2022

ALC Program Handbook

Danger Assessment & Decision-Making at Access

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Danger Assessment & Decision-Making at Access

The Wisconsin Child Welfare Professional Development System's (WCWPDS) mission is to promote the best child welfare practice through education, skill development, strategic partnerships, and effective advocacy. The Applied Learning Communities (ALCs) program contributes to this mission by bringing together child welfare professionals to comprehensively study a specific child welfare practice and make collaborative recommendations for quality improvements at the local and state level. The 2022 ALCs topic of study is ***Danger Assessment and Decision-Making at Access.***

The 2022 topic was selected because the cohort who participated in the 2021 ALC and studied ***Engaging and Interviewing at Access*** stated that "Access professionals are seeking further opportunities to learn from and work with other counties to create consistency between agencies. Specific topics that agencies would like to collaborate on include Present & Likely Impending Danger identification and screening decisions" (*ALCs Stakeholder Report 2021, pg. 7*).

Additional data and research support the need for more consistent and objective assessment and decision-making at Access. Screening decisions in Wisconsin are inconsistent across counties, as displayed in the Wisconsin Child Protective Services Access Reports Dashboard. These discrepancies may result from unclear criteria and guidance combined with bias, which will be explored in the 2022 ALC discussions.

The 2022 topic of ***Danger Assessment and Decision-Making at Access*** was selected in response to this identified need in partnership with the Wisconsin Child Welfare Professional Development System and the Wisconsin Department of Children & Families. The topic of ***Danger Assessment and Decision-Making at Access*** addresses stakeholder priorities and aims to improve consistency, objectivity, and equity in decision-making across regions, strengthening the confidence and abilities of child welfare professionals and their service to families in Wisconsin.

2022 ALCs Learning Objectives

1. Identify biases and their influence on decision-making in child welfare at Access.
2. Define CPS practice expectations outlined in Chapters 6 and 7 of the ***Child Protective Services Access & Initial Assessment Standards.***
3. Sort the order of decision-making at Access.
4. Articulate the rationale for decisions made at Access to peers.
5. Provide professional feedback on peer decision-making.
6. Educate agency staff on the assessment of danger at Access.
7. Apply the 7 steps to analyze a policy.
8. Recommend quality improvements to the ***Child Protective Services Access & Initial Assessment Standards***, Section 1, Chapters 6 and 7.

In the 2022 ALC, we focused on the learning objectives listed above. The 4-step framework for assessing danger at Access was used to structure the thought process. We created a **web page**.

The 4-step framework for assessing danger standardizes the framework and helps us "show our work," or thinking. This is important because it helps us articulate the reasons for our decisions. When we can articulate our decision-making, it supports the Initial Assessment professional because they understand the reason for CPS involvement and they know what to focus on when they meet the family for the first time. Likewise, it helps us articulate our decision-making when community partners/members inquire.

As a CPS Access professional, you engage and interview reporters, and then complete a preliminary danger assessment along with screening and response time recommendations. This information that you document in the CPS report supports the supervisor/designee's ability to complete a danger assessment. This 4-step framework will help you understand how supervisors analyze the information they document in the report, so we can arrive at a decision. It's likely this insight will strengthen your interviews and documentation and it will help you understand how supervisors arrive at a screening/response time decision.

4 Step Framework

This framework helps us slow down and think through what we think before we decide what we do.

Slowing down is hard; it requires effort. In CPS we are accustomed to time constraints and high consequences. Slowing down can feel unnatural. The learning environment at the ALC affords us the opportunity to take our time because we are operating outside of our typical deadlines, and there are no actual or perceived consequences if we "get it wrong" or "make a mistake." Slowing down helps us identify our thinking errors so we can learn and grow. In the end, we are thorough so we can be more efficient. We practice going slow to go far by connecting the reason to the end outcomes (i.e., slowing down helps us: consider implicit bias and its influence on decision-making, explain decision-making to families, staff, and community members, and improves our consistency with other agencies in our state).

The 4-step framework invites us to intentionally consider implicit bias and its influence on decision-making.

It is well-established that implicit bias shows up in decision-making across disciplines. The more impactful the discipline, the more important it is to examine how implicit bias impacts decision-making. In CPS, decision-making has significant impact on families and our community. For that reason, we are committed to examining how implicit biases influence our decision-making throughout the CPS case framework. In the 2022 ALC, we are specifically focusing on its influence at Access. Addressing implicit bias requires effort to mitigate its influence. Research shows that slowing the decision-making framework down, and using a framework that includes more than one "check point" throughout, helps mitigate bias. By relying on a 4-step framework, we break the decision-making down into four parts. This naturally slows the framework down, providing check points at each step to determine whether a reporter's concern is eligible for further CPS involvement. Research also shows that we can mitigate bias by increasing accountability. When we apply the 4-step process, we can articulate our decision-making in more precise ways. This helps us explain our decision-making to staff, families, and community members in plain, specific terms which increases our accountability to the public.

We want to be able to justify our decisions to be able to explain them to families, staff, and community members.

When we "show our work (i.e., thinking)," it allows us to articulate our decision in plain, specific terms. In this way, we are able to justify our decision to staff, families, and community partners. For example, when the 4-step framework is applied, it helps the supervisor/designee educate staff on the nuances of decision-making. This can help when staff express confusion, when a similar report was screened in last week, but not this week. In short, the 4-step framework helps us justify our decisions and account for the specifics of each unique CPS report. Likewise, when the 4-step framework is applied and it results in a screened-in CPS report, the Initial Assessment professional can explain the reason for CPS contact to a family. This level of transparency supports engagement with the family, and the Initial Assessment professional's ability to gather quality information. Additionally, when we apply the 4-step framework we can explain that our decision-making is subject to a standard framework to ensure consistency, objectivity, and equity.

We are looking for consistency in decision-making across the state.

The **Wisconsin Child Protective Services Access Reports Dashboard** indicate that screening decisions in Wisconsin are inconsistent across counties. These discrepancies may result from unclear criteria and guidance combined with bias. The 4-step framework is being introduced at the 2022 ALCs so we can all understand what we think (about danger) before deciding what to do (screening/response time decisions). We believe the 4-step framework is one way to tease out the decision-making framework so we can better understand how we arrive at our decision and correct errors in thinking when they pop up.

The 4-step framework is a tool we are trying out; it is not a new requirement.

When we introduce a new way of doing things, it's natural to be uncomfortable and maybe even struggle. We tend to wonder, "what was wrong with the way I was doing it?" We want to emphasize the fact that we are trying out the 4-step framework as one way of improving our consistency, objectivity and equity at Access. It is not a requirement for staff to use the 4-step framework!

4 Step Framework in Detail

This 4-step framework is a tool to help us slow down our decision-making and build in touch points along the way so we have opportunity to consider biases and how they influence our thinking. It also allows us to articulate our decision-making in precise ways. When we make it a practice to describe our rationale to other staff as well as families and community members, it shows them what we think and how it determines what we do. This is different than simply articulating the status of a CPS report (i.e., screened in or out). Below is a description of each step in the 4-step framework. The information is organized by listing the goal of each step along with some context.

Step 1: Consider the case information

Goal: Highlight each of the family conditions that concern CPS

Context: The goal of Step 1 is to highlight which of the reported family conditions stand out to CPS and require us to apply the remaining steps to determine if the family condition(s) indicates a Present or Likely Impending Danger Threat, and if so, which ones.

- In Step 1, the CPS professional scans the available information to determine which family conditions stand out. We do this because all CPS reports describe family conditions that concern the reporter (it's why they are reporting); but not all family conditions necessarily concern CPS. In Step 1, determine which family conditions are of shared concern to the reporter and CPS. We identify where there is alignment between the reporter and CPS by asking ourselves, "What am I hearing or reading that is a concern to CPS because of the implications for child safety or of causing harm to a child?" By answering this question, we begin identifying family conditions that concern both the reporter and CPS.

- From there, the CPS professional makes a decision about when the identified family condition(s) are happening, or are anticipated to happen (e.g., **1.** Occurring, **2.** In process of occurring, or **3.** May not be active but likely to have severe effects on a child at any time in the near future). In order to accomplish this goal, we complete two tasks, in order: **1.** Determine household of concern, and **2.** Identify relevant and sufficient information. See below for talking points specific to each of these tasks.

- In Step 1, we consider how the reporter's implicit bias may be influencing their perception of the family condition, and impacting the quality of information they provide. Meaning, can they describe the family condition that is relevant to CPS in sufficient detail.

Details

Part 1: Determine the household of concern.

- The work of highlighting each of the family conditions and deciding when it is happening begins with determining the household of concern and listing its members.

- The "household" refers to the household "where there are threats to safety or allegations of maltreatment."

- It is important we get this correct right away because it focuses our danger assessment and helps us know where to apply the steps.
    - This helps us mitigate bias by narrowing our attention and focusing solely on the house hold of concern (not other parents/caregivers who live in different households where there is no reported concern).

- Once the household of concern is determined, list all of its members. Remember to include all the adults and children who reside in the house regularly, or intermittently so we can get a clear picture of how danger plays out in the household, rather than solely focusing on the situation the reporter called to describe. A comprehensive list of household members is more important than ever since many families live with other adults and children may live in more than one household.

Part 2: Identify relevant and sufficient information.

- Once we know the household of concern and list its members, we scan the report and identify which information pertaining to the household of concern and its members is also relevant and sufficient to CPS.

- Getting relevant and sufficient information about the family condition starts with the CPS Access professional's engagement/interview with the reporter. For example, when interviewing the reporter, the CPS Access professional is listening and analyzing the information being reported to ask relevant questions in order to elicit sufficient information about the reported family condition(s). Once the information is documented in the CPS report, the supervisor/designee analyzes the information documented in the report to determine what information is relevant and sufficient to CPS so they can identify the family condition(s) to which they need to apply the remaining steps.

- **Relevant:** Information our profession agrees can be dangerous to a child. Relevant information describes the family condition (or conditions) that concern Child Protective Services because of the implications for child safety.

- **Sufficient:** Enough details to understand the family's condition.

Note: It might seem strange that we identify when a family condition is happening, or is anticipated to happen before we apply the danger definitions. The reason we do it in Step 1 is be efficient. It will help when we get to Step 2. In Step 2, we see if the family condition(s) we identified also connect to a Present or Likely Impending Danger Threat. Reviewing both lists of threats to make this determination takes time. By asking ourselves, ***"When is this family condition happening, or anticipated to happen?"*** we save time later on because our response gives us a clue about which list of threats to review for a possible connection (i.e., when a family condition is happening now, or is in process of occurring we look to the list of Present Danger Threats and when may not be active but is likely to have severe effects on a child at any time in the near future we look to the list of Likely Impending Danger Threats).

Tips

- You may wonder why Amari and Xavier not showing up to school should have elicited a response from the teachers and you may argue that the reporter and CPS do not share the same concern; therefore, you may assert it should not be identified as a family condition in Step 1.

    - This is okay! The reason for including it is to see how the 4-step framework works. There is value in continuing to take it through the steps because it generates discussion about bias and its influence on the reporter's decision to report as well as our own. For that reason, it's inclusion through Step 3 serves to make valuable learning points. Throughout the application of the 4-step framework, consider reflecting on this using the prompt and points below.

- Do you think that Amari and Xavier not showing up to school should have elicited this response from the teachers? If not, why do you think it did anyway?
    - Some learners may wonder why the report was made, and why the children not being in school prompted them to think to make a report. It is important to take a moment to reflect the bias that mandated reporters can have and how it influences their decision to report to CPS. Perhaps some may suggest that the school has been targeting the family because of the biases that they hold (refer to the handout on biases for specifics). In this discussion it might be interesting to note:

- The Department of Children and Families found that during COVID the rates of reports from education personnel dropped, and the rates of disproportionality dropped as well, so there is evidence to support that this is a major problem within the schools.
    - Biases can show up in other ways too. Consider other aspects of the Smith CPS report, and how the reporter's biases may be influencing their perception and decision to report, for example:

- **Cognitive fixation or confirmation bias:** In section (i) of the CPS report, the reporter comments, that Amari's behaviors are worse after being with Zuri, and states, "probably because of a lack of hard discipline in that household." It's possible the reporter holds a bias towards same-sex couples and thinks that two females in a relationship compromised ability and motivation to co-parent.

- **Focusing effect:** Dad is so focused on mom's prior drug use that he doesn't think of other explanations for her behavior.

Bottom line: We want to pay attention to how biases show up for reporters and CPS professionals, and the 4-step framework is a tool we can use to do it. When using the 4-step framework for these purposes, it is important to remember, the identification of bias alone doesn't dictate our decisions, but it can inform them. In other words, a reporter's bias is not a reason to alter our decision. We still need to use our professional judgment to assess for danger and make a screening/response time decision, based on the information in the CPS report.

Step 2: Identify all the Danger Threats that may be connected to the family conditions.

Goal: Determine if the family conditions identified in Step 1 also concern the CPS profession (not just us as individual CPS professional).

Context: The goal of Step 2 is to determine if the family conditions identified in Step 1 also concern the CPS profession (not just us as individual CPS professional). We do this because the work of Access is independent and requires quick decisions. When we work alone, under pressure, and within extreme time constraints it increases the margin for error because we are not able to consult with colleagues. The list of Present and Impending Danger Threats were generated by a group of CPS professionals who agreed that the listed threats were ones the profession had consensus on. For this reason, we can consult the list of threats to see if the work we did in Step 1 is on the right track. In other words, we learn if the family condition(s) we identified in Step 1 connect to a Present or (Likely) Impending Danger Threat. In this way, we "consult" with others in our profession to see if the identified concern is one that concerns our profession, not just us as individual professionals. Think of this as a checks and balance that provides us an opportunity to evaluate how our individual bias may be influencing our perception.

Details

- We want to slow down the decision-making framework to ensure accuracy and reduce the influence of biases by checking to see if the family conditions identified in Step 1 are of concern to the CPS profession, not just the individual.
- We got an early start on this in Step 1 when you categorized the family condition as occurring, in process of occurring, or may not be active, but is likely to have severe effects on a child at any time in the near future. Use this information to make Step 2 more straightforward.
    - For family conditions you categorized as happening now or in process of occurring, connect them to Present Danger Threats.
    - For all the family conditions you determined may not be currently active, but likely to have severe effects on a child at any time in the near future, look to the list of Impending Danger Threats to see if there is a connection.
- It is likely you will want to apply the definitions of danger in Step 2. Resist this urge. Do not get ahead of yourself. The point of Step 2 is to simply pick threats that may connect to each family condition you identified in Step 1 without applying the danger definition. This will come later in Step 3.
- Pick all threats that might connect to the family condition. There is no need to overthink it! At Access, we pick all that apply because we don't want to miss anything since the work happens so quickly, and we have the least amount of information about a family. We would rather pick all threats that connect to a reported family condition than miss something.
- If you cannot connect a family condition to a danger threat that is okay. When there is no connection, it is a clue that although the family condition concerns you as an individual, it does not require an immediate, same day response or one within 24 - 48 hours. In this case it is still important for us to articulate why CPS does **NOT** need to respond immediately, or within 24 - 48 hours. This 4-step process also helps us articulate this rationale.
- Remember, even though we may "rule out" danger using the 4-step framework, it does not mean that it is an automatic screen-out. Sometimes, a CPS report does not indicate Present or Likely Impending Danger, but there is reason to suspect a child has been abused or neglected or threatened with abuse or neglect, a "within 5 business days" response would be assigned.

Tips

If you elect to discuss the application of Step 2 in a large group, remember, the purpose of Step 2 is to have an open-ended conversation that remains curious and exploratory. There is no need to arrive at consensus or conclude anything by the end of this step. If throughout the discussion learners disagree with the Present or Likely Impending Danger Threats that connect to identified family conditions, that is ok! They will further their thinking when they apply the definitions of danger to each family condition to see if the family condition indeed points to a danger threat. In other words, don't feel compelled to over correct in Step 2 because Step 3 will take care of this when they go to apply the definitions of danger.

Note: In practice, this same disagreement may play out between the Access worker and the supervisor. For example, the supervisor disagrees with the danger threats selected by the Access worker. The disagreement is not a problem when we build multiple check points into the work flow. For example, in real life, the Access worker's recommendation is the first of two decision points regarding the danger assessment. The second decision point comes when the supervisor/designee makes a final decision. By increasing the number of decision points in the workflow it helps reduce the influence of bias in addition to identifying when a report requires immediate attention. Likewise, multiple decision points are built into the 4-step framework to mitigate the influence of bias and support critical thinking. With multiple decision points embedded in the framework, we can agree to disagree up until Step 4 when we go on record with the results of our danger assessment.

Step 3: Consider the Danger Definitions.

Goal: Apply the danger definitions to each family condition(s) (**Step 3**).

Context: In Step 3, we apply the danger definitions to each family condition from Step 1 because Child Protective Services is in the business of accurately identifying when its services are most needed, and, like any other business, it wants to deliver them timely. That means we want accurate screening and response time decisions at Access. We get both by first assessing danger. In Step 1 we identified family conditions that stood out to us as CPS professionals. In Step 2, we double checked that the family conditions concern the CPS profession, not just us individually. In Step 3, we take it a step further and apply the definitions of danger to each condition to see if it indeed points to a threat. As a result of applying the definitions of danger, we can articulate the rationale for our danger assessment. When we can articulate our thinking, we improve consistency, objectivity, and equity while also building credibility in our communities, and with colleagues and staff.

- In Step 3, we apply the danger definitions to each condition. We do this because at this stage in the framework we are less exploratory and more rigorous since we are getting closer to the end of our assessment.
- Think about the 4-step framework as a funnel with a filtering effect, each step is more conservative than the last.
- When applying Step 3, think of the danger definitions as a fine-tooth comb that we take through each family condition we identified in Step 1.

When talking about applying the Present Danger definition, use the following points:

Present Danger: An immediate, significant, and clearly ***observable family condition*** that is occurring or "in process" of occurring at the point of contact with a family and will likely result in severe harm to a child. We apply the danger definitions to each family condition because we want to be sure we do not miss something.

Clearly observable: You may question, ***"clearly observable to who?"*** This is a tricky question because at Access the family condition is clearly observable, first, to the reporter (which is why they are calling). When thinking about clearly observable at Access, it is unlikely that the Access professional is observing the family; therefore, it is difficult to say whether something is clearly observable or not. Instead, think about it terms of, ***"What makes it clearly observable to the reporter?"*** For example, it may be an injury or a child's disclosure. These are more clearly observable than a reporter's "hunch."

Significant: The work of Step 2 helps here. If you can connect the family condition to a possible threat from the Present Danger Threats or the Impending Danger Threats list in Step 2, then it is highly suggestive that the family condition is significant, or you would not have found a potential match. Again, when thinking about what family conditions are significant to CPS, we are **NOT** asking about what is concerning to us, personally or individually. We need to do this sort to mitigate bias and its influence. The list of Present Danger Threats help us with this because they are a list of threats that CPS professionals came to a consensus on based on what they know to be dangerous to children when they are happening now or in process.

Immediate (happening now or in the process of occurring): This might be an opportunity to clarify the difference between in-process and Likely Impending Danger. Reinforce how the definitions help us make the sort. The difference is, that **Present Danger** is clearly observable, significant, and likely to result in severe harm vs. **Likely Impending Danger,** which may not be currently active, but can be anticipated to have a severe effect on a child at any time in the near future. There is a big difference between immediate – in-process and anytime in the near future – the difference is between a few days vs. weeks.

Likely to Result in Severe Harm to the Child: This might be an opportunity to reinforce and clarify these points:

- When talking about severe we are using our professional judgment in a predictive way.
- The ability to predict is influenced by the quality of information and our knowledge about child abuse and neglect.
- Engagement with the reporter **AND** the interview with them is so important. We need relevant and sufficient information to predict if the family condition is likely to result in severe harm to a child.
- This is especially so at Access when we are gathering information and making decisions about it in a condensed time frame using information from a third party.
- In addition to quality information that is relevant and sufficient, we need expert knowledge about child abuse and neglect so we can exercise professional judgment rather than personal opinions about whether something is likely to result in severe harm. In order to discern the difference, it might be necessary to do some research in order to answer the question: ***"What is the likely severe harm that can reasonably come to this child(ren) if there is no intervention?"***

When talking to staff about applying the Likely Impending Danger definition, use the following details:

- At Access, we apply the term ***Likely Impending Danger.*** The only time we assess for Likely Impending Danger is at Access. In Initial Assessment and Ongoing Services, we assess for Impending Danger.

- The assessment of Likely Impending Danger is reserved for Access because the safety task at Access is to make a screening decision; not a safety determination (i.e., is a child safe/unsafe).

- We reserve the definition of ***Likely Impending Danger*** for Access because we have less information and it is coming from a single source. To make a safety determination we need more information to assess if the family condition indicates Impending Danger. As a result, we do not apply threshold criteria (i.e., OVOIS) at Access.

- Safety Intervention Standards do not define ***Likely Impending Danger.*** When applying the definition of Likely Impending Danger at Access we need to consider how the word "likely" modifies the phrase Impending Danger, and we must be able to articulate how the identified family condition describes a behavior, value, motive, emotion, and/or situation that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.

- In the Smith CPS report, one of the identified family conditions is: There is concern Sarah may be on the verge of relapse or has already relapsed. It is possible your agency team will disagree about whether this is a Likely Impending Danger Threat. Do not get caught up in thinking one response is "right" and the other is "wrong." Instead, facilitate the conversation with an emphasis on articulating the rationale for either response.

  If this is identified, you may want to ask:

  - What about the family condition makes you think it could have severe effects on the child at any time soon? (Some possible answers below).

  - Substance abuse renders the parent/caregiver incapable of routinely/consistently attending to child's basic needs.

  - Parent/caregiver makes impulsive decisions and plans to heave the child in precarious situations.

- Be sure staff are using the revised danger threat language when selecting specific Present &/or Likely Impending Danger Threats. Please see below for the side-by-side comparison for the "answers" we identified in our Community Huddles.

Previous Danger Threat Language	***Revised Danger Threat Language***
Present Danger Threats	**Present Danger Threats**
The maltreatment of several victims is suspected, observed, or confirmed.	The maltreatment of several victims is suspected, observed, or confirmed.
Child is unsupervised and unable to care for self.	Child is unsupervised and unable to care for self.
Parents are unable or unwilling to perform basic care.	A parent/caregiver cannot/will not manage their own behaviors which impacts their ability to provide basic, necessary care and supervision.
Likely Impending Danger Threat	**Likely Impending Danger Threat**
One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior.	One or both parents/caregivers has impulsive behavior that they cannot/will not control.

Step 4: Confirm All Threats.

Goal: Finalize our danger assessment by confirming whether the reported family condition(s) indicate a Present or Likely Impending Danger threat(s).

Context: The goal of Step 4 is to finalize the danger assessment and use the results to make a screening and response time decision. In Step 4, we review our work. In the process of doing so, we double-check to be sure we did not miss anything. It is important to be especially aware of any family conditions that are in the process of occurring that we may have missed at the beginning of the danger assessment. Our work in Step 4 finalizes the danger assessment, and prepares us to go on record with our screening/response time decisions and justify them. In this way, Access professionals learn the outcome of the CPS report and when a CPS report is screened in, it prepares the Initial Assessment professional for the Initial Face-to-Face Contact where they will use the danger assessment completed at Access to continue the assessment of danger and take protective action if & when necessary.

Details

- Think about Step 4 as a final "check" in the framework. Meaning, it's one last chance to ask ourselves, ***"What do I think?"*** before moving on to ***"What do I do?"***
- Step 4 is our opportunity to consider the totality of all the information and confirm all danger threats that appear in the CPS report.
- It is the point in time where we double-check to be sure we did not miss anything that is in the process of occurring.
- When CPS reports are screened in, the results of the danger assessment and their justification will guide what the CPS Professional thinks about before, during, and after they meet the family.
- After completing Step 4 the thinking is done for now and CPS is ready to take action (i.e., make a screening/response time decision).

General Responses to Frequently Asked Questions

Why would children who are not in attendance at school illicit a CPS report?

The Smith CPS report was made after two children did not show up to school and staff were unable to successfully reach their parents/caregivers. The reporter's concern was exacerbated by information they had about the children's functioning (i.e., Amari's behaviors) and previous concerns about the children. We may not agree that this is ultimately within the scope of CPS concerns; however, as CPS professionals who perform the Access function, we are required to receive, analyze, and document reported concerns (not decide what can be reported). From there we analyze the reported concerns. The 4-step framework is one tool we can use to analyze the report and determine whether the reporter's concern is also a CPS concern. When we consider the totality of the Smith CPS report one of the reporter's immediate concerns is the children's absence from school. This is clearly observable condition that is happening right now; it does not mean it is a danger threat that requires an immediate response. Applying the 4-step framework, helps us confidently assess the reported concern/condition and justify our decision to not respond to this condition. By the time you complete the 4-step framework you will be able to see where that particular concern/condition is ruled out.

Why do we not specifically talk about vulnerable child in the assessment framework?

The safety task is different at Access than Initial Assessment and Ongoing Services. At Access the task is to make a screening/response time decision. This differs from the safety tasks in Initial Assessment and Ongoing Services (i.e., make a safety determination- safe/unsafe). The difference in safety tasks between Access and Initial Assessment/Ongoing is explained by the fact that we typically do not have the same quality of information at Access as we do in Initial Assessment and Ongoing Services. Meaning, CPS has limited information and it is provided by a third-party (i.e., reporter) rather than the observations of a CPS professional. Such limited information compromises CPS' ability to make a determination about whether a child is safe or unsafe. Assessing vulnerability is an important part of the Safety Assessment (CPS Safety Intervention Standards, pg. 39-40) because it helps the CPS professional decide if the child(ren) are safe/unsafe. Although we receive, analyze, and document information at Access about the child's functioning, including their vulnerability, it is not reasonable to expect a complete assessment of vulnerability since that typically takes more robust information. When thinking about vulnerability at Access, consider all children under the age of 18 to be generally vulnerable. Then gather sufficient and relevant information from the reporter that will help show how each child in the household is vulnerable to the reported danger. While child vulnerability is not specifically called out in our assessment of present danger, we actually consider and capture it when applying the terms of the present danger definition, don't we? Specifically, significant and severe harm. Part of what helps us determine if a condition is significant is identifying why this is a CPS concern. This relates to the consideration of the impact the condition potentially has on a child which correlates to their vulnerability. So, what does this mean? For example, when hearing about a child unattended crossing a busy street, you become concerned when you find out the child is two years old but not when they are seventeen years old. This is because two-year-olds do not have the capacity to make safe decisions about their own care. Seventeen-year-olds typically can distinguish between dangerous situations. Child vulnerability also shows up and supports your decision around severe harm. With this condition playing out, which children are vulnerable to it and likely to experience severe harm? It is not unlikely that a two-year-old will attempt to cross a busy street and be hit by a car. A seventeen-year-old can act in ways where they don't get hurt crossing the street.

Why do we take each family condition all the way through the 4-step framework?

We take each family condition identified in Step 1 all the way through the remaining steps to determine if the reported family condition(s) are indicative of a Present or Likely Impending Danger Threat. Each step is applied to the family condition with a slightly different focus/ purpose. Please see below for the 4-step framework in a "nutshell." See specific talking points for each step in the section entitled, ***Talking Points for the 4-Step Framework.***

- To start, we identify which **family condition(s)** stand out to us using a broad lens (**Step 1**).
- Then we check to see if the **family condition(s)** that initially concern us (and the reporter) also concern the CPS profession more broadly (**Step 2**).
- Next, we apply the danger definitions to each family condition(s) (**Step 3**).
- Finally, we finalize our danger assessment by confirming whether the reported **family condition(s)** indicate a Present or Likely Impending Danger Threat(s) (**Step 4**).

How do we address the implicit bias we have identified with staff/our agency?
Feel free to replicate the Implicit Bias Exercise that you completed in Module 1. Below are a list of the tasks and links to relevant resources:

Step 1: Go to Project Implicit Website.

Step 2: Take a Test.

- Click ***Take a Test*** at the top navigation bar. Read the preliminary information, then scroll down and click ***I wish to proceed*** at the bottom of the page.

Step 3: Select Three Tests to Complete.

- You will be directed to a page with a list of blue buttons, each a different IAT (implicit association test). The IAT measures the strength of associations between concepts (e.g., Black people, gay people) and evaluations (e.g., good, bad) or stereotypes (e.g., athletic, clumsy). From the options, pick any three tests that you are interested in exploring for your personal and professional development.

Step 4: Take the Tests & Review Results.

- There is a FAQs web page on Project Implicit for your reference.
- Complete at least three different tests. Each test takes 5-10 minutes. Copy down your results or open each test in a new tab so that you can return to review your results.
- **Note:** You may click decline to answer for the questionnaire or demographic questions at the beginning and end of each test and at the bottom of each results page.

Step 5: Complete a Self-Reflection Form.

- When you have finished taking the tests, reflect on the experience and its applicability to your role in child welfare by completing a self-reflection form. Click **Submit** to complete the Project Implicit Self-Reflection Form.

APPENDIX

Appendices

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Danger Assessment & Decision-Making at Access

Introduction

Imagine it is your average weekday, around 3:00 p.m., and you get a call from an Access professional. They just got off the phone with a reporter and since you are the supervisor or designee, they want to "run something by you." They are curious what you think about the information they received. What do you listen for? What is your focus? Are you first asking yourself whether it is a "screen-in?" If so, you are likely not alone. Decisions at Access are made in 24 hours or less, so we find ways to make the process most efficient.[1] For many of us, this means we cut to the chase by deciding what we **do** with the information in the report before considering what we **think** about it. At Access, that looks like making a screening decision before articulating the rationale for the decision. We do this when we ask ourselves, ***"Is it a screen-in?"*** before asking ***"Is there a danger, and if so, what is it?"*** This approach may meet our need for efficiency; however, we end up losing time later when our decision-making is questioned, and we are not able to articulate it in precise, technical terms. In other words, how many of you can relate to the feeling of dread when a staff person questions your decision-making, or a community partner calls with questions about it?

In this paper, we will discuss two critical aspects of decision-making at Access. First, we will examine how deciding what we **think** before considering what we **do** ensures we do not overlook the assessment of the danger. We will also introduce a 4-step framework you can apply to complete the danger assessment at Access. Second, we will explore how the 4-step framework standardizes our approach and creates an opportunity to consider how implicit biases influence the decision-making process.

Purpose of Assessing Danger at Access

When we assess for danger first at Access, it helps us make efficient and effective decisions that we can also justify because it requires us to use a standardized approach that helps us explain our decision-making to families, staff, and community partners. In the long run, the practice of assessing danger first can save us time, while building confidence, consistency, and credibility in our CPS practice. Additionally, when we assess danger first, it invites us to reflect on how biases influence perception and impact decision-making throughout the assessment of the danger. In short, when we decide what we **think** before what we **do**, we are in a better position to articulate the rationale for our decisions and mitigate the risk we take when we act on our instincts without evaluating the influence of biases.

The notion of biases and how they impact the work of Access is not new. We have long considered how the ***"substantial probability of bias[2]"*** must be considered in instances where the CPS agency or its employees have professional or personal familiarity with the alleged maltreater &/or child victim. It is for this reason that we have the option of requesting independent screening decisions at Access, and Initial Assessment. Throughout this paper, we will look at how a standard approach to the assessment of danger helps us achieve consistency while also identifying the influence of biases on decision-making.

[1] CPS Access & IA Standards, Section 1, Chs. VI

[2] CPS Access & IA Standards, Section 1, IX., Chs. IX.C

The content in this paper supports the following learning objectives:

- **Sort** the order of decision-making at Access in accordance with *The Child Protective Services (CPS) Access & Initial Assessment Standards,* Section 1, Chs. VI & VII.
- **Articulate** the rationale for decisions made at Access.
- **Increase** awareness of biases and their influence on decision-making, stipulate how that might play out in child welfare at Access.

Overview of Decision-Making at Access

CPS Access & Initial Assessment Standards state there are four decisions to make at Access: assessment type, screening, response time, and notifications. For practical reasons, the decisions are typically made in that order since one decision often informs the other (e.g., the assessment of danger informs the screening and response time decision).[3]

The decision about **assessment type** is determined by information about a parent/caregiver/household member's contribution to the alleged maltreatment. For example, if a reporter is concerned a child is being harmed by parents, foster parents, guardians, legal custodians, and/or people who reside with the child, a ***primary assessment*** is required. On the other hand, a ***secondary assessment*** is needed if the reporter is concerned the child has been harmed or is at risk of it because of an individual who has provided care to the child in or outside of the child's home, exercised temporary control over the child or supervised the child (e.g., staff of a licensed or certified child care program, school personnel, staff of a licensed child welfare facility, or a relative of a child). The **screening decision** is the formal decision to accept or not accept a report of alleged child maltreatment based on definitions put forth in the Wisconsin statutes. The standards state that a screening decision determines whether further, or continued assessment is needed in Initial Assessment to identify whether the children need protection or services. The **response time decision** applies to a screened-in CPS report. The response time decision determines when a CPS professional must have initial face-to-face contact with the alleged child victim and/or parent(s) or caregiver(s) and will further assess alleged threats to a child's safety.[4] Decision trees to help guide you through the screening and response time decisions can be found in Appendix A. The decision about who to **notify** when a CPS report is received is influenced by factors such as the type of alleged maltreatment, whether it allegedly happened at a licensed facility/out-of-home care placement, and whether the unborn child or child is known to be American Indian.[5]

Our automated statewide database, ***eWiSACWIS***, helps prompt us to make these four decisions in order, however, we know in practice these decisions do not always occur in a neat, linear fashion. For example, the Access professional likely starts by asking a general question about the reporter's reason for calling, rather than immediately asking questions to figure out assessment type, screening decision, and response time (as if they could be checked from a list). Instead, the Access professional is skilled at attending to the reporter's emotions while also asking questions to elicit information to decide on assessment type and the screening and response time recommendations. For this reason, the Access professional often experiences all four decisions occurring at once rather than in order. This is especially likely when the Access professional is working after-hours.

[3] CPS Access & IA Standards, Section III, III.E. (pg. 13).
CPS Access & IA Standards, Section 1, V.A. (pg. 23-24)
[4] CPS Access & IA Standards, VII. The Timeframe for Response, pg. 28-29
[5] CPS Access & IA Standards, XI.A. Required Notifications for All Applicable Cases, pgs. 35-36

Regardless of the time of day in which an Access professional is working, when several decisions need to be made at once, in a short period, and with only one shot at gathering necessary information, it is understandable that the focus is on what we ***do*** and not on what we ***think.*** Some may even say there is little time to think due to production pressures! ***However,*** in CPS we ***must*** think deeply about our decisions because they have significant consequences for children and families in our communities. For example, as we mentioned earlier in the paper, if we act on our **"do"** instincts before we **think,** there is a lot of room for implicit biases to be involved in decision-making. This can make already disproportionally involved communities (families of color, low-income families, etc.) even more involved with the CPS system. There is also a chance of families holding the CPS system in a more negative regard, and therefore, being less likely to engage in or initiate necessary services if they feel their family or someone they know has been treated unfairly by CPS. By assessing danger first, using a standard, predictable framework, we can more clearly articulate the rationale for our decisions and create habits of thought along the way that promote critical thinking- reducing the likelihood that we will unconsciously act on implicit biases which can cause some of these unintended consequences.

4-Step Framework to Assess Danger at Access

As you know, we assess for two types of danger at Access: Present and Likely Impending Danger. The 4-step framework for assessing danger at Access can be applied to assess for Present and Likely Impending Danger at Access. The four-steps include:

The same four steps can be applied to the assessment of both types. Even though the four steps can be applied to the assessment of both types of danger, we organized the content of this paper in a way that allows us to take a more deliberate approach focusing on one type of danger at a time. This will help you see how the same steps can be applied to both types while also accounting for their unique differences. We will start with Present Danger and then proceed to the assessment of **likely** Impending. When you complete the work of Module 2, you will apply the 4-step framework to both types of danger concurrently to reflect the actual workflow more closely. Let us begin by looking at the assessment of Present Danger at Access.

Present Danger Assessment at Access

CPS professionals continually assess for Present Danger threats throughout the CPS case process. Practice standards amplify three key points in time: **1.** Gathering information and screening at Access, **2.** Determining the response time at Access, **3.** Making the Initial Face-to-Face Contact with the child(ren), and with the parents/caregivers.[6]

[6] CPS Safety Intervention Standards, II.A. Assessing for Present Danger Threats (p. 8)

When you review the ***CPS Access & Initial Assessment Standards, Section 1, Ch. VI. A. Screening of an Access Report,*** the paragraphs that preceded subsection VI. A. 1, note that the first step to making a screening decision is to assess Present Danger in every CPS report. This directive is found in the initial paragraphs of section VI. A. Here it states, ***"Upon receipt of a report, the local child welfare agency must immediately analyze the information to screen for Present Danger Threats as defined in the CPS Safety Intervention Standards, Appendix 1: Present Danger, and other emergency conditions.[7]"***

There are many reasons why this is an important ***first*** step referenced in the ***CPS Access & Initial Assessment Standards.*** Specifically, the results of the Present Danger assessment at Access inform the screening and response time decisions. Additionally, when it is about a child and family in a different county, it informs decisions such as how immediately a CPS report needs to be documented in ***eWiSACWIS***, including when to notify the other local child welfare agency, and whether the child welfare agency where the child is located needs to make initial contact and take immediate, protective action.[8] In short, the assessment of Present Danger yields information about whether we need to take subsequent actions, which is why we first decide what we **think** about Present Danger, so we know what else to consider and to **do** once it has been identified.

When we first ask, ***"does the information indicate there is Present Danger – and if so, which threat(s) are supported by information in the CPS report?"*** we answer whether it needs to be screened in, and what the response time must be. In this way, you can see how the question ***"does the information indicate there is a Present Danger – and if so, which threat(s) are supported by information in the CPS report?"*** is much more effective than ***"is it a screen-in"?"*** When we lead with the former, it helps us make our decisions at Access and prioritize immediate next steps when a child lives in another county or more than one county. The bottom line is, when we start by assessing Present Danger in all CPS reports, it increases our accuracy and in turn confidence about the other decisions and actions that follow.

When we elevate the assessment of Present Danger threats as the first step to decision-making at Access, it requires us to think more deeply about the presenting information and how it plays out in unique families. In this way, we move closer to determining if a child is in danger now or in the near future in precise, more technical ways using the definition of Present Danger:

> ***"Present Danger refers to an immediate, significant, and clearly observable family condition that is occurring or 'in process of occurring at the point of contact with the family and will likely result in severe harm to a child.[9]"***

Any of the Present Danger Threats that a CPS professional selects must be measured against this definition to justify decision-making. The justification then supports the reason for screening in the CPS report and continues the assessment process in Initial Assessment.

The analytic process for assessing Present Danger is the same throughout the CPS case process, meaning how it is applied at Access is the same in Initial Assessment and Ongoing Services. This promotes accountability. A standard approach ensures we evaluate biases along the way, thereby increasing our accountability to families and the public. Specifically, it narrows our considerations to family conditions that are known to be dangerous because they are likely to result in severe harm to children rather than any condition that the public may perceive as dangerous because it departs from majority norms. Below is a 4-step framework that can be used at Access to ensure you are applying the analytic process for assessing Present Danger as it is discussed in related training.

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[7] CPS Safety Intervention Standards, II.A. Assessing for Present Danger Threats (p. 8)

[8] CPS Access & IA Standards, II. Multi-County Reports, II.A. & II. Multi-County Reports, II. B. pgs. 9-10

[9] CPS Safety Intervention Standards, Safety Appendix 1: Present Danger, pg. 35.

4 Step Framework

Assessing Present Danger

Step 1: Consider the case information:

- **Determine the household of concern.**
- **Identify relevant and sufficient information.**
- **Highlight each family(s) conditions that concern CPS.**

Step 2: Identify all Present Danger Threats that may be connected to the family condition(s).

Step 3: Consider the definition of Present Danger.

When we are clear about the "what" of CPS concern – the clearly observable – we can then consider the other terms of the Present Danger definition.

Is the danger immediate, occurring, or in the process of occurring?

- **Immediate:** In the midst of that which endangers the child – it is going on now.
- **Active & operating**
- **In the process of occurring:**
  - You do not witness or see the behavior, but it is happening.
  - It isn't happening right now but is "ripe to occur" – circumstances establish it could happen any time.
  - Non-caregiver is protecting or providing for the child right now, but the family circumstances constitute Present Danger.
  - Not an arbitrary time frame – generally, a few days.

Is the danger significant? Is it significant to CPS Purpose?
Based on professional judgment and critical thinking; it is more than just what the public thinks about it. Here is a critical place to be considerate and cautious of bias by acknowledging that public norms often reflect the dominant culture's view of what is normative (e.g., spanking is prohibited). For this reason, we also look at whether the observable condition being reported is also likely to result in severe harm.

Is it likely to result in severe harm?
Detrimental effects are consistent with a serious or significant injury in accordance with the definition of severe harm found in the ***Safety Intervention Standards:***

- Disablement; grave or debilitating physical health or physical conditions; terror; impairment; even death; family conditions that are reasonably likely to result in harsh or unacceptable pain and suffering for a vulnerable child.

Step 4: Confirm the Present Danger Threats.

Now that you applied the definition of Present Danger to each family condition, you are ready to confirm which Present Danger Threats are indicated in the CPS report.

When we follow this 4-step framework for assessing danger, it makes clear which CPS reports must be responded to immediately because we start by asking what we **think** about the information in the CPS report, and that determines what we **do** (i.e., screen in, respond in the same day). In Appendix A, you will find a decision tree to help guide you through these steps as well.

Likely Impending Danger Assessment at Access

Now, we will talk about the second type of danger we assess for at Access: **Likely** Impending Danger. Access is the only point in the CPS case process where we consider the **likelihood** of Impending Danger. At Access, the decision about Impending Danger is only **likely** because there is a limited amount of information available. The 4-step framework for assessing danger also supports our assessment of **likely** Impending Danger. Let's first review our reason for assessing **likely** Impending Danger at Access along with unique considerations.

There are at least three reasons why we identify **likely** Impending Danger at Access. First, it is consistent with our statutory responsibility to address threatened harm and helps us decide if a report must be screened in for continued assessment. Secondly, the presence of **likely** Impending Danger informs response time because although **likely** Impending Danger does not require an immediate CPS response, it does indicate a need to prioritize the response time. Lastly, this is important information for the Initial Assessment professional. When **likely** Impending Danger at Access is identified, it alerts the Initial Assessment professional to information in the CPS report that identifies behaviors, conditions, or actions that may endanger a child in the near future and therefore compels us to assess and understand it sooner rather than later so we can take protective action when needed.

We **emboldened** the word ***likely*** when referring to Impending Danger at Access since we do not have enough information at Access to conclusively decide whether the child is indeed unsafe. As previously stated, we cannot be conclusive about Impending Danger at Access because we have limited information about the family condition. Further, the information we have at Access is typically provided by a single source (i.e., a reporter) that has biases of their own and may not be credible. It is for these reasons we do not apply the Impending Danger threshold criteria at Access as we do throughout the remainder of the CPS case process. In fact, to apply threshold criteria at Access would inevitably require us to rely on biases in order to fill in "gaps" in understanding.

Further, it is important to note that, unlike Present Danger, the term ***likely*** Impending Danger is not defined in the ***CPS Safety Intervention Standards***. For that reason, we need to consider the definition of **Likely** AND Impending Danger to arrive at a shared understanding of the phrase.

Likely: such as well might happen or be true; probable

Impending Danger: a foreseeable state of danger in which family behaviors, values, motives, emotions, and/or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.[10]

[10] Safety Intervention Standards, Glossary: Impending Danger Threats, pgs. 32

*The key takeaways to remember when considering the definition of **Likely Impending Danger:***

- When talking about **likely** impending danger, the term likely is used as an adjective to modify or describe the noun impending danger.
- It is referring to a foreseeable state of danger that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.

Because the assessment of likely Impending Danger does not include the application of threshold criteria, it is important to emphasize that we cannot base our assessment of **likely** Impending Danger at Access by subjecting the information in the CPS report to speculation and "if…then" thinking.[11] Meaning, that we cannot listen to the reporter's account and fill in gaps. For example, when a reporter calls to say they witnessed a parent yelling at a child in public, we cannot jump to the conclusion that the child is **likely** experiencing an Impending Danger. Like the assessment of Present Danger, we need to be on guard for how biases may impact our decision-making when it comes to the assessment of **likely** Impending Danger threats. This is especially true with **likely** Impending Danger because we are not applying the threshold criteria to such limited information at Access like we otherwise would in Initial Assessment and Ongoing Services.

Since we cannot rely on our subjective interpretation to determine if the information in the report suggests attitudes, behaviors, beliefs, motives, emotions, perceptions, or situations pose a threat in the near future, we use the same 4-step process we use to assess for Present Danger: **1.** Consider case information, **2.** Identify Impending Danger Threats, **3.** Consider the definition of Impending Danger, and **4.** Confirm all **Likely** Impending Danger Threats.

Rather than apply threshold criteria at Access, we can apply a the 4-step framework to assess for **likely** Impending Danger. This is useful since CPS is not concerned about **all** family conditions that may be reported to the agency; instead, CPS is narrowly concerned about family conditions that are **likely** to result in severe harm/effects to a child based on what we know constitutes a danger to them. In the absence of threshold criteria, the framework helps to standardize the approach towards decision making and ensure a consistent means of determining whether a report has sufficient and relevant information to suggest a child is **likely** to be experiencing impending danger.

On the next page, let's clarify how we think about the assessment of ***likely*** Impending Danger at Access, using the same 4-step framework we used to assess for Present Danger.

[11] Supervising Safety Curriculum, Module 1: Present Danger, Supervision at Access, pgs. 2-3.

4 Step Framework

Assessing Likely Impending Danger

Step 1: Consider the case information:

- **Determine the household of concern.**
- **Identify relevant and sufficient information.**
- **Highlight each family(s) conditions that concern CPS.**

Be clear about the "what" of CPS concern. Remember when we are assessing for **Likely** Impending Danger at Access, we are asking whether this is a family attitude, behavior, belief, motive, emotion, perception, or situation that may not be currently active.

Step 2: Identify all Impending Danger Threats that are **likely** connected to the family condition(s).

The list of Impending Danger threats captures the types of family conditions that concern CPS. We reference the list of Impending Danger threats in Step 2 to differentiate between family conditions that are generally concerning to the public and those that are of particular concern to CPS. In the next step, we apply the definition of likely and Impending Danger to determine if the threat is likely.

Step 3: Consider the definitions of **Likely** and Impending Danger.

Again, we do not apply threshold criteria to limited information from a single source (i.e., reporter), so we are only selecting threats that the information suggests are **likely.** Initial Assessment will need to assess further for CPS to determine if it is indeed an Impending Danger.

For any Impending Danger Threat identified, we must be able to describe that the family behavior, value, motive, emotions, and/situation may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.

Step 4: Confirm all **Likely** Impending Danger Threats.

Now that you applied the definition of likely and Impending Danger to each family condition, you are ready to confirm which Impending Danger Threats are indicated in the CPS report.

As you know, when **likely** Impending Danger is identified in a CPS report, it must be screened in for further, continued assessment in Initial Assessment to determine if safety intervention is indeed necessary. Unlike Present Danger threats, CPS is not required to respond immediately when **likely** Impending Danger is indicated.

When Present and Likely Impending Danger is Ruled Out

Now that we have established how to think about the assessment of Present and **likely** Impending Danger at Access and use the 4-step framework to assess for both, let's talk about what you do when a CPS report does not indicate either. Once Present Danger and **likely** Impending Danger are assessed and ruled out, a CPS response may still be needed because our authority to conduct an Initial Assessment extends to those cases where the report provides information that a child may be subject to or threatened with maltreatment that meets the definition of abuse or neglect as defined under Wis. Stat. 48.02 (1) or (12g).[12] Let's return to the criteria listed in VI. A. 1 to see what else might constitute a screen-in. The criteria in VI. A. 1 state that if the allegations in the CPS report describe any of the following then it still constitutes a screen-in, even if Present and **likely** Impending Danger have been ruled out.

- Conditions, behaviors, or actions that create a reason to suspect that child abuse or neglect as defined in the statutes has occurred, **or**
- Behaviors or conditions that create a reason to suspect a child has been threatened with abuse or neglect as defined in the statutes, **or** behavior or action or inaction that creates a reason to suspect it may have resulted in maltreatment of a child, **or**
- Injuries to or a condition of the child that creates a reason to suspect it to be a result of maltreatment, **or**
- Conditions, behaviors, or actions that a reasonable person would suspect resulted in a 'child's death due to maltreatment (regardless if other children are in the home).

When there are no Present Danger Threats identified in a CPS report and **likely** Impending Danger Threats have also been ruled out, the last question is, ***can CPS screen out the report?*** According to section VI. A. 2 of ***CPS Access & Initial Assessment Standards,*** if one or more of the listed criteria exist in the CPS report, then a case may be screened out. The four criteria are as follows:

If one or more of the following exist, a local child welfare agency may screen out the report:

- The alleged victim is 18 years of age or older, or
- There is insufficient information to identify and locate the child or family, or
- The allegations, even if true, would not meet the statutory definitions of abuse or neglect or threatened abuse or neglect (see Appendix 5: Statutory Definitions of Abuse and Neglect), or
- The report of alleged abuse is by a person who is not a "caregiver" as defined in Wis. Stat. § 48.981(1)(am) (except in reports alleging Sex Trafficking of a Child (Wis. Stat. § 948.051) by an individual in a non-caregiving role [Wis. Stat. § 48.981(3)(c)1.a] which are required under statute to be screened in), and the local child welfare agency has decided to not investigate such reports.

[12] CPS Access & IA Standards, VI. The Screening Decision, pg. 24

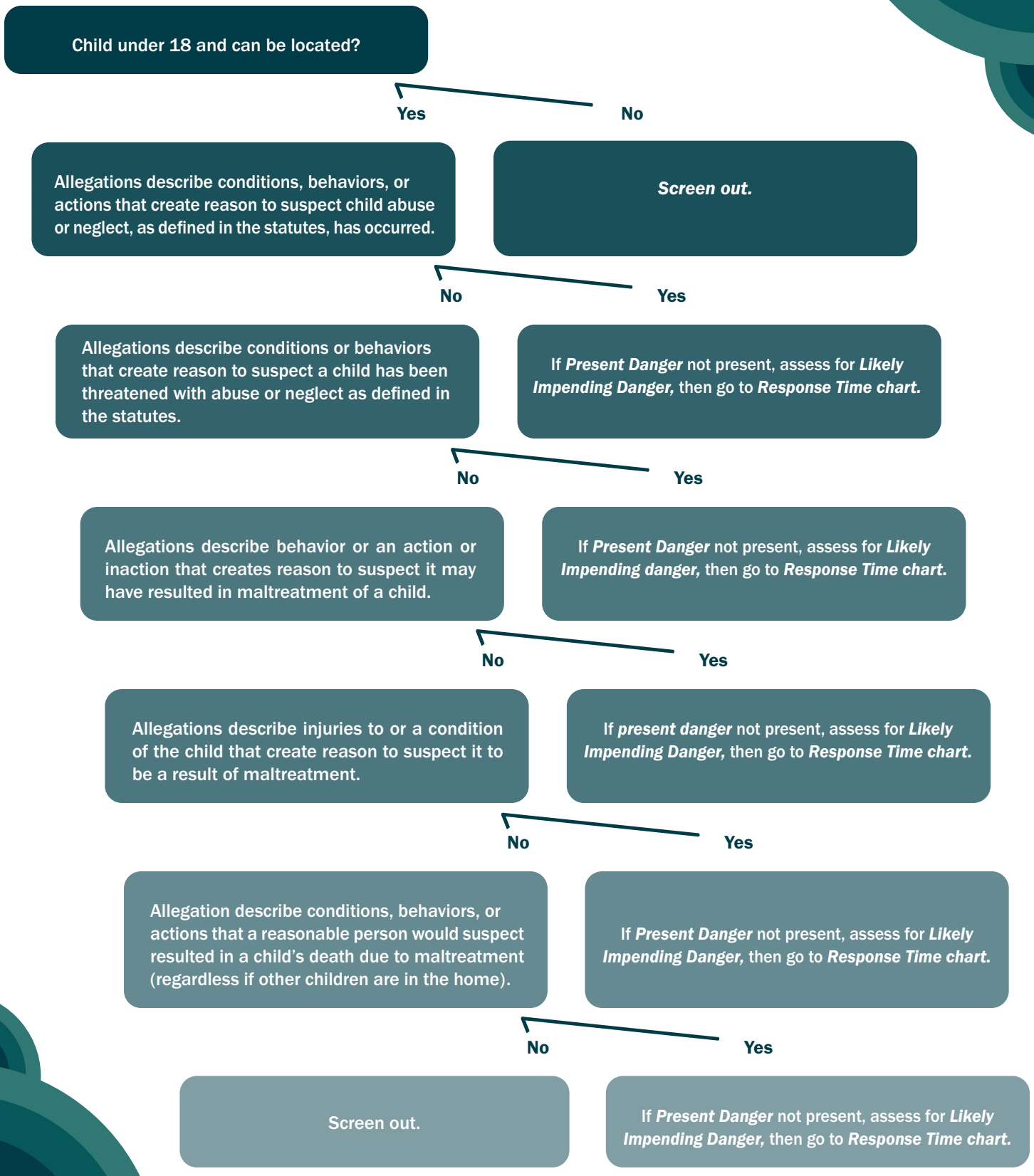
Conclusion

CPS professionals are tasked with four decisions at Access: assessment type, screening, response time, and notifications. These decisions balance the need to protect children while ensuring that they uphold constitutional protections against unjustified intervention in family life.[13] It is with this seriousness that we wrap up our discussion about the decision-making at Access. When we first assess for Present and **likely** Impending Danger and then review criteria found in VI. A. 1 and VI. A. 2, it helps ensure we first determine what we **think** about the reported information before deciding what we **do.** It also pushes us to justify our decision-making so we can be accountable for it. CPS professionals cannot justify decision-making if we only know what we **do** (i.e., screen in or out), not how we **think** about the reported information. How we think about the information in the CPS report matters when it comes to articulating CPS's rationale for further, continued assessment in Initial Assessment, or the lack thereof. This is important when communicating decisions to parents, children, staff, and community partners since we know, ***"consistency in decision-making is an important factor in developing the trust of community members and also for the preservation of equality and justice.[14]"***

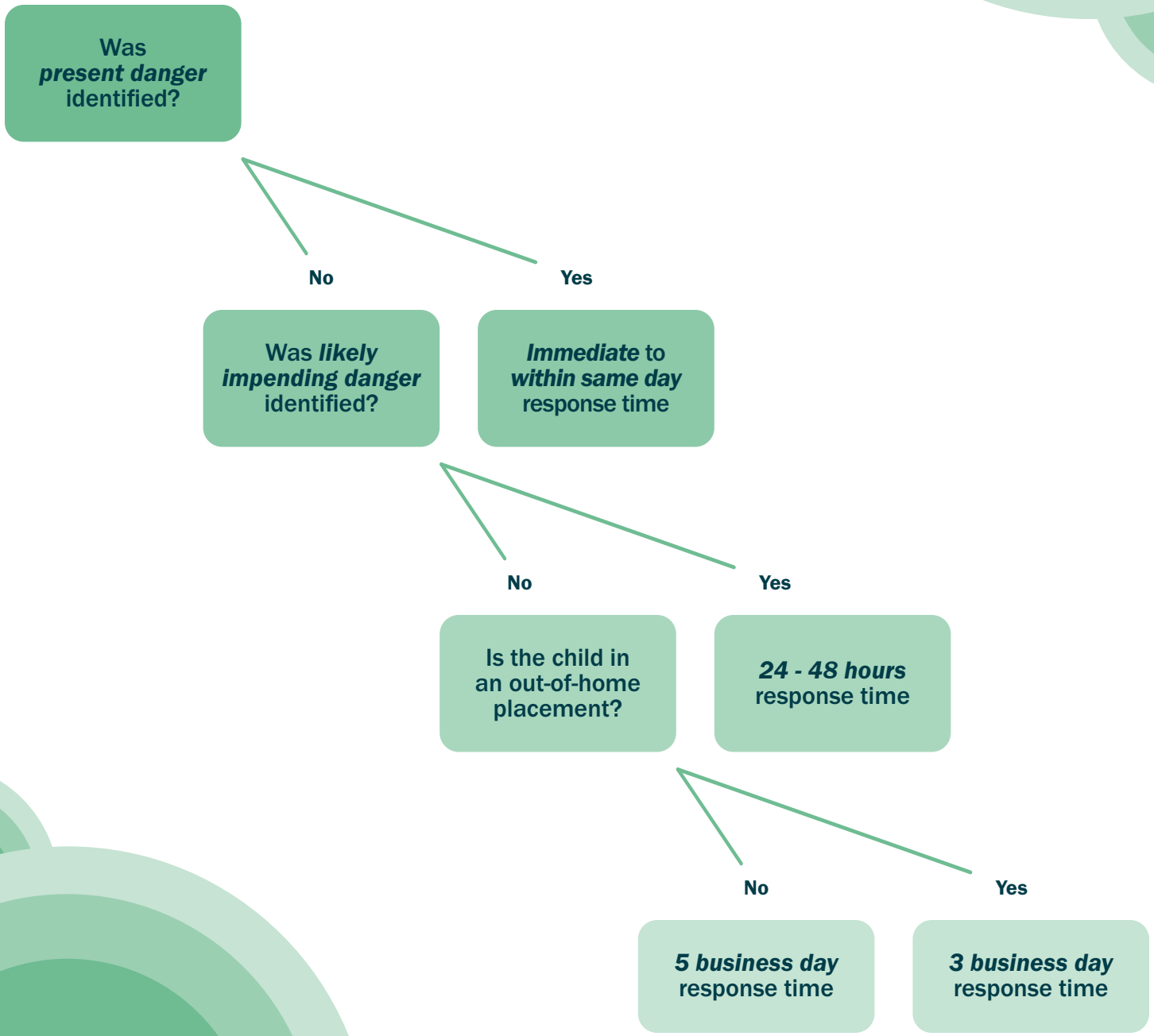
[13] CPS Access & IA Standards, VI. The Screening Decision, pg. 24

[14] Skrypek, M., Woodmass, K., Rockymore, M., Johnson, G., & Wells, S. J. (2017). Examining the potential for racial disparity in out-of-home placement decisions: A qualitative matched-pair study. *Children and Youth Services Review, 75,* 127–137. https://doi.org/10.1016/j.childyouth.2017.02.010

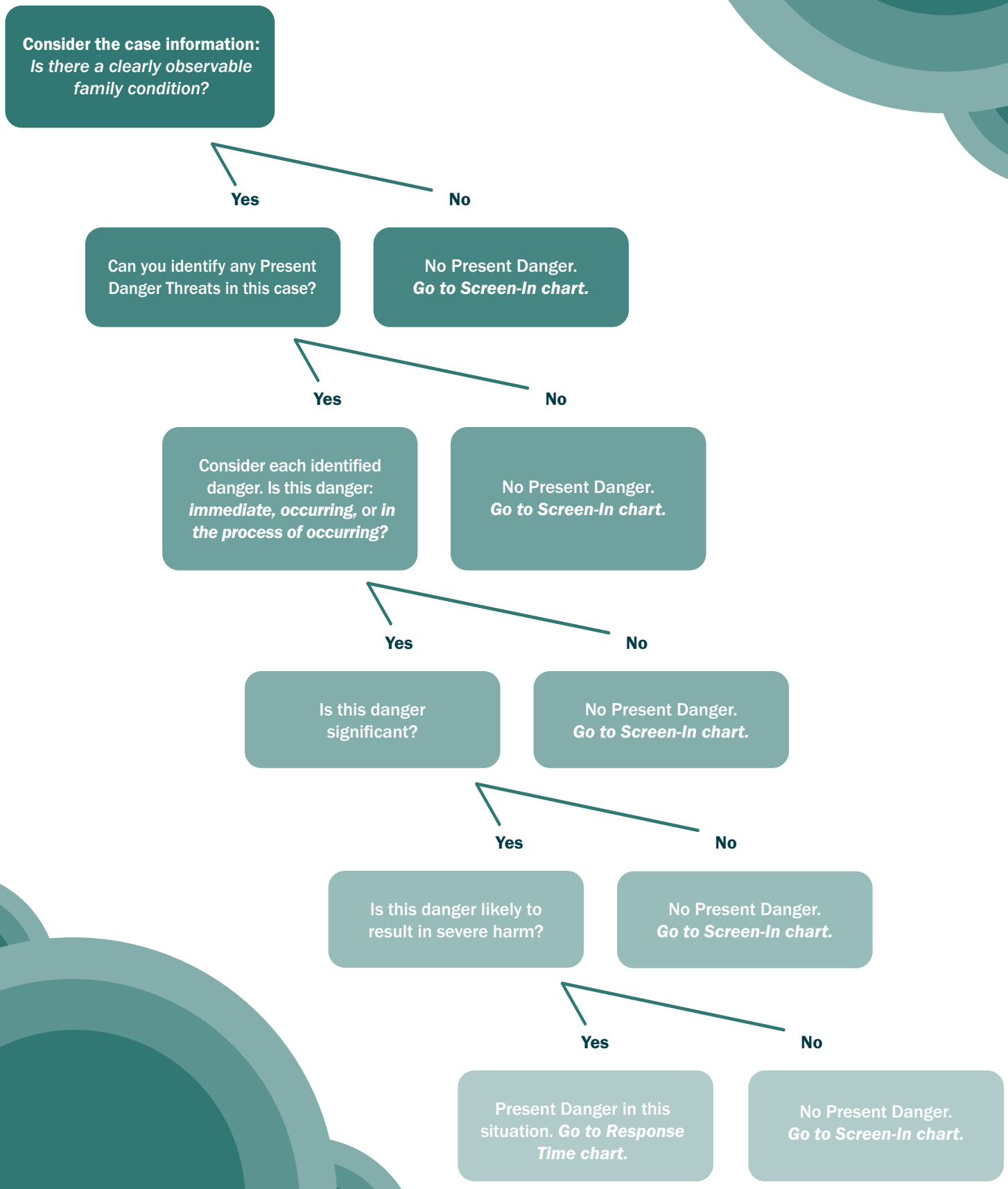
Screening-In Access Report



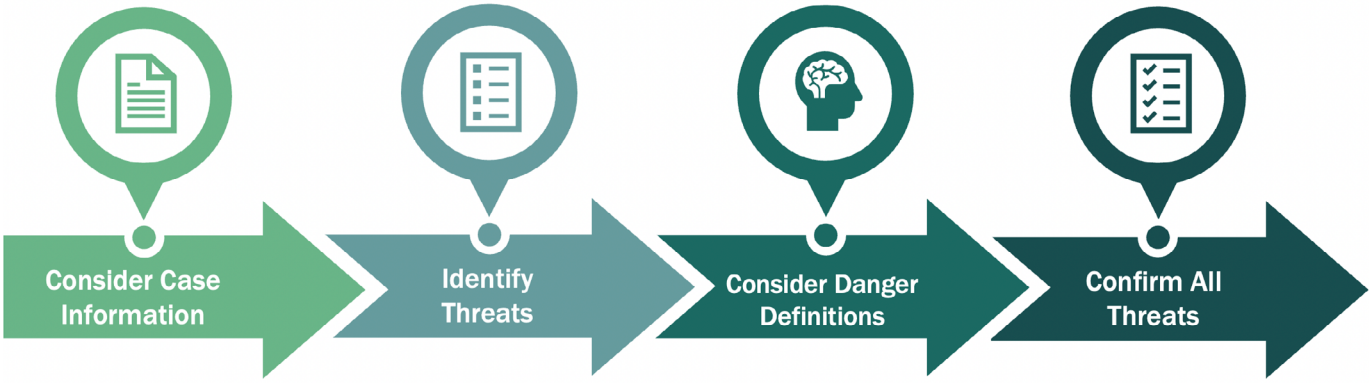
Response Time Decision Tree



Present Danger Decision Tree



4 Step Tool


Consider Case Information
Identify Threats
Consider Danger Definitions
Confirm All Threats

Step 1: Consider Case Information
Step 2: Identify Threats
Step 3: Consider Danger Definitions
Step 4: Confirm All Threats

4 Step Framework

Assessing Present Danger at Access

Step 1: Consider the case information:

- Determine the household of concern.
- Identify relevant and sufficient information.
- Highlight each family(s) conditions that concern CPS.

Step 2: Identify all Present Danger Threats that may be connected to the family condition(s).

Step 3: Consider the definition of Present Danger.

When we are clear about the "what" of CPS concern – the clearly observable – we can then consider the other terms of the Present Danger definition.

Is the danger significant? Is it significant to CPS Purpose?
We reference the list of Present Danger Threats in Step 2 to differentiate between family conditions that are generally concerning to the public and those that are of concern to CPS. For this reason, we also look at whether the observable condition being reported is also likely to result in severe harm.

Is the danger immediate, occurring, or in the process of occurring?

- **Immediate:** In the midst of that which endangers the child – it is going on now.
- **Active & operating**
- **In the process of occurring:**

    - You do not witness or see the behavior, but it is happening.
    - It isn't happening right now but is "ripe to occur" – circumstances establish it could happen any time.
    - Non-caregiver is protecting or providing for the child right now, but the family circumstances constitute Present Danger.
    - Not an arbitrary time frame – generally, a few days.

Is it likely to result in severe harm?
Detrimental effects are consistent with a serious or significant injury in accordance with the definition of severe harm found in the ***Safety Intervention Standards:***

- Disablement; grave or debilitating physical health or physical conditions; terror; impairment; even death; family conditions that are reasonably likely to result in harsh or unacceptable pain and suffering for a vulnerable child.
- ***Why or why not?***

Step 4: Confirm the Present Danger Threats.

Now that you applied the definition of Present Danger to each family condition, you are ready to confirm which Present Danger Threats are indicated in the CPS report.

4 Step Framework

Assessing Likely Impending Danger at Access

Step 1: Consider the case information:

- **Determine the household of concern**
- **Identify relevant and sufficient information**
- **Highlight each family(s) conditions that concern CPS**

Be clear about the "what" of CPS concern. Remember when we are assessing for **likely** Impending Danger at Access, we are asking whether this is a family attitude, behavior, belief, motive, emotion, perception, or situation that may not be currently active, but can be anticipated to have severe effects on the child in the foreseeable future.

Step 2: Identify all Impending Danger Threats that are **likely** connected to the family condition(s).

The list of Impending Danger threats captures the types of family conditions that concern CPS. We reference the list of Impending Danger Threats in Step 2 to differentiate between family conditions that are generally concerning to the public and those that are of particular concern to CPS. In the next step, we apply the definition of likely and Impending Danger to determine if the threat is likely.

Step 3: Consider the definitions of **Likely** and Impending Danger.

The term Likely Impending Danger is not defined in the CPS Safety Intervention Standards. For this reason, we need to consider the definition of Likely **AND** Impending Danger to arrive at a shared understanding of the phrase.

Likely: Such as well might happen or be true; probable

Impending Danger: A foreseeable state of danger in which family behaviors, values, motives, emotions, and/or situations pose a threat that may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.

Again, we do not apply threshold criteria to limited information from a single source (i.e., reporter), so we are only selecting threats that the information suggests are **likely.** Initial Assessment will need to assess further for CPS to determine if it is indeed an Impending Danger.

For any Impending Danger Threat identified, we must be able to describe that the family behavior, value, motive, emotions, and/situation may not be currently active but can be anticipated to have severe effects on a child at any time in the near future.

Step 4: Confirm all **Likely** Impending Danger Threats.

Now that you applied the definition of Likely and Impending Danger to each family condition, you are ready to confirm which Impending Danger Threats are indicated in the CPS report.

Safety Intervention Standards, Glossary: Impending Danger Threats, p. 32.

Types of Cognitive Bias

Bias is a feeling or inclination for or against something. There are many different types of bias that researchers have identified and studied. See below for definitions and examples of different types of bias. While you may not feel that you've experienced bias, it's normal cognitive functioning for all people to have implicit biases which can influence our attitudes and decisions without our conscious knowledge.

Types of Bias	Definition	Bias Example
1. Affinity (In-Group) Bias	Preferring and attributing positive characteristics to people who are like us and in the same groups as us.	You assume all child welfare professionals are safe parents, so you overlook alleged maltreatment when it is reported.
2. Anchoring Bias	Relying too heavily on an initial piece of information to make subsequent judgments or comparisons.	You allows children 12 years or older to be home alone. You screen-in reports where children under 12 are home alone.
3. Availability/ Selective Attention Bias	Making decisions based only on immediate information or the examples that come to mind.	Removing a child from the family home based on the reporter's information before assessing safety at initial contact.
4. Bandwagon Effect/ Herd Mentality/ Group Think	Going along with a belief if there are many others who hold that belief.	You believe present danger exists and is a same-day case. Others assign the report as a screen-out. Now you agree and screen the case out.
5. Certainty Bias	Preferring the choice that provides certainty of a smaller benefit as opposed to an alternative with more risk and greater potential benefit.	You interpret report information as child neglect while another understands it to be a well-being issue by statue definitions.
6. Choice-supportive Bias	Once a decision is made, over-focusing on the pros and minimizing the cons.	You screen-out a report because you have limited staff to assign it to. To justify the decision, you over-focus on the information that supports a screen-out and minimize the information that suggests a screen-in.
7. Cognitive Fixation	Fixating on the common way of doing things, and not the potential alternatives.	You screen domestic violence reports as same-day cases regardless of the Access professional's information.
8. Confirmation Bias	Identifying, interpreting, favoring, and recalling information that supports prior beliefs or values.	You believe men are the primary aggressors in domestic violent relationships. You do not view reports alleging women to be significant or warrant involvement.

University of Kentucky, C. for I. in P. H. (2020). *Awaken for Safe Systems Debriefing: A Practice for Conscious Decision-Making*

Types of Bias	Definition	Bias Example
9. Focusing Effect	Placing too much emphasis or importance on a selected detail rather than considering all potential factors.	The family report information does not support a screen-in, but you proceed due to of your agency's history with the family.
10. Fundamental Attribution Error	Attributing other's actions to their character or personality, while attributing one's own behavior to circumstances outside one's control.	You screen-in a report of a parent who is publicly rebuking their child. You are a parent who has done the same privately but later explained your behavior and apologized. You do not view the behavior as similar because you assume it reflects the parent's typical behavior, not an exception like it was for you.
11. Halo Effect	Judging others similarly on all traits, assuming that because someone is good or bad at one thing, they will be equally good or bad at another.	A sharply dressed reporter walks in. You perceive their information as more factual than if they were casually dressed in sweat-pants and a t-shirt.
12. Hindsight Bias	Overestimating the predictability of the outcome of an event that has already taken place.	A case is screened-in for present danger. The present danger is not confirmed at Initial Face-to-Face contact, and in hindsight, you second guess your screening decision even though the original information in the report supported a screen-in.
13. Ostrich Effect	Avoiding negative information or feedback about a decision.	The reporter is talking about household members and mentions a friend of the family. You could follow up with additional questions to determine if he needs to be included in the household but decide not to ask the follow-up question.
14. Outcome Bias	Judging the decision-making as bad because the outcome was bad.	A report was screened-out. Later, a new report states a sustained injury. You assume the initial decision was wrong, yet at the time, the information supported a screen out.
15. Recency Effect	Recalling and giving more weight to recent events than past events. Recent events are easier to remember and can be weighed more heavily than earlier events.	A reporter is speaking fast and listing off numerous things they are concerned about. When you go back to document your Access report you only recall the last few concerns the reporter described.
16. Severity Bias	Reacting to a harmful outcome by punishing the person involved yet ignoring the same behavior when the outcomes are neutral or good.	You screen-in a report that a parent grabbed and dislocated the toddler's shoulder. Another report alleges the parent violently grabbed the toddler without injury, so the case is screened-out.
17. Transference	Redirecting feelings about a person or past experience onto a new person or experience.	You identify characteristics of your mother in the report and assume this mother is not maltreating their child because you had a good childhood.

University of Kentucky, C. for I. in P. H. (2020). *Awaken for Safe Systems Debriefing: A Practice for Conscious Decision-Making*

Child Protective Service Report

Case Name Smith, Sarah	***Worker Safety Concerns*** ☐ Yes ☒ No	***Report Number*** XXXXXX
Date and Time Report Received 3/28/20XX, 9:00 A.M.	***CPS Report Type*** Primary	***County*** Any WI County
Name - Worker Johnson, Jamie	***Name - Supervisor*** Burke, Tanya	

I. FAMILY INFORMATION

Name - Family Sarah Smith	***Telephone Number - Home*** (123) 456-7890			
Address - Street 123 Any Street	***Apt. No.***	***City/Town*** Any Town	***State*** WI	***Zip Code*** 12345
Primary Language English	***Interpreter Needed*** ☐ Yes ☒ No			

Directions to House
Recommend using Google Maps to locate home.

A. Household Members

Name	*Role*	*Relationship*	*DOB*	*Age*	*Gender*	*Race*
Zuri Barnes	PR, HM, PR	Significant Other	5/6/XX	35	F	B
Xavier Barnes	HM, AV	Stepchild	4/9/XX	8	M	B
Amari Bradford	HM, AV	Stepchild	8/3/XX	7	F	B
Sarah Smith	PR, HM, PR	Mother	9/8/XX	37	F	W
Penny Smith	HM, AV	Biological Child	4/2/XX	6	F	W
Philip Smith	HM, AV	Biological Child	1/7/XX	1	M	W

AV = Alleged Victim
HM = Household Member
NM = Non-Household Member
PR = Parent / Parental Role
R = Reporter
RN = Reporter Name

A = Asian or Pacific Islander
B = Black
I = American Indian / Alaskan Native
P = Native Hawaiian / Other Pacific Islander
U = Unable to Determine
W = White

Information that the child(ren) may have American Indian heritage, including names of tribe(s) if know.

The reporter was asked and indicated: Xavier, Amari, and Penny do not have American Indian heritage. It is unknown whether Philip Smith has American Indian heritage.

B. Parent(s) Not in Home / Other Non-Household Member

Name	*Relationship*	*Address*	*Telephone Number*	*DOB*	*Gender*	*Race*
George Potts	Biological Father	456 Main St. Anytown, WI 12345	(234) 567-8910	12/3/XX	M	W
Gloria Jones	Grandmother	123 State St. Anytown, WI 12345	(123) 321-1122	6/11/XX	F	B
Joan Smith	Grandmother	789 West Ave. Anytown, WI 12345	(345) 678-9100	4/18/XX	F	W

C. Alleged Maltreatment

Alleged Victim	*Relationship to Victim*	*A / N Code*	*Description*	*Fatality*
Xavier Barnes	Stepchild	Neglect	No injury / indicators	N
Amari Bradford	Stepchild	Neglect	No injury / indicators	N
Penny Smith	Biological Child	Neglect	No injury / indicators	N
Philip Smith	Biological Child	Neglect	No injury / indicators	N

D. Location of Incident

Address - Street	*Apt. No.*	*City/Town*	*State*	*Zip Code*
123 Any Street		Any Town	WI	12345

Telephone Number - Home	*Telephone Number - Work*	*Date of Alleged CAN*
(123) 456-7890		3/27/20XX

E. Contacts / Other Information About Family

Reporter asked, uknown.

II. NARRATIVE

a. Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.

On Monday, 3/28/XX at 11:15 a.m. the agency received a report regarding the Smith household where the following people reside: Sarah Smith (mother), Zuri Barnes (wife), Penny (6), and Philip (1). The reporter has had ongoing concerns about this family but nothing that stood out as a "CPS concern."

Penny Smith (6) was approached this morning because her step-mom's children (Xavier-9 and Amari-8) did not arrive at school today. The school attempted to reach Sarah and Zuri, but they did not respond. They also tried the children's emergency contact (Gloria Jones). Penny said she did not know where they went last night, and she wondered aloud if they had been left home alone because they were "big kids." When asked whether they are left alone often, Penny responded, "All the time; our moms have to work." This worries the reporter since according to Amari's IEP she needs to be "watched closely" because she often acts impulsively and has a history of being violent with her peers, especially her brother. The reporter assumes this behavior is the result of the "abusive head trauma" Amari experienced as a baby.

Xavier and Amari primarily live with their maternal grandmother, Gloria Jones. Gloria has legal guardianship of Xavier and Amari, but she contacted COVID in 2020 and continues to experience symptoms. She is considered a "long-hauler." As a result, she has been sending the children to regularly stay with their mother, Zuri Barnes. The reporter has been nervous about this arrangement for some time and has "kept a close eye on it because of Zuri Barnes' history.

After talking to Penny this morning, a call was made to Penny's father, George Potts, to better understand what may have contributed to Xavier and Amari's absence at school. Following the call to Mr. Potts, the reporter's suspicions about Zuri Barnes' ability to parent have been confirmed which is why a call was made to CPS. The reporter relayed the following information as learned from Penny Smith and George Potts:

Last night Sarah Smith went to work and presumably left all four children in Zuri's care. During this time, Penny called her father, George Potts. George heard Philip crying in the background, so he asked Penny where Sarah and Zuri were. Penny reported that they were both working. George immediately got into the car and started driving over to the apartment. While he was still in the car, he called Sarah to understand what was going on. Sarah told George that Zuri was supposed to be watching them, George shared what Penny told him, and Sarah commented, "Damnit, it happened again- Zuri must have gotten a call at the last minute." George explained that although he was headed to the house right now, he had to work the third shift and would not be able to stay until Sarah's shift ended at 2 a.m. Sarah told him to call her mother, Joan Smith to have Joan pick the children up. When George later called Joan, she came to pick up Penny and Philip, but left Xavier and Amari, stating, "those two are too much work and not even mine."

Since Joan Smith was unwilling to take Xavier and Amari with her and the other kids, George contacted Sarah again to explain the situation. George offered to call Zuri to see if she could leave work early. In response, Sarah protested and said, "No, don't do that she'll get pissed, it's not the kinda place you can just leave. It's not like that." Instead, Sarah asked George to give her a minute so she could figure something out and meet up with George and the kids at the house.

An hour later, Sarah returned home. By that time George had gotten Xavier and Amari to bed. George was in a hurry to leave since he had to get to work. George explained that when Sarah returned home, she had a hard time keeping her eyes open and kept "mumbling" her words. He also reports that when Sarah tried to pick up one of Philip's toys from the ground, she nearly fell over, so he decided to call Zuri Barnes despite Sarah's protest. Sarah was quick to say that she was still adjusting to her new job and later hours, commenting she was "exhausted." Zuri arrived home around this same time and appeared alert and available, so George left to get to work.

George was thankful the reporter called him to get more information, stating the whole situation was "odd" and he's been thinking about it ever since he left the house last night to get to work. George comments that he is now questioning whether Sarah's behavior was better explained by drug use than her new job. George explains that Sarah has a history of heroin addiction, and George commented, "Sarah may be on the verge of relapse." He also shared with the reporter that he has been worried about making a CPS report because Sarah would likely respond by withholding the children.

When asked how come Sarah is believed to be on the "verge of a relapse," the reporter stated that George was unable to give any details, stating, "it's just a feeling, her behavior last night told me everything I need to know." George shared with the reporter that he is a recovering addict and states that "You can't fool an addict. It takes one to know one." George added, "Have mercy if she's using again, if she is, she'll do anything for a fix, including hurt the people she loves." George explained Sarah gets verbally aggressive and physically violent when she can't get a hit. George added that three years ago, Sarah called him crying because she had spanked Penny for coloring on the walls while Sarah was in the bedroom using. George confided to the reporter that after this happened, Sarah sought treatment and began regularly attending NA meetings.

b. Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or service needed.

All the children in the Smith household were left unsupervised on 3/27/XX.

There is no indication that Xavier (9), Amari (8), Penny (6), or Philip (1) were injured during the incident on Sunday, 3/27/XX, the reporter was asked about their current condition. The reporter states that Penny presents in a typical fashion (i.e., well-dressed, groomed, and cheerful). The reporter was asked and did not know the condition of Xavier, Amari, or Philip.

c. Describe the child(ren)'s current location, school/daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.

Penny (6) is in 1st grade at Lincoln Elementary school in Anytown, Wisconsin. Penny performs well academically and has developmentally age-appropriate behaviors. The reporter was asked and indicated Penny has no known special needs, mental health, or differing abilities. She is currently at school. Her dismissal time is 3:15 pm. Penny is vulnerable to the condition in the home because she has indicated that she has been left unsupervised on multiple occasions, many times with another child who has the tendency to act violently toward other children.

Philip (1) stays with his grandmother, Joan during the day Monday-Friday. Philip is vulnerable because he was left unsupervised, and it is unknown how often he is left unsupervised when he is not with Joan. The reporter was asked and does not know his current whereabouts.

Xavier and Amari are only supposed to be at the home every other weekend because their grandmother has guardianship of them due to prior CPS involvement when they were babies. Due to their grandmother's ongoing medical needs, the children have been staying with them more often.

Xavier (9) is in 4th grade at Lincoln Elementary in Anytown, Wisconsin. Xavier performs well academically and is involved in many clubs. His dismissal time is 3:15 pm. The reporter is concerned because Xavier may be alone now, and his sister has a history of being violent with him. The reporter was asked and does not know his current whereabouts.

Amari (8) is in 3rd grade at Lincoln Elementary in Anytown, Wisconsin. Amari is behind academically and has an IEP and an aid to help her stay on track. Her dismissal time is 3:15 pm. The reporter is concerned because Amari may be alone now, and she has special needs such as impulsive behavior and violent outbursts that need to be monitored by an adult. The reporter was asked and does not know her current whereabouts.

DESCRIBE ANY PRESENT DANGER THREATS, INCLUDING A DESCRIPTION OF POSSIBLE OR LIKELY EMERGENCY (EXIGENT) CIRCUMSTANCES.

<Insert Professional Judgment>

d. Document relevant information from CPS history, CCAP and Sex Offender Registry, Reverse Address checks (if no information found, document that checks were completed).

Zuri Barnes

CPS History: Has history in eWiSACWIS, ultimately resulting in her mother retaining guardianship of her children

CCAP: None

Sex Offender Registry: No matches found

Sarah Smith

CPS History: None

CCAP: None

Possession of Heroin: Guilty due to guilty plea
Heroin Possession with Intent to Distribute > 3 grams: Guilty due to guilty plea

Sex Offender Registry: No matches found

e. Describe when the alleged maltreater will have access to the child.

Penny and Philip live with Sarah and Zuri, so they see them daily. Penny's dismissal time is 3:15 p.m. and she is scheduled to take the bus home today. It is unknown who will be at the house to care for her when she arrives. George had previously arranged to see his children this coming weekend 4/2 - 4/3, so they will be leaving the home for a few days then.

Amari and Xavier are presumably with Sarah or Zuri, but that has not been confirmed.

f. Describe any changes in circumstances that may make it difficult to fulfill CPS responsibilities.

The reporter was asked and did not know.

g. Describe present of domestic violence, if applicable, including the demonstration of power and control and entitlement within the home.

The reporter was asked and did not know.

h. Describe how the family may respond to intervention by the agency, including the parental protective capacities.

There are concerns that Zuri may be defensive toward services considering her previous CPS history and the outcome of her case.

THE FOLLOWING SECTION MUST BE COMPLETED FOR ALLEGED MALTREATMENT BY PRIMARY CAREGIVER OR PARENTAL CONTRIBUTION TO THE MALTREATMENT:

i. Describe the parents or adults in the parental role: current location, functioning, and parenting practices and views of child(ren).

The reporter states that Xavier and Amari come in with "dirty" hair, after a stay with Zuri. The reporter also states that Zuri does not get involved in school events and she rarely shows interest in her children's education. They say that they worry the children are left alone when they are with her because of the mother's work schedule. The reporter also states that they notice Amari's behaviors are worse after being with Zuri, "probably because of a lack of hard discipline in that household".

Sarah is currently at her home; however, she works every night M-F at a local bar so it is likely she will leave the children home alone again tonight. Sarah has no known history of alcohol misuse. Sarah can be a loving mother; however, the reporter has observed Sarah be "harsh." with Penny and Philip when she is stressed. The reporter is concerned about what George said about a possible relapse. If true, the reporter is concerned it would make Sarah harsher in her parenting practices and it could lead to violence since she has a history of lashing out when she is coming off of highs and/or is unable to get her next fix.

Last week when Sarah came to pick Penny up at school, Sarah looked "exhausted," with drooping eyes, and it was hard to hold a conversation- it seemed like Sarah was "in her own little world". Additionally, in the last two weeks or so, Penny has come to school with unbrushed hair and commented that she was hungry. Penny has also been without lunch or money for it. Once when Penny's mother was late picking her up, Penny commented that it feels like her mom "just forgets about me."

j. Describe the family functioning, strengths, and current stressors.

Sarah and Zuri are both employed and provide stable housing.

Even though Sarah was gone, it seems she was under the impression Zuri was watching the children. When Sarah learned Zuri was not with the children, she asked George to call her mother to watch them. This response suggests Sarah knows the importance of supervision for the children.

Zuri Barnes (35) is Sarah's wife, and she lives in the home. Zuri's two children spend time at the home as well. It is unclear whether Zuri uses or misuses substances. Sarah and the children have mentioned that Zuri works, but it is unclear where she works or what her schedule is. Zuri has a history of CPS involvement that results in her mother obtaining guardianship of the children. CPS involvement was initiated because Amari experienced "abusive" head trauma. The injury was inflicted by Amari's father (Marc Bradford). Zuri was also a victim/survivor of intimate partner violence. At the time of CPS involvement, Zuri could not afford housing on her own after leaving the relationship, so her mother ultimately took guardianship of the children.

DESCRIBE THE POSSIBLE OR LIKELY IMPENDING DANGER THREATS TO CHILD SAFETY.

<Insert Professional Judgment>

k. Document the name of the alleged maltreater and relationship to the child.

Sarah Smith: mother
Zuri Barnes: stepmother

III. AGENCY RESPONSE

A. Supervisor Screening Decision

Decision <Insert Professional Judgment>	***Date/Time Decision was Made*** <3/28/20XX, 9:00 A.M.
Response Time <Insert Professional Judgment>	***Reason*** <Insert Professional Judgment>
Explain: <Insert Professional Judgment>	

B. ☒ Yes ☐ No Law enforcement notified

☒ Yes ☐ No After hours

IV. SIGNATURES

SIGNATURE - Worker _____ Date Signed _____

SIGNATURE - Worker _____ Date Signed _____

Name - Worker
Susan Hamilton

Name - Reporter	***Relationship/Position***
Jennifer Johnson	Guidance Counselor at Lincoln Elementary School
Address (Street, City, State, Zip Code)	***Telephone Number***
123 Gettysburg Ave, Anytown, Wisconsin 12345	(123) 567-8911

Affiliation:

Reason for Calling:

Document the Reporter's motivations and source of information, if possible:

Reporter's opinion about needed actions and child's safety:

Worker's opinion of reporter's credibility:

Additional comments:

REPORTER NARRATIVE