

CT DCF

Item: Glossary Items

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1 Glossary Items

1.1 Administrative Case Review (ACR)

An ACR is a facilitated meeting held at various points of the Department's involvement with the family and child to review and discuss the goals and objectives set forth in the case plan by DCF, the youth, the family and other stakeholders (attorney, providers, etc.). The purpose of the ACR is to provide an orderly, structured and inclusive meeting in which all participants are engaged in discussion focused on meeting the needs of children, including permanency planning.

1.2 Adoption Resource Exchange (ARE)

A division of DCF that provides assistance to regional office staff in planning for children whose goal is adoption. The ARE locates adoptive family resources, provides information on adoption practice, policy, procedures and statutes, and maintains a registry of all children legally free for adoption. The ARE manages subsidized adoptions. ARE is now referred to as the Permanency Resource Exchange (PRE) per state statute.

1.3 Alerts

Refers to prompts (usually outlook pop-ups) to notify the user of an upcoming event on their workload or of a workload task. This term is used interchangeably at times with the word notifications. Alerts can be set for the SW and others in their chain of command, or as designated. Alerts can be set on documents or document libraries on internal SharePoint sites. This is especially useful for documents such as Frequently Asked Questions for our Child and Family Services Review process.

1.4 Assistant Attorney General (AAG)

State of Connecticut attorneys (state employees) who represent the Department in the Superior Court for Juvenile Matters (SCJM).

1.5 Background Checks

The process of requesting criminal, protective order, Child Protective Services (CPS) checks, sexual offender registry, etc. Certain individuals are authorized access to the protective order registry, the National Crime Information Center (NCIC-FBI database) and the state police criminal data base (COLLECT). Local checks are sent to the appropriate police stations. Background checks are completed by the area office when assessing families and applicants for foster care. There is also a Background Check unit in Central Office that completes these checks for employers and for Human Resources for incoming hires.

1.6 Batch

Non-continuous (non-real time) processing of data, instructions, or materials. In data transmission, batch processing is used for very large files or where a fast response time is not critical. The files to be transmitted are gathered over a period and then send together as a batch.

1.7 Best Interest

Statement that, "Continuation in care is in the best interest of the youth," which is required for IV-E purposes.

1.8 Care4Kids

Day care subsidies provided to eligible families or children through the Office of Early Childhood (EOC).

1.9 Case Plan

This is the document developed by the family, youth/children, DCF and community partners that establishes goals and objectives for the family, and serves as a roadmap for the agency's continued work with the family. It was previously referred to as a Treatment Plan. Case Planning are the actions carried out during the delivery of interventions with a family.

1.10 Central Registry

DCF maintains a Central Registry of Substantiated Perpetrators of Child Abuse or Neglect. The primary purpose of the Central Registry is child protection through prevention and identification of abuse or neglect of children to give to appropriate individuals who are required to check to registry for employment purposes.

1.11 Child Protective Services (CPS)

The measures and structures put in place to prevent and to respond to abuse, neglect, exploitation and violence affecting children. In Connecticut, The Department of Children and Families (DCF) is the agency which responds to reports of child abuse and/or neglect, and monitors child safety and risk, and works towards family stabilization.

1.12 Collateral Contacts

Term used to describe information gathered by DCF pertaining to the family for assessment purposed. This is often referred to as a *collateral contact*. For example, a collateral is sought for children's medical or dental information to obtain this accompanying information to assess the needs of the family.

1.13 Committed Delinquent

A child or youth who is committed as a delinquent to the care and custody of the Department. These adjudicated youth are serviced through the Regions. Each adjudicated delinquent and committed to DCF is under the case management Juvenile Justice Social Workers (formerly called Parole Officers). **JJ**

Commitment –Juvenile Justice is a system that provides individualized supervision, care, accountability and treatment in a manner consistent with public safety to those juveniles who violate the law.

Delinquent Juvenile is any juvenile who has been adjudicated delinquent and who is still subject to the jurisdiction or supervision of an agency or institution pursuant to an order of such court.

1.14 Commitment

Commitment is a term used on the Child Protective Services (CPS) side of functions to mean the length of time the child/youth is under the legal care/custody of the Commissioner, or designee. The Court orders guardianship to the Department.

1.15 Delinquent Juvenile

Delinquent Juvenile is any juvenile who has been adjudicated delinquent and who is still subject to the jurisdiction or supervision of an agency or institution pursuant to an order of such court.

1.16 Community Support for Families (CSF)

Contracted agencies throughout the state who will engage families referred by DCF and connect them to concrete, traditional and non-traditional resources and services in the community. The name of the contracted service is the Community Support for Families (CSF) Program--previously referred to as a Community Partner Agency (CPA). These services cannot be accessed following an investigation and families are offered this service following a Family Assessment Response (FAR).

1.17 Compelling Reason

Legal term used in CPS regarding a cited decision which must be decided on a case by case basis after considering all of the facts and circumstances of the case that this decision is in the best interest of the child. The compelling reason must be given for children in care for 15 months when a Termination of Parental Rights (TPR) is not in the best interest of the child (the Adoption and Safe Families Act of 1997 mandates a TPR must be filed at the 15 month mark). Compelling reasons must be recorded and tracked in the case record. Examples of compelling reasons are as follows:

- Reunification is the goal
- The child has a permanency goal other than adoption (i.e., permanency with a kin/relative through guardianship and is expected to achieve that goal within 12 months of establishing the goal
- The child objects to being adopted. The legal age to consent is 14 years of age
- The child has severe emotional or behavioral problems or a serious medical condition and reunification remains an appropriate goal

- The parent is terminally ill, does not want parental rights terminated and has designated the child's present caretaker, with the caretaker's agreement, as the child's permanent caretaker

1.18 Confidential Case

Access to certain cases is restricted or confidential for various reasons. For instance, a case involving a relative of an employee, a Special Investigations Unit (SIU) case, a high profile case, or media involved case. Only the people assigned to the case or authorized users can access these cases on any search screen. This includes keeping all of the data, documentation and participants associated with the case confidential.

1.19 Configurable

To construct or arrange a computer system in a certain way that can be modified, readjusted or rearranged as needed. There are different levels of configuration, which do not require a hard code change. An example of a configuration is modifying an existing service table without a code change.

1.20 Considered Removal Child and Family Team Meeting (CR-CFTM)

A meeting facilitated by a trained DCF Considered Removal Facilitator who is impartial and has no connection to the case when a child is at risk of immediate removal from his/her home due to safety factors identified. All family supports and persons connected to the child and family are encouraged to devise a collaborative plan to mitigate the safety factors, reduce trauma, and to achieve safety, permanency, health and learning. Depending on the age of the child, the child may also attend.

1.21 CORE-CT

State of Connecticut financial and human resources computer system

1.22 Correspondence

Any type of written, oral or electronic communication regarding case or provider activity in a DCF case. There is also internal correspondence between co-workers. There is a section of the case record for correspondence.

1.23 CPS In Home

Means that the family is being serviced by the Department while the children remain in the home. The family could have an open investigation, Family Assessment Response (FAR) assessment, voluntary services or an Ongoing Services case assigned with a worker who visits the family as necessary per

policy. The family could have court involvement, and even may have an adjudication of abuse or neglect, but all of the children remain in the care and custody of their parent(s).

1.24 CPS Out of Home (OOH)

Means that the family is being serviced by the Department with a child placed outside of the home and there is juvenile court involvement which has issued an order that the child is not safe to remain in the care of their parent/legal guardian. The child (ren) are placed outside of the family home and is overseen by DCF Ongoing Services (Treatment). There are circumstances where the family may have children in the home and out of the home at the same time, and both are overseen by DCF.

1.25 CPS Report

A Child Protective Services (CPS) report made to the Careline regarding suspected abuse or neglect on a child under the age of 18, or up to 21 if he/she is in our care. A report can be made by a mandated reporter who can remain anonymous to the family but they cannot remain anonymous to the Department if they are making a report in their role as a mandated reporter. Anyone who is not a mandated reporter can make a report to the centralized Careline anonymously. The report is made to 1-800-842-2288 24 hours a day 7 days a week. They are located at our Central Office. The report is then reviewed and a determination is made whether or not to accept the report or non-accept (NA) it. If it is accepted, it is then routed to one of the 14 area offices or SIU (Special Investigations Unit) to be investigated. If it is not accepted, it is kept in our system for 60 days and then is expunged.

1.26 Critical Incidents

Critical incidents are those situations involving the following:

- Death of child
- Abduction of child in care or custody of DCF
- Broken bones and or bruising that is significant and suspected to have been caused by child abuse or neglect to children under 6 years of age.
- Burns on child under 6-years of age:
 - Cigarette or cigar
 - Friction
 - Immersion/submersion
 - Degree: First, Second or Third
- Child 0 to 12-months presenting with either one or both of the following:
 - Bruising
 - Oral injury

- Child victim of domestic or international human trafficking/ sexual exploitation involving sale or gain
- Child in care or custody of DCF who has run away or is absent without leave (AWOL) that:
 - Presents an imminent danger to himself/herself or the community
 - Is under 13-years of age
- Life-threatening or life altering condition/injury suspected to have been caused by child abuse or neglect

1.27 Dashboards

A computer term used to describe a look at either a work group, office or individual's work. Most dashboards capture outcome measure data such as visitation or due dates for investigations.

1.28 DCF staff, non-DCF staff

DCF staff is anyone employed by DCF and non DCF staff are not employed by the Department of Children and Families.

1.29 Dispositions

Decision point at the end of the FAR or Investigation in which the family's case is either closed, transferred to ongoing services or transferred to a community agency. In an investigation, there may also be a finding which may lead to a substantiation/unsubstantiation of abuse and/or neglect, and a Central Registry designation. This term can also refer to a legal decision made in court.

1.30 Dual commitment

Refers to the status of a child or youth who is committed to the Commissioner of DCF for guardianship (Neglect/Uncared For) and also is committed due to a finding of guilt for Delinquency. The delinquency commitment is for custody only and, by law, has no impact on the rights/responsibilities inherent to guardianship.

1.31 Educational jurisdiction

Means the entity responsible for fiscal and programmatic educational planning for the education of a child. The educational jurisdiction, or Nexus school district, means the Connecticut school district of a local or regional board of education under whose jurisdiction a child would otherwise be attending school, if not for a state agency placement.

1.32 Entrusted Caretaker (AKA: Person Entrusted)

A person entrusted with the care of a child, meaning a person who is given access to a child by a person responsible for the health, welfare or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring or mentoring. (see perpetrator definition).

1.33 Expunged (also referred to as Expungement)

Process by which information and records are removed from LINK. For example, if an investigation is unsubstantiated, the information is removed from the system within 5 years. There are business rules around the criteria for expungement.

1.34 Family Arrangement

A temporary plan made by a family which can only be sanctioned when a family's plan satisfies DCF concerns for safety and adequate care. Family arrangements are not appropriate when DCF wants to set expectations about contact and visitation *for* the family, but does not involve the court.

The decision about the right placement for a child shall be driven by the child and family teaming process and the principles set forth by that model. To honor the goals of family teaming, family members help us seek the least restrictive option that reasonably ensures safety and stability for the children and that has the best likelihood of leading to a permanent, stable living arrangement. Family arrangements should only be for 30 day, but may be extended to 45 with SWS/Managerial approval.

1.35 Family Assessment Response

Family Assessment Response (FAR) is a strength-based, family -centered approach of partnering with families and their supports to protect children and enhance parental capacity. It is one of the tracks of DRS; the other is an Investigation. FAR reports can only be coded as a 72 hour Response and are the lower risk reports. There are rule-outs which would preclude a report from being a FAR. These are:

- a new CPS report on an active, Ongoing Services case (excluding Voluntary and Probate Services, or an open FAR);
- congregate care, foster care (excluding allegations involving biological or adopted children of the foster parent(s)), persons entrusted;
- sexual abuse by parent, guardian or person given access to by the parent or guardian;
- prior child fatality due to abuse and/or neglect; or,
- previous adjudication of abuse and/or neglect in Superior Court for Juvenile Matters (SCJM) or comparable out-of-state court, including prior termination of parental rights.

FAR focuses on the importance of engaging parents to recognize concerns that affect their ability to parent; empowers and helps families and their supports identify solutions to address problems or concerns; focuses more on understanding the conditions that impact child safety and the factors that need to be addressed to strengthen the family; tailors the approach and services to correspond to the family's strengths, needs, and resources; taps into community services and the family's natural supports; and establishes strong community partnerships that can help support the family in times of need.

Families can decide whether they wish to participate in services once safety has been established-if there are safety factors noted, the track must switch to an Investigation (please note, an Investigation cannot switch to a FAR). Rather than a formal determination of abuse and/or neglect, the outcome is a determination of whether services are needed to strengthen families and promote child safety and well-being. Cross reference: CSF as the service deliverer that may follow a FAR.

1.36 Family Assessment Response Protocol

DCF's form used to document all information gathered during the Family Assessment Response.

1.37 Family Team Meeting

A family and community-centered approach designed to help families have a voice and direct input into plans that are developed to ensure the safety, permanence and well-being of children, meet family needs, and strengthen the family unit. It is the preferred forum for the family and their support systems to come together and develop a plan to address concerns and provide assistance and support on an ongoing basis or in times of need.

1.38 Fatherhood Engagement

A primary strategy of the agency's efforts to more effectively engage fathers (includes father-figures and paternal relatives) across the agency's mandates has been emphasizing key areas of practice including engaging non-resident and incarcerated fathers. Some additional areas of emphasis in case practice have been:

- Early and ongoing efforts to identify locate and engage fathers in the child welfare process.
- Engaging mothers, children and kin in discussion regarding the identity of, last contact with and relationship with father.
- Assessing the needs and strengths of father(s) involved with the family as a crucial pieces to a holistic assessment of a family's risk and protective factors.

1.39 Fictive Kinship

Forms of social ties, relationships and connections that are based on neither blood ties nor by marriage ties. This term is used to describe family connections when looking for placement resources for children and the special study foster care license captures these types of foster homes. An example of a fictive kinship tie would be a Godparent who is not blood related to the child or family.

1.40 Firewall

A computer term used in the practice of Social Work to describe system pop ups or barriers from proceeding until certain tasks are completed in LINK. For example, a firewall can be set up at certain points in the computer to enter race and ethnicity of case participants and will not allow a worker to complete tasks before entering this data, or getting managerial approval.

1.41 Footprints

A unique set of characteristics, actions, etc., that leave a trace and serve as a means of identification. This can detect a person's access to online sources. A **digital footprint** is the data that is left behind by users on digital services. There are two main classifications for digital footprints: passive and active. A passive digital footprint is created when data is collected without the owner knowing, whereas active digital footprints are created when personal data is released deliberately by a user for the purpose of sharing information about oneself by means of websites or social media. DCF uses this term when a case access audit is run to see who and when a case was accessed in the current computer system.

1.42 Formal and Informal Community Supports

Formal Supports are typically contracted/paid for services delivered by community providers who provide services and supports to families. Informal supports are individuals in the community who provide support to the family (neighbor, coach, spiritual leader etc.), or individuals who have a personal relationship with the family. This may include extended family, kin, friends, etc.

1.43 Forms

Term used to describe DCF sanctioned templates, letters or documents used for case related activities for internal use and also to use with families and community partners to spell out safety concerns, goals and objectives, etc. This can also refer to court forms for filing petitions, motions, etc., and documents used by human resources (i.e.: medical leave, threat assessment, etc.).

1.44 FWSN In Home

Family With Service Needs (FWSN) is defined as a case involving a family which includes a child under 17 years of age who meets one or more of the following criteria:

- has, without just cause, run away from his/her parental home or other properly authorized and lawful place of abode;
- is beyond the control of his/her parents, guardians or other custodians;
- has engaged in indecent or immoral conduct;
- is an habitual truant, which means a child who is enrolled in a public or private school and has had 10 unexcused absences in a school year;
- is a truant, which means a child who is enrolled in a public or private school and has had four unexcused absences in any month or ten or more absences in a school year;
- while in school, has been continuously and overtly defiant of school rules and regulations; and/or;
- is 13 years of age or older and has engaged in sexual intercourse with another person, and such other person is 13 years of age or older and not more than two years older or younger than said child.

A FWSN adjudication is not a delinquency adjudication. However, the court does retain authority over children who exhibit non-criminal behaviors. Although these children cannot be detained in a detention or correctional facility, they can be committed to the Department. See FWSN Out of Home (OOH).

At the time of disposition, the court may do one or more of the following:

- issue a warning and send the child home with parents/guardians;
- refer the child to DCF for voluntary services, or if FWSN is solely the result of truancy, to the local school district;
- commit the child to the care and custody, but not the guardianship, of the Commissioner for a period not to exceed eighteen (18) months, for placement in foster care or any licensed facility other than Connecticut Juvenile Training School (CJTS);
- order a child to remain in the home or in the custody of any other suitable person under the rules of the court and supervision of a probation officer;
- vest temporary custody of the child in a suitable person or agency pending a temporary custody hearing.

1.45 FWSN OOH

If the court vests temporary custody or commits a child from a Family with Service Needs to the Department, the area office must open a protective services case and provide placement for the child.

1.46 Genogram

A "family tree" that notes the immediate family members as well as extended family members, and relationships. It can display a graphic representation of the personalities and interplay of [generations](#) within a family, used to identify repetitive patterns of behavior; a psychological family tree. It can also include a graphic representation of medical conditions and age and cause of death of family members going back several generations, used especially to assess disease risk.

1.47 Geo-mapping

The process including text, hyperlinks, images, and videos connected to locations on virtual maps. Geo-Map projects can provide windows into events, concepts, places and stories which join disparate media elements into a cohesive digital narrative. It can also be used to connect and match clients to services.

1.48 Human Trafficking

The recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs. This is also referred to as DMST (domestic minor sex trafficking).

1.49 Individualized Education Plan (IEP)

A written document required for each child who is eligible to receive special education services. It is provided to a student who has been determined first to have a disability and, second, to need special education services because of that disability. The IEP, the team that develops it, and what it must contain are governed by the Individuals with Disabilities Education Act (IDEA) and amendments to it. The IEP provides information on children's current levels of performance and directs the special services and supports that are provided to students who have IEPs. It includes provisions for defining annual goals, evaluating progress, and formalizing what is to be a free and appropriate public education (FAPE) for the student with the disability.

1.50 Interfaces

a shared boundary across which two separate components of a [computer system](#) exchange information. The exchange can be between [software](#), [computer hardware](#), [peripheral](#) devices, [humans](#) and combinations of these. Some computer hardware devices such as a [touchscreen](#) can both send and

receive data through the interface, while others such as a mouse, microphone or joystick are one way only. Some types of interfaces are:

- **Batch Interfaces:** Data exchanges with other systems that take place typically overnight “batched” with other requests. This can be a one way or two way exchange, and can be set for different time intervals (i.e.: hourly, weekly, etc. This type of interface occurs as a background task and may need follow up by the user to view responses to request for data.
- **Integration Interfaces:** Data exchanges that occur between systems that are typically done in real time, but act in a manner similar to batch interfaces in that the user must request data directly within an application.
- **System to System:** Systems whose interfaces are completely understood, to work with other products or systems, present or future, without any restricted access or implementation.

1.51 Batch Interfaces

Data exchanges with other systems that take place typically overnight "batched" with other requests. This can be a one way or two way exchange, and can be set for different time intervals (i.e.: hourly, weekly, etc. This type of interface occurs as a background task and may need follow up by the user to view responses to request for data.

1.52 Integration Interfaces

Data exchanges that occur between systems that are typically done in real time, but act in a manner similar to batch interfaces in that the user must request data directly within an application.

1.53 Interoperability

Systems whose interfaces are completely understood, to work with other products or systems, present or future, without any restricted access or implementation.

1.54 Investigation Protocol

DCF's form used to document all information gathered during the Investigation.

1.55 Kinship Care

Term used for placement resources for children in care, who may or may not be blood relatives but have a strong, social connection with the child (i.e.: godparent, aunt, etc.).

1.56 Lexis-Nexis

A database service used by the Department to locate family members, father, non-custodial parents, etc.

1.57 Local Education Agency or LEA

means a local or regional Board of Education.

1.58 Locked Down

Term used to describe certain data screens or elements in a SACWIS that will not be editable and are greyed out once that task is completed and/or approved.

1.59 Must automatically

The system must be capable of starting and completing a task without a manual action by an operator.

1.60 Multidisciplinary Evaluation (MDE) Report

A medical, dental and MH screening done for all children who come into DCF care for the first time, or as needed. This is to be done within the first 30 days of placement. There are contracted providers who complete this for each region.

1.61 Narratives

Term used to describe sets of screens with text capturing documentation in the current SACWIS (LINK) system. This can refer to a supervisory conference note, a home visit, or any other documented case related activity, and is kept in chronological order, which can be sorted or filtered as needed.

1.62 Nexus (Educational Nexus)

means the LEA that is financially responsible for the education of a child. Nexus school district means the Connecticut school district of a local or regional board of education under whose jurisdiction a child would otherwise be attending school if not for a state agency placement. Specifically the town/city of parental residence and often the LEA that is financially responsible for the education of a child in placement..

1.63 No-Nexus (Education)

means the status applied to a child if one or more of the following criteria are applicable to each parent or guardian of the child:

- parental rights have been terminated;
- the parent or guardian is deceased;
- the whereabouts of the parent or guardian are unknown;
- the parent or guardian does not live in Connecticut;
- the parent or guardian resides as a patient in a treatment facility and does not maintain a Connecticut residence; or
- the parent or guardian resides as an inmate in a correctional facility and does not maintain a Connecticut residence.

1.64 Non-DCF

Means that the family is not eligible to be serviced by DCF or is not involved with DCF. Even if DCF isn't involved, there are funding sources available for children with serious emotional disturbance who are at risk of out-of-home placement, have limited resources or have exhausted resources including commercial insurance, have complex needs that require multi-agency involvement and have no formal involvement with the Department of Children and Families or is not a Department of Children and Families (DCF) client (neither committed to DCF or a voluntary client).

1.65 Non-DCF-On probation

Probation means any kind of conditional release of juveniles authorized under the laws of the State of CT through the Juvenile Court System. The family does not need to be involved with DCF to have probation services as this is offered through the juvenile court.

1.66 Non- DCF-other court involved

There are situations where DCF does not need to be involved with children or families who are involved in the court system. For example, the probate court may intervene with a family and DCF doesn't become involved or ask for an assessment. The family court is also another example of the court intervening in a family matter without DCF involvement. In some cases, the court may ask for a family study through Family Relations through CCSD but not DCF. There also may be situations where DCF is involved in an investigation/FAR assessment and we will close the case because the parents are being serviced through the criminal court and will be court ordered into services.

1.67 Notifications

This refers to system and e-mail alerts and can also be used for letters/e-mails sent to families and providers regarding dispositions, ACRs, court hearings, etc. This can also be a pop-up received when a computer search is done for information. Some notifications are also considered ticklers.

1.68 Off boarding

Removing staff or authorized users from a computer system. They are made inactive.

1.69 Onboarding

Adding staff or authorized users to a computer system.

1.70 Operational Definitions

Set of definitions of the types of abuse and neglect of children assessed during a FAR or Investigation response to provide consistency for staff in defining and identifying operational definitions, evidence of abuse and/or neglect and examples of adverse impact indicators. (See attached Appendix).

1.71 Outcome Measures/Positive Outcomes for Children

A set of qualitative and quantitative standards set forth through the Juan F. Consent Decree. There are 22 measures which are reviewed by designees through the Court Monitor's Office. The measures focus on practice improvements involve policy revisions and continuous quality improvement supports; and workforce development for the staff preparation and guidance, as listed below:

1. Commencement of Investigation
2. Completion of Investigation
3. Treatment Plans
4. Search for Relatives
5. Repeat Maltreatment of In-Home Children
6. Maltreatment of Children in Out-of-Home Care
7. Reunification
8. Adoption
9. Transfer of Guardianship
10. Sibling Placement
11. Re-Entry into DCF Custody
12. Multiple Placements
13. Foster Parent Training
14. Placement within Licensed Capacity
15. Childrens' Needs Met
16. Worker-Child Visitation (Out-of-Home)
17. Worker-Child Visitation (In-Home)
18. Caseload Standards
19. Reduction in Number of Children Placed in Residential Care
20. Discharge Measures
21. Discharge of Mentally Ill or Retarded Children
22. Multi-Disciplinary Exams

1.72 Permanency Planning Team (PPT)

A professionally driven team used in the rare circumstances such as a Safe Haven situation, where there is no known information about the child's biological family. The team includes DCF representatives and Community Partners. The Permanency Resource Exchange (PRE--formerly the Adoption Resource Exchange (ARE)) sends studies to the team to review and there is a scoring of the families to see which family best matches the child. The child is then matched with the best suited family to begin the adoption process.

1.73 Permanency Planning Team Meeting

New process used by DCF (referred to as *Child and Family Permanency Teaming [CF-PT]*) to actively include all persons connected to any child who comes within its jurisdiction in the process of engaging, assessing and planning for the child's best interests in order to achieve safety, permanency, health and learning. These persons shall comprise the child's Child and Family Permanency Team.

1.74 Perpetrator (or Alleged Perpetrator)

The person who is alleged to have abused and/or neglected a child. Only a "person responsible," "person given access," or "person entrusted" may be classified as a perpetrator of child abuse and/or neglect.

1.75 Protective Factors

Conditions in families and communities that, when present, increase the health and well-being of children and families. Working with families to increase their protective factors helps families build and draw upon their natural support networks within their family and community, promoting long term success.

1.76 Police Report

Often sent in as part of the report to DCF with the 136 form by law enforcement. DCF also obtains police reports for court hearings, additional incidents, further assessment, and to note patterns of behaviors. The term police report is often used interchangeably with the police background check as well as the incident report completed by the officer.

1.77 Protocol

The term for the document used by the Intake (FAR and Investigations) to capture all of the work done during the Investigation or FAR piece of work. This included the assessment, collateral contacts, interviews, disposition, and any other documented case related activity during the Investigation or FAR assessment. Protocol is also used to refer to some of the systems in place and proper procedures.

1.78 Provider Portal

An entry point to the DCF system and the provider system that links the sites and allows for sharing of information with external, authorized users to access certain data.

1.79 Putative Father

Term used to describe a father whose legal relationship has not been established, but they claim to be or are alleged to be the father of the child. This is used when paternity is not established and DNA testing is warranted to confirm paternity.

1.80 Qualitative

Descriptions or distinctions are based on some quality or characteristic rather than on some quantity or measured value.

1.81 Quantitative

Refers to a type of information or data that is based on an amount (or quantity) obtained using a quantifiable measurement process. In contrast, qualitative records elements (or qualities) that are descriptive, subjective or difficult to measure.

1.82 Reasonable Efforts

The Department is required to make prudent and diligent attempts to prevent or eliminate the need for removal of children from his or her home in order for the child to be eligible under Title IV-E. This applies legally as well, and every effort needs to be made to reunify children with their parents/guardians.

1.83 Redacted

Used by the DCF legal division when preparing records or reports requested by internal and external parties. It is the process of editing out sensitive or confidential information.

1.84 Referral

Term used by DCF for a report made to the Careline either for CPS, Voluntary or other intake. Referral is also used to describe a request made to community providers (private or contracted) for services for the families served by DCF. Often times, referral and report are used interchangeably.

1.85 Regional Resource Group (RRG)

The Regional Resource Group (RRG) is composed of Department of Children and Families (DCF) staff (health, medical, substance use, mental health), whose primary focus is to assist and support the DCF Social Workers in their service planning and implementation for children/youth and their families.

1.86 Report

Term used to describe reports made to the DCF Careline. Specifically, this relates to calls made to the Careline regarding child abuse and/or neglect. These can also be called *referrals* as well as different reports used for statistical purposes, events and provider reports on the status of the family's progress with their goals and objectives set forth by the provider.

1.87 Response Times

All reports of alleged abuse and neglect shall be prioritized, assigned and investigated within specified timeframes; Same Day (within 2 hours), 24 hours and 72 hours. All FAR cases are 72 hour responses.

1.88 Responsible LEA

means the local education agency charged with bearing the cost of and ensuring that the child receives appropriate education services. The responsible LEA is also referred to as the "LEA of jurisdiction."

1.89 Results Oriented Management Report (ROM)

Referred to as ROM reports, this system is used by staff to see progress of either large groups or individuals. Most of the outcome measures are found in this report as well as the Structured Decision Making (SDM) safety and risk assessments, and whether they were done on time. ROM reports are used in conjunction with LINK Reports, and other SharePoint Data to measure performance.

1.90 Safe Haven

This law allows parents of newborns before 30 days to drop their baby off to a hospital Emergency Department (ED) without the fear of criminal prosecution. The law was enacted to save babies who were not wanted and "thrown away" because the parent (s) were scared of being "charged" with abandonment. No questions will be asked and they do not have to give their name if they wish not to do so. The parent are asked about their health/medical history but the parent is not required to answer those questions. They are given a pamphlet on safe haven and how to contact DCF should they change their mind and the next steps in that process. After the parent leaves, the hospital staff contact DCF. The Agency places the child and begins the legal action of TPR.

1.91 Safe Sleep Environments

DCF will engage parents in discussions about safe sleep environments in homes where there are children age 0-12 months. DCF will take actions to resolve any concerns regarding the sleeping environment including but not limited to purchasing appropriate bedding.

1.92 Safety Plan

Strategies and interventions identified by the family and their community partners which, when implemented immediately, safeguard the children in the home. This is used only when a safety factor is identified.

1.93 SDM Risk Assessment

This Structured Decision Making (SDM) Assessment Tool is used by Social Workers to help guide the decision to open or close a case and classifies families into risk levels based on their likelihood of future maltreatment.

1.94 SDM Safety Assessment

This SDM Assessment Tool is used by Social Workers to help assess whether children are in immediate danger of serious harm. It assesses families on twelve specified conditions that potentially represent a threat to child safety and identify the interventions needed to control or remediate unsafe conditions.

1.95 Service Plan/Agreement

The Service Plan or Service Agreement is a family-driven, dynamic document intended to guide the activities of the family, their informal and formal community supports and DCF to increase the health, safety and well-being of children and families. It is intended to maximize family engagement and overall family satisfaction. This is used when a safety factor is not identified.

1.96 Significant Events

Significant Events are those occurrences that are not considered to be critical incidents and do not arise from suspected abuse or neglect, but are serious enough in nature to require reporting to the Department's Risk Management Unit, including, but not limited to the following:

- the abduction of a DCF client;
- an incident involving one or more runaways from a DCF-operated or -licensed facility;
- a significant disturbance involving DCF clients at a DCF-operated or -licensed facility;
- any injury to a child or youth in DCF care or custody which requires medical attention and is not considered a critical incident;
- a serious injury to a child or youth in DCF care occurring during restraint or seclusion;
- an allegation of a serious crime by an adult authorized by the Department to be responsible for the care of a child (including a DCF employee, licensed foster/adoptive parent or an employee of a licensed or contracted provider);
- a serious injury suffered by a Department employee, consultant, volunteer or intern in the course of his or her duties (also file a Workers Compensation report if injury is to a Department employee);
- a serious threat to a Department employee, consultant, volunteer or intern in the course of his or her duties resulting in notification to law enforcement (also file Human Resources Workplace Violence Report);
- a suicide or a serious suicide attempt by a DCF client who is a minor;
- deterioration of care or treatment of DCF clients or other important agency function due to some disruption of a part of the Department's physical plant or environment (*e.g.*, fire, natural disaster, failure of electronic equipment, other safety conditions; also review facility/office Evacuation and Business Continuity Plans);
- any call to 911;
- arrest of any child or youth in the care or custody of DCF;
- any event that may affect the health, welfare or safety of DCF clients while on state property such as: strikes, major disturbances, public health issues, bomb threats; or,
- any event related to a DCF client that is likely to result in media coverage.

1.97 Social Security Benefits/Assistance (SSA)

A government program (federally funded) that provides economic assistance to persons faced with unemployment, disability, or agedness, financed by assessment of employers and employees. Types of federal funding under the Social Security Act are as follows:

- Title IVA: Temporary Assistance for Needy Families (TANF)
- Title IVD: Child Support
- Title IVE: Foster Care
- Title XIX: Medicaid

1.98 Strengthening Families Practice Model

A practice model is a description of our shared values and the strategies we use to work with families- also referred to as the *Case Practice Model*. The practice model is built on a foundation of family engagement. There are seven strategies of our Strengthening Families Practice Model: Family Engagement, Purposeful Visitation, Family Centered Assessment, Supervision and Management, Initial and Ongoing Assessments of Safety and Risk, and Effective Case Planning.

1.99 Technical Debt

This term refers to the eventual consequences of any system design, software architecture or software development within a codebase. The debt can be thought of as work that needs to be done before a particular job can be considered complete or proper. If the debt is not repaid, then it will keep on accumulating interest, making it hard to implement changes later on. Technical debt is not necessarily a bad thing, and sometimes technical debt is required to move projects forward.

1.100 Termination of Parental Rights (TPR)

Termination of Parental Rights is the complete severance by court order of the legal relationship, with all its rights and responsibilities, between the child and the parent(s) so that the child is free for adoption except it shall not affect the rights of inheritance of the child or the religious affiliation of the child until the child is adopted.

1.101 Trauma-Informed Care

Trauma-informed care is an approach to engaging parents and children with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma plays in their lives. The intent of trauma-informed care is to provide more supportive, trauma-specific interventions in order to avoid re-traumatization and promote healing.

1.102 Traumatic Life Experiences

Traumatic events are common in the lives of individuals and may include physical abuse; sexual abuse; emotional or psychological abuse; neglect; experiencing or witnessing violence in neighborhoods, schools and homes; sudden loss of a loved one; serious accidental injury or accident; medical trauma; or events such as natural disasters, displacement and terrorism.

1.103 Unmet Need

An identified need of the child or family which has either not been addressed, or there are no services available to meet that need. It also refers to the parents not meeting the child's needs. DCF Outcome Measure 15 states: At least 80% of all families and children shall have all their medical, dental, mental health and other service needs provided as specified in their most recently approved clinically appropriate case plan.

1.104 Unsubstantiated

Term used when a DCF worker completes an investigation. This means there was no finding of abuse and/or neglect on the parent, entrusted caretaker or guardian.

1.105 Victim (or Alleged Victim)

A case participant in the case who has been alleged to have been abused and/or neglected by a caregiver. This term is also used for those children subject to adults who have exploited them or engaged them in human trafficking.

1.106 Voluntary Services Program

Voluntary Services means the provision of the services offered or administered by, or under contract with, or otherwise available to the department to a child or youth granted voluntary admission.

1.107 Voluntary Admission

means a child or youth afforded access, on a non-compulsory basis, to services offered or administered by or under contract with, or otherwise available to the department.

1.108 Hour Hold

An administrative hold on a child allowed by state statute which gives DCF the authority to remove children in danger prior to filing petitions in court. During the 96 hours, the child must be returned home or an Order of Temporary Custody (OTC) must be obtained from the juvenile court.

1.109 504 Plan

504 Plan– An plan developed to provide students with disabilities appropriate accommodations in school. Section 504 of the Rehabilitation Act (“Section 504”) Under this law, **individuals with disabilities** are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. “Major life activities” includes learning. Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met. An appropriate education for a student with a disability under the Section504 regulations could consist of education in regular classrooms, education in regular classes with supplementary services, and/or special education and related services.

1.110 Special Review (SR)

The purpose of the SR is to provide comprehensive and independent case analysis and timely systemic consultation in the aftermath of a child fatality and/or critical incident. The SR process is activated when there is a fatality on an open case, a case closed within one year, or at the discretion of the Commissioner. The SR has a consistent methodology that emphasizes respectful and relevant fact-finding and identifies key dimensions in case practice determined to be excellent, acceptable or in need of improvement. The SR recognizes the personal and professional trauma associated with a critical incident and seeks to cultivate an environment of safety, learning, support and team cohesion. All SR Reports are redacted and placed on the DCF SharePoint to reinforce learning across the Department.

1.111 Competency Hearing (Competency and Restoration matters)

Competency Hearing- This is the hearing in which the Court finds if the child/youth is competent or not based on the evaluation report. **Note: The competency hearing should be a separate hearing (within ten business days of receipt of the competency report).** DCF representative may (not mandatory) be present at the hearing if all parties agree. If the competency report is introduced as evidence, per statute, at least one member of the competency examination team (this can include social worker, psychologist, or psychiatrist) shall be present to testify as to the determinations in the report, unless the competency examination team's presence is waived by the child/youth and the state. Testimony will typically be provided by the evaluating team's social worker as allowed by statute. The testimony by a representative of the competency examination team can provide clarification and justification of the recommendation.

If the Court, after the competency hearing, finds by a preponderance of the evidence that the child/youth is competent, the Court shall continue with the prosecution of the juvenile matter. If the Court, after the competency hearing, finds that the child/youth is not competent and that intervention to attain or regain competency is not appropriate, the Court will schedule a hearing regarding the implementation of a service intervention.

If the Court finds that there is substantial probability that the child/youth will attain or regain competency within 90 days, the Court will schedule a hearing on the implementation of a restoration intervention. The Court will release the competency report to DCF if appropriate (found not competent).

- <>This is the hearing in which DCF presents a plan for restoration intervention if child/youth was found not competent but restorable, or a service plan if the child/youth was found not competent, not restorable (**no later than five business days** following Competency Hearing) . A

DCF representative must be present for the hearing to provide a description of the service/intervention plan, services that will be provided, name(s) of provider, if known, and the location of the intervention services. The competency examination team does not need to be present. **Note: The Implementation Hearing cannot be waived.** < >During the restoration period, the restoration team will be in contact with the parties via progress reports which the Clinical Coordinator will distribute. If the restoration team decides that the child/youth requires a different setting for the restoration (i.e. moving inpatient to outpatient or vice versa), the Court will be notified by the Clinical Coordinator via the DCF Court Liaison. The restoration intervention can be up to 90 business days. The Court shall set a date for a hearing, within **ten business days** after the completion of the intervention period, for the purpose of reassessing the child/youth's competency.< >This is the hearing in which the Court rules if the child/youth has attained or regained competency within the period covered by the intervention order. The child/youth shall be reassessed by the original clinical team or examining physician, except that if the original team or examining physician is unavailable, the Court may appoint a new clinical team that, where possible, shall include at least one member of the original team, or a new examining physician. The reassessment report should be submitted to the Court no later than **two business days** prior to the scheduled hearing. A member of the initial competency examination team must be present at the hearing and report findings on whether the child/youth is restored to competence or not.

If the Court finds after the period covered by the intervention ordered that the child/youth attained or regained competency, the Court shall continue with the prosecution of the juvenile matter.

If the Court finds that the child/youth has not attained or regained competency within the period covered by the intervention but that further intervention to attain or regain competency is appropriate, an Implementation Hearing will need to be scheduled **five business days** later in which the Court shall order a new period for restoration of competency not to exceed ninety days.

If the Court finds that further intervention to attain or regain competency is not appropriate, an Implementation Hearing will need to be scheduled **five business days** later in which the Court shall either (a) dismiss the petition if it is a delinquency or family with service needs petition; (b) vest temporary custody of the child/youth in the Commissioner of DCF and have the Office of the Chief Public Defender assign an attorney to serve as Guardian Ad Litem for the child/youth and investigate whether a child protection petition should be filed; or (c) order that DCF or some other person, agency, mental health facility or treatment program, or such child's/youth's probation office, conduct or obtain an appropriate assessment and where appropriate, propose a plan for service that can appropriately address the child's/youth's needs in the least restrictive setting available and appropriate. A DCF representative must be present for the Reassessment Hearing.

1.112 Educational Stability

minimizing changes in the educational placement of children in DCF's care and custody and, whenever it is in their best interests, ensure that they remain in the school they were attending before any initial or subsequent change in placement.

1.113 Juvenile Justice

a system that provides individualized supervision, care, accountability and treatment in a manner consistent with public safety to those juveniles who violate the law.

1.114 Regional Education Services (RES)

RES supports all regional DCF staff through consultation and the direct interface with schools on behalf of children, who are under the supervision of the Commissioner, respective to their educational needs. RES also supports the USD #2 Superintendent of Schools as directed in concordance with agency needs.

1.115 Surrogate Parent

the person who represents the child committed to the guardianship of the DCF Commissioner (or any student in a USD #2 facility whose parent agrees or fails to object to the appointment of a surrogate parent) in all matters relating to special education including the identification, evaluation, placement and provision of FAPE. A surrogate parent has all the rights of the parent in the PPT process including:

- The receipt of written notice of meetings and prior written notice of proposed or refused changes in the child's educational program;
- The attendance at PPT meetings (regarding referral of the child for evaluation, planning or review of evaluation and reevaluation results, determining eligibility, developing and reviewing the IEP, and determining transition needs);
- The granting or withholding of written consent when written consent is needed for a proposed activity;
- The initiation of due process procedures to resolve disputes; and
- The review of educational records prior to the transfer of rights and request changes of any inaccurate or misleading records.

1.116 Child and Family Service Review (CFSR)

Child and Family Service Review (CFSR):

The Children's Bureau conducts the CFSRs, which are periodic reviews of state child welfare systems, to achieve three goals:

- Ensure conformity with federal child welfare requirements
- Determine what is actually happening to children and families as they are engaged in child welfare services
- Assist states in helping children and families achieve positive outcomes

After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement

1.117 Differential Response System (DRS)

1.118 Careline (DCF)

The Department of Children and Families operates a Child Abuse and Neglect Careline as the centralized division that receives all telephone calls or written information alleging suspected abuse and/or neglect and that initiates appropriate action. The Careline's hours of operation are 24 hours a day, every day of

the year and is comprised of different levels of staffing. Screeners (SWs) are responsible for taking the calls and gathering pertinent information regarding the family, including the town/city in which the family/alleged perpetrator resides, in order to send the report to the appropriate Area Office. The Screeners also determine which track the case will be designated to (traditional Investigation or a Family Assessment Response (FAR)) and whether a case is accepted or not accepted based upon whether the information meets the statutory definition of abuse and/or neglect.

The Careline handles other types of calls related to services for children such as informational calls, requests for Voluntary Services and Background Checks for outside entities.

The Careline codes the cases as a Same Day, 24 hour or 72 hour response and forwards the reports to the appropriate Area Office. The Careline staff and on-call staff from the Area Offices handle after hours (5pm to 8am and weekends) investigations and urgent case matters on active cases. The Careline collaborates with the Area Offices when: receiving and processing reports of suspected child abuse and/or neglect and sending them to the appropriate Area Office; the commencement and completion of investigations in accordance with prescribed timeframes. Reports are made by anyone in the community, including Mandated Reporters (see definition for Mandated Reporters) and allows for reports to be made anonymously.

1.119 Substantiated

Substantiated – Term used when a DCF worker completes an investigation and there is a finding of abuse and/or neglect on the parent, entrusted caretaker or guardian.

1.120 Approvals/Denials

The process for the completion of pieces of work and submission for review and approval in the system. Most pieces of work go through the staff person's chain of command. Pieces of work can also be denied, rerouted to another SWS/Manager, recalled for additional edits, or denied.

1.121 Automated Messages

Pre-defined messages associated with the completion of work or scheduling of meetings within the computer system, which are generated and transferred via e-mail.

1.122 KidPix

The Department is obligated to maintain on file a current digital photographic record of all children under its care. The mechanism in place to accomplish this task is entitled "KidPix." KidPix is a web-based, LINK program that allows qualified users access to pictures of all the children under the Department's care. Parental permission is needed if DCF is not the guardian. Pictures are shared with law enforcement for such circumstances as a youth on runaway. KidPix must be updated yearly while the child is committed to the care and custody of DCF, or if there are significant developmental changes. For children 0-3, it is good case practice to update KidPix every 6 months while the child is in care.

1.123 Merge (person/case)

The process of combining separate cases or person who have been erroneously entered, or are duplicative.

1.124 Administrative Hearings

Requested by clients/legal representatives and held throughout the lifetime of the case. These are conducted by the Administrative Hearings Unit (AHU), an objective, non-partisan element of the Department's Legal Division. Types of hearings include:

- Fair Hearings—matters involving monetary issues and the Voluntary Services Program;
- Case Plan Hearings—issues defined by the parent, child/youth or guardian;
- Licensing Hearings—action matters initiated by the Licensing Unit;
- Rate-setting Conflicts—as a result of rate determinations of the Division of Private Provider Financial Services;
- Out of State Placement—contesting a proposed placement for a youth out of state;
- Removal Hearings—regarding children removed from a foster home under special circumstances and criteria as defined by the Department's regulations;
- Parole Revocations—concerning youth who have been adjudicated “delinquent” who may also be committed neglected or uncared for under the Department and Juvenile Court definition;
- Educational Stability—of a child placed out of his/her home; or;
- Substantiation Hearings—the contesting of a substantiation of abuse and/or neglect. Could include contesting placement on the Central Registry, if applicable.

1.125 Administrative Hearings Unit (AHU)

An objective, non-partisan element of the Department's Legal Division. They are state employees who are attorneys.

1.126 Internal Reviews

A review done per the request of a client/legal representative regarding a substantiation and/or placement on the Central Registry. Internal Reviews are completed by Regional staff, typically the QI Program Manager/Director. If the Internal review upholds the substantiation and/or Central Registry placement, the client is entitled to request an Administrative Hearing.

1.127 Appeals (Administrative)

A request made by a DCF client to the Superior Court to review an upheld decision made by the Administrative Hearings Unit (AHU). A judge will review the evidence and make a final determination.

1.128 Interstate Compact

Uniform legislation which becomes statutory in each state whose legislature elects to enact it. Compliance is mandatory rather than discretionary and consists of four (4) compacts: Interstate Compact on the Placement of Children (ICPC), Interstate Compact on Juveniles (ICJ), Interstate Compact on Mental Health (ICMH) and Interstate Compact on Adoption and Medical Assistance (ICAMA).

The Interstate Compact Office (ICO) ensures the various compacts sent and received abide by the laws. They work with Area Office staff and other state agencies to oversee the process.

1.129 Ombudsman's Office

A division of DCF which works closely with the Commissioner's Office to field any complaints or concerns brought to their attention from the public related to the Department. The staff are to use a neutral and collaborative process to ensure fair and equitable solutions are met, and that any response is in the best interest of the child(ren) involved. The Ombudsman's Office staff is also responsible for agency trainings and presentations, community outreach, statistical reports, among other duties.

1.130 Risk Management

A division of DCF which is the central portal of communication related to quality of care for children and youth involved with the Department. RM is the conduit for the receipt of information on quality of care and programmatic/system issues and dissemination of said information to internal DCF staff and external stakeholders. A major function of RM is data collection, analysis and reporting regarding incident related to Significant Events, Medication Errors and Critical Incidents.

1.131 Special Investigation Unit (SIU)

A division of DCF responsible for the investigation of reports of abuse/neglect on DCF employees, facility staff, foster homes, and PREA reports.

1.132 Subsidy

Financial and medical assistance given to adoptive parents or through a transfer of guardianship if certain criteria are met.

1.133 Centralized Medication Consent Unit (CMCU)

A division within DCF responsible for reviewing all requests for psychotropic medications use by a child or youth committed to DCF. The CMCU is comprised of psychiatrists and psychiatric nurses.

1.134 Document Management

The primary goals of the technical approach for network-level security in the Manage Documents topic are to:

- Allow all authorized LINK users the capability to read all documents (exceptions to this will be handled on an individual basis),
- Provide a uniform method of accessing documents from any PC on the WAN, and,
- Distribute LINK documents such that they are closer to the users who need regular access to them, thereby reducing network traffic and access time.
- The primary goals of the technical approach for document security in Manage Documents are to:

- Protect LINK documents from accidental and unintentional changes,
- Prevent users from modifying LINK documents outside the application, and,
- Prevent *any* changes to a document once it has been identified as a legal document.

Templates are form letters or blank forms that are populated by LINK, by users, or a combination of both. Documents are the actual Microsoft Word files that are created using a template via LINK.

1.135 Eligibility

Meeting the stipulated requirements, as to participate, compete, or work; qualified. This term is used at DCF when determining if families meet the requirements for Voluntary Services or if a piece of work meets the requirements for federal reimbursement, among other pieces of work.

1.136 Redetermination

A term used when repeating the eligibility process for various pieces of work such as IV-E eligibility.

1.137 Title IV-E

The largest federal funding stream for child welfare activities is Title IV-E of the Social Security Act. It comprises the Foster Care, Adoption Assistance, and Guardianship Assistance programs, and the Chafee Foster Care Independence Program (including Education and Training Vouchers), and provides reimbursement to agencies based on specified criteria.

1.138 Differential Response System (DRS)

The Differential Response System (DRS) is a two track approach affording DCF the opportunity to customize its response to reports of child abuse and/or neglect; the traditional Investigation Track and the Family Assessment Response (FAR) track. This approach is embedded in DCF's Strengthening Families Practice Model. This practice model defines and supports a purposeful, intentional, respectful and supportive engagement with families who enter the DCF system of services.

DRS is a core part of DCF's continued move to more family-centered practice designed to advance the single agency goal of promoting holistic, well-being of children. It is tied to three other key cross-cutting themes:

- implementation of trauma-informed practice;
- application of the evolving body of early childhood and adolescent neuroscience; and,
- improvements in agency leadership, management, supervision and accountability processes.

For all children in DCF care and custody, as well as those who are enrolled in DCF-funded programs, DCF seek improvements in their health, safety and learning, success in and out of school, the advancement of their special talents and the provision of opportunities for them to contribute to their communities. *(See Family Assessment Response (FAR) and Investigations definitions for additional information)*

1.139 Investigation

The term used for gathering facts and information regarding reports of abuse and/or neglect. It is one of the tracks of DRS; the other is a FAR. The process includes receiving the report(s) from the Careline, which is coded as a Same Day, 24 Hour or 72 Hour Response. The Area Office staff Investigators are assigned to acquire and analyze information about the reported incident(s) and the family, to determine if child abuse and/or neglect has occurred. The Investigator must determine if there are any safety factors and if the child is in imminent danger, or if the family could benefit from services and supports, which could mitigate the child welfare concerns.

Once all information is gathered, and taking into account the safety assessment and risk assessment results, the following will occur:

- the allegations will be substantiated or unsubstantiated;
- if substantiated, a determination will be made as to whether the perpetrator is to be placed on the Central Registry;
- implementation of community services and supports, if needed;
- a determination as to whether court intervention is needed, which may include removing the child (ren) from the home; or,
- whether the case should remain open with the Department and transferred to Ongoing Services, or closed.

Similar to a FAR, an Investigation builds upon the family's supports and community resources, as well as a strengths-based approach, however, Investigations are the higher risk reports. At this time, an Investigation cannot switch tracks to a FAR.

1.140 Uncollectible Account

An account which cannot be collected by an agency/company because the customer is not able to pay or is unwilling to pay.

1.141 Accounts Receivable

A legally enforceable claim for payment held by a business/agency against its customer/clients for goods supplied and/or services rendered. These are generally in the form of invoices raised by a business/agency and delivered to the customer/client for payment within an agreed time frame.

1.142 Petty Cash

A small amount of money kept in each DCF Area Office in order to pay for small items (i.e.: baby formula, diapers, food for children, etc.). The staff must have a receipt to be reimbursed through petty cash. The payment is entered and sent to CWA for processing/approval. Any reimbursement over \$50.00 must be reported to the Office of the Comptroller.

1.143 Tax Levy

Under United States Federal law, is an administrative action by the Internal Revenue Service (IRS) under statutory authority, without going to court, to seize property to satisfy a tax liability. The levy "includes the power of distraint and seizure by any means. The general rule is that no court permission is required

for the IRS to execute a section 6331 levy. On rare occasions, the IRS or the Department of Revenue Service provides a "Notice of Levy," which requires the Department to forward funds due a provider to the federal or state government in payment of delinquent taxes. If the delinquent tax is paid through other means, the check or other payment may be returned to us by IRS/DRS. In such situations, payment would have to be reissued to the original provider.

1.144 Commencement

A term used by Intake noting the Intake workers attempt to make face-to face contact with the parent/guardian or person responsible for the care of the child, as listed in the report. This term applies to both Investigation and FAR reports.

1.145 High Risk Newborn Reports

Reports from hospitals or other medical providers regarding newborn children considered to be at "high risk" due to their own special needs and/or their mother's condition or behavior are investigated by DCF. Indicators of special needs newborns include, but are not limited to, the following: positive urine or meconium toxicology for drugs, positive test for HIV infection or serious medical problems. Indicators in the mother's condition or behavior which may identify the newborn to be at risk include, but are not limited to, the following: substance abuse, intellectual limitations which may impair the mother's ability to nurture or physically care for the child, a major psychiatric illness or young age.

1.146 Courtesy Visits

Careline may receive a call from child protection agencies in other states requesting that DCF assess a child or family even if there are no current allegations of abuse or neglect. In most cases, the report is pending report to AO by the Careline who receives the information from the requesting state. There is no worker assignment for "credit". The worker goes to the home for as little as one (1) visit to assess the home and complete the necessary checks as requested by the other state. Information expunged as a pending report if not created as a case. There are no dispositions on these cases and most of the time they are closed. If an ISW finds abuse or neglect concerns, they will call the Careline to have the report accepted as an investigation or a FAR.

1.147 Prison Rape Elimination Act (PREA)

1.148 The Prison Rape Elimination Act (PREA) is a federal law that applies to a subset of the programs DCF utilizes for children and youth in placement. These programs are:

- CJTS
- Pueblo Unit
- Journey House
- New Choices
- Rushford

Every PREA needs to be investigated by a State Authority and or Provider (Facility). PREA allegations are NOT to be confused with allegations of abuse or neglect. We may have both allegations of abuse/neglect and PREA allegations on one case. Consensual sexual contact between juveniles (regardless of age) or juveniles and adults is not allowed and is addressed by the agency and facility's disciplinary procedures. If applicable, criminal charges may be filed. There could be unsubstantiated

allegations of abuse or neglect but substantiated allegations on the PREA allegations. DCF is responsible for tracking the PREA reports and the actual findings.

The following PREA language must be entered in all PREA investigations at disposition.

- Substantiated an allegation that was investigated and determined to have occurred.
- Unfounded an allegation that was investigated and determined not to have occurred.
- Unsubstantiated an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

SIU also has to clarify what type of investigation was conducted.

(1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident.

(2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

1.149 Lovan C.

(Lovan C vs DCF 2004) A court decision which outlines the rationale for DCF at the completion of an Investigation when it is determined physical abuse is being substantiated. This must be documented in the protocol to outline contributing factors to child abuse, whether or not the child received a non-accidental injury caused by the parent. This is used if physical abuse is an allegation in the report. The following factors are considered:

- The child's misbehavior and the surrounding circumstances, including the parent's motive.
- The type of punishment administered.
- The amount of force used and
- The child's age, size and ability to understand the punishment.

1.150 Merriam Factors

(State vs. Merriam 2003) A court decision which outlines the rationale for DCF at the completion of an Investigation when it is determined sexual abuse is being substantiated. This must be documented in the protocol to outline contributing factors to the sexual abuse and in determining the veracity of a child's disclosure. The following factors are considered:

- Spontaneity of the disclosure
- Consistent Disclosures
- Terminology used by the child
- Mental state of the child
- Motive to fabricate

1.151 Bench OTC (Order of Temporary Custody)

A court order made by the presiding Judge in either Juvenile or Adult court giving temporary custody to DCF without a motion for an OTC filed by DCF or another party. These are typically done on the delinquent side of the court, but can also be done via the child protection side.

1.152 Non-Accepted Report

Term used when a report is made to the DCF Careline but does not meet the statutory definition of abuse and/or neglect. Therefore, no Investigation or FAR will be completed. Non-accepted reports are kept in the computer system for two (2) years and are automatically expunged.

1.153 Pended Reports

Term used for CPS reports received by the Careline which do not have enough information regarding the family to create a case.

1.154 Mandated Reporters

Connecticut law requires certain citizens to report suspected child abuse and neglect. These reporters are people in professions or occupations that have contact with children or whose primary focus is children. In reporting in good faith, they are immune from civil and criminal liability. However, failure to report could result in fines up to \$500.

Under Connecticut General Statute, Section 17a-101, the following are considered mandated reporters:

- Battered Women’s Counselors
- Chiropractors
- Child Advocate and any employee of the Office of the Child Advocate
- Dental Hygienists
- Dentists
- Department of Children and Families Employees
- Department of Public Health employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.
- Family Rel. Counselor Trainees (Judicial Dept.)
- Family Relations Counselors (Judicial Dept.)
- Family Services Supervisors (Judicial Dept.)
- Foster Parents
- Judicial Department Employees (Family Relations Counselors, Family Counselor Trainees, Family Services Supervisors *as of 10-01-2010)
- Licensed/Certified Alcohol and Drug Counselors
- Licensed/Certified Emergency Medical Services Providers
- Licensed Foster Parents
- Licensed Marital and Family Therapists
- Licensed or Unlicensed Interns at Any Hospital
- Licensed or Unlicensed Resident Interns
- Licensed or Unlicensed Resident Physicians
- Licensed Physicians
- Licensed Practical Nurses
- Licensed Professional Counselors
- Licensed Surgeons
- Medical Examiners
- Members of the Clergy
- Mental Health Professionals
- Optometrists
- Parole Officers (Juvenile or Adult)
- Persons Paid to Care for Children
- Persons who Provide Services to and have Regular Contact with Students
- Pharmacists

- Physical Therapists
- Physician Assistants
- Podiatrists
- Police Officers
- Probation Officers (Juvenile or Adult)
- Psychologists
- Registered Nurses
- School Administrators
- School Coaches
- School Guidance Counselors
- School Paraprofessionals
- School Superintendents
- School Teachers
- Sexual Assault Counselors
- Social Workers
- Substitute Teachers
- Sexual Assault Counselors
- Social Workers
- School Coaches or Coaches of Intramural or Interscholastic Athletics
- Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State.

Mandated reporters are required to make a referral to the DCF Careline as soon as practical but no later than 12 hours after they become aware of or suspect abuse/neglect or imminent risk of serious harm to a child or children. Any person required to report who fails to make such report or fails to make such report within the time period prescribed could be fined and could be required to participate in an educational and training program. The Department shall promptly notify the Chief State's Attorney when there is reason to believe that any such person has failed to make a report in accordance with this section.

Employers may not discharge, discriminate or retaliate against an employee for making a good faith report or testifying in an abuse or neglect proceeding. The Attorney General can bring a court action against any employer who violates this provision, and the court can assess a civil penalty of up to \$2,500 plus other equitable relief.

Mandated reporters are under no legal obligation to inform parents that they have made a report but at times, it may be beneficial to inform them.

1.155 Birth to Three

A program offered through the Office of Early Childhood (OEC) which assists and strengthens the capacity of families to meet the developmental and health-related needs of infants and toddlers who have delays or disabilities. DCF has certain mandates for completing referrals to Birth to Three for evaluations for services, and will assist the caretaker in contacting the Child Development Infoline to complete an Ages and Stages Questionnaire.

1.156 After-Hours Investigations

Term used for Investigations conducted after 5pm on weekdays, and on Saturday and Sunday. These Investigations are conducted by the Primary Investigators at the Careline or the On-Call Investigators from the Regions. These investigations are only conducted on new cases to meet response times (typically Same Day or 24 Hour responses) or a serious situation on an open/active case.

1.157 Person Given Access To (a child)

A person who is permitted to have personal interaction with a child by the person/parent/guardian responsible for the child's health, welfare or care, or by a person entrusted with the care of a child.

1.158 Person Responsible (for a child)

A person accountable for a child's care. This includes the child's parent, guardian, foster parent, an employee of a public or private residential home, agency or institution, or other person legally responsible under State law for the child's welfare in a residential setting; or any staff person providing out-of-home care, including center-based child day care, family day care, or group day care.

1.159 Multidisciplinary Team (MDT)

A coordinated inter-agency approach to enhance investigation and management of child sexual abuse and physical abuse cases through a collaborative effort. Teams strive to accomplish the following goals:

- Ensure that prompt and appropriate actions are taken to assure the safety of the child victim,
- Reduce the trauma of victimization for the child,
- Minimize the number of required interviews for the child victim,
- Facilitate recommended medical and mental health services,
- Coordinate efforts in order to eliminate duplication of services,
- Increase the likelihood of successful prosecution of offenders,
- Provide support for non-offending parents in order to enhance their ability to protect and care for their children, and,
- Promote policies, practices and procedures that are culturally sensitive.

Each DCF Region has a MDT and DCF, law enforcement or the State's Attorney's Office may refer a case for review and consultation and/or a forensic interview.

Cases may be considered for review by the team when the child/youth is under the age of 18 and is suspected of being a victim of:

- Sexual abuse
- Severe physical abuse
- Severe neglect
- Domestic Violence
- Death, due to abuse or neglect

Each MDT consists of at least one representative of each of the following:

- The State's Attorney of the judicial district of the team, or his designee;
- The Commissioner of Children and Families, or his designee;
- The head of the local or state law enforcement agencies, or his designee;

- A health care professional with substantial experience in the diagnosis and treatment of abused or neglected children, who shall be designated by the team members;
- A mental health professional with substantial experience in the treatment of
- abused or neglected children, who shall be designated by the team members;
- A team Coordinator;
- Any other appropriate individual with expertise in the welfare of children that the members of the team deem necessary; or,
- Other attendees/disciplines, which can be helpful to team operations include, but are not limited to: representatives of Juvenile Prosecutor’s Office, Attorney General’s Office, Juvenile and Adult Probation, Family Services, Youth Service Bureau, Sexual Assault Crisis Services, Domestic Violence Services, School

Systems, DCF Attorneys, State Department of Education (in cases of school personnel involvement), and Department of Early Childhood of Department of Public Health Division of Community Based Regulation (in cases involving day care personnel).

1.160 Minimal Facts

Best practice indicates that, to minimize trauma, a child who has disclosed child sexual abuse should be interviewed once by the person conducting a forensic interview. However, there is also recognition that, to ensure a child's safety, some information may need to be obtained directly from the child. In these instances, the goal is to gather “minimal facts” in a manner that will not jeopardize the integrity of the forensic interview and Investigation, or cause further trauma to the child.

1.161 Forensic Evaluation

A detailed review of the facts of a child sexual or physical abuse case done via a referral from DCF to the Area Office’s Multidisciplinary Team (MDT). Professionals are trained from various disciplines including a Forensic Interviewer and medical and mental health specialists, as well as law enforcement, to complete and assess a full overview of the specifics of the case to make a determination on treatment, custody, criminal charges, etc.

1.162 Sexual Abuse/Exploitation Sexual Abuse/Exploitation

Any incident involving a child(ren)’s non-accidental exposure to sexual behavior.

Evidence of sexual abuse includes, but is not limited to the following:

- rape
- penetration: digital, penile, or foreign objects
- oral / genital contact
- indecent exposure for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim
- incest
- fondling, including kissing, for the purpose of sexual gratification of the offender, or for purposes of shaming, humiliating, shocking or exerting control over the victim
- sexual exploitation, including possession, manufacture, or distribution of child pornography. online enticement of a child for sexual acts, child prostitution, child-sex tourism, unsolicited obscene material sent to a child, or misleading domain name likely to attract a child to an inappropriate website

- coercing or forcing a child to participate in, or be negligently exposed to, pornography and/or sexual behavior
- disease or condition that arises from sexual transmission
- other verbal, written or physical behavior not overtly sexual but likely designed to “groom” a child for future sexual abuse.

1.163 Physical Abuse

Any incident resulting in a non-accidental injury to a child, including a child who:

- has been inflicted with physical injury or injuries other than by accidental means,
- is in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment, and/or
- has injuries at variance with the history given of them.

Evidence of physical abuse includes:

- excessive physical punishment
- bruises, scratches, lacerations
- burns, and/or scalds
- reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
- injuries to bone, muscle, cartilage, ligaments: fractures, dislocations, sprains, strains, displacements, hematomas, etc.
- head injuries
- internal injuries
- death
- misuse of medical treatments or therapies
- malnutrition related to acts of commission or omission by an established caregiver resulting in a child’s malnourished state that can be supported by professional medical opinion
- deprivation of necessities acts of commission or omission by an established caregiver resulting in physical harm to child
- cruel punishment.

Note: Evidence must be ruled in after accounting for the child’s misbehavior, surrounding circumstances including the parent’s motive; the type of punishment administered; the amount of force utilized; the child’s age, size, and ability to understand the punishment.

1.164 Emotional Maltreatment-Abuse --

Act(s), statement(s), or threats, which:

- has had, or is likely to have an adverse impact on the child and/or
- interferes with a child’s positive emotional development.

Note: Whether or not the adverse impact has to be evident is a function of the child’s age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child’s welfare. The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed, and/or predicted, as supported by evidenced based practice.

Evidence of emotional maltreatment-abuse includes, but is not limited to, the following:

- rejecting
- degrading
- isolating and/or victimizing a child by means of cruel, unusual, or excessive methods of discipline
- exposing the child to brutal or intimidating acts or statements.

Indicators of Adverse Impact of emotional maltreatment-abuse may include, but are not limited to, the following:

- depression
- withdrawal
- low self-esteem
- anxiety
- fear
- aggression/ passivity
- emotional instability
- sleep disturbances
- somatic complaints with no medical basis
- inappropriate behavior for age or development
- suicidal ideations or attempts
- extreme dependence
- academic regression
- and/or trust issues

1.165 Physical Neglect

Any incident involving a minor child who:

- has been abandoned
- is being denied proper care and attention physically, educationally, emotionally, or morally
- is being permitted to live under conditions, circumstances or associations injurious to his well-being
- has been abused.

Evidence of physical neglect includes, but is not limited to:

- Inadequate food
- Malnutrition
- Inadequate clothing
- Inadequate housing or shelter
- erratic, deviant, or impaired behavior by the person responsible for the child's health, welfare or care; by a person given access to the child; or by a person entrusted with the child's care which adversely impacts the child
- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
 - substance abuse by caregiver, which adversely impacts the child physically
 - substance abuse by the mother of a newborn child and the newborn has a positive urine or meconium toxicology for drugs
 - psychiatric problem of the caregiver which adversely impacts the child physically
 - exposure to family violence which adversely impacts the child physically
 - exposure to violent events, situations, or persons that would be reasonably judged to compromise a child's physical safety

- non-accidental, negligent exposure to drug trafficking and/or individuals engaged in the active abuse of illegal substances
- voluntarily and knowingly entrusting the care of a child to individuals who may be disqualified to provide safe care, e.g. persons who are subject to active protective or restraining orders; persons with past history of violent/drug/sex crimes; persons appearing on the Central Registry
- non-accidental or negligent exposure to pornography or sexual acts
- inability to consistently provide the minimum of child-caring tasks
- inability to provide or maintain a safe living environment
- action/inaction resulting in death
- abandonment
- action/inaction resulting in the child's failure to thrive
- transience
- inadequate supervision:
 - creating or allowing a circumstance in which a child is alone for an excessive period of time given the child's age and cognitive abilities
- holding the child responsible for the care of siblings or others beyond the child's ability
- failure to provide reasonable and proper supervision of a child given the child's age and cognitive abilities.

Note: Inadequate food, clothing, or shelter or transience: finding must be related to caregiver acts of omission or commission and not simply a function of poverty alone. Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level. Adverse impact may not be required if the action/inaction is a single incident that demonstrates a serious disregard for the child's welfare.

1.166 Medical Neglect

The unreasonable delay, refusal or failure on the part of the person responsible for the child's health, welfare or care or the person entrusted with the child's care to seek, obtain, and/or maintain those services for necessary medical, dental or mental health care when such person knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child.

Evidence of medical neglect includes, but is not limited to:

- frequently missed appointments, therapies or other necessary medical and/or mental health treatments
- withholding or failing to obtain or maintain medically necessary treatment from a child with life-threatening, acute or chronic medical or mental health conditions
- withholding medically indicated treatment from disabled infants with life threatening conditions.

Note: Failure to provide the child (ren) with immunizations or routine well child care in and of itself does not constitute medical neglect.

1.167 Educational Neglect

Any incident involving a minor child when, by action or inaction, the parent or person having control of a child five (5) years of age and older and under eighteen (18) years of age who is not a high school graduate:

- fails to register the child in school

- fails to allow the child to attend school or receive home instruction in accordance with CONN. GEN. STAT. §10-184
- failure to take appropriate steps to ensure regular attendance at school if the child is registered.

Exceptions (in accordance with CONN. GEN. STAT. §10-184):

- A parent or person having control of a child may exercise the option of not sending the child to school at age five (5) or age six (6) years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the parent or person having control of the child has registered the child at age five (5) or age (6) years and then does not allow the child to attend school or receive home instruction.

Note: Failure to sign a registration option form for such a child is not in and of itself educational neglect.

- A parent or person having control of a child sixteen (16) or seventeen (17) years of age may consent to such child's withdrawal from school. Such parent or person shall personally appear at the school district office and sign a withdrawal form.

1.168 Emotional Neglect

The denial of proper care and attention, or failure to respond, to a child's affective needs by the person responsible for the child's health, welfare or care; by the person given access to the child; or by the person entrusted with the child's care which has an adverse impact on the child or seriously interferes with a child's positive emotional development.

Note: Whether or not the adverse impact has to be demonstrated is a function of the child's age, cognitive abilities, verbal ability and developmental level. Adverse impact is not required if the action/inaction is a single incident which demonstrates a serious disregard for the child's welfare.

The adverse impact may result from a single event and/or from a consistent pattern of behavior and may be currently observed or predicted as supported by evidenced based practice.

Evidence of emotional neglect includes, but is not limited to, the following:

- inappropriate expectations of the child given the child's developmental level
- failure to provide the child with appropriate support, attention and affection
- permitting the child to live under conditions, circumstances or associations injurious to his well-being including, but not limited to, the following:
 - substance abuse by caregiver, which adversely impacts the child emotionally
 - psychiatric problem of the caregiver, which adversely impacts the child emotionally and
 - exposure to family violence which adversely impacts the child emotionally.

Indicators may include, but are not limited to, the following:

- depression
- withdrawal
- low self-esteem
- anxiety
- fear
- aggression/ passivity
- emotional instability
- sleep disturbances
- somatic complaints with no medical basis
- inappropriate behavior for age or development
- suicidal ideations or attempts

- extreme dependence
- academic regression
- trust issues

1.169 Moral Neglect

Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities by the person responsible for the child’s health, welfare or care or person given access or person entrusted with the child’s care.

Evidence of Moral Neglect includes but is not limited to:

- stealing
- using drugs and/or alcohol
- and involving a child in the commission of a crime, directly or by caregiver indifference.

1.170 Managed Service System (MSS) --

Each area office conducts regular MSS meetings where the needs of children in placement, primarily residential, are triaged and action plans are developed. The MSS process is done jointly with DCF providers and has provides an opportunity for collaborative and timely advocacy on behalf of children.

1.171 Recovery Specialist Voluntary Program (RSVP)

A program managed by Advanced Behavioral Health, Inc., jointly funded by DCF and the Department of Mental Health and Addiction Services (DMHAS), for parents whose children have been removed pursuant to an Order of Temporary Custody and for whom substance abuse is identified as one of the factors in removal. A Recovery Specialist will refer parents to an appropriate substance abuse treatment program and facilitate the parent's participation in treatment and recovery, while informing the court and parties of the parent's progress. The relationship with the court is a key component to this program.

1.172 Substance Abuse Service System (SAMSS)

A collaborative meeting held in most DCF Area Offices to serve as a forum for case collaboration and networking between the child welfare system, adult substance abuse treatment providers, and other related community providers. It is an opportunity to share information on new and existing resources and to clarify questions with regard to the child welfare case and or parent's current treatment status. These meetings also ensures close coordination between the service providers that is needed to support the parent/caregiver in their recovery. The Recovery Specialist from RSVP and RCM are key participants in the SAMSS meetings.

1.173 Integrated Family Violence Program (IFVP)

In-home and clinical-based services for families in which intimate partner violence (domestic violence) has been identified. Core components are safety planning for survivor and child (ren), trauma focused work with children, dyad-based interventions focused on repairing and healing relationships, and batterer interventions. Targeted for families in which the perpetrator/batterer will most likely remain in regular contact with the survivor and/or children.

1.174 Multi-Dimensional Family Therapy (MDFT)

Family-based, intensive in-home treatment for adolescents with significant behavioral health needs and either alcohol or drug related problems, or who are at risk of substance use. Provides individual, caregiver and family therapy, and case management. Targeted for children who are at imminent risk of removal from their home or who are returning home from residential care.

1.175 Multi-Systemic Therapy (MST)

Intensive family and community-based treatment program that addresses environmental systems that impact chronic and violent juvenile offenders—their homes and families, school and teachers, neighborhood and friends. Targeted for children who have returned home from out-of-home care or who are at imminent risk of placement due to substance abuse, risk of substance abuse, or conduct disorders.

1.176 Family Based Recovery (FBR)

Intensive, in-home family treatment which combines an evidence-based substance abuse treatment model with a preferred practice to enhance parenting and parent-child attachment. Targeted for families who have an infant to 3 year old who is at risk of out of home placement due to parental substance abuse.

1.177 Re-entry and Family Treatment (RAFT)

Enhanced MDFT, an intensive, home-based service, for youth involved with parole who have problems related to substance use and are reentering their communities after a year or more in a controlled environment. Targeted for youth on parole ages 12-17 years who are committed delinquent to DCF, have a DSM-IV Axis I diagnosis, are using or are at risk of using substances and/or are exhibiting complex behavioral health needs.

1.178 Multi-Systemic Therapy Family Integrated Transitions (MST-FIT)

Intensive, in-home family re-entry services for youth on parole and their families. Integrated individual and family services provided during the period of re-entry from residential or juvenile justice facilities back into their communities. Targeted for youth on parole ages 12-17 who have co-occurring mental health and substance use disorder, have a committed caregiver, are currently living in a residential or juvenile justice facility, and/or received DBT therapy while in placement or are willing to learn it during FIT treatment.

1.179 Multi-Systemic Therapy Transition Age Youth (MST-TAY)

Intensive, in-home based service for older adolescents who are involved with the juvenile justice (JJ) or criminal justice (CJ) system. Services focused on fostering skills of independent living and addressing problems which impact functioning as an emerging adult. Targeted for youth age 17-19 with serious mental health conditions and/or substance abuse disorder, and involvement with JJ or CJ system.

1.180 Multi-Systemic Therapy Problem Sexual Behavior (MST-PSB)

Intensive, in-home family service with clinical interventions for adolescents returning home from out-of-home placement which provided sex offender specific treatment, or for adolescents with problem sexual behaviors living in the community who are at high risk for incarceration or residential treatment. Targeted for youth age 10-17.5 who have been convicted and are committed to DCF as delinquent due to sexually abusive offense and require sex offender specific treatment, or convicted and committed to DCF as delinquent who display sexually aggressive/inappropriate behavior and require sex offender specific treatment, or not convicted for sexual abuse specific offenses but this issue has been identified and other inclusion/exclusion criteria are met.

1.181 Substance Abuse Family Evaluation (Project SAFE) –

Single point of entry for evaluations, toxicology screening, OP/IOP treatment services, and recovery supports. Jointly funded by DCF and DMHAS. Targeted for adult caregivers with problems related to substance use and child maltreatment.

1.182 Recovery Case Management (RCM)

Specialty service available through Project SAFE. Intensive recovery support services and case management for DCF involved families. Targeted for families with problems related to substance use and have children at home at risk of removal.

1.183 Multi-Systemic Therapy Building Stronger Families (MST-BSF)

Intensive, in-home treatment for families with child maltreatment and substance use problems. Targeted for families who have a child between the age of 6-17 with an allegation of abuse or neglect in the past 180 days, and at least one caregiver with alcohol or drug related problems.

1.184 Unique Service Expenditure (USE) Plan

A document detailing services, including providers, objectives and costs, related to those services provided to a child and her/his caregivers for the purpose of promoting growth and stability of a child who cannot be effectively served by current or traditional services that would otherwise be available.

1.185 Contracted Services

A service utilized by DCF for which expectations and outcomes are outlined in a Scope of Service document and for which providers are paid quarterly in advance to maintain capacity to serve the number of clients specified.

1.186 Credentialed (Services)

A formal system whereby individuals and organizations apply to provide specific DCF-funded services to children and their families and, upon approval of their applications, enter into Provider Arrangements with DCF. These services are purchased through applicable Wraparound Funds.

1.187 Case Participant

All persons receiving services as DCF clients, including household members, relatives and any person who has a high degree of relevance to the family.

1.188 Client (DCF)

Any person for whom DCF is required to develop a service plan or provide mandatory services. All clients are case participants, however, not all case participants are DCF clients.

1.189 Post-Secondary Education Plan (PSE)

Beginning when the youth enters 8th grade, all children committed to DCF are required to have a Preliminary PSE Plans are created by the SW and youth, and reviewed by RRG Education Consultants. These plans and progress updates become part of the ongoing ACR process as well as the youth's Transition Plan at 16 years of age. A final PSE Plan is created and reviewed the summer before the youth's senior year of high school.

1.190 Wraparound Funds (WAF or WRAP)

DCF funding procured through grants used to obtain needed services and/or goods for families involved with the Department. The exceptional use of these funds are to enhance family preservation and reunification such as maintaining children at home, implementing a specific service to expedite reunification, purchasing beds and household items, security deposits, etc. The funds cannot be used to supplement existing services, including contracted services. These funds can be used for any family member involved with the Department with the exception of SED children and youth with delinquency issues. This funding has previously been called "Flex Funds," and there is an approval process for SW's to access them. SWS's can approve up to \$1,000, but managerial approval is needed for amounts over \$1,000.

1.191 Medically Complex (previously known as "Medically Fragile")

Term used to describe children involved with DCF with any of the following:

- a diagnosable, enduring, life-threatening condition
- a medical condition that has resulted in substantial physical impairments
- medically caused impediments to the performance of daily, age-appropriate activities at home, school or community
- a need for medically prescribed services as identified on the Certification of Child's Complex Medical Needs form, DCF-2101

Those children with behavioral disorders, mental health needs, or intellectual disability who do not have one or more of the conditions listed above are not included in the category of children with complex medical needs. The RRG nurse assist in consultation with the child's medical providers to complete the certification form. The child's medical status must be reviewed and re-certified by the child's primary health care provider every six (6) months. To remove a child from medically complex status the Social Worker must submit the DCF-2101 to the child's primary health provider for identification that the child currently requires none of the care listed on the form.

1.192 Diligent Search

Term used to describe DCF's efforts to locate and/or identify a parent/guardian when their whereabouts and name are not known. These searches are completed when legal action is being taken as well as when DCF is involved with a family, and a parent/guardian needs to be located/identified. This search is documented in the DCF record and an affidavit specific to the diligent search is required by the court.

These searches include, Locate Plus/other internet search engines, Lexis Nexis, Judicial and DOC websites, newspaper posting, etc.

1.193 Family With Service Needs (FWSN)

A type of DCF case or court complaint (in juvenile court) involving a family which includes a child under 17 years of age who:

- has, without just cause, run away from his/her parental home or other properly authorized and lawful place of abode;
- is beyond the control of his/her parents, guardians or other custodians;
- has engaged in indecent or immoral conduct;
- is a habitual truant, which means a child who is enrolled in a public or private school and has had 20 unexcused absences in a school year;
- is a truant, which means a child who is enrolled in a public or private school and has had four unexcused absences in any month or ten or more absences in a school year;
- while in school, has been continuously and overtly defiant of school rules and regulations; and/or,
- is 13 years of age or older and has engaged in sexual intercourse with another person, and such other person is 13 years of age or older and not more than two years older or younger than said child.

FWSN complaints can be filed by the parents/guardians, school officials, probation officers, police officers, DCF, attorneys, as well as other child caring institutions or agencies.

1.194 Multidisciplinary Assessment for Permanency (MAP)

To improve the timeliness of court hearings and consistent implementation of ASFA requirements, DCF implemented MAP meetings bringing together legal, medical, behavioral health, and child protection staff to identify outstanding issues that need to be addressed before filing the permanency plan. These meetings are only held for children in placement and are held every 6 months while in placement to achieve permanency timely. There is specific criteria for adolescents/services post-majority.

1.195 Legal Risk

Term used to describe a foster and/or adoptive home who want to adopt and are willing to take a child, who will most likely be free for adoption. The family must be aware that there is a legal risk - the risk being that until a final decision is rendered by the Appellate Court, the child is not eligible for adoption. There is a further risk that the Appellate Court might over rule the decision of the trial court.

1.196 Services Post Majority (SPM)

This term refers to a case type and service provision for youth who are 18-23 and are either in DCF care or have decided to re-enter care after leaving care at age 18, but before their 21st birthday. Their continued involvement with DCF is voluntary and their case will be handled by an Adolsecnet Services Specialist (SW) in most offices. They must meet the following criteria:

- was CPS-committed to DCF at the time of his/her 18th birthday
- left DCF care after age 18 but before age 21 and did not participate in two post-secondary education or employment training programs
- has had his/her case closed for at least 90 days (may be waived if the youth is pregnant or parenting)
- has an educational plan (i.e. transcript, proof of enrollment or acceptance letter, etc.)
- is not married is not on active duty with the military

If the individual does not comply with the criteria, they may have their services terminated.

1.197 Youth Advisory Board (YAB)

Each Region has a Youth Advisory Board that is led by a YAB Coordinator and comprised of youth in DCF care. This group reviews and makes recommendations regarding DCF policies and procedures that impact youth in care as well as plan activities related to statewide initiatives. The Statewide YAB is made up of one representative from each Regional YAB and meets quarterly with the Commissioner.

1.198 Community Housing Employment Enrichment Resource (CHEER)

A service the Department may offer to youth who were committed (uncared for, abused, and neglected) and dually committed youth as of their 18th birthday who demonstrate strong motivation and ability to pursue a post-secondary employment training and career development program. DCF offers youth financial support and several living options coupled with support services to assist with their gradual move towards successful adult living. Housing options include but are not limited to: individual and shared apartments, boarding arrangements and on-site living arrangements offered by employment program.

1.199 Community Housing Assistance Program (CHAP)

A service the Department may offer to youth who were committed (uncared for, abused, and neglected) and dually committed youth as of their 18th birthday who demonstrate an interest in and ability to pursue post-secondary educational or vocational training. DCF offers financial support and several housing options including but not limited to: individual and shared apartments, boarding arrangements and on-campus dormitories.

1.200 Matching

The process of identifying the most appropriate foster home or other temporary placement resource and facilitating the child's placement. A matcher is a Social Worker in the Foster and Adoption Services Unit (FASU) whose responsibility is to match the child with the foster home or other temporary placement resource. The matcher is the link between the placement resource and the placing Social

Worker. All requests for foster care or respite care, whether in the same region or cross-region, are processed only by the matcher or the FASU Supervisor.

1.201 National Crime Information Center (NCIC-checks)

A computerized index of criminal justice information (i.e. - criminal record history information, fugitives, stolen properties, missing persons). It is maintained by the FBI and is available to Federal, state, and local law enforcement and other criminal justice agencies, as well as DCF and is operational 24 hours a day, 365 days a year. Since all records in NCIC are protected from unauthorized access through appropriate administrative, physical, and technical safeguards, DCF access is limited to a few staff per region. The FBI is authorized to acquire, collect, classify and preserve identification, criminal identification, crime, and other records and to exchange such information with authorized entities. Data contained in NCIC is provided by the FBI, federal, state, local and foreign criminal justice agencies, and authorized courts. NCIC checks are done by DCF staff during investigations of child abuse/neglect and for licensing purposes for fictive kin and foster/adoptive homes.

1.202 Provider Information Exchange (PIE)

The Provider Information Exchange (PIE), formerly the Programs and Services Data Collection and Reports System (PSDCRS), is DCF's web-based system for collecting and analyzing client-level data on services by contracted providers. It includes both Behavioral Health and Child Welfare programs. For many programs, it reports on clients who are not involved with DCF as well as those who are. DCF uses the system to monitor services and outcomes, and to manage program contracts. PIE was implemented on July 1, 2009.

1.203 Connecticut Association of Foster and Adoptive Parents (CAFAP)

An organization of foster and adoptive parents, child welfare advocates, social workers from public and private sectors, and concerned citizens, who contract with DCF to assist with support programs and services such as the Buddy System and Helpline, as well as trainings (pre and post-licensing), conferences, recruitment and retention efforts. CAFAP advocates for and provides research on family and children's issues in Connecticut. Each DCF region has a CAFAP Liaison to assist in supporting foster and adoptive parents, and to assist and advise DCF staff as needed. CAFAP is staffed by foster and adoptive parents and other persons with a strong interest in, and dedication to, issues affecting children.

1.204 Child and Adolescent Needs and Strengths (CANS)

A multi-purpose tool developed for DCF staff and children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. A CANS is completed primarily by the RRG staff in the Area Offices for children to determine the appropriate level of care needed for placement purposes.

1.205 Adoption Foster Care Analysis System (AFCARS)

Federal reporting which collects case-level information, twice yearly, from state and tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency

involvement. This includes demographic information on the foster child as well as the foster and adoptive parents, the number of placements and removals a child has experienced, and the current placement setting.

1.206 Court Improvement Program (CIP)

Court Improvement Program (CIP) -- A federal grant program administered by the United States Department of Health and Human Services, Administration for Children, Youth and Families. Enables the courts and agencies involved in the child welfare system to develop systemic, statewide changes to significantly improve the handling of child welfare cases while ensuring compliance with state and federal laws regarding child dependency and child welfare matters.

1.207 Evidence Based Programs (EBP)

Programs, procedures or tools that have proven effective in addressing a particular problem or condition. EBPs are often developed in academic or other controlled service environments, due in part to needed constraints imposed by research design and measurement protocols on referral criteria and concurrent interventions.

1.208 Family Group Decision-Making

A family meeting model used by child protective services agencies to optimize family strengths in the planning process. This model brings the family, extended family, and others important in the family's life (e.g., friends, clergy, neighbors) together to make decisions regarding how best to ensure safety of the child.

1.209 Family Preservation Services

Family preservation services are short-term, family-based services designed to assist families in crisis by improving parenting and family functioning while keeping children safe. These services build upon the conviction that many children can be safely protected and treated within their own homes when parents are provided with services and support and empowered to change their lives.

1.210 Permanency --

Permanency in child welfare means a legally permanent, nurturing family for every child. Child welfare professionals first focus on preserving families and preventing the need to place children outside of their homes. When children must be removed from their homes to ensure their safety, permanency planning efforts focus on returning them home as soon as is safely possible or placing them with another permanent family. Other permanent families may include adoptive families, guardians, or relatives who obtain legal custody.

1.211 Racial Disproportionality and Disparity

The occurrence of population cohorts as over- or underrepresented in public child welfare relative to their proportion in the general population. Certain racial groups, such as African American and Native American children, are consistently overrepresented in public child welfare compared to their representation in the general population.

1.212 Reinvestment

Reinvestment of savings, including savings from reduced foster care caseloads, into evidence based prevention and intervention programs designed to prevent the need for or reduce the duration of foster care placements

1.213 Targeted Case Management

A child-centered, family-driven and community-based service. Case managers conduct intake; coordinate comprehensive assessments of the child's strengths and needs; produce individualized support plans to address those needs, coordinate, advocate for and develop services identified in the plan; monitor the child's progress; and, evaluate the appropriateness and effectiveness of services.

1.214 Title IV-E Child Welfare Demonstration Waivers

Projects are funded by the Children's Bureau and provide states with the opportunity to more flexibly use federal Title IV-E funds to test new service delivery and financing approaches to improve outcomes for children and families involved in the child welfare system. Using this option, states can design and demonstrate a wide range of approaches to reforming child welfare and improving outcomes in the areas of safety, permanency, and well-being. The Children's Bureau may approve up to 10 projects per year.

1.215 Behavioral Health

A general term commonly used interchangeably with the term mental health. Includes emotional, psychological, and social well-being; determines how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

1.216 Early and Periodic Diagnosis, Screening, and Assessment (EPSDT)

A standard Medicaid benefit for children. EPSDT ensures that children get appropriate screening, as well as medical, vision, hearing, and dental services to identify and treat any problems as soon as possible. Also includes mental health assessments and services. Because they are eligible for Medicaid, all children in foster care who are eligible for Title IV-E reimbursement are entitled to EPSDT.

1.217 Fee for Service

Medicaid service delivery system where health care providers are paid for each service.

1.218 Impact of Maltreatment

The impact of abuse and neglect on the short- and long-term health and well-being of children which can prevent children from developing the skills and capacities they need to be successful in the classroom, in the workplace, in their communities, and in interpersonal relationships. Maltreatment impacts include: (1) behavioral; (2) neurological, and (3) traumatic.

1.219 Psychotropic Medications

Psychiatric medicines that alter chemical levels in the brain which impact mood and behavior. Antipsychotics, antidepressants, ADHD drugs, anti-anxiety medications and mood stabilizers are some of the more commonly used psychotropic drugs. According to a 2010 study of Medicaid enrolled children in 13 states, children in foster care, who represent only three percent of those covered by Medicaid, were prescribed antipsychotic medications at nearly nine times the rate of children enrolled in Medicaid who were not in foster care.

1.220 Functional Assessment

Functional assessment is a central component of promoting social and emotional well-being for children who have experienced abuse or neglect. It is a holistic evaluation of child well-being and can be used to measure improvement in skill and competencies.

1.221 Trauma

A deeply distressing and disturbing experience such as exposure to abuse and neglect. Trauma for children in foster care can result from exposure to abuse and neglect, removal from home, separation from families, placement in out-of-home care, school changes and change of peers. These traumatic events may lead to post traumatic stress disorder (PTSD), a serious condition that can develop after a person has experienced or witnessed a traumatic or terrifying event in which serious physical harm occurred or was threatened.

1.222 Trauma Informed Approach (Care)

An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms, acknowledges the role that trauma has played in their lives, and is clinically appropriate and effective. As related to children in foster care, trauma-informed care may include: screening and assessments; interventions and supports; culturally competent strategies; family and youth engagement; and outcomes monitoring.

1.223 Well-Being

Those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways. The term is used to include a broad range of physical, cognitive, behavioral, emotional and social functioning. It is important to consider the overall well-being of children who have experienced abuse and neglect throughout their involvement with the child welfare system and after their case is closed. Because of the large proportion who have experienced trauma or

who have behavioral health disabilities, focusing on the social and emotional aspects of well-being can significantly improve outcomes for adulthood.

1.224 Community Development

Efforts made by professionals and community residents to enhance the social bonds among members of the community, motivate the citizens for self-help, develop responsible leadership, and create or revitalize local institutions. Community development focus on consciousness raising, helping community residents achieve greater collective participation, and developing local leadership. In the United States, community development workers have worked especially in underdeveloped rural settings and poor urban neighborhoods to facilitate residents' collaboration in increasing influence, self-sufficiency, and economic and educational opportunities.

1.225 Community Health Worker (CHW)

Lay members of communities who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. The World Health Organization maintains that community health workers should be members of the communities where they work, should be selected by the communities, should be answerable to the communities for their activities, should be supported by the health system but not necessarily a part of its organization, and have shorter training than professional workers. They usually share ethnicity, language, socio-economic status and life experiences with the community members they serve. CHWs can offer interpretation and translation services, provide culturally appropriate health education and information, assist people in receiving the care they need, give informal counseling and guidance on health behaviors, advocate for individual and community health needs, and provide some direct services such as first aid and blood pressure screening.

1.226 Cultural Competence

A set of congruent behaviors, attitudes, and policies that come together in a system or agency or among professionals and enable the system, agency, or professionals to work effectively in cross-cultural situations. Social workers through their code of ethics are committed to understand culture, its functions and strengths, as well as the nature of social diversity and oppression of different cultural groups.

1.227 Non-Governmental Organizations (NGOs)

Private or non-profit institutions and agencies that work to serve some public interest independently from a national or local government entity. NGOs often seek to improve social problems that exist internationally; enhance the rights, knowledge, and economic opportunities of all people; and help nations and cultures in development efforts.

1.228 Psychosocial Approach

A distinctive practice model that is widely used by social work practitioners. It focuses on the study, diagnosis (assessment) and treatment of individuals in transaction with their social environments. Its goals are to restore, maintain and enhance the social functioning of individuals by mobilizing strengths,

supporting coping capacities, modifying dysfunctional patterns of relating and acting, linking people to necessary resources and alleviating environmental stressors.

1.229 Social Development

Planned comprehensive social change designed to improve people's general welfare incorporating community development, remedial social services and a dynamic process of economic development. The focus of social development is generally to achieve the social advancement of both the individual and societal institutions. The United Nations definition includes programs focused on poverty eradication, health, education, social integration of marginalized populations as well as crime prevention and drug control under social development.

1.230 Social Worker

Graduates of schools of social work (in the U.S.A. with either bachelor's, master's or doctoral degrees) who use their knowledge and skills to provide social services for clients (who may be individuals, families, groups, communities, organizations, or society in general). Social workers help people increase their capacities for problem solving and coping, and they help them obtain needed resources, facilitate interactions between individuals and between people and their environments, make organizations responsible to people, and influence social policies. Social workers may work directly with clients addressing individual, family and community issues, or they may work at a systems level on regulations and policy development, or as administrators and planners of large social service systems.

1.231 Social Work Case Aide (SWCA)

Members of a social work team who perform certain tasks when so assigned by the professional social workers. Duties include, transporting children, supervising visits, documentation, among other tasks.

1.232 Staff Development

Activities and programs within an organization designed to enhance the abilities of personnel to fulfill the existing and changing requirements of their jobs. These activities often include short-term in-service training classes, distribution of relevant information, group conferences, use of outside consultants and speakers to meet with personnel, and funding of certain employees to participate in meetings or training programs outside the organization. Staff development, although usually related to the requirements of the employer, also helps personnel improve overall career objectives and opportunities. It also helps the organization attract and keep competent personnel and clarify and "humanize" the organization.

1.233 Concurrent Planning

Identified alternative plans for permanency for a child by addressing case planning, social, placement and legal issues.

1.234 Juvenile

A person who has not reached the age of majority (18) and is not married, emancipated, or a member of the armed forces of the United States.

1.235 Guardian ad Litem

A lawyer or layperson who represents a child in Juvenile of Family Court. This person acts on behalf of the child and his/her best interests. They may perform a variety of roles, including those of independent investigator, advocate or advisor.

1.236 Absence without Leave (AWOL)

When a committed (delinquent and/or abused/neglected/uncared for) child or adolescent leaves a facility or residence without prior authorization, or does not return to the facility/residence at a predetermined and specific time from school, work or an event. This term is different from “run-away” status, which is more serious.

1.237 Absconder

A committed delinquent youth on run-away from any approved placement, including home (Absconder from Parole), or is a delinquent youth placed on probation, who runs away from any approved placement, including home (Absconder from Probation).

1.238 Adolescent Discharge Plan Conference

Meeting held when a youth is leaving the care of DCF, either voluntarily or as a result of not meeting expectations and criteria to continue receiving services. The purpose of the meeting is to go over the plan with the youth and any parties involved with the case. The meeting should occur at a place and time that meets the youth’s needs. If the youth is under the age of 18, the ACR can take the place of the conference.

1.239 Care or Custody of the Department (DCF)

A child committed to or placed with the Department under a court order of the Superior Court for Juvenile Matters (SCJM), excluding delinquency and Family with Service Needs (FWSN) orders.

1.240 Case

A grouping of individuals, usually a family unit, with at least one member receiving a service from DCF.

1.241 Consent

A permission given in writing by a person, his/her attorney or authorized representative to disclose specified information within a limited time period to specifically identified individuals or entities.

1.242 Coterminous Petitions

Court petitions filed when the Department is seeking a Termination of Parental Rights (TPR) prior to the Court adjudicating the child neglected or uncared for. The purpose of these petitions is to expedite permanency for the child when there is a high probability the parent/guardian will not rehabilitate, or the child has been abandoned, and/or reasonable efforts are not required. In these types of cases, the Court usually hears and decides on the Petition of Alleged Neglect or Uncared For and the Petition for the Termination of Parental Rights at the same time.

1.243 Adolescent Discharge Plan

A written document devised by the Adolescent Social Worker and the youth outlining the following:

- The anticipated date the youth will leave the Department's care;
- Names and contact information for at least three (3) significant family or fictive kin resources;
- The youth's anticipated living arrangements;
- An estimated budget;
- Sources and amount of income/assets;
- Assistance to be provided by the Department, including specification of aftercare services to help the youth fulfill any aspect of the plan as well as assistance in obtaining essential documents and records;
- A schedule for meeting with the SW if the youth chooses to meet;
- Any other plans necessary to facilitate the youth's discharge from care; and/or
- In the event that discharge from the Department occurs prior to the anticipated date, the written plan must be completed prior to the closing of the case. The youth shall receive a discharge plan from the Department even if he/she is terminated for non-compliance with services. In the event the youth is not available to meet, the discharge plan will be mailed to the youth.

1.244 Disruptions

Term used to describe a temporary or permanent interruption in a child's placement (foster or kinship care), or an interruption in the placement of the intended adoption between placement and the legal completion of the adoption.

1.245 Emergency

Any situation in which an immediate threat to the physical or emotional well-being of a child or children exists or is suspected. This term is typically used in the Intake division and is also synonymous to a Same Day report situation, the term Imminent Risk, or Immanency.

1.246 Escapee

A committed delinquent run-away from a detention facility.

1.247 Former Legal Guardian

The person(s) who last had legal responsibility for the care and custody of a minor child prior to the transfer of guardianship to another person, or commitment to the Department.