or mail.
- 88 positions managing intakes across protection specialists (76), supervisors (10) and managers (2).
- 3 primary locations for KPRC - KC, Topeka & Wichita service centers. Staff may work from another service center or work remotely for certain shifts.
- Reports are entered, reviewed, and assigned using the Kansas Intake Protection System (KIPS)
- In SFY24, 70,940 reports
 - 65% of reports received are made using the online web intake
 - Educators are the most frequent report source (28%)

KPRC REPORT SOURCE

SFY24



Reports Received

Reports Received	# Reports	%
Education	20,453	28.8%
Social Service	12,222	17.2%
Other	11,158	15.7%
Law Enforcement/Legal	8,984	12.7%
Medical	6,168	8.7%
Anonymous	4,273	6.0%
Parent	3,135	4.4%
Relative	2,688	3.8%
Neighbor	522	0.7%
Friend	507	0.7%
Day Care Provider	426	0.6%
Victim	308	0.4%
Substitute Care	96	0.1%
Grand Total	70,940	100%

Reports Assigned

Reports Assigned	# Reports	%
Education	10,917	31.0%
Social Service	6,103	17.3%
Other	5,224	14.8%
Law Enforcement/Legal	3,475	9.9%
Medical	3,018	8.6%
Anonymous	2,372	6.7%
Parent	1,631	4.6%
Relative	1,471	4.2%
Friend	321	0.9%
Neighbor	292	0.8%
Day Care Provider	221	0.6%
Victim	166	0.5%
Substitute Care	42	0.1%
Grand Total	35,253	100%

KPRC INTAKE QUESTIONS

In addition to identifying contact information for the family, questions using the Kansas Practice Model Approach include (but are not limited to):

- What has someone done or not done that has you worried enough to reach out?
- Please describe how the child(ren) you're worried about has/have been harmed.
- Family Supports - Who from this family's life. friends, extended family, neighbors, teachers, coaches, clergy, etc. has supported them?
- Protective Actions - Based on what you know, describe how the child(ren) are being or have been protected from the things that have you worried
- Immediate Safety Scale: Question: On a scale of 0–10, 10 is, you're confident the child(ren) will be safe enough staying where they are and 0 is things are so bad for these children that you worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate it?

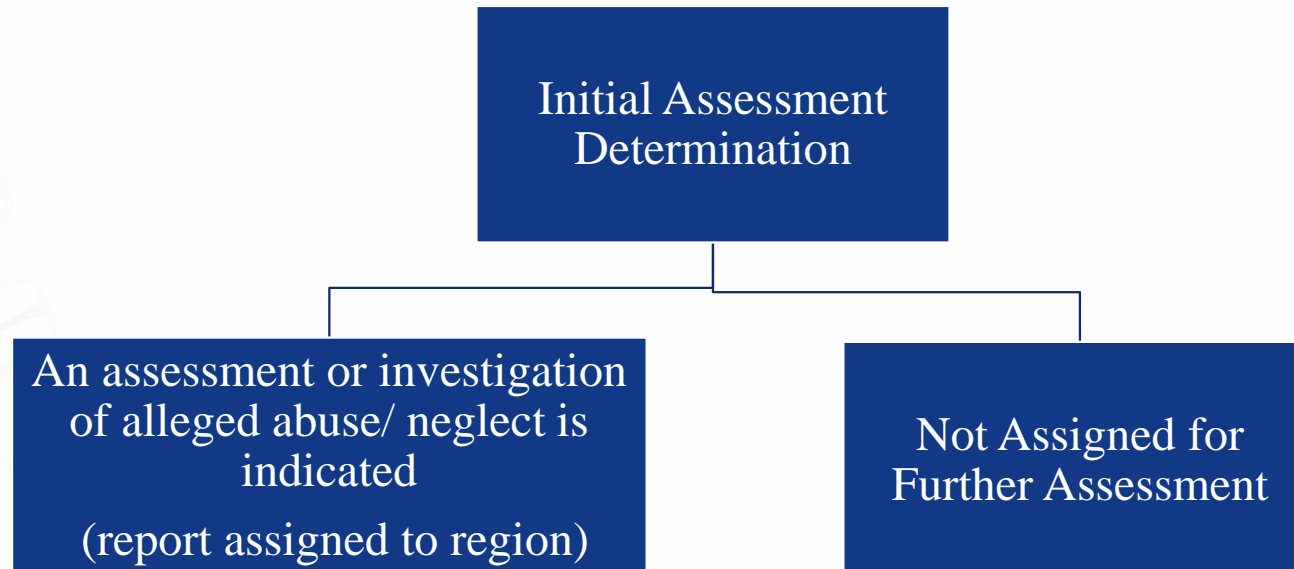


KANSAS PROTECTION REPORT CENTER

Initial Assessment Decision completed by a Child Protection Specialist to determine if

- There are reasonable grounds to believe abuse/neglect exists.
- Immediate steps are needed to protect the health and welfare of the child.
- The Family is In Need of Assessment to determine if services are indicated.

Completed by the end of the next half work day from the time the report is returned following the preliminary inquiry. (*effective 7/1/25, law enforcement reports reviewed every day*)



KANSAS PROTECTION REPORT CENTER



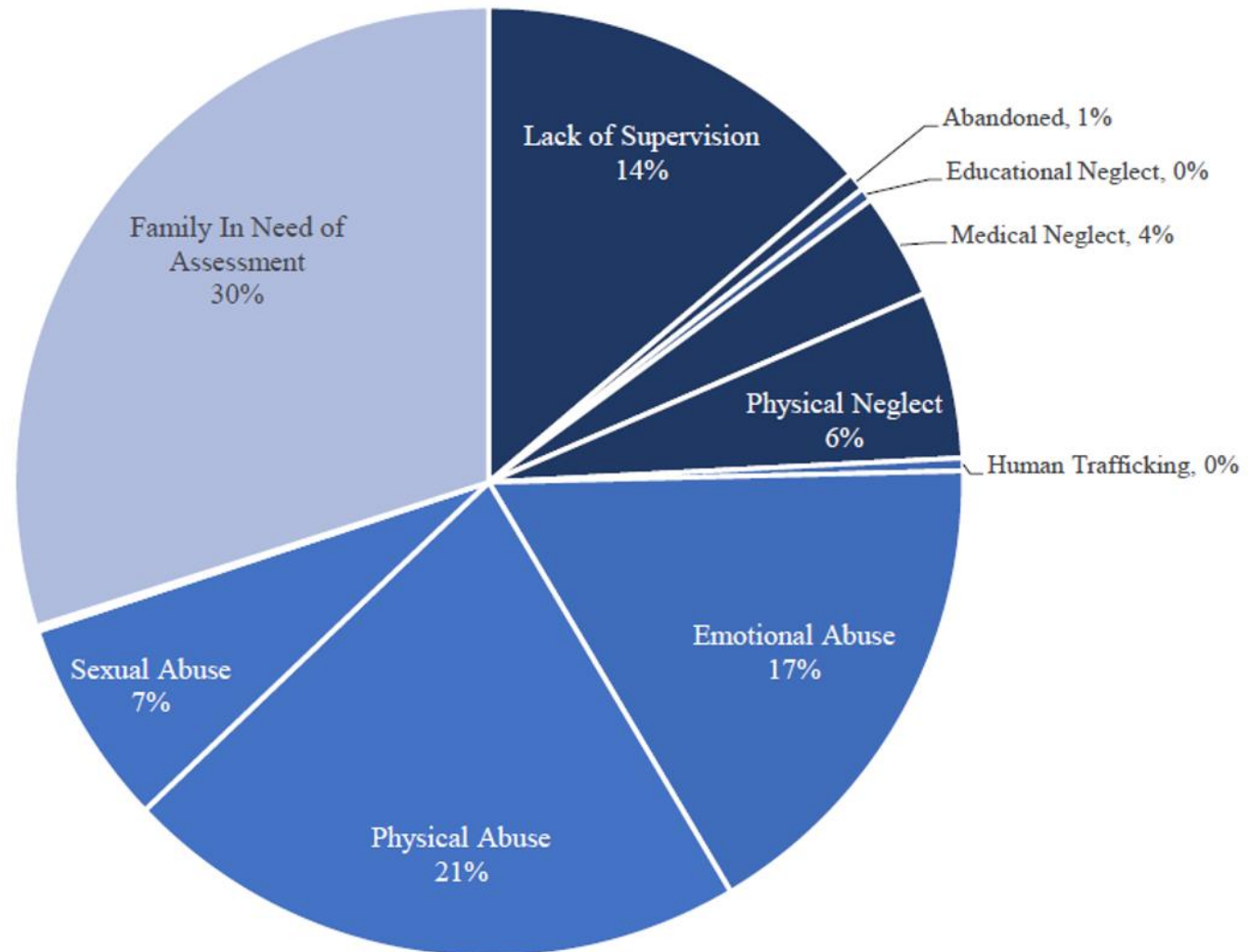
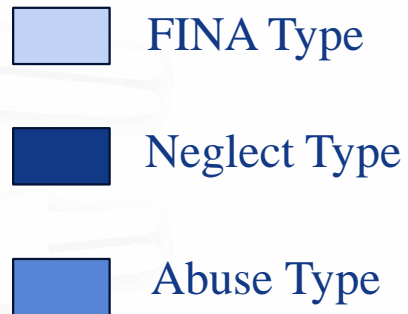
CRITERIA FOR DETERMINING NO FURTHER ASSESSMENT IS NEEDED

When not assigned, examples of reasons why no further assessment is needed

- Incident is already being assessed by the agency in another report
- DCF does not have authority to proceed or has a conflict such as a family member employed by DCF or KDADS
- Report Fails to Provide the Information Necessary to Locate Child
- No indication the child has been harmed or is likely to be harmed or endangered.
- Care giver's behavior does not harm a child or place a child in a likelihood of harm or being endangered.
- Report concerns foster home licensing standards only, no abuse or neglect. (would be addressed by licensing team)

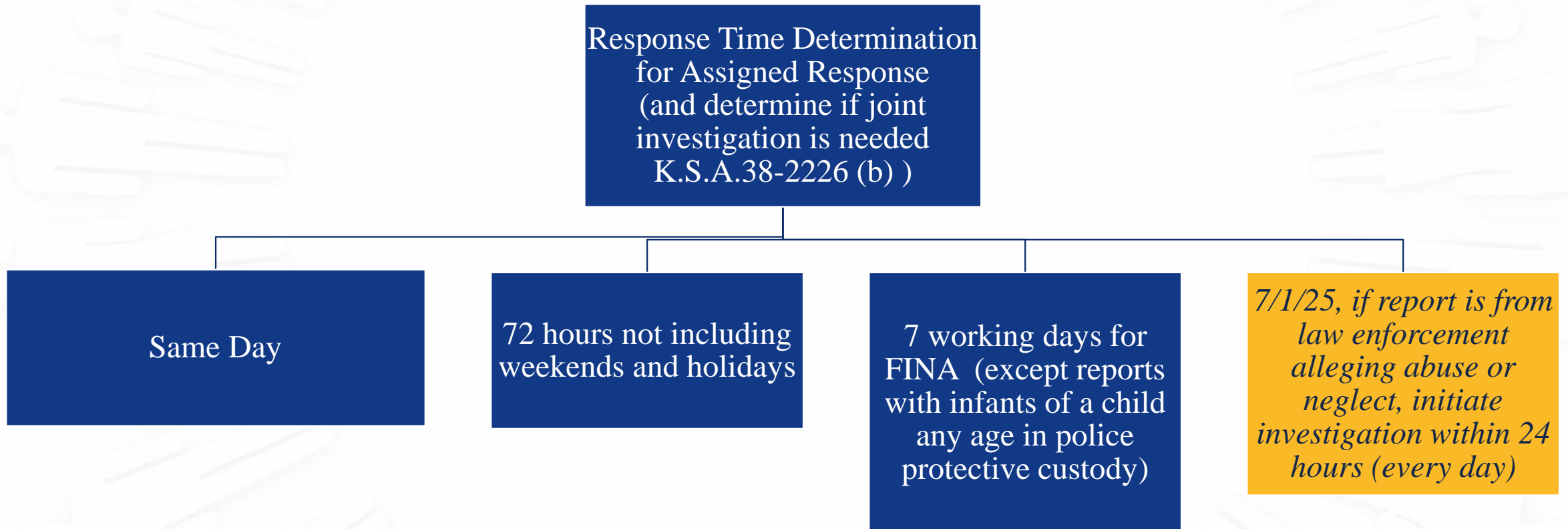
KANSAS PROTECTION REPORT CENTER

SFY 24 ASSIGNED REPORT



KANSAS PROTECTION REPORT CENTER

ASSIGNED RESPONSE TIME BY CHILD PROTECTION SPECIALIST



KANSAS PROTECTION REPORT CENTER



POLICY EXAMPLES OF REPORTS WHICH SHALL BE ASSIGNED FOR SAME DAY RESPONSE

1. Child is currently in police protective custody
2. Any alleged abuse or neglect of a child under one year of age.
3. Any child with a current injury due to the alleged abuse/neglect.
4. Any child with an illness, injury, and/or condition that requires emergent care AND the caregiver is failing to take the necessary measures to address the concern.
5. Sexual abuse, including human trafficking, of a child with the alleged perpetrator having access and there are no protective factors in place (uses policy appendix 2J as guidance).
6. The child is in a life-threatening situation due to abuse or neglect (current situation) and no protective factors are in place (using policy Appendix 2J as a guide).
7. Child is expressing fear of further abuse/neglect upon returning home AND the child is likely to be in danger of a life-threatening situation with no protective factors in place (using policy Appendix 2J as a guide)

KANSAS PROTECTION REPORT CENTER

REPORT ASSIGNED

- Reports assigned are sent to the DCF region where the family resides



KPRC



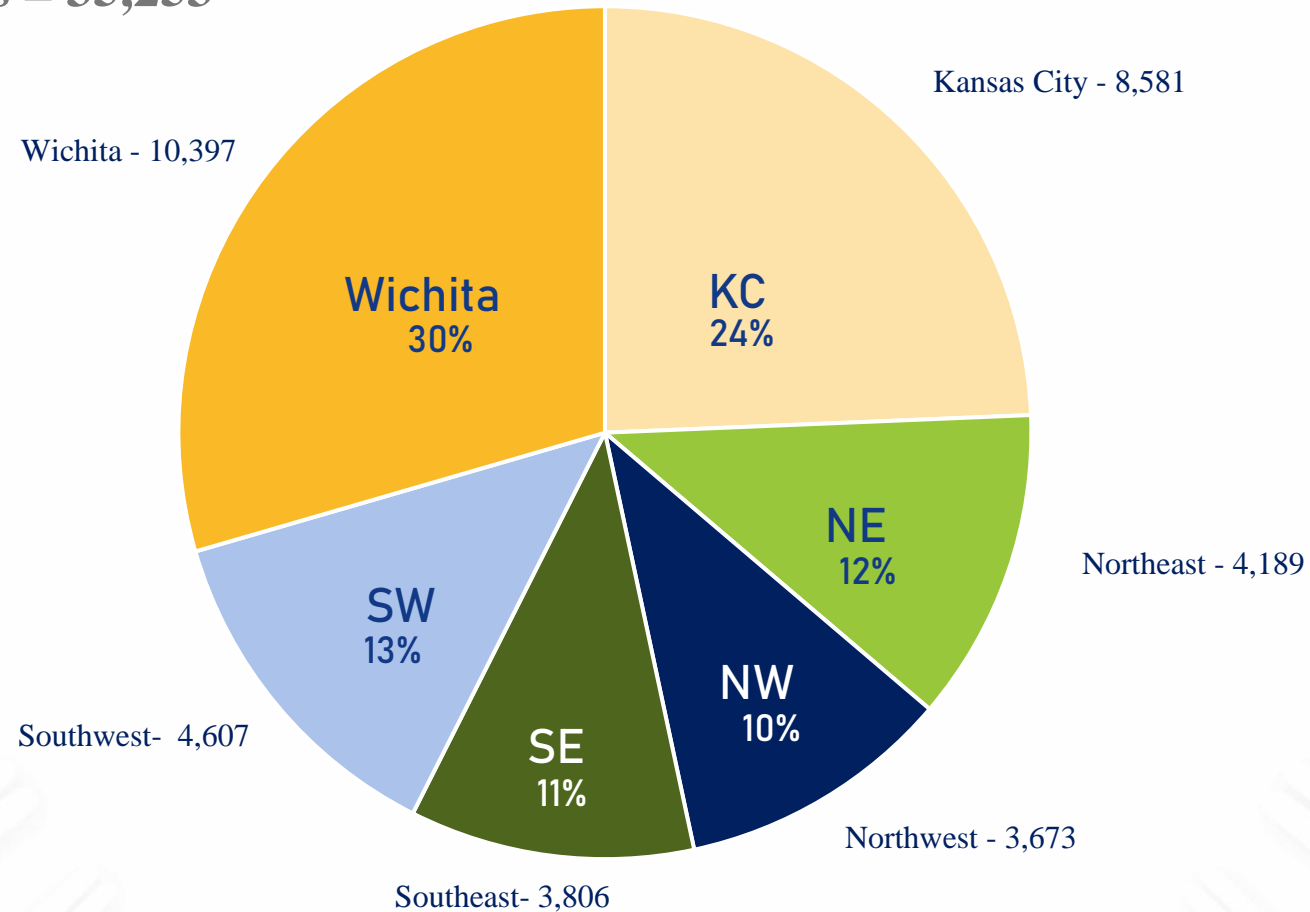
DCF SERVICE CENTER



CHILD PROTECTION
SPECIALIST

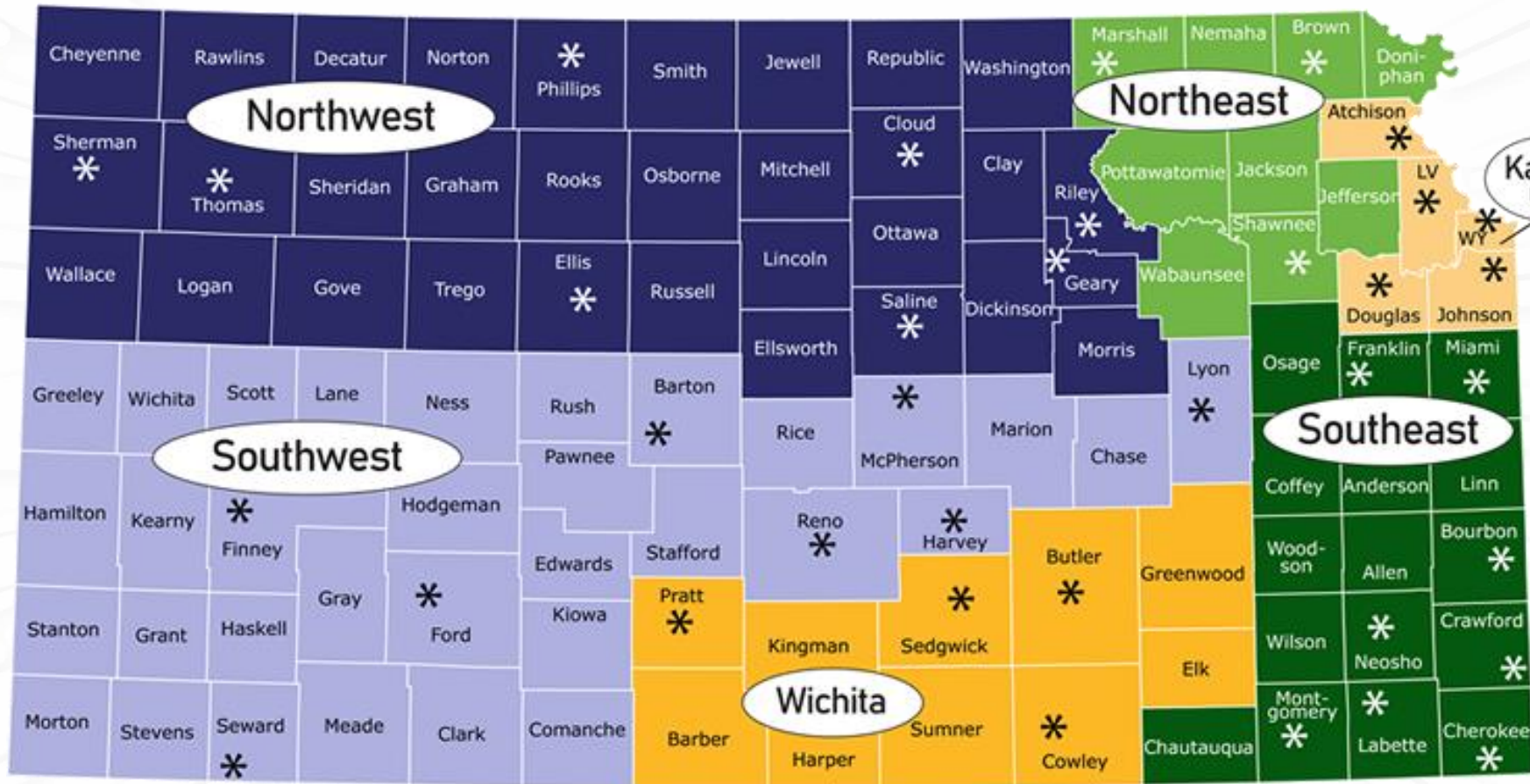
SFY 24 REPORTS ASSIGNED BY REGION

Total Assigned Reports = 35,253



REGIONAL OFFICES

6 REGIONS AND 36 SERVICE CENTERS



* DCF Service Center

While DCF manages across six regions, the budget maintains four regions.
The NE and SE regions share resources as do the NW and SW regions.

INITIATING CONTACT: COMMON ACTIVITIES

CONVERSATION & ASSESSMENT TOOLS



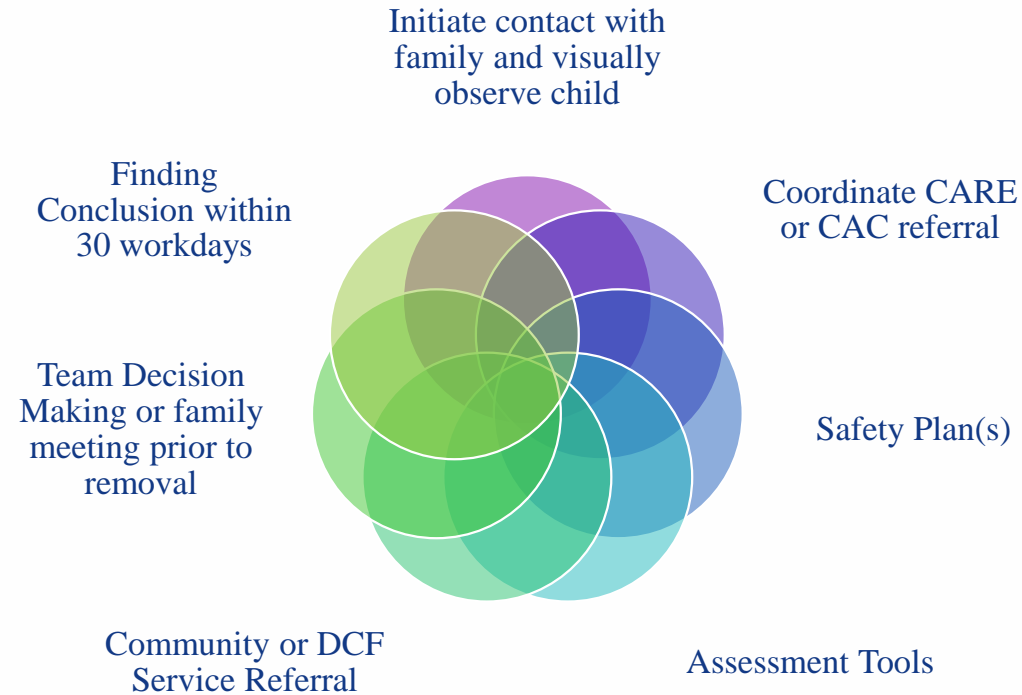
The report is assigned to a Child Protection Specialist (CPS) to visit and assess family.

The CPS and family work together to find services that promote family well-being and/or child safety to keep families together.

- Coordinate with law enforcement in a joint investigation response, a referral to CARE network if maltreatment allegation requires exam, or referral to Child Advocacy Center for a forensic interview if needed.
- Interview and visually observe child
- Engage, inform & interview parents, siblings and caregivers documenting in conversation notes and assessment documents.
- Gather information from family and family's network their worries about harm, safety, what's working well, family resources, scaling questions and the safety goal
- Assess and co create a lasting safety (plan)
- Develop a finding conclusion for allegation of maltreatment
- Explore meaningful services with family and make referrals
- Assess immediate danger, alternatives to protective action or protective actions as needed with family, schedule Team Decision Making or similar family meeting.

COMMON ACTIVITIES

REGIONAL CHILD PROTECTION SPECIALIST (OR JOINT WITH LAW ENFORCEMENT AS INDICATED)



IMMEDIATE AND LASTING SAFETY PLANS

COMPLETED BY THE FAMILY AND REGIONAL CHILD PROTECTION SPECIALIST

Immediate Safety Plan

- Address immediate threats of danger and child vulnerability factors
- Considers protective capacities
- Is short term, while building lasting safety.
 - Engages children's tools for conversation
 - Included worry statements, what to do if worries present, etc.
 - Engages the family's safety network
 - Uses Four questions and Safety scaling (as example)
 - Uses the PPS 2021 form and Appendix 2H


Lasting Safety (risk) Assessment and Plan

- Engages families and children in conversations tools and mapping
- Includes consideration of factors to know how safe the children are long term
- Uses safety scaling as a conversation tool and document
- Considers factors that increase risk such as 4 or more children, a child under age 2, etc.
- Considers factors that increase safety such as 3 or fewer children, all children over age 2 years, no access by alleged perpetrator, care is consistent with child's needs
 - Uses the PPS 2019, 2020 form and Appendix 2K

IMMEDIATE SAFETY SCALE EXAMPLE

Immediate Safety																										
Immediate Safety Scaling Question: On a scale of 0–10 where 10 is, while there might be some worries for this family, I'm confident the kids will be safe enough staying where they are while the assessment is completed and 0 is things are so bad for these children that I worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate this situation today from that 0 to that 10?																										
0	← UNSAFE	SAFE WITH AN IMMEDIATE SAFETY PLAN	SAFE → 10																							
Some Factors that Increase Danger: <i>Child Vulnerability Factors:</i> <ul style="list-style-type: none"> • Child under 6 years • Physical/mental/medical/emotional/developmental impairment of child • Isolated or has limited contact with safe adults <i>Threats to Safety:</i> <ul style="list-style-type: none"> • Past serious harm to a child by caregiver • Likelihood of <u>serious harm</u> due to: <ul style="list-style-type: none"> ○ Hazardous living conditions ○ Family violence ○ Physical threat/abuse by caregiver ○ Unmet basic needs ○ Inadequate protection from harm by others <i>Caregiver Engagement:</i> <ul style="list-style-type: none"> • Caregiver unwilling/unable to engage in safety planning for the child when necessary 	Ratings: Date: <table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Role</th> <th>Rating</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>SAFE: The children can remain where they are while the assessment is carried through and decisions are made about the need for additional services.</p> <p>SAFE WITH AN IMMEDIATE SAFETY PLAN: Practitioner can leave the house but need action within 48 hours, including supervisor consult to determine need for TDM referral. Document the Immediate Safety Plan on PPS2021.</p> <p>UNSAFE: Practitioner doesn't leave the house until a plan is in place to achieve safety through an immediate safety plan. Document the Immediate Safety Plan on PPS2021 or request PPC.</p>	Name	Role	Rating																						Some Factors that Increase Safety: <i>Child Capacity Factors:</i> <ul style="list-style-type: none"> • All children 6+ years • Cognitive, physical and emotional capacity to participate in safety plan • Strong connection to safe adults who know about the worries <i>Protective Capacities:</i> <ul style="list-style-type: none"> • Past pattern of safe and adequate care • Cognitive, physical and emotional capacity to participate in safety interventions • Environment/caretaker pose no immediate threats <i>Caregiver Engagement:</i> <ul style="list-style-type: none"> • Caregiver willing to involve natural supports in safety planning, if indicated
Name	Role	Rating																								
TDM Referral. If all three conditions are met, a TDM referral is needed. <ol style="list-style-type: none"> 1. The behavior (action or inaction) of a parent(s)/primary caregiver(s)... 2. ...is threatening a child's safety, AND 3. ...DCF is considering separating the child from the parent(s)/ primary caregiver(s). 																										

LASTING SAFETY SCALE EXAMPLE

 Kansas Department for Children and Families Prevention and Protection Services	Lasting Safety Tips Sheet	Appendix 2K REV. Jan. 21 Page 1 of 1
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The Lasting Safety Scale is used to assess risk by gathering information from the family and those who know the family best. During each interview, the lasting safety scaling question should be asked in order to ascertain each person's perspective about how safe the children will be long-term. The information gathered from each person can be used by the practitioner and/or supervisor to make decisions about whether additional child welfare services are needed. The details of each person's rating should be transferred to the Assessment Map. The Assessment Map should be included in the referral paperwork that goes to the contracted provider. This will help the contracted provider easily understand what was learned during the assessment and enable them to use the scale to track progress toward lasting safety.

Lasting Safety (Risk Assessment)

Lasting Safety Scaling Question: On a scale of 0–10, where 10 is you're confident the kids will grow up safe and well enough without child protection involvement and 0 is you're very worried they will suffer serious harm at some point unless the family gets help, where would you rate it?

0 ←————→ 10

Some Factors that Increase Risk:

- Four or more children
- Any child under 2 years
- Alleged sexual abuse and offender is likely to have access
- Pattern of past harm (chronic.

Ratings

Name	Role	Rating

Some Factors that Increase Safety:

- 3 or fewer children
- All children over 2 years
- Care is consistent with child's needs
- Alleged sexual offender is

ADDITIONAL COORDINATION OR REFERRAL

FEDERAL LAW OR DCF POLICY AND PROCEDURE MANUAL (PPM) 2116

Plan of Safe Care

Pregnant woman
using substances
or substance
affected infant

*per federal
Comprehensive
Addiction and
Recovery Act of 2016
(CARA)*

Infant Toddler Service Referral

Families with
children who are
victims of abuse
or neglect under
the age of 3
years

*per federal IDEA Part
C*

Parent skill building service referral

Families with
an infant

(PPM 2116)

Safe Sleep Environment Assessment

Families with
an infant

(PPM 2116)

ADDITIONAL COORDINATION OR REFERRAL

STATE LAW

Mental Health or Child Advocacy Center referral

Child having problematic sexual behaviors

K.S.A. 38-2290

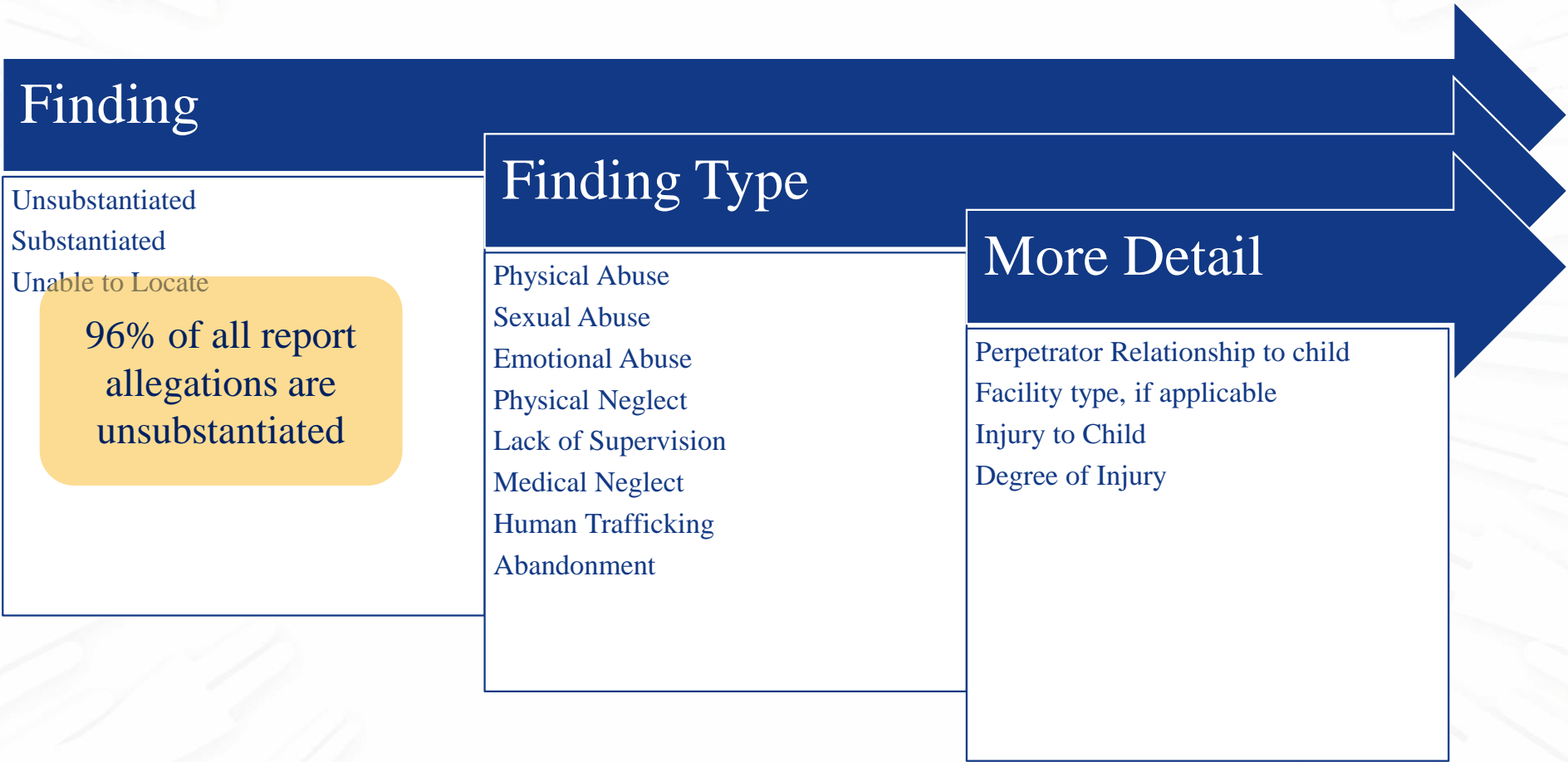
Child Abuse Review and Evaluation (CARE) referral

Children age 0-5 years alleged victims of physical or emotional abuse, physical or medical neglect

K.S.A. 38-2226 (i) and 2226a

FINDING DUE WITHIN 30 WORKDAYS

BY THE ASSIGNED WORKER AND IS STAFFED WITH SUPERVISOR FOR EACH CHILD, ALLEGATION & ALLEGED PERPETRATOR



CHILD FINDING

MORE DETAIL – GLIMPSE FROM THE PPS 2011 FORMAT

D. Injury: ☐ Abrasions/Lacerations [AB] ☐ Bruises/Welts [BR] ☐ Burns [BU] ☐ Sprains/Dislocations [SP] ☐ Internal Injuries [II]
☐ Skull Fracture [SF] ☐ Brain Damage [BD] ☐ Poisoning [PO] ☐ Failure to Thrive [FT] ☐ No Injury Apparent [NO]
☐ Malnutrition [ML] ☐ Exposure/Freezing [EX] ☐ Dismemberment [DM] ☐ Bone Fracture (not head) [BF] ☐ Wounds, Cuts, Punctures [WO]
☐ Unknown [UK] ☐ Sexually Transmitted Disease [ST] ☐ Subdural Hematoma/Hemorrhage [SH] ☐ Other [OT]

E. Degree of Injury: ☐ No Injury [NO] ☐ Minor Injury [MI] ☐ Moderate Injury [MO] ☐ Major Injury [MJ] ☐ Permanent Injury [PI] ☐ Dead [DD]

F. Perpetrator Relationship to Child: ☐ Father [FA] ☐ Mother [MO] ☐ Stepparent [ST] ☐ Adoptive Parent [AM] ☐ Sibling [SI]
☐ Step Sibling [SS] ☐ Adoptive Sibling [AS] ☐ Aunt [AU] ☐ Uncle [UN] ☐ Cousin [CO]
☐ Nephew/Niece [NN] ☐ Friend [FR] ☐ Foster Parent [FP] ☐ Paternal Grandparent [GP] ☐ Not Related [NR]
☐ Maternal Grandparent [GM] ☐ Unknown [UK]

FINDING DECISION BASIS

- Made in consultation with a supervisor & addresses each allegation and alleged perpetrator in the report
- Based on information gathered by the CPS specialist or CPS investigator during investigatory activities.
- Made by weighing the facts and circumstances learned during the investigation and assessment and applying the definition of abuse/neglect. Considerations include:
 - *the child's age, condition, detailed description and location of injuries, how injuries were determined to be caused, how it was determined the alleged perpetrator caused the injury, what was found or not found to be harmful to the child (and more.)*
- Uses preponderance of the evidence as the standard of evidence regarding abuse and neglect. For example:
 - *Unsubstantiated: A reasonable person weighing the facts or circumstances would conclude it is more likely than not (preponderance of the evidence) the alleged perpetrator's actions or inactions do not meet the abuse and/or neglect definitions per applicable Kansas Statutes Annotated (K.S.A.) and Kansas Administrative Regulations (K.A.R.).*
- May be delayed more than 30 workdays if requested by law enforcement
- The same case finding is made for the child and the alleged perpetrator based on the facts and circumstances of the incident, unless the alleged perpetrator is unknown.

SUBSTANTIATED FINDING DECISION

POLICY

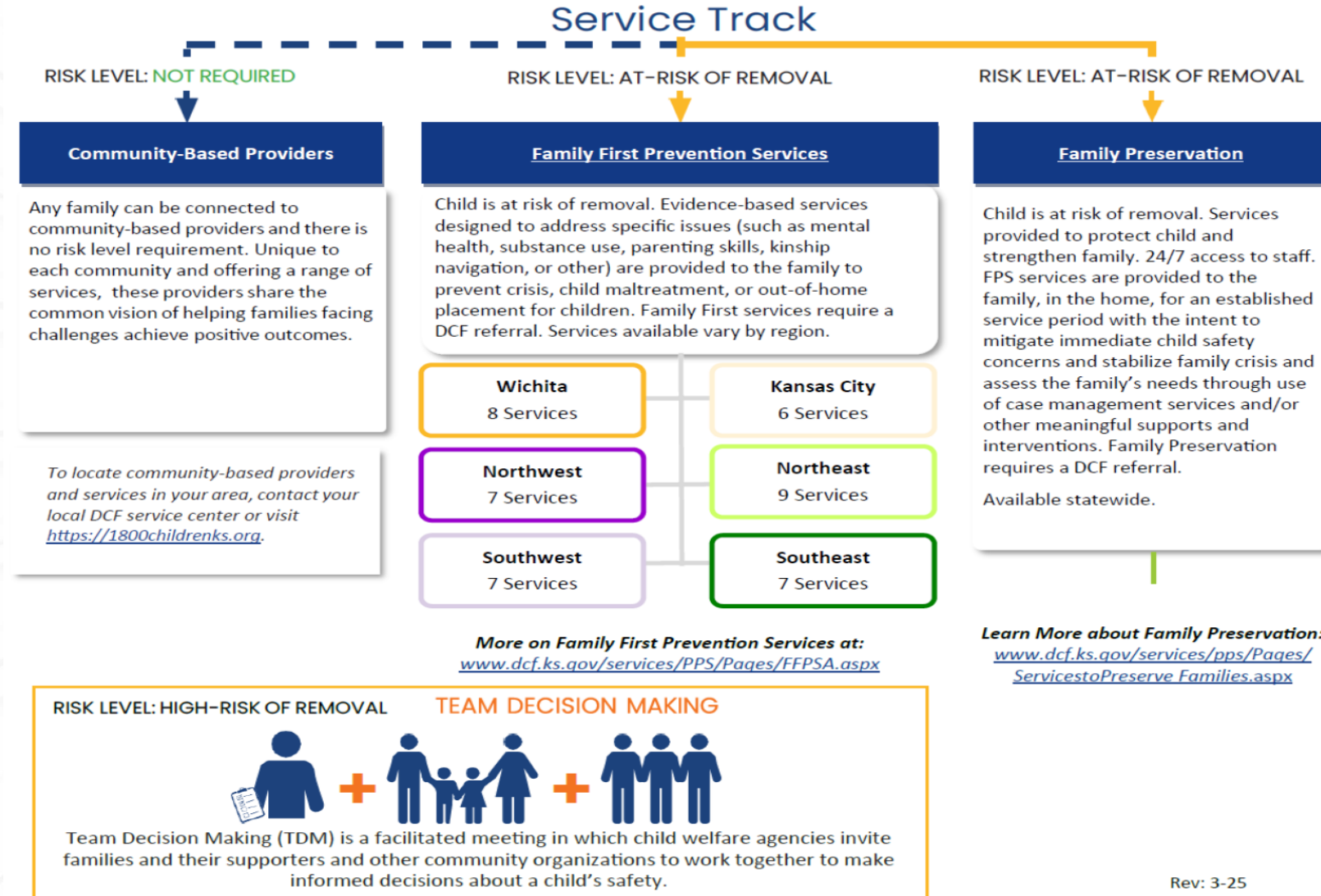
- A substantiated finding results in the perpetrator's name being placed on the Kansas Child Abuse/Neglect Central Registry.
 - Per Kansas statutes and regulations, the perpetrator is not permitted to reside, work, or regularly volunteer in a Kansas Department of Health and Environment (KDHE) or Department for Children and Families (DCF) Foster Care and Residential Facility Licensing regulated childcare or residential facility.
- Notice of a substantiated finding is sent to the County or District Attorney
- A substantiated case finding shall meet the following criteria:
 1. A determination is made the facts and circumstances meet one of the required definitions for abuse, neglect, and/or abandonment of a child; **and**
 2. A determination is made the perpetrator's actions, behaviors, or omissions occurred and meets at least one of the following criteria:
 - a. there was an intent to commit the act that resulted in harm; and/or
 - b. a reasonable person would have anticipated harm would occur to the child; and/or
 - c. the harm was a result of failure or refusal to protect the child; **and**
 3. There was serious harm, injury or deterioration to the child; or there was a likelihood of, or endangerment of serious harm, injury or deterioration to the child

DUE PROCESS FOR AN ALLEGED PERPETRATOR

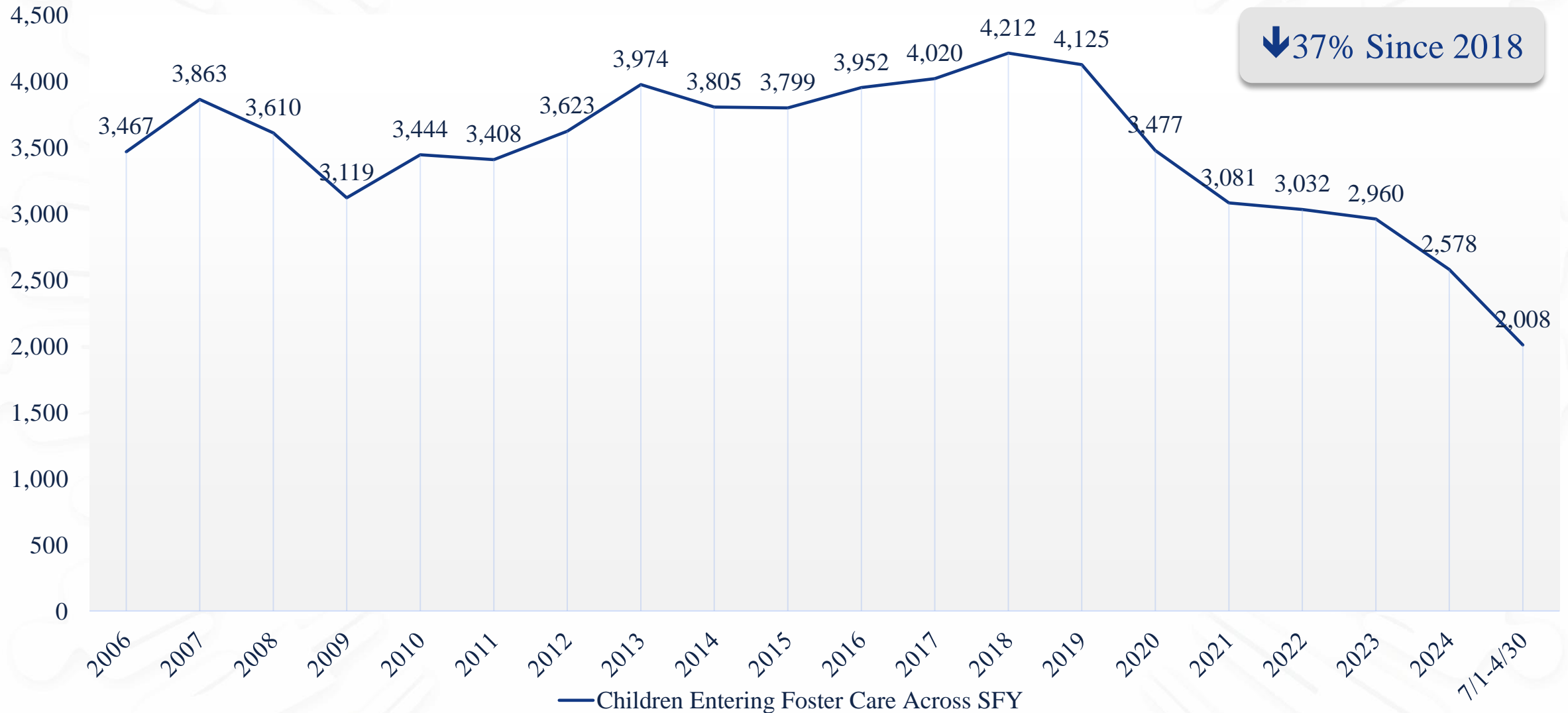
A DCF proposed finding of substantiated does not impact the alleged perpetrator until all appeal time has exhausted

- A substantiated finding on the perpetrator cannot be made unless the alleged perpetrator has been afforded the opportunity to be interviewed by DCF, a law enforcement officer or a duly appointed member of a multi-disciplinary child protection team.
- A substantiated perpetrator may appeal the DCF finding decision
 - Requests for fair hearing pursuant to K.A.R. 30-7-68 are to be made in writing within 30 days of the date of finding notice. An additional 3 days are allowed if the notice is mailed.
 - to represent them at the hearing. Fair hearing requests received by DCF are to be forwarded to the Office of Administrative Hearings. Fair Hearing request forms may be obtained from any local DCF office.
 - Individuals identified as perpetrators may have legal counsel or others to represent them at the hearing.
- If a person identified as a perpetrator is dissatisfied with the hearing decision, they may request a review of the decision by the State Appeals Committee.
- The decision of the State Appeals Committee may be appealed to the district court.

PREVENTION SERVICE TRACK



CHILDREN ENTERING FOSTER CARE ACROSS STATE FISCAL YEARS



QUESTIONS

An additional packet of conversation tools and information graphics is provided for reference.