



Arizona's Child Welfare Initiatives & Mandated Reporting Department of Child Safety



Transforming Arizona's Child Welfare System

The Department of Child Safety (DCS) is currently in the planning and development stages of transforming Arizona's child welfare system.

The goals are to:

- Create long-term sustainable change that will improve outcomes for children and families
- Change the culture of the child welfare system
- Improve transparency and responsiveness
- Engage DCS staff at all levels in program improvements and development
- Enhance community involvement and outreach
- Expand prevention and early intervention services for families

Transforming Arizona's Child Welfare System

Creating and maintaining the best child welfare system in the country is a **journey**, not a destination. There are two critical components of this mission:

- The first is that all efforts to strengthen Arizona's child welfare system will be child-centered and family-focused. The **safety and well-being** of Arizona's children and families come first; addressing the needs of vulnerable and at-risk families will be the priority.
- Secondly, it cannot be done alone; it takes **strong commitment at all levels** within the state and community to move the system forward.

Transforming Arizona's Child Welfare System

Improved Outcomes

We believe the creation of a child welfare practice model and a family assessment response will lead to significant improvements in five outcome domains:

- Improve child and family well-being
- Reduce placement in out-of-home care
- Prevent future maltreatment
- Reduce recidivism of maltreatment reports
- Reduce foster care re-entry rates



Transforming Arizona's Child Welfare System

Engagement is vital in transforming Arizona's child welfare agency. Engagement is...

- A fundamental principle in the theory of change and is essential to achieve key outcomes.
- Defined as an active ongoing process and the foundation for building trust and mutually beneficial relationships with families, staff, and community partners.



Arizona's Child Welfare Practice Model

Arizona's Child Welfare Practice Model

A practice model articulates and documents the values and best practices that drive the work the Department does with children, youth, and families. The practices are descriptive enough to:

- Guide the performance required to practice consistently
- Help shape the thinking and behavior of frontline child welfare professionals to improve safety, permanency, and well-being
- Address organizational issues such as agency leadership, management, supervision, and relationships with the community

Arizona's Child Welfare Practice Model

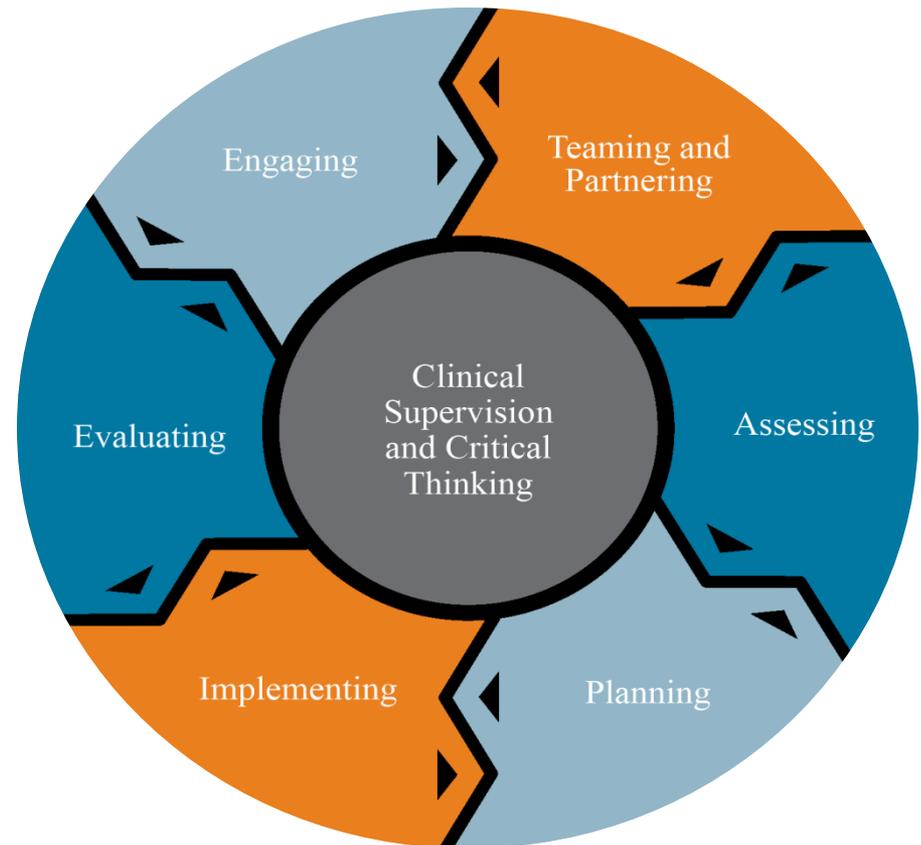
An effective practice model includes the following components:

- Agency's vision and mission
- Values and principles
- Outcomes
- Core intervention skills



Arizona's Child Welfare Practice Model

- A practice model provides a structure for thinking about the work we do every day and guides the development of policy and practice.
- Practice model skills sets standards for working with children and families.





Designing a Differential Response System

Creation of a Family Assessment Response

What is a Differential Response System?

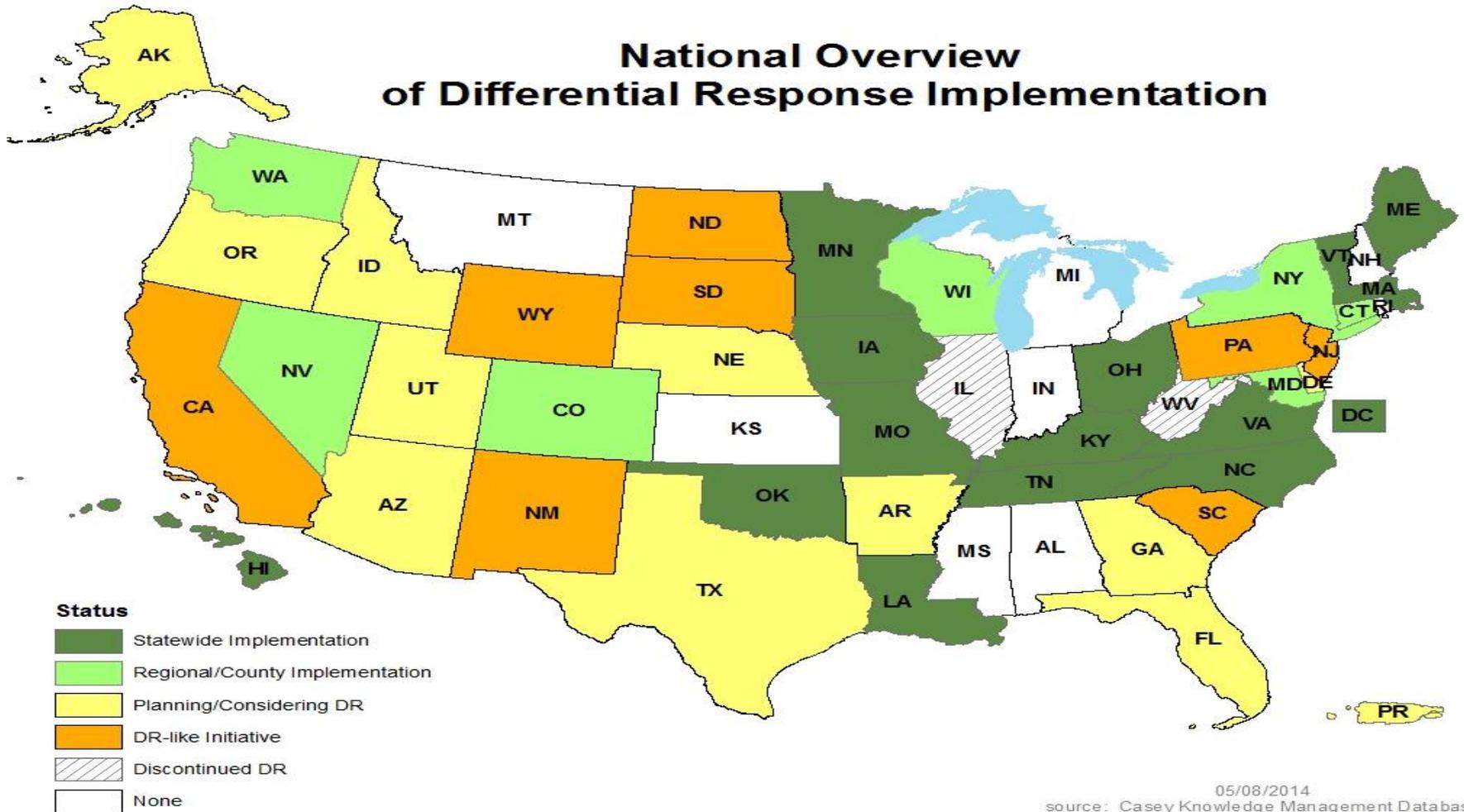
A Differential Response System organizes a child protection agency to respond in a proportional manner to reports of possible child maltreatment. -- Sawyer - Lohrbach



Selecting the path that best meets the families' needs.

Creation of a Family Assessment Response

National Overview of Differential Response Implementation



05/08/2014

source: Casey Knowledge Management Database
produced by: Data Advocacy, Casey Family Programs

Creation of a Family Assessment Response

Differential response is a **child protection practice** that allows for more than one method of initial response to reports of child maltreatment. While approaches vary from state to state, differential response generally uses two or more “tracks” or paths of response to reports of child abuse and neglect.

Traditional Investigation Track

- To determine if abuse or neglect took place and provide intervention to stop the maltreatment

Family Assessment Track

- To evaluate family strengths and needs and provide services to address needs

Prevention Track

- For cases with no clear allegations of abuse or neglect but identified risk factors and a need for services

Creation of a Family Assessment Response

Investigation versus Assessment

	Investigation	Assessment
Focus	<ul style="list-style-type: none">• What steps need to be taken to ensure the child's safety?• Did abuse or neglect occur?• Who was responsible?	<ul style="list-style-type: none">• What underlying conditions and factors may jeopardize the child's safety?• What strengths and resources exist within the family and community?• What areas of family functioning need to be strengthened?
Goal	<ul style="list-style-type: none">• To determine "findings" related to the allegations.• Identify perpetrators and victims.	To engage parents, extended family, and community partners in: <ul style="list-style-type: none">• Identifying problems and• Participating in services and supports that address needs.
Disposition	Decision made whether to substantiate the allegations.	Not usually a requirement to make a formal finding whether child maltreatment occurred.
Central Registry	Perpetrators' names are entered into a central registry.	Alleged perpetrators' names are not entered into a central registry.
Services	If a case is opened for services, a case plan is written and services are provided.	Voluntary services are offered. Case can be switched to another type of response if needed.

Creation of a Family Assessment Response

Characteristics of the Family Assessment Response

- **Assessment Focused:** Assess families' strengths and needs.
- **Individualized:** Cases are handled differently, depending on families' unique needs and situations.
- **Family Centered:** Use of a strength-based, family engagement approach.
- **Community Oriented:** Requires availability and coordination of appropriate and timely community services.
- **Selective:** Is not employed when the most serious types of maltreatment are alleged.
- **Flexible:** Response can be changed based on on-going risk and safety considerations.

Creation of a Family Assessment Response

Arizona's Approach to Differential Response

Engagement is the foundation on which Arizona's differential response system will be built.

- DCS will use an *Family Assessment Response* approach through engagement to collaborate with the immediate family, extended family, and community partners in order to thoroughly assess and target service needs and to increase participation in services and supports.

Creation of a Family Assessment Response

What is beneath the surface?



Creation of a Family Assessment Response

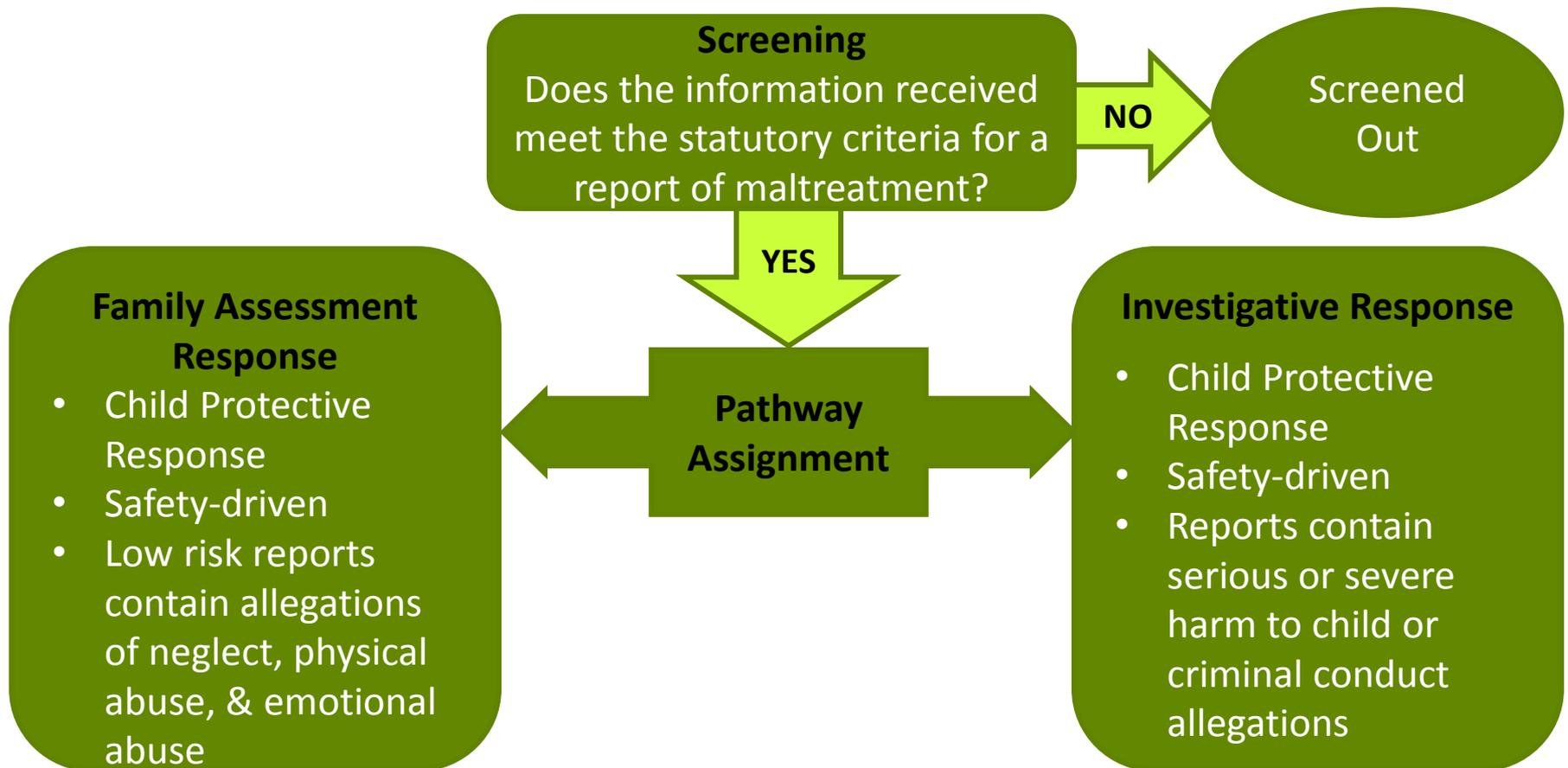
Arizona's Approach to Differential Response

As DCS develops its implementation plan, it will pay specific attention to ***services and supports***, as these interventions will be vital in meeting the needs of the families' assigned to the Family Assessment Response. The focus will be to:

- Better understand the families' needs in order to identify the most appropriate interventions.
- Increase the use of evidence-based or evidence-informed practices that target specific needs.
- Identify community services and supports.

Creation of a Family Assessment Response

Decision Process Flow





Protecting Arizona's Children

Mandated Reporting

It's the Law!

Duty to Report A.R.S. § 13-3620(A)

- When and what should a person report?
 - Reasonably believes
 - A child is a victim
 - Suspected current or past
 - Non-accidental physical injury, abuse and/or neglect

- Who should a person report to?
 - Law Enforcement
 - Department of Child Safety

Who are Mandated Reporters?

- Individuals named by law or profession
- Parents, step-parents, and legal guardians
- Persons whose jobs or volunteer position impose a duty to care for children
- Any other person who has the responsibility for the care or treatment of the minor



Personal Responsibility

- When is a mandated reporter relieved of his/her responsibility to report?
 - Report immediately
 - Cause reports to be made
- Reporting to supervisor, principal, school nurse, youth protection advocate, director, etc., does **NOT** relieve your own responsibility to report (regardless of organization's policy)
- “Mere belief [that someone else has reported] without verification is insufficient.”
(Attorney General opinion, 107-006)

When Do You Report?

- When you form a **reasonable belief** that physical abuse, sexual abuse or neglect occurred.
- A reasonable belief does not require certainty.
- “Reasonable” means you have cause to believe that something is true, based on personal observation or knowledge, or reliable information from others.



Reasonable Belief

- A child discloses to you information indicating abuse or neglect.
- A child has unexplained (non-accidental) injuries or an explanation that is inconsistent with the injuries.
- Someone provides reliable information about a child that has been abused or neglected.



What is Child Maltreatment?

- There are four maltreatment types that are used by the Department of Child Safety:
 1. Physical Abuse
 2. Neglect
 3. Emotional Abuse
 4. Sexual Abuse

- How does one determine the maltreatment type?
 - Definitions outlined in A.R.S. § 8-201
 - Legal and applied definitions

Report Definition

To meet the criteria for a report of child maltreatment, the following must be alleged:

- The suspected conduct would constitute abuse or neglect
- The alleged victim is under eighteen years of age
- The suspected victim of the conduct is a resident of or present in this state or any act involved in the suspected abuse or neglect occurred in this state
- The person suspected of committing the abuse or neglect is the parent, guardian, or custodian of the victim or an adult member of the victim's household

Not Within DCS Authority

- Educational neglect or delinquency for children 8+
- Absent parents who made appropriate arrangements for child's care
- Child receiving medical treatment from an accredited Christian Science practitioner, or other religious or spiritual healer
(unless child's health is endangered or child is in imminent harm)
- Minor hygiene problems or lifestyle of the parent
- Custody or visitation issues
(*Administrative Rules, Article 55; Rule R6-5-5503*)

How to Report Child Maltreatment

- If a child is in present danger, call **911**
- If the child is not in present danger, call either the local Police Department or Arizona Child Abuse Hotline

Hotline Information

- 1-888-SOS-CHILD (1-888-767-2445)
- TDD 602-530-1831/Toll Free 1-800-530-1831
- Online Reporting Service:
https://www.azdes.gov/dcyf/cps/mandated_reporters/

What to Expect When Calling the Hotline

- Family demographic and composition information
- Interview questions geared toward source type
- Information about child safety is collected around the fundamental safety questions
- Outcome of the information provided will be explained



When Reporting to DCS or Police

Department of Child Safety

- Document the name of the Hotline Specialist and the date and time of your phone call.
- If the information meets report criteria, document the name of the Field Supervisor to whom the report will be sent.

Police

- Document the name of the Dispatch Personnel with whom you spoke.
- Ask if and when the officer or investigator is expected to respond.
- Document the name and badge number of the officer or investigator upon arrival.
- Document the Departmental Report (DR) number or Incident Report number assigned to the case.

Online Reporting Service

- Mandated reporters have the ability to report concerns electronically
- Non-emergency type situations



What to Expect when Submitting Online

Basic Needs Child & Family Seniors Disabilities Employment Online Services



ARIZONA DEPARTMENT OF
ECONOMIC SECURITY



Your Partner For A Stronger Arizona

Search

Home Department of Child Safety Child Safety

Home Prevention & Family Support Department of Child Safety Foster Care & Adoption CMDP

Arizona Department of Child Safety

Suspect Abuse? Report It. Now.

For all emergency child abuse and neglect reports, call: 1-888-SOS-CHILD (1-888-767-2445)

If your concern involves an emergency situation, call 911 immediately.

Online Reporting Service for Mandated Reporters

Mandated reporters are required by law, as defined by ARS 13-3620, to report all concerns of child abuse or neglect. Department of Child Safety (DCS) provides this secure website for mandated reporters of child abuse and neglect to report **non-emergency** concerns, as authorized by ARS 13-3620. Non-emergency concerns are those in which a child is not at immediate risk of abuse or neglect that could result in serious harm. **This website is only for mandated reporters to report situations that do not require an emergency response.** An emergency is a situation where a child faces an immediate risk of abuse or neglect that could result in death or serious harm.

[How do I access Arizona's Online Reporting Service for Mandated Reporters?](#)

Online Reporting Service



7/21/2014 1:20:11 P.M.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
EVERY CHILD, ADULT, AND FAMILY
WILL BE SAFE AND ECONOMICALLY SECURE



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CPS ONLINE REPORTING SERVICE

Welcome SBlackburn

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[Reporting Party](#)

[Child\(ren\) Profile](#)

[Adult\(s\) Profile](#)

[What Happened](#)

[Family Functioning](#)

SECTION 2 OF 5 - FAMILY PROFILE CHILD(REN)

Child's Information

* First Name : Middle Name : * Last Name :

First Name is Unknown

Last Name is Unknown

* Gender : Female Male Unknown

* Birth Date :

Approximate Age : Year Months

Upon Submitting Online...

- Receive a form number for your reference.
- Hotline Specialist will process the information within 72 hours of submission.
- If additional information is needed, a Hotline Specialist will contact the source.
- Outcome of the submission will be emailed to the address provided.



Thank You

Thank you for your support and collaborative efforts in protecting Arizona's children and improving outcomes for families.





First Things First and Department of Child Safety: Working Together to Prevent Child Maltreatment

**EARLY CHILDHOOD
SUMMIT 2014**

AUGUST 18-19, 2014



FIRST THINGS FIRST



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Learning Objectives

- Participants will understand child maltreatment prevention strategies implemented in Arizona
- Participants will receive an overview of two initiatives being developed by the Department of Child Safety – a Child Welfare Practice Model and Family Assessment Response and how it will lead to better outcomes for families
- Participants will understand mandated reporting and who to contact



Data Driven Decisions

Evaluation of data:

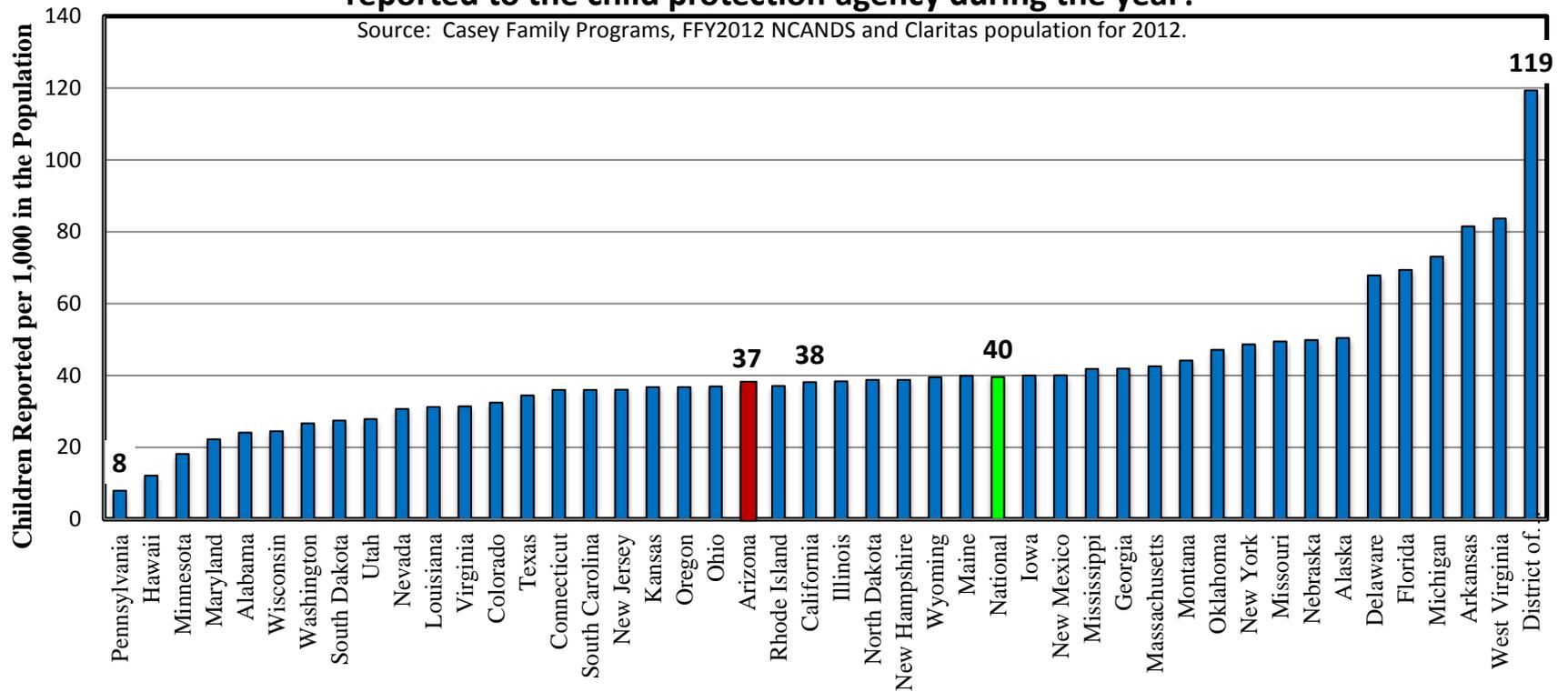
- Is the beginning of the Continuous Quality Improvement cycle of learning and improvement
- Provides a mechanism for establishing the meaning and meaningfulness of programs
- Is the foundation for the action planning process among leadership, staff and stakeholders



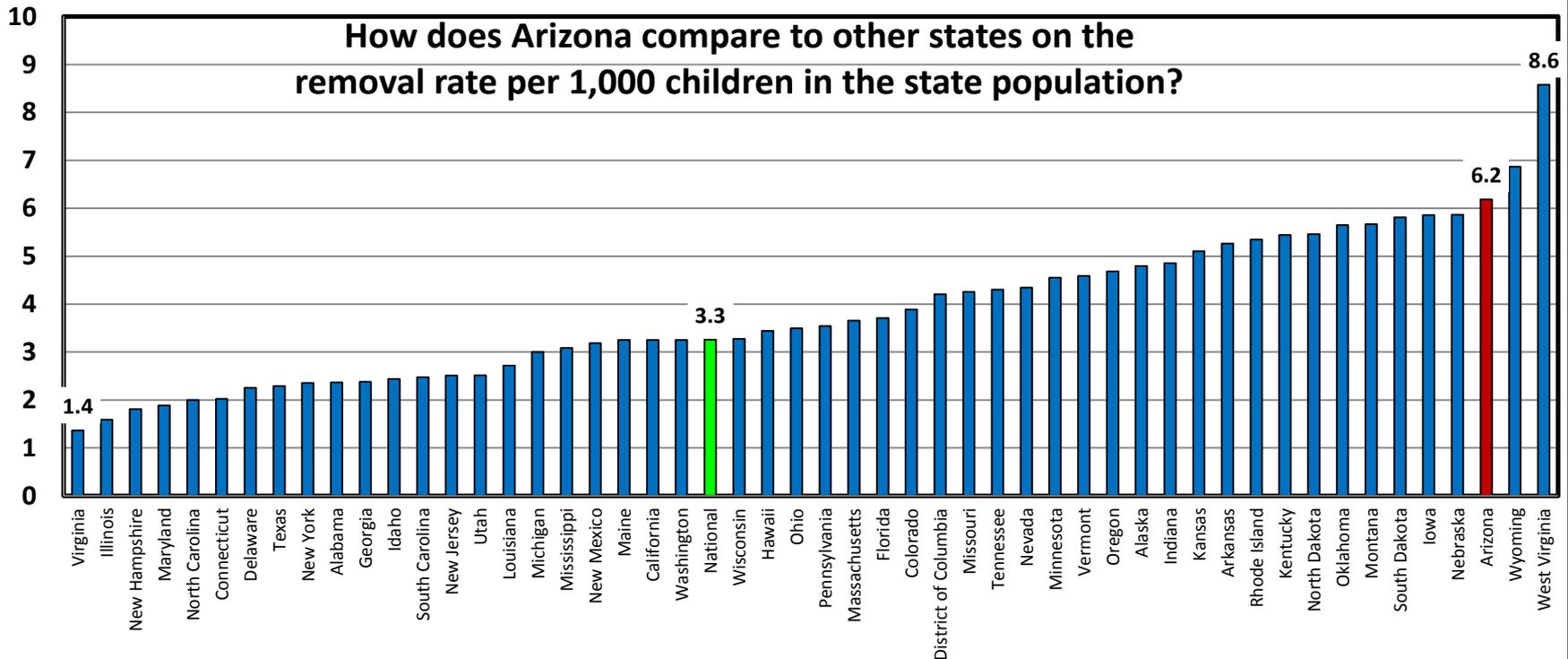
National Child Maltreatment Statistics

How does Arizona compare to other states on the rate per thousand children reported to the child protection agency during the year?

Source: Casey Family Programs, FFY2012 NCANDS and Claritas population for 2012.



National Child Maltreatment Statistics



Source: Casey Family Programs, FFY2012 AFCARS and Claritas population estimates for 2012.



Arizona Child Welfare Statistics

Number of CPS Reports



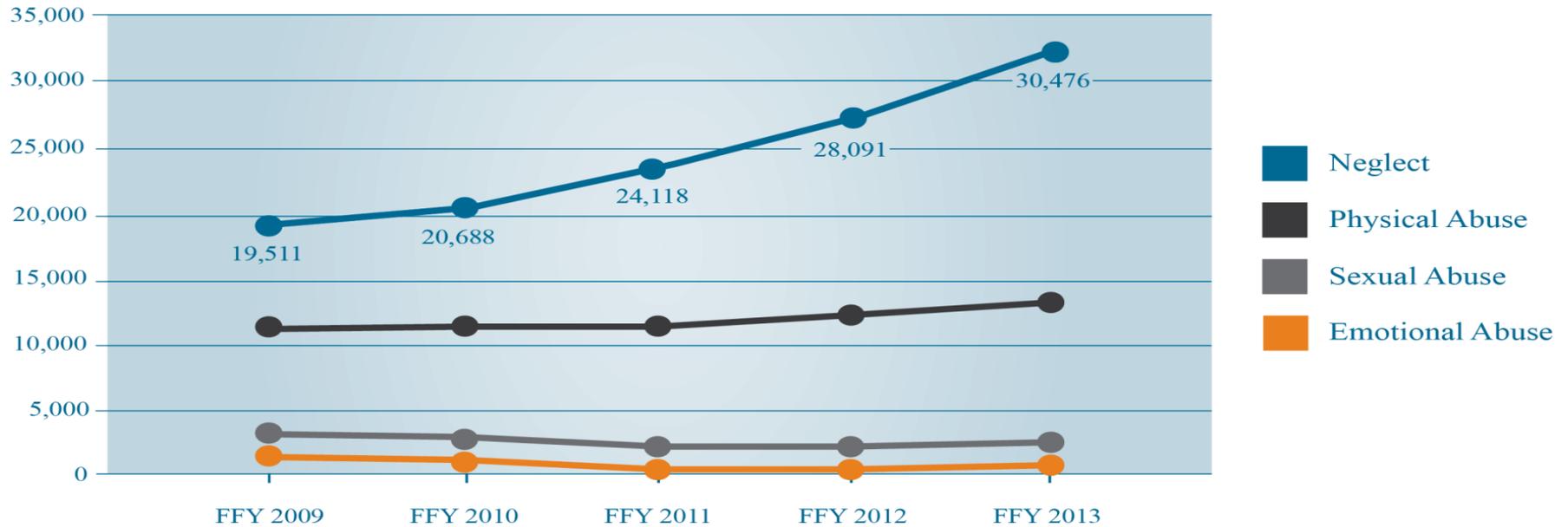
Source: DCS Semi-Annual Child Welfare Reporting Requirements at: www.azdes.gov.

From September 2011 to September 2013, there was a 19% increase in reports received at the Child Abuse Hotline.



Arizona Child Welfare Statistics

Number of CPS Reports by Maltreatment Type



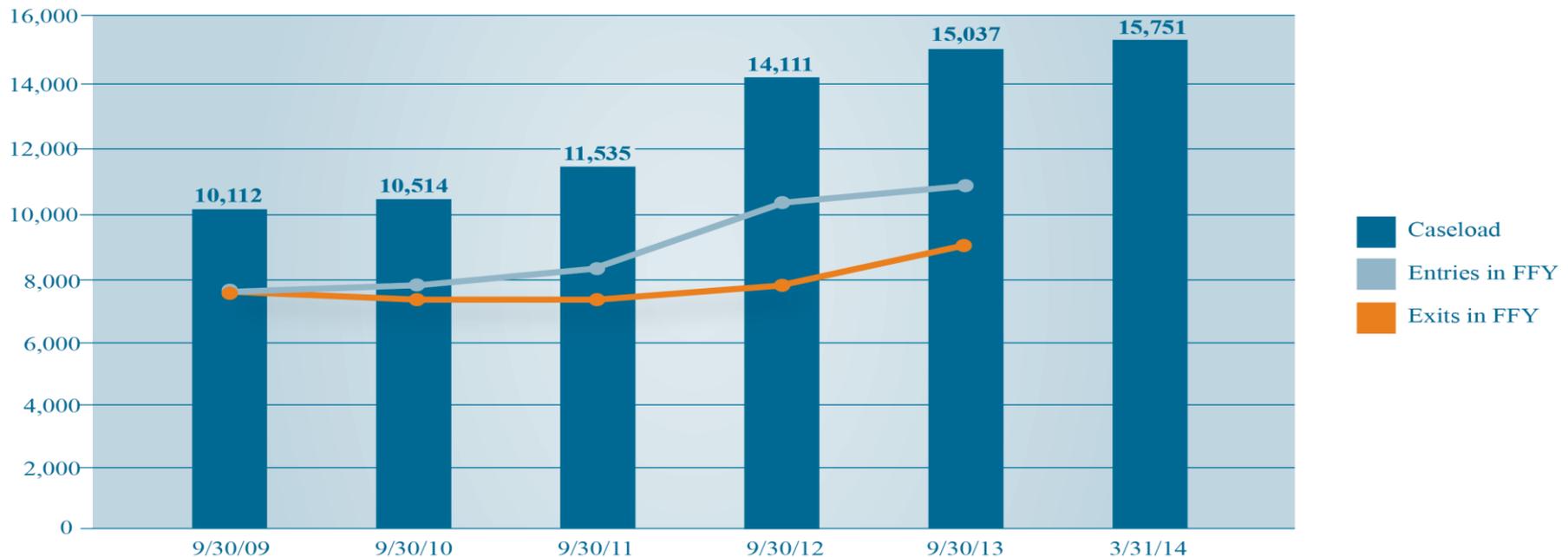
Source: DCS Semi-Annual Child Welfare Reporting Requirements at: www.azdes.gov.

Report data from DCS shows that the neglect maltreatment type is on the rise.



Arizona Child Welfare Statistics

Number of Children in Out-of-Home Care



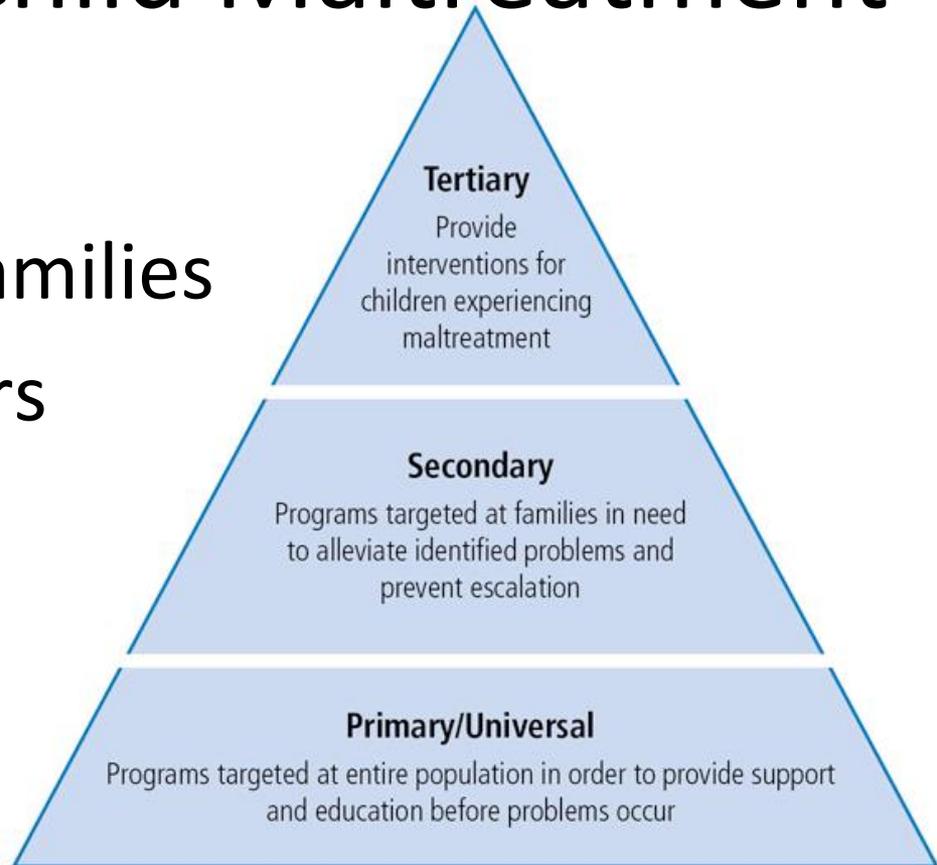
Source: DCS Semi-Annual Child Welfare Reporting Requirements at: www.azdes.gov.

From September 2011 to September 2013, there was a 30% increase in the number of children placed in out-of-home care. As of July 2014, there are over 16,000 children in out-of-home care.



Preventing Child Maltreatment

- Strengthening Families
- Protective Factors
- Family Supports



School Readiness Indicators

Confident Parents

Percentage of parents who report they are competent and confident about their ability to support their child's health, safety and well-being



Safe And Strong Families



Protective Factors

- Nurturing and attachment
- Knowledge of parenting and of child development
- Parental resilience
- Social connections
- Concrete supports for parents



Core Areas of Family Support

- Expands parents knowledge of child development and behavior
- Supports positive parenting practices
- Builds pre-literacy skills and competencies
- Improves child safety
- Improves child health
- Contributes to family stability
- Promotes strong family relationships



Principles of Prevention

- Comprehensive services
- Varied teaching methods
- Sufficient dosage
- Theory driven
- Positive relationships
- Appropriately timed
- Socio-culturally relevant
- Outcome evaluation
- Well-trained staff
- Fundamentals of behavior, learning and behavior change



Empirical Practices

- Evidence based practices
- Evidence informed practices
- Promising practices



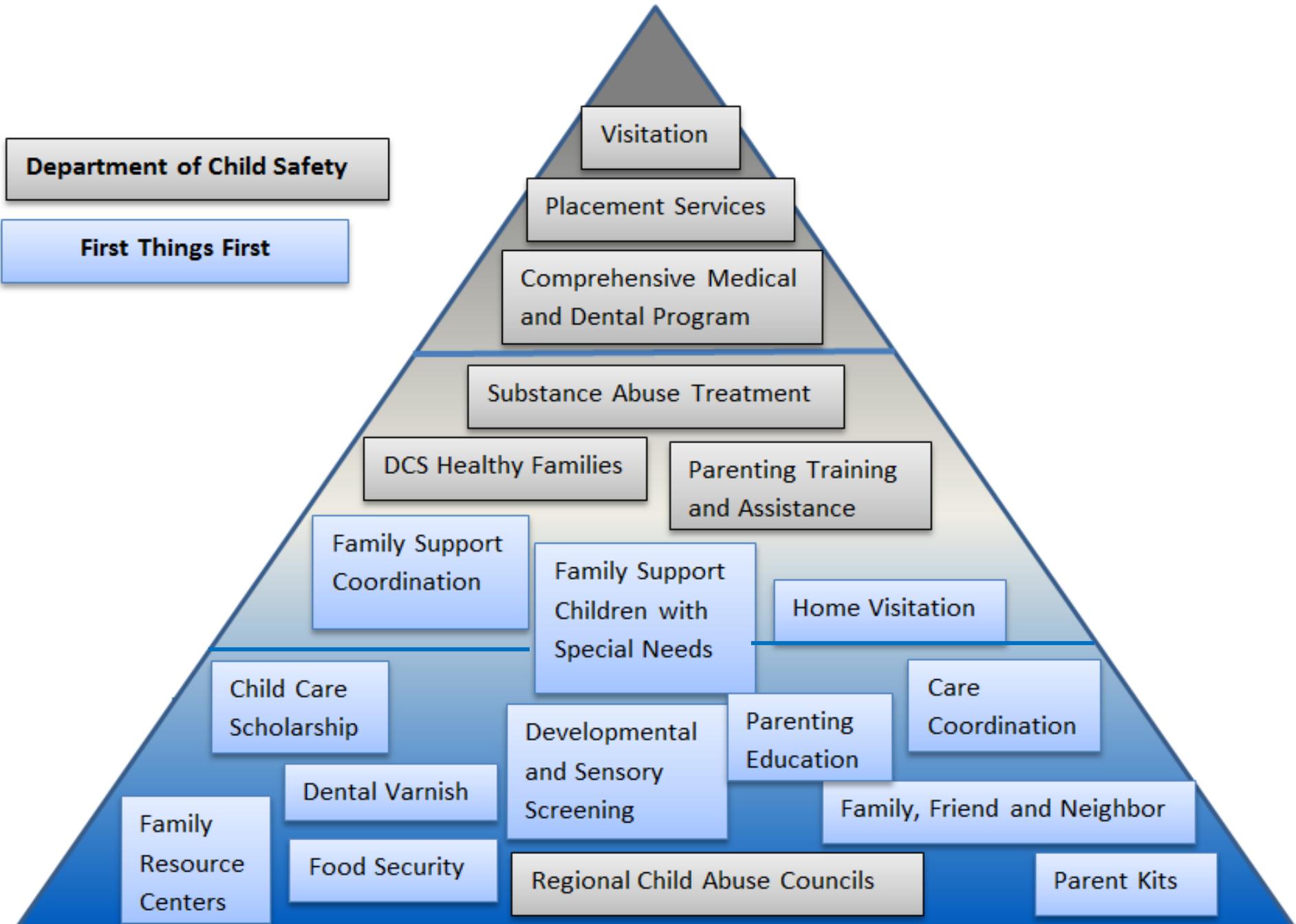
Common Prevention Programs

- Public Awareness
- Skills-based curricula
- Parenting Education
- Parent Support Groups
- Home Visitation
- Respite and crisis care programs
- Family Resource Centers



Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES





First Things First

Family Support Strategies

- Home Visitation
- Family Resource Centers
- Parent Education Community Based Training
- Parent Outreach and Awareness
- Family Support Coordination

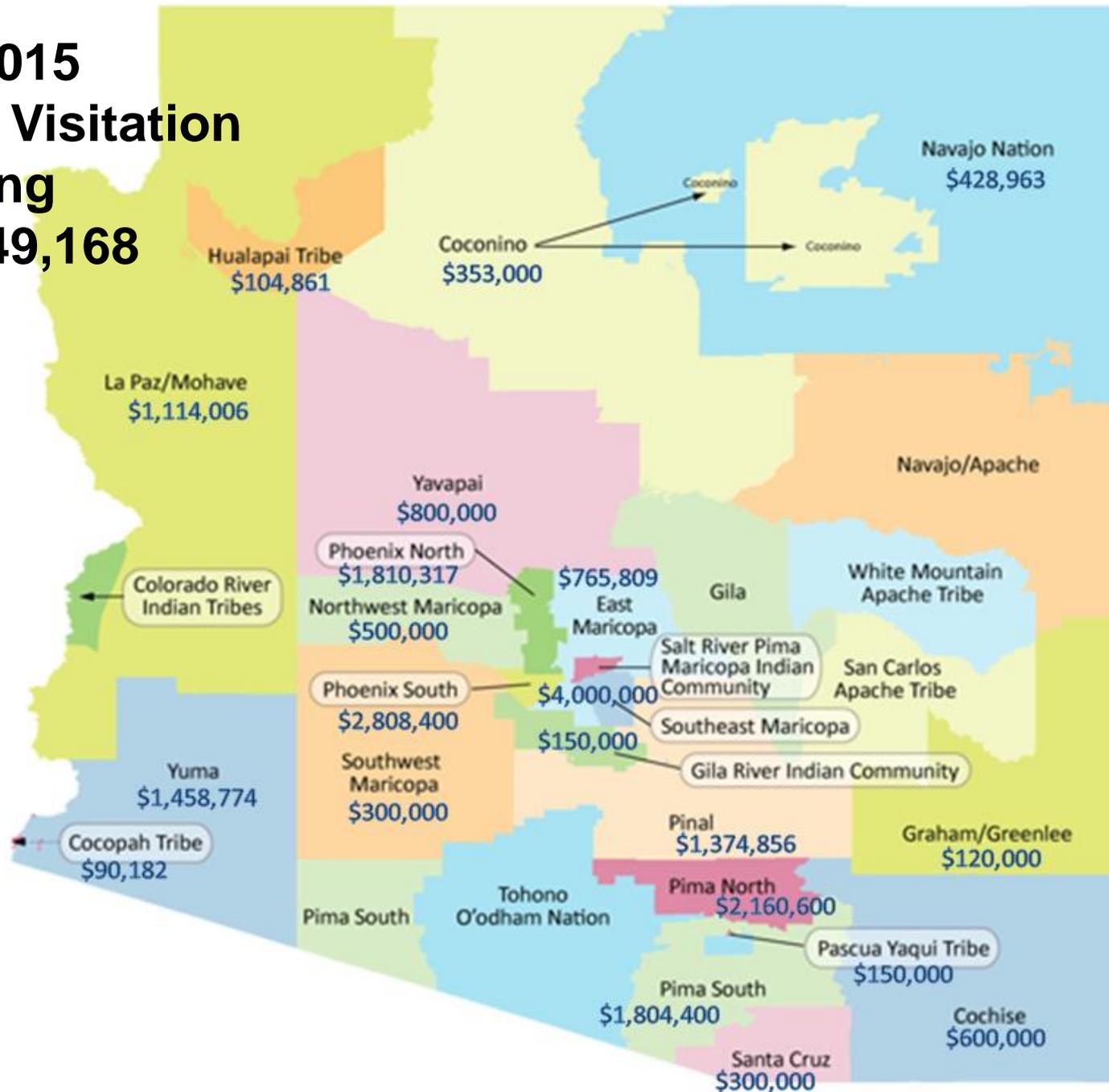


Home Visitation

- Evidence based program models in Arizona
 - Healthy Families Arizona
 - Nurse Family Partnership
 - Parents as Teachers
 - Early Head Start



SFY 2015 Home Visitation Funding \$21,149,168



DCS In-Home Services

Purpose of Service: Assist in supporting and preserving the family unit through a continuum of family-centered services that are coordinated, community-based, accessible and culturally responsive.

- Services can be intensive or moderate and include:
 - Parent education
 - Counseling
 - Communication skills
 - Behavior management
 - Home management



DCS Parent Training and Assistance

Purpose of Service: To provide a range of support services, instruction and assistance to parents or caregivers of children involved with DCS to improve their skills and abilities to fulfill parenting roles and responsibilities.

- Services can be intensive or moderate and include:
 - Parenting skills training in the residence of the family
 - Education and training related to home management activities
 - Education on accessing community services and supports
 - Arrangement and supervision of visitation to promote a continued relationship and to put parenting skills into practice



Resources

- Child Abuse and Neglect
 - www.childwelfare.gov/can/index.cfm
- Identifying Child Abuse and Neglect
 - www.childwelfare.gov/can/identifying/
- Preventing Child Abuse and Neglect
 - www.childwelfare.gov/preventing/



Arizona Revised Statute §13-3620

Duty to Report...

ARS §13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, a christian science practitioner or a priest who has received a confidential communication or a confession in that person's role as a member of the clergy, a christian science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, christian science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, christian science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, christian science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
2. Any peace officer, child welfare investigator, child protective services worker, member of the clergy, priest or christian science practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section either:

1. For conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

Arizona Revised Statute §13-3620

Duty to Report...

2. If a minor is of elementary school age, the physical injury occurs accidentally in the course of typical playground activity during a school day, occurs on the premises of the school that the minor attends and is reported to the legal parent or guardian of the minor and the school maintains a written record of the incident.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

D. Reports shall be made immediately either electronically or by telephone. The reports shall contain the following information, if known:

1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor.

2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.

3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.

E. A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.

F. Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.

G. A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy

Arizona Revised Statute §13-3620

Duty to Report...

of the records, available to a peace officer, child welfare investigator or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer, child welfare investigator or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.

H. When reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to child protective services. Notwithstanding any other statute, when child protective services receives these reports, it shall immediately notify a peace officer in the appropriate jurisdiction and the office of child welfare investigations in the department of economic security.

I. Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.

J. A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.

K. Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:

1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.

L. In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a christian science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a christian science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. This subsection does not discharge a

Arizona Revised Statute §13-3620

Duty to Report...

member of the clergy, a christian science practitioner or a priest from the duty to report pursuant to subsection A of this section.

M. If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:

1. Personal information about individuals other than the patient.
2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.

N. If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, on application of a peace officer, child welfare investigator or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer, child welfare investigator or child protective services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in section 8-201.
2. "Child abuse" means child abuse pursuant to section 13-3623.
3. "Neglect" has the same meaning prescribed in section 8-201.
4. "Reportable offense" means any of the following:
 - (a) Any offense listed in chapters 14 and 35.1 of this title or section 13-3506.01.
 - (b) Surreptitious photographing, videotaping, filming or digitally recording or viewing a minor pursuant to section 13-3019.
 - (c) Child prostitution pursuant to section 13-3212.
 - (d) Incest pursuant to section 13-3608.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

Legal and Applied Definition of Abuse: (A.R.S. § 8-201)

“**Abuse**” is defined in A.R.S. § 8-201(2) as “the infliction of or allowing of physical injury, impairment of bodily function or disfigurement or the infliction of or allowing another person to cause serious emotional damage as evidenced by severe anxiety, depression, withdrawal or untoward aggressive behavior and which emotional damage is diagnosed by a medical doctor or psychologist and is caused by the acts or omissions of an individual having care, custody and control of a child. Abuse includes:

- (a) Inflicting or allowing sexual abuse pursuant to section 13-1404, sexual conduct with a minor pursuant to section 13-1405, sexual assault pursuant to section 13-1406, molestation of a child pursuant to section 13-1410, commercial sexual exploitation of a minor pursuant to section 13-3552, sexual exploitation of a minor pursuant to section 13-3553, incest pursuant to section 13-3608 or child prostitution pursuant to section 13-3212.
- (b) Physical injury that results from permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purpose of manufacturing a dangerous drug as defined in section 13-3401.
- (c) Unreasonable confinement of a child.”

Confinement means the restriction of movement or confining a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.

Confinement is unreasonable if, taking into account the **totality** of the circumstances, the confinement is such that a reasonable (ordinarily cautious) parent, guardian or custodian would not use that method of confinement. The totality of the circumstances includes consideration of the child’s age, developmental and cognitive functioning and any special needs such as mental illness, behavioral health, physical limitations, and length of confinement.

Examples of unreasonable confinement may include but are not limited to:

- tying a child’s arm’s or legs together,
- or binding (tying) a child to a chair, bed, tree, or other object, or
- locking a child in a cage.

Locking a child in a bedroom, closet, or shed may be unreasonable confinement, taking into account the **totality** of the circumstances, such as the length of time, whether the child was deprived of food, water, access to a bathroom or had no means to leave in the event of an emergency.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

“Serious physical injury” is defined in A.R.S. § 8-201(30) as “an injury that is diagnosed by a medical doctor and that does any one or a combination of the following:

- a. creates a reasonable risk of death
- b. causes serious or permanent disfigurement
- c. causes significant physical pain
- d. causes serious impairment of health
- e. causes loss or protracted impairment of an organ or limb.”

“Physical injury” is defined in A.R.S. § 13-3623(f)(4) as “the impairment of physical condition and includes (but shall not be limited to any):

- | | |
|----------------------|---|
| a. skin bruising | g. burns |
| b. pressure sores | h. fracture of any bone |
| c. bleeding | i. subdural hematoma |
| d. failure to thrive | j. soft tissue swelling |
| e. malnutrition | k. injury to any internal organ |
| f. dehydration | l. physical condition which imperils health or welfare” |

Applied Definition of Physical Abuse (according to Exhibit 11 Substantiation Guidelines)

Physical injury is the impairment of a physical condition and includes:

- skin bruising including bruising to the corners of the mouth which may indicate that the child was gagged,
- pressure sores,
- bleeding,
- failure to thrive or pediatric undernourishment (requires medical diagnosis),
- malnutrition (requires medical diagnosis),
- dehydration (requires medical diagnosis),
- burns, which may include water burns, rope burns, rug burns and other abrasions,
- subdural hematoma (requires medical diagnosis),
- soft tissue swelling, which may include bald patches where hair has been pulled out, bite demarcation, and welts such as from cords or other objects,
- injury to any internal organ (requires medical diagnosis), or
- any physical condition which imperils a child's health or welfare.

Arizona Child Abuse Hotline

Legal and Applied Definitions of Abuse

Sex Related Forms of Abuse

1. **Sexual Abuse** means knowingly or intentionally engaging in
 - Sexual contact with a child 15 years of age or older without their consent.
 - NOTE: If a child over 15 years of age consents to the touching it does not meet the definition of sexual abuse. However, such activity *may* qualify as a form of neglect.
 - Sexual contact with the breast of any female child under 15 years of age regardless of consent
 - NOTE: If a child is under 15 years of age, then sexual contact with any part of the child's body other than the female breast is "child molestation" which is listed below.

2. **Sexual Conduct with a Minor** means intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person who is under eighteen years of age. This includes both the case when a child consents to the activity and when the child does not consent. However, when the child does not consent it fits more appropriately under "sexual assault" listed below.

3. **Sexual Assault** means intentionally or knowingly engaging in sexual intercourse or oral sexual contact with any person (including a child) without consent of such person.

4. **Molestation of a Child** means intentionally or knowingly engaging in or causing a person to engage in sexual contact (except sexual contact with the female breast which is covered in sexual abuse above) with a child under fifteen years of age.

5. **Commercial Sexual Exploitation of a Minor** means knowingly:
 - Using, employing, persuading, enticing, inducing or coercing a minor to engage in or assist others to engage in exploitative exhibition or other sexual conduct for the purpose of producing any visual or print medium or live act depicting such conduct.
 - Using, employing, persuading, enticing, inducing or coercing a minor to expose the genitals or anus or the areola or nipple of the female breast for financial or commercial gain.
 - Permitting a minor under such person's custody or control to engage in or assist others to engage in exploitative exhibition or other sexual conduct for the purpose of producing any visual or print medium or live act depicting such conduct.
 - Transporting or financing the transportation of any minor through or across the state with the intent that such minor engage in prostitution, exploitative exhibition or other sexual conduct for the purpose of producing a visual or print medium or live act depicting such conduct.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

6. **Sexual exploitation of a minor** means knowingly:
- Recording, filming, photographing, developing or duplicating any visual or print medium in which minors are engaged in exploitative exhibition or other sexual conduct.
 - Distributing, transporting, exhibiting, receiving, selling, purchasing, possessing or engaging in any visual or print medium in which minors are engaged in exploitative exhibition or other sexual conduct.
7. **Incest** means to knowingly marry or commit fornication with a person (in this case a child) who is within the degree of consanguinity, within which marriages are declared by law to be incestuous and void.
- Void marriages are those between:
 - Parents and their children
 - Between siblings of ½ or whole blood relation
 - Grandparents and their grandchildren
 - Uncles and their nieces OR Aunts and their nephews
 - Between first cousins
8. **Child Prostitution** A person commits child prostitution by knowingly:
- Causing any minor to engage in prostitution or engaging in prostitution with a minor;
 - Using any minor for purposes of prostitution;
 - Permitting a minor under such person's custody or control to engage in prostitution;
 - Receiving any benefit for or on account of procuring or placing a minor in place or in charge or custody of any person for the purpose of prostitution;
 - Receiving any benefit pursuant to an agreement to participate in the proceeds of prostitution of a minor;
 - Financing, managing, supervising, controlling or owning either alone or in association with others prostitution activity involving a minor;
 - Transporting or financing the transportation of any minor through or across the state with the intent that such minor engage in prostitution;

DEFINITIONS FOR SEX RELATED FORMS OF ABUSE

For purposes of the above sex related forms of abuse, the following definitions apply:

Exploitative Exhibition means the actual or simulated exhibition of the genitals or pubic or rectal areas of any person for the purpose of sexual stimulation of the viewer.

Fondling means direct or indirect touching or manipulating, whether above or under clothing, of any part of the genitals, anus or female breast, by any part of a person's body or by any object.

Masturbation means an act of self-stimulation with any part of the body or object.

Oral Sexual Contact means oral contact with the penis, vulva or anus.

Producing means financing, directing, manufacturing, issuing, publishing, or advertising for pecuniary gain.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

Prostitution means engaging in or agreeing or offering to engage in sexual conduct with any person under a fee arrangement with that person or any other person;

Sadomasochistic Abuse means flagellation or torture by or upon a person who is nude or clad in undergarments or in revealing or bizarre costume or the condition of being fettered, bound or otherwise physically restrained on the part of one so clothed.

Sexual Conduct means actual or simulated

- sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same sex or opposite sex;
- penetration of the vagina or rectum by any object except as one does as part of a recognized medical procedure;
- sexual bestiality;
- masturbation for the purpose of the sexual stimulation of the viewer;
- sadomasochistic abuse for the purpose of sexual stimulation of the viewer;
- defecation or urination for the purpose of sexual stimulation of the viewer.

Sexual Contact means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.

Sexual Intercourse means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.

Simulated means any depicting of the genitals or rectal areas which give the appearance of sexual contact or incipient sexual conduct.

Spouse means any person who is legally married and cohabiting.

Visual or print medium means:

- Any film, photograph, video tape, negative, slide, compact or laser disk, computer diskette or computer tape; or
- Any book, magazine or other form of publication or photographic reproduction containing or incorporating in any manner any film, photograph, video tape, negative, slide or computer generated image of a minor.

Without Consent includes any of the following:

- The victim is coerced by the immediate use or threatened use of force against a person or property.
- The victim is incapable of consent by reason of mental disorder, drugs, alcohol, sleep, or any other similar impairment of cognition and such condition is known or should have reasonably been known to the defendant.
- The victim is intentionally deceived as to the nature of the act.
- The victim is intentionally deceived to erroneously believe that the person is the victim's spouse.

Arizona Child Abuse Hotline

Legal and Applied Definitions of Abuse

Legal and Applied Definitions of Neglect

“*Neglect or neglected*” is defined in A.R.S. § 8-201 “as:

(a) The inability or unwillingness of a parent, guardian or custodian of a child to provide that child with supervision, food, clothing shelter or medical care if that inability or unwillingness causes unreasonable risk of harm to the child’s health or welfare, except if the inability of a parent or guardian to provide services to meet the needs of a child with a disability or chronic illness is solely the result of the unavailability of reasonable services.

Unreasonable risk of harm: means taking into account the **totality** of the circumstances specific to the incident, the behavior and/or action or inaction of the parent, guardian or custodian placed the child at a level of risk of harm to which a reasonable (ordinarily cautious) parent, guardian or custodian would not have subjected the child.

The CPS Specialist should apply the definition to the allegation under investigation by applying a series of questions as follows:

1. What is the minimal level of supervision, food, clothing, shelter or medical care needed for this child based on the child’s age, cultural expectations and developmental status?
2. Is this minimal level being met by the parent, legal guardian or custodian?
3. If this minimal level is not being met, how is it not being met?
4. If this minimal level is not being met, what is the unreasonable risk of harm that has resulted or could result if the need is not met?
5. Is the parent, guardian or custodian using substances known to create an unreasonable risk of harm to a child? These substances include but are not limited to cocaine (crack), methamphetamines, heroin, PCP, and alcohol.

It is not an act of *neglect* if:

- the child suffers from a disability or chronic illness and services are unavailable to treat the child’s disability or chronic illness, or
- the child, in good faith, is being furnished Christian Science treatment by a duly accredited practitioner for that reason alone, or
- the parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of such medication for that reason alone.

(b) Permitting a child to enter or remain in any structure or vehicle in which volatile, toxic or flammable chemicals are found or equipment is possessed by any person for the purposes of manufacturing a dangerous drug as defined in section 13-3401.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

(c) A determination by a health professional that a newborn infant (under thirty (30) days of age) was exposed prenatally to a drug or substance listed in section 13-3401 and that this exposure was not the result of a medical treatment administered to the mother or the newborn infant by a health professional. This subdivision does not expand a health professional's duty to report neglect based on prenatal exposure to a drug or substance listed in section 13-3401 beyond the requirements prescribed pursuant to section 13-3620, subsection E. The determination by the health professional shall be based on one or more of the following:

- (i) Clinical Indicators in the prenatal period including maternal and newborn presentation.
- (ii) History of substance use or abuse.
- (iii) Medical history.
- (iv) Results of a toxicology or other laboratory test on the mother or the newborn infant.

(d) Diagnosis by a health professional of an infant under one year of age with clinical findings consistent with fetal alcohol syndrome (FAS) or fetal alcohol effects (FAE).

(e) **Deliberate exposure** of a child by a parent, guardian or custodian to:

- **Sexual Conduct**, as defined in section 13-3551, means actual or simulated:
 - sexual intercourse including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same sex or opposite sex;
 - penetration of the vagina or rectum by any object except as one does as part of a recognized medical procedure;
 - sexual bestiality;
 - masturbation for the purpose of the sexual stimulation of the viewer;
 - sadomasochistic abuse for the purpose of sexual stimulation of the viewer; or
 - defecation or urination for the purpose of sexual stimulation of the viewer.
- **Sexual Contact**, as defined in 13-1401, means any direct or indirect touching, fondling or manipulating of any part of the genitals, anus or female breast by any part of the body or by any object or causing a person to engage in such conduct.
- **Oral Sexual Contact**, as defined in § 13-1401, means oral contact with the penis, vulva or anus.
- **Sexual Intercourse**, as defined in § 13-1401, means penetration into the penis, vulva, or anus by any part of the body or by any object or masturbatory contact with the penis or vulva.
- **Bestiality**, as defined in section 13-1411, means engaging in or causing another person to engage in oral sexual contact, sexual contact or sexual intercourse with an animal.
- **Explicit Sexual Materials**, as defined in section 13-3507, means any drawing, photograph, film negative, motion picture, figure, object, novelty device, recording, transcription or any book, leaflet, pamphlet, magazine, booklet or other item, the cover or contents of which depicts human genitalia or depicts or verbally describes nudity, sexual activity, sexual conduct, sexual excitement or sadomasochistic abuse in a way which is harmful to minors.

Arizona Child Abuse Hotline Legal and Applied Definitions of Abuse

Explicit sexual material (pornography) does not include any depiction or description which, taken in context, possesses serious educational value for minors or which possesses serious literary, artistic, political or scientific value.

Deliberate exposure means that the parent, guardian or custodian knowingly and willingly subjected the child to the above sexual activities, including having the child read or view explicit sexual materials (pornography), taking the child to a strip club, or having the child view others engaged in sexual activity. Note that exposure to sexual conduct and explicit sexual materials (pornography) applies to deliberate exposure only and not to reckless disregard.

(f) Any of the following acts committed by the child's parent, guardian or custodian with **reckless disregard** as to whether the child is physically present:

- **Sexual Contact** as defined in section 13-1401 (see definition in ¶ e, above);
- **Oral Sexual Contact** as defined in section 13-1401 (see definition in ¶ e, above);
- **Sexual Intercourse** as defined in section 13-1401 (see definition in ¶ e, above); or
- **Bestiality** as prescribed in section 13-1411 (see definition in ¶ e, above)."

Reckless disregard means that the parent, guardian or custodian knew or should have known that the child was present or would likely be present when engaging in sexual activity, and failed to take actions to prevent the child from observing the activity. **Note that this would not include infants who sleep in the same room as their parent, guardian or custodian.**

Mandated Reporter Interview Questions

INTRODUCTION

1. Is your concern about a child (person under age 18) currently in Arizona?
2. What is your name? Where do you work and what is your position? What is your phone number?
3. How do you know the family? How did these concerns come to your attention?
4. Who have you had contact with and where? Did the child talk to you directly?
5. Have you called the Hotline before? If no, explain the interview process.

INFORMATION COLLECTION TO MAKE SAFETY DECISIONS

Family Composition and Demographic Data

1. Who is living in the home? (Ask for the child's parents' names if the child does not live with their parents.)
2. Do you know any identifying information about the family and others living in the home (i.e. dates of birth, ages, social security numbers, and ethnicity)?
3. What is the primary language of the family?
4. If the parents do not live together, do you know the custody and visitation arrangements?
5. If the child lives with someone other than their parent, does the caregiver have legal guardianship?
6. What is the family's home address and phone number? (Include the name of the apartment complex and trailer park, apartment or space number and directions, if needed. Verify if phone number is home or cellular.)
 - If the home address is not known, is there any other way to locate the family (i.e. school, day care, a relative's home, or caregiver's place of employment)?
 - If the child or caregiver is currently at another location (i.e. police, relative, medical facility), where is the child and/or caregiver currently located? (Include name of person and address or facility name, including room number and the expected discharge date.)
 - If the family is Native American, do you know the tribal affiliation and if they live on the Reservation?
7. Where does the child go to school and/or daycare? (**Do not ask medical professionals.**)
 - Ask school professionals the dismissal time if the situation may require an immediate response.

What is the extent of current maltreatment and circumstances surrounding the maltreatment?

1. What is your concern for the child?
 - Do you believe the caregiver is meeting the basic needs of the child? If no, describe.
 - Can you describe the child's appearance or behaviors (recently changed or already existing) that are of concern?
 - If the reporter has been in the home, do you have concerns about the child's living environment?
2. Did the child get injured?
 - If yes, describe the child's injury. (Include the location, size, shape and color.)

Mandated Reporter Interview Questions

3. Does the child need or has the child received medical treatment?
 - If treatment is needed, what type of medical care is needed (i.e. physical or mental health treatment)? Can you describe the child's medical condition? What will happen if the child does not receive the medical care?
 - If treatment was received, when and where did this occur? Do you know the doctor's name and telephone number? Do you know the diagnosis?
 - **Ask medical professionals only,**
 - Is the child's injury or condition most consistent with a non-accidental injury or due to caregiver neglect?
 - Is the child in serious or critical condition because of this injury or condition?
 - If a child died and based on the information the medical professional has at this time, is it your opinion that it is likely the child died as a result of this injury or condition?
4. What was the child's statement(s) about the injury, incident or their home situation?
5. When and where did the incident occur?
6. Who caused harm to the child? What is the caregiver's explanation of the injuries or incident? Does the alleged perpetrator have access to the child or other children outside of the home? If yes, when and how often?
7. Are the parents or other adults in the household aware of the incident?
 - If yes, has any adult in the household intervened to protect the child?
8. Are you aware if incidents like this have occurred before? If yes, describe.
9. Were police called?
 - If yes, what department and name and phone number of the responding officer? Has an arrest been made? Do you have a DR number?

What is the level of child functioning and adult functioning within the family?

1. Can you describe the child's overall appearance, health and well-being?
 - If the child is five or under, can you describe his/her development and verbal communication skills?
2. Does the child have any behavioral, mental, emotional, intellectual or physical conditions?
 - If yes, describe the child's behaviors associated with the condition. Is the child receiving services and from what agency?
3. Has the child expressed concern about being at or going home? Do you have concerns about the child going home? If yes, describe.
 - If yes, what has the child done or said to indicate concern?
4. Does the caregiver have any behavioral, mental, emotional, intellectual or physical conditions?
 - If yes, describe the caregiver's behaviors associated with the condition. Is the caregiver receiving services and from what agency?
5. Are you aware if anyone in the home abuses drugs or alcohol?
 - If yes, who is using and are they using in front of the child. What type of drugs and how often? Does the child have access to the drugs or drug paraphernalia?
 - Do you suspect drug sales or manufacturing in the home? If yes, describe.

Mandated Reporter Interview Questions

6. Is there domestic violence going on among the adults in the home?
 - Can you describe the domestic violence? Do you know who the abuser and victim are? How often does violence occur? Where is the child when an incident occurs?
 - Have there been injuries to the adults and/or the child? If yes, describe.
 - Does either caregiver actively protect the child during the domestic violence incident? If yes, describe.

What are the general parenting practices, including disciplinary practices in the family?

1. Have you observed the way that the caregiver interacts with the child? Is the caregiver bonded with the child? If no, describe.
2. Based on your interaction with the caregiver does it seem that they understand the needs of the child? Does the caregiver have realistic expectations of the child given the child's age/functioning? If no, describe.

CONCLUSION

1. Are you aware if there are any safety concerns such as pets, weapons, violence or illegal activity that may threaten a social worker's safety if they visit the home?

A.R.S. §41-1010 Statement

According to state law, we must inform you that you are required to provide your name as the reporting source. However, CPS will keep your name confidential under the state CPS confidentiality law and will only disclose it if we receive a court order to do so, or if needed by law enforcement for an investigation or to provide for the immediate safety of a child. Therefore it is important that we document any concerns you may have regarding substantial risk of harm to you, someone else or the public if your name is disclosed.

1. Do you have concerns regarding substantial risk of harm? What are those concerns?
2. May I document your name and phone number as the reporting source?

CPS Online Reporting Service

Section 1 of 5 – Reporting Party

1. What type of Reporter are you?
2. Gender
3. Title, First/Last Name
4. Employer or Organization you Represent
5. Address, Phone, Email address

Section 2 of 5 – Family Profile Child(ren)

1. First/Last Name
2. Gender, DOB
3. Race/Primary Language
4. Do you have the child's Social Security number? If so, drop down to enter
5. Is the child an alleged victim
6. Where can the child be located?
 - Home, school, daycare, other locations
 - Address of any

Section 3 of 5 – Family Profile Adult(s)

1. First/Last Name of parents of the children and all the adults living in the home
2. Relationship each person has with the child(ren)
3. Who has primary custody of the child?
4. Is there court ordered visitation and/or parenting time? If yes, drop down to explain
5. Where does the non-custodial parent live?
6. Address/Phone
7. Gender
8. Race/Primary Language
9. Do you have the person's social security number? If so, drop down to enter
10. Do you know where the place of employment is for this adult? If so, drop down to enter

Section 4 of 5 – What Happened?

1. Is this a one-time incident or reoccurring?
2. Place of incident
3. Did you personally witness the incident? If so, drop down to explain
4. Has Law Enforcement been contacted regarding the concern you are reporting today? If so, drop down to explain
5. Please describe what happened to the child(ren), using their names, and provide a detail description of the incident, or issue that you are concerned about. Include information such as names of individual(s) who harmed the child(ren), frequency, how long this has been occurring, etc.
6. Does the child have an injury? If yes, drop down to describe
7. What was the child's statement about the injury, incident or issue that you are concerned about?
8. Has the child received medical treatment? If yes, drop down to enter
9. Do you have concerns about the child's living environment? If yes, drop down to explain
10. Has the individual(s) who allegedly harmed the child(ren) been spoken to about the incident, injury, or concern? If so, drop down to explain
11. Does the individual(s) who allegedly harmed the child(ren) have access to the child(ren)? If so, drop down to explain

CPS Online Reporting Service

12. Does the individual(s) who allegedly harmed the child(ren) have access to other children outside of the home? If so, drop down to explain
13. Are there parents or other adults in the household aware of the incident? If so, drop down to explain

Section 5 of 5 – Family Functioning

1. Has the child expressed concerns about going home? If yes, drop down to explain
2. Do you have concerns about the child going home? If yes, drop down to explain
3. If you have had contact with the child, what is his/her overall appearance, health and well-being?
4. Does the child(ren) have any behavioral, mental, emotional intellectual or physical conditions? If yes, drop down to describe the specific condition
5. Does the caregiver(s) have any behavioral, mental, emotional intellectual or physical conditions? If yes, drop down to describe the specific condition
6. Have there been any incidents of domestic violence in the home? If yes, drop down to explain in detail, such as who is the aggressor, police involvement, if the child is in close proximity, injuries to child or adult in the home, etc.
7. Does anyone in the home abuse drugs or alcohol? If yes, drop down to explain in detail, such as the uses of drugs or alcohol, the details of their abuse, if child has access, etc. such as type of substance, frequency of use, child accessibility, etc.
8. Do you suspect drug sales and/or manufacturing in the home? If so, drop down to explain in detail such as the uses of drugs or alcohol, the details of their abuse, if child has access, etc. such as type of substance, frequency of use, child accessibility, etc.
9. Is there any additional information you believe is important for Child Protective Services (*Department of Child Safety*) to know? If yes, drop down to explain

Safety Information Needed

10. Are there any safety issues in the home that may be of concern to a social worker visiting this home?

A.R.S. 41-1010

According to state law, we must inform you that you are required to provide your name as the reporting source. However, CPS will keep your name confidential under the state CPS confidentiality law and will only disclose it if we receive a court order to do so, or if needed by law enforcement for an investigation or to provide for the immediate safety of a child. Therefore it is important that we document any concerns you may have regarding substantial risk of harm to you, someone else or the public if your name is disclosed.

Do you have any concerns of substantial risk of harm to you, or someone else, or the public, if your name is disclosed? If yes, drop down to explain