

This practice guide is developed to provide PPS Practitioners with suggestions for assessment and decisions.

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The following check list of activities may be used by PPS practitioners to support assessment activities (the following are suggestions and should not be considered a complete list of possible activities):

History and Other Searches

- ☐ Did we gather sufficient information during the assessment to determine whether the history is relevant or impacts the family's current situation? Is further information needed?
- ☐ How is the family currently functioning in relation to the history (*past safety concerns or risks*)?
- ☐ Are there worries for the child based on the Past Harm?
- ☐ What Current & Past Safety is identified along with support network, Family Resources does the family have to mitigate Current Harm and worries for Past Harm and/or Future Danger?
- ☐ Is the new information gathered during the assessment relevant to the family's current situation?
- ☐ Have we utilized systems available to search for the parent(s) who resides away from the child?
- ☐ Have we utilized systems available to search for any maternal or paternal relatives?

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Interviews

- ☐ Review PPM 2110 to check whether all required parties were interviewed?
 - If not, remember to document the reason per PPM 2110/2310/2703 (*exception, allowable or non-allowable reason*).
 - If unable to locate, check whether we exhausted reasonable resources to locate? For example, searching systems used by PPS- KIDS, KIPS, FACTS and KEES; contacting the reporter, if known, attempting to locate through current address via mail or landlord, school records, employment, known friends or relatives, utility departments, etc.
 - If parent/caregiver refused to cooperate or refuses access to the child:
 - Evaluate safety and risk concerns
 - Brainstorm other possible engagement strategies
 - Are there other possible locations for an interview of an alleged victim of abuse/neglect the family would be more comfortable with?
 - Do the circumstances of the case justify contacting law enforcement?
 - Do the circumstance or the case justify contacting the County/District Attorney?
- ☐ Has the parent(s) who resides away from the child been located and interviewed? Have we exhausted all resources?
- ☐ Has a medical professional been consulted, specifically for reports assigned for MEN per 2110 A. 6.; or for other types of reports would a medical opinion assist with the assessment?
- ☐ Are there other persons who may have relevant information?
- ☐ Does the documentation of the interviews provide sufficient details for a person unfamiliar with the case to understand the assessment?
- ☐ Are there sufficient details to evaluate the plausibility of the explanations for the harm to the child?
- ☐ Do the stories make sense? Does the explanation match the injury/harm to the child?
- ☐ Have we gathered enough evidence to clearly understand what happened?
- ☐ Do any of the persons interviewed have motives for being untruthful?
- ☐ Have we explored all other alternate hypotheses (*other ways the incident could have happened, other persons responsible, etc.*)

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Investigative information gathered (observations, reports, etc.)

- ☐ Have we gathered all possible reports, data, information needed to provide sufficient facts?
- ☐ After reviewing all reports, data, information etc. collectively, are the facts of the case clear?
- ☐ Is other information needed?
- ☐ Are medical reports or consultation with medical professionals needed?
- ☐ Are there any possible alternate hypotheses?

- ☐ Brainstorm tentative conclusions about whether the abuse/neglect occurred.

Subsequent Reports Not Assigned for Further Assessment

- ☐ Were all subsequent reports not assigned for further assessment by KPRC addressed in the open case? Is follow-up needed?
- ☐ Were subsequent reports not assigned for further assessment by KPRC on a family receiving Family Services, Family Preservation Services, or Foster Care services forwarded to the CFSP/CWCMP provider and supervisor within 3 working days for the provider to address in the open case? Is follow-up needed?

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Immediate Safety (Refer to PPS 2019 and Appendix 2H Immediate Safety Tips Sheet) This section may be used to determine whether a safety staffing is needed with your PPS Supervisor.

- ☐ What is the Immediate Safety rating on the PPS 2019? (consider a staffing when ratings are somewhere below 6)

☐ Consider your CONFIDENCE/CLARITY RATING

On a scale of 0-10, where 10 is you have full confidence/clarity about how to move forward and 0 is you have absolutely no clue how to even begin taking the next step with this family, where would you rate it? What would you need from your conversation with your supervisor to move you up even a little bit on this scale?

0	1	2	3	4	5	6	7	8	9	10
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No Confidence/Clarity

Full Confidence/Clarity

TIP: The Immediate Safety rating and Confidence/Clarity rating may help with determining whether to request a safety staffing for cases not already required. If your safety scale rating is high and your confidence is high, you may not need a staffing; and vice versa you might request a staffing.

- ☐ Have additional danger concerns been identified since the immediate safety determination?
- ☐ Are complicating factors identified?
- ☐ Is the danger concern imminent? *(Either currently present, or will occur in the next few days)*
- ☐ Is the child vulnerable?
- ☐ What the degree of harm *(injury/child's condition; worry for current and past harm)* to the child as a result of the caregiver's action or inaction; or what is the imminent threat of danger to the child *(caregiver's action or inaction which has the potential to cause serious harm)* of harm to the child?
- ☐ Is immediate medical care needed or medical care which has already occurred.
- ☐ Do we have the records?
 - ☐ What follow-up is needed?
- ☐ Consider Current & Past Safety - Is there a safety network and caregiver with protective capacity? *(Refer to Appendix 2J to consider Caregiver Protective Capacity)*
- ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- ☐ Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What interventions or protective actions have been taken, if applicable?
- ☐ Are other interventions or protective actions needed?
- ☐ What are the Family's Resources mitigating danger concerns? Has the parent(s) who resides away from the child been considered as a resource, if appropriate? Have we considered any relatives as a resource for placement to prevent removal?
- ☐ What are the Complicating Factors directly related to the Current Harm and worries for Future Danger? *(i.e. use of substances caused the parent/caregiver to leave child unsupervised- parent was passed out while toddler got out of the house and was found wandering in the street. The use of substances*

may be the Complicating Factor, but if they use substances because they are depressed due to a recent loss, this may also be considered as a Complicating Factor).

- ☐ What is the Current and Past Safety, Lasting Safety rating and What services are needed, or have taken place?
- ☐ What are the immediate and lasting safety ratings?
- ☐ Is a Team Decision Making meeting (where available) required? Refer to Appendix OD PPS TDM Protocol.
- ☐ Does Claire and Lola's law per PPM 0255 apply? Does the parent/caregiver possess a letter to verify cannabidiol treatment preparation? If this law applies, ensure the department has not initiated proceedings to remove a child from the home of the child's parent or guardian (request police protective custody or an order for protective custody) or initiated any child protection action (safety planning) or proceeding based solely upon the parent or guardian or the child's possession or use of cannabidiol treatment preparation.
- ☐ Ensure documentation shows services have been offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Immediate Safety plan, if applicable

- ☐ If on the balance of information, an immediate threat to any child's safety was identified (i.e. the Immediate Safety Scale ratings were low), was an Immediate Safety Plan – PPS 2021 developed with the family and their network?
- ☐ Review PPM 0255 Claire and Lola's law to ensure requirements are met. Immediately terminate the safety plan if it is based solely on cannabidiol treatment preparation and the parent/caregiver has the letter to verify.
- ☐ Are the actions needed (tasks) documented, sufficient to address the worries for danger?
- ☐ Is the safety plan temporary, short-term while more permanent safety provisions are put in place?
- ☐ Is the next step included?
- ☐ Have we involved the parent(s) who resides away from the child in the safety plan, if appropriate? Have we involved relatives/caregivers in the safety plan, if appropriate?
- ☐ *PPM 2462 Family Safety Planning may be used to review and discuss the PPS 2019 Immediate Safety Plan.*

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Plan of Safe Care, if applicable

- ☐ For Pregnant Woman Using Substances and FINA assigned as WPC to assess for a substance exposed infant, was a determination made per PPM 2050 regarding whether a Plan of Safe Care was required?
- ☐ Substance Affected Infant and Infant Positive for Substances was a determination per PPM 2050 regarding whether a Plan of Safe Care completed?
- ☐ If a Plan of Safe Care was not initially required, review additional case information to determine whether a Plan of Safe Care may be needed.
- ☐ If the Plan of Safe Care criteria is met, does case documentation indicate whether the PPS 2008 was provided and explained to the family?
- ☐ Was a Plan of Safe Care PPS 2007 completed with the family?
- ☐ Review whether the outcome of services recommended and provided, to ensure requirements per PPM 2050 are met.
- ☐ Ensure documentation shows services were offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

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Behavior Problems (FINA)

- ☐ What engagement strategies have been used to help the family connect with services and supports?

- ☐ Consider the risk of reoccurrence.
- ☐ For a Child with Sexual Behavior Problems: Determine if the child/youth is at high risk for future sexual behavior problems? Consider these factors:
 - ☐ Has the child/youth take responsibility for his/her behaviors?
 - ☐ Whether the minor alleged perpetrator has prior substantiated or affirmed sexual abuse.
 - ☐ Are there allegations of multiple incidents?
 - ☐ Did this involve a serious or advanced/mature sexual behavior?
 - ☐ Was there a significant difference in age with the alleged victim?
 - ☐ What is the parent/caregiver's response? Have they agreed to a safety plan, if needed? Have they agreed to participate in services, if needed?
 - ☐ Was the referral made for services?

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Case Action/Initial Service Plan

Refer to PPS 2030F and PPM 2740

- ☐ Consider all the decisions (Immediate and Lasting Safety, case finding) and conclusion; Current Safety and Family Resources mitigating worries for Current & Past Harm, Complicating Factors and Future Danger. *See general guidelines below.*
- ☐ What is the logical conclusion for the Case Action/Initial Service Plan?
- ☐ What level of service is needed, if any? See PPM 2740 D. for Family Service criteria and 2723 Family Preservation Criteria.
- ☐ If considering removal, have we considered the parent(s) who resides away from the child as a resource for placement to prevent removal?
- ☐ Have we considered relatives for placement to prevent removal?
- ☐ Have we ensured Claire and Lola's law per PPM 0255 does not apply?
- ☐ Ensure documentation shows services offered to families with children under age 1 included but not limited to Parent Skill Building, Infant Toddler Services, or Family First Prevention Services.

The following general guidelines may be used to consider all decisions comprehensively to help determine whether services may be needed, and the level of intervention needed.

- Case Finding PPS 2011, for Abuse/Neglect investigations. If there are multiple finding decisions associated with a report, the highest level of finding will be indicated as the case finding.
- Is there a safety plan in place?
- Is the child(ren) at risk from being separated from their parent(s)/Legal caregiver(s)?
- Are the parent(s)/Legal caregiver(s) willing to participate in services?
- The Family Preservation Screen PPS 2030F Section III may assist in determining if the family meets criteria for a referral for Family Preservation Services per PPM 2723.
- Do the Current & Past Safety, and Family Resources mitigate any of the Current & Past Harm, Complicating Factors and Future Danger worries? What are the family's needs identified?
- Has the family specifically requested services to address an issue which is not solely based on a financial need?
- Consider other assessment tools used such as genograms, eco-maps, UNCOPE, and timelines should be considered

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Definitions, Questions to Consider and Suggestions for Documenting the Case Finding Decisions (organized by maltreatment type):

PHYSICAL ABUSE CASE FINDING DECISION

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health is endangered. K.S.A. 38-2202

Female genital mutilation as defined by K.S.A. 21-5431, see PPM 0160 may be considered physical abuse.

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Is there physical harm or the causation of a child's deterioration to the child? Refer to PPM 2502.
- ☐ Is the physical harm or deterioration sufficiently documented?
- ☐ Is the physical harm or deterioration plausible with explanation provided?
- ☐ Is the physical harm or deterioration consistent with explanation provided?
- ☐ Did the perpetrator(s) cause the physical harm or deterioration to the child?
- ☐ From the assessment, what else could reasonably explain the physical harm or deterioration?
- ☐ Did the perpetrator(s) cause imminent danger threatening serious harm to the child?
- ☐ Does the physical harm or deterioration meet the criteria of PPM 2502 indicating the perpetrator should not be permitted to reside, work, or regularly volunteer in a KDHE or DCF Licensing regulated childcare facility?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ What in your assessment did you learn related to Current and Past Safety that shows protective factors from the parents/network members (i.e. what has been done in the past/present to keep the child(ren) safe?)
- ☐ If Female Genital Mutilation, consider an unsubstantiated case finding when it is determined by a physician the procedure was medically necessary, and such procedure was performed by a physician.
- ☐ If allegation is regarding the parent/caregiver providing the child with marijuana, does the parent/caregiver possess a letter meeting all the requirements per PPM 0255 to verify cannabidiol treatment preparation? If yes, and no other abuse/neglect concerns or FINA concerns are present, request an override per PPM 1700.

Suggestions for Elements to Include in the Basis of Finding. . .

- . . . provide a detailed description and location of the physical harm or deterioration if any?
- . . . describe the cause of the physical harm or deterioration?
- . . . describe how the cause of the physical harm or deterioration was determined?
- . . . describe how the identity of the alleged perpetrator was determined?
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in physical harm or deterioration or presented an imminent danger threatening serious harm?
- . . . include all facts or elements considered to make the case finding decision?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . addresses disputes learned during assessment?
- . . . explain what was learned in the assessment that support different explanations related to the physical harm or deterioration occurring?

- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . link the conditions/incident to the physical harm or deterioration experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?
- . . . provide a detailed description of any additional physical evidence found?

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SEXUAL ABUSE CASE FINDING DECISION

Sexual Abuse Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

- A. Be photographed, filmed, or depicted in obscene or pornographic material; or
 - B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202
- (See Appendix 2A for Kansas Statutes Annotated references).

Contact solely between children shall meet the criteria only if the contact also involves force, intimidation, difference in maturity, or coercion. K.A.R. 30-46-10(i)

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Did the act result in sexual stimulation to the child, perpetrator(s) or another person?
- ☐ Does the child's disclosure provide enough detail to identify the perpetrator(s)?
- ☐ Are there any details that might support that the concerns stem from something other than abusive behavior?
- ☐ Is there any medical and/or physical evidence of sexual abuse?
- ☐ Is there any evidence to corroborate the child's disclosure?
- ☐ Is there a disclosure from the perpetrator?
- ☐ Is there evidence to discredit the perpetrator's dispute?

Suggestions for Elements to Include in the Basis of Finding

- . . . document the act resulting in sexual stimulation to the child, perpetrator(s) or another person?
- . . . describe how the identity of the alleged perpetrator was determined?
- . . . include all facts or elements considered to make the case finding decision?
- . . . explain any details that might support that the concerns stem from something other than abusive behavior?
- . . . provide the perpetrator's disclosure?
- . . . provide evidence that discredits the perpetrator's dispute?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . give the child's age? current condition? any special needs?
- . . . provide a detailed description of any additional physical evidence found?
- . . . provide an explanation for any contradictory evidence?

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EMOTIONAL ABUSE CASE FINDING DECISION

Mental or Emotional Abuse Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. This term may include the following:

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
 2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
 3. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.
- K.S.A. 38-2202 and K.A.R. 30-46-10

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the harm to the child emotionally or the deterioration of the child emotionally?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) have caused emotional harm or deterioration to the child?
- ☐ Is it clear in the documentation through behaviorally specific actions or inactions how the emotional harm or deterioration occurred?
- ☐ Is there an additional source (therapist, schools, etc.) to corroborate the emotional damage or deterioration to the child?
- ☐ What actions or inaction of the perpetrator(s) caused harm or deterioration to the child?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the emotional harm or deterioration to the child?
- . . . describe the cause of emotional harm or deterioration to the child?
- . . . describe how the cause of the emotional harm or deterioration to the child was determined?
- . . . describe how the perpetrator(s) caused emotional harm or deterioration to the child?
- . . . include all facts or elements considered to make the case finding decision?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . explain contradictory information?
- . . . explain any details that might support that the concerns stem from something other than abusive behavior
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . link the conditions/incident to the emotional harm or deterioration to the child experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made
- . . . provide a detailed description of any additional evidence found?
- . . . document the information from additional sources that verify emotional damage or deterioration to the child?

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PHYSICAL NEGLECT CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial

means of the child's parents or other custodian. This term may include but shall not be limited to: Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the harm to the child?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm to the child? Or the likelihood of harm?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

provide a detailed description of the harm to the child?
describe how the harm was caused?
describe how the harm to the child was determined?
describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
include all facts or elements considered to make the case finding decision?
identify when the incident occurred, if known?
identify where the incident occurred, if known?
provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
link the conditions/incident to the harm or likelihood of harm experienced by the child?
give the child's age? current condition? any special needs?
document the child's reaction to the incident, if significant to the decision made?

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MEDICAL NEGLECT CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, correct or substantially diminish a crippling condition, lengthen the life span, or prevent the condition from worsening. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ What is the diagnosed medical condition of the child?
- ☐ Would the diagnosed medical condition left untreated result in: additional pain or suffering to the child?
- ☐ If treated would result in: correct or substantially diminish a crippling condition? lengthen the child's life? or prevent the condition from worsening?
- ☐ What is the treatment required for the diagnosed medical conditions?
- ☐ What is the evidence the perpetrator(s) knew the medical treatment was required or available for the

child's condition?

- ☐ What is the evidence the perpetrator(s) knew the likely results or consequences of the child not getting medical treatment?
- ☐ What circumstances or conditions prevented the perpetrator(s) from providing the medical treatment?
- ☐ Is there a statement or evidence from a medical professional that lack of treatment produced pain or suffering, worsened a crippling condition, shortened the child's life span or caused a condition to worsen?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the child (mental illness, drug and alcohol abuse, physical limitations)?
- ☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the diagnosed medical condition?
- . . . describe the result of the child not received the medical treatment?
- . . . document the perpetrator(s) were aware of the child's medical condition, the treatment needed, and the results of not getting the treatment?
- . . . provide the statement or evidence from a medical professional?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?

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LACK OF SUPERVISION CASE FINDING DECISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation that requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that result in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Was the child left unsupervised in circumstances which caused the child harm?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What is the evidence the perpetrator(s) left the child alone?
- ☐ Could the harm to the child have been prevented or reduced if the perpetrator(s) had been present?
- ☐ Did the child have adequate self care skills for the situation?
- ☐ Was the child left in a situation requiring judgments or actions beyond the child's level of maturity, physical condition or mental abilities?
- ☐ What circumstances or conditions present harm or likelihood of harm to the child?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- ☐ Does the perpetrator or care giver have behaviors (mental illness, drug and alcohol abuse, physical limitations) that contribute to the risk to the child?
- ☐ What information from your assessment supports that these factors contributed to the risk to the

- child (mental illness, drug and alcohol abuse, physical limitations)?
☐ Any disputed information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide a detailed description of the harm to the child?
- . . . describe how the harm to the child was determined?
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in the harm?
- . . . provide evidence the perpetrator(s) left child without supervision?
- . . . provide the details regarding the length of time or the frequency child is left alone?
- . . . provide information the child lacked the self-care skills or judgment for the situation?
- . . . adequately explain the harm that is reasonably expected to occur, if there isn't current harm?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . when did the incident occur?
- . . . where did the incident occur?
- . . . link the conditions/incident to the harm or likelihood of harm experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?

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NEGLECT OF A SUBSTANCE AFFECTED INFANT CASE FINDING DECISION

Neglect of a Substance Affected Infant: Failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant. Neglect has the meaning specified in K.S.A. 38-2202 (see definitions for physical neglect, medical neglect and lack of supervision). A substance affected infant is defined as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance (K.A.R. 30-46-10).

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated

- ☐ Has a medical professional determined the infant was born affected by substances?
- ☐ Has a medical professional predicted long-term physical harm, or developmental/cognitive delays of an infant (birth to 1 year of age), due to prenatal substance abuse?
- ☐ What actions have the parent/caregiver(s) taken to address the health and substance use disorder treatment needs of the infant? mother's prenatal substance abuse? What was the parent(s)/caregiver(s) reaction?
- ☐ What is the impact/harm to the infant due to the failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant?
- ☐ If no current harm, what harm was reasonably expected to occur? What was the likelihood of harm?
- ☐ What is the evidence that the actions or inactions of the perpetrator(s) caused the harm on the child? Or the likelihood of harm?
- ☐ Is substance use a contributing factor in the parents' ability to meet the needs of the infant? What substances have caused the harm? When was the mother's last use? What was the frequency, duration and quantity of use? Were other caregivers using? (frequency, duration and quantity)
- ☐ Did the mother make efforts to stop use when she found out she was pregnant?
- ☐ What is the history of substance abuse; and what treatment has the parent/caregiver(s) participated in? Has the treatment been successful? What are the barriers to successful treatment?
- ☐ Were the parent/caregiver(s) prepared for the birth of the infant? Was there prenatal care?
- ☐ Was the lack of preparation, prenatal care, and treatment due to the lack of financial means?
- ☐ Any contradictory information or statements have sufficient information to clarify or verify the evidence?

Suggestions for Elements to Include in the Basis of Finding:

- . . . provide a detailed description of the harm to the child.
- . . . describe how the harm to the child was determined by a medical professional.
- . . . describe how the action or inaction of the perpetrator(s) directly resulted in the harm.
- . . . provide evidence/details the harm to the infant is due to the prenatal substance use.
- . . . include all facts or elements considered to make the case finding decision.
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . give the child's age? current condition? any special needs.

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ABANDONMENT CASE FINDING DECISION

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Questions to consider in weighing the information and arrive at a case finding decision of unsubstantiated or substantiated Have the perpetrator(s) given up, forsaken or deserted the child?

- ☐ Have the perpetrator(s) stated they would not return to the child?
- ☐ What is the length of time since the last contact with the perpetrator(s)?
- ☐ Have the perpetrator(s) been gone long enough to indicate they do not intend to return?
- ☐ Have the perpetrator(s) been located?
- ☐ Has there been a reasonable effort to locate the parents?
- ☐ Did the perpetrator(s) fail to make arrangements for alternate care of the child?
- ☐ Were the substitute care givers unwilling or unable to assume responsibility for the child?

Suggestions for Elements to Include in the Basis of Finding . . .

- . . . provide evidence the perpetrator(s) have given up, forsaken or deserted the child?
- . . . document the perpetrator(s) statement not to resume the relationship?
- . . . provide sufficient evidence the perpetrator(s) does not intend to resume the relationship?
- . . . document the perpetrator(s) failed to make arrangement for alternative care of the child?
- . . . verify the substitute care givers were unwilling or unable to assume responsibility for the child?
- . . . identify when the incident occurred, if known?
- . . . identify where the incident occurred, if known?
- . . . include all facts or elements considered to make the case finding decision?
- . . . provide adequate information for a person unfamiliar with the case to make the same case finding decisions?
- . . . link the conditions/incident to the harm or likelihood of harm experienced by the child?
- . . . give the child's age? current condition? any special needs?
- . . . document the child's reaction to the incident, if significant to the decision made?

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Best Practice Suggestions for Writing the Basis for Case Finding on PPS 2011/Assessment Map (Suggestions from the Case Finding Peer Review Process with Practitioners and Supervisors)

General Recommendations

- Write the finding in past tense rather than present tense as the events have already occurred.
- Use separate paragraphs.
- Present information in chronological order, if possible
- Use people's names and the names of places and agencies.

- Do not identify the reporter.
- Be concise, use correct grammar, spelling and syntax

Things to Avoid

- General terms and buzzword, such as “all parties interviewed”, “clean and appropriate”, “safe”
- DCF/Professional/Local acronyms and abbreviations (examples: LOS, PHA, SB, MO, ALP)
- Opinions and Irrelevant Information (Service referrals, Removal of the perpetrator)
- The reporter’s identity
- Copying and pasting from logs.

Organization of Information

- The first paragraph “Sets the Stage” and includes
 - A summary of the allegations,
 - Date of incident
 - The child’s age
 - Relate relevant parties to the assessment, including what agencies were involved in the assessment (DCF, law enforcement, health department, DCF Licensing)
- The following paragraphs provide a summary of the assessment, including:
 - Key interviews and information gathered which is determined relevant to the case finding decision and supports/covers the key elements for each allegation type ([See Suggestions for Case Findings](#)) and other suggestions include:
 - Description of the impact to the child as it relates to the allegation (Worries, Current and Past Harm)
 - Detailed description and location of child’s bruises/marks/injury/harm (or absence of)
 - How it was determined the alleged perpetrator caused the injury (behaviorally specific, action or inaction of the parent/caregiver, as applicable)
 - Child and perpetrator disclosures related to the alleged incident(s),
 - Additional information to establish preponderance standard of evidence.
 - Detailed description of physical evidence relevant to the decision; and other evidence including information from official reports (medical, law enforcement)
 - For a ‘Substantiated’ decision: State child harm; Identify perpetrator; Connect evidence with the Preponderance standard
 - Dates of interviews and where the interview took place, if relevant
 - Who was interviewed and their relationship to the child/family
 - Observations
- In the conclusion/rationale include:
 - The rationale, “the why” of the case finding decision. Tie everything together.
 - The finding decision for each allegation type for each alleged victim and alleged perpetrator (separate paragraphs may be needed for multiple allegations)
 - Relate the information to the definition of abuse or neglect.

Supervisor’s Review

- The Supervisor reviews the Basis for Finding and then asks questions to help identify missing information.