

# **CPS Operation Excellence Supervisory Control Protocol**

Michigan Department of Health and Human Services

Children's Services Agency

**05/11/2022**

**Version 2.4**



**Case Name:** \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**Investigation Number:** \_\_\_\_\_

**Date of Complaint:** \_\_\_\_\_

**INSTRUCTIONS:** The SCP requires three (3) supervisory check points. The **first** supervisory checkpoint must occur within 7 days of complaint; the **second** supervisory checkpoint must occur within 14 days of complaint; the **third** supervisory checkpoint must occur within 7 days of the 14-day supervisory review period. At each checkpoint, the supervisor must check Yes, No, or N/A. Marking "Yes" means that the supervisor verified:

- The required activity occurred (QUANTITY)
- Completion of the activity met all qualitative standards and policy requirements (QUALITY)
- The activity was thoroughly documented in MiSACWIS (DOCUMENTATION)

After the worker submits the completed Investigation Report, the CPS supervisor must review and approve, within 14 calendar days of receipt, by signature on the SCP and by selection of the Approval function within MiSACWIS. Final supervisor approval of the Investigation Report indicates agreement with the:

- Thoroughness, completeness
- Accuracy of the investigation
- Disposition of the investigation
- Assessment of risk and safety of the children
- Services provided to the family

**KEY:**

Yes- Policy requirement was met

No- Policy requirement was not met

N/R- Policy does not require that this activity be completed, or the activity is not applicable to the case situation.

## BEGINNING THE INVESTIGATION

☐ There is reason to know this case involves an Indian child member or a child potentially eligible for membership in an Indian tribe (includes descendant members) that is a potential victim of abuse or neglect.

Yes No

☐ ☐

### ACTIVITY 1:

Did the worker accurately commence within the required priority response time (12/24 or 24/72)?

[PSM 713-01: Commencement](#) (page 2)

*If No, please provide explanation here.*

Yes No

☐ ☐

### ACTIVITY 2:

Did the worker make face to face contact, utilizing forensic interview protocol when appropriate, to assess child safety and well-being with each alleged child victim within required timeframes?

[PSM 713-01: Face-to-Face Contact with Children](#) (page2)

*If No, please provide explanation here.*

### Yes No N/R

☐ ☐ ☐ 2.1 If the child was interviewed at school, the worker documented meeting with the school's designated staff member as required by CPL.

*If No please provide explanation here.*

Yes No N/R ACTIVITY 3:

☐ ☐ ☐

Did the worker complete and document a LEIN for all alleged perpetrators and adults residing in the alleged perpetrating household according to policy?

[SRM 700: Required Request for Children's Protective Services \(CPS\)](#) (page 6)

*If No, please provide explanation here.*

Yes No

☐ ☐

### ACTIVITY 4:

Did the worker complete a thorough CPS history/trends as required by policy?

[PSM 713-01: History/Trends](#) (page 12)

*If No, please provide explanation here.*

Yes No

☐ ☐ 4.1 Central Registry clearance was completed for all individuals required by policy.

*If No please provide explanation here.*

Yes No N/R

☐ ☐ ☐ **ACTIVITY 5:**

Did the worker document referring the case to law enforcement and Prosecuting Attorney within 24 hours for all cases required by policy?

[PSM 712-3: Referral to Law Enforcement and Prosecuting Attorney \(page 1\)](#)

*If No please provide explanation here.*

**Tribal:**

Yes No

☐ ☐

**ACTIVITY 1T:**

Did the worker identify the Indian child appropriately in social work contacts and in the MiSACWIS Person Profile?

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 2T:**

☐ ☐ ☐

Did the worker contact the tribal representative(s), if known, to assess and verify tribal enrollment in the tribe?

- If by phone the worker shared complaint information.
- If records were sent, identity of tribal representative was verified, and record was properly redacted according to SRM 131.

[NAA 233: Children's Protective Services Investigations](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 3T:**

Did the worker send the MDHHS 5598 as demonstrated by the following steps:

1. The worker documented inquiry with the child, parent, or any other person with knowledge of the child's or parent's tribal affiliation in order to complete the form.
2. The completed form was sent/provided to the tribal representative in which the child may be a member.
3. A social work contact was entered to document sending the MDHHS 5598, and the appropriate purpose box was checked to reflect this action.
4. The form was scanned and uploaded.

[NAA 200: Identification of an Indian Child](#)

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 4T:**

☐ ☐ ☐

Did the worker demonstrate and document active efforts?

[NAA 205: Active Efforts \(page 3\)](#)

*If No, please provide explanation here.*

**FIRST Supervisor Check Point Comments (within 7 days of date of complaint):**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## GATHERING EVIDENCE

☐ Investigation involves an Indian child member or a child potentially eligible for membership in an Indian tribe.

\*If selected, populate questions 1T, 2T, 3T and all subsequent T activities within the timeframes (1T, 2T, 3T and interim will appear in interim if selected within this phase) unless category specific (activity 19)

Yes No N/R **ACTIVITY 6:**

☐ ☐ ☐

Did the worker make face-to-face contact or at minimum, verify the well-being of other children?

[PSM 713-01: Face-to-Face Contact with Children \(page 3\)](#)

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 7:**

☐ ☐ ☐

Were any other / non-victim children not interviewed due to refusal by the parents/legal guardians?

[PSM 713-01: Face-to-Face Contact with Children \(page 3\)](#)

*If Yes, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 8:**

Did the worker document completion of a thorough safety plan with the family if one was needed or document why a safety plan was not needed?

[PSM 713-01: Safety Planning \(page 9\)](#)

*If No, please provided explanation here.*

Yes No

☐ ☐

**ACTIVITY 9:**

Did the worker contact and interview ALL adults as required by policy?

[PSM 713-01: Face-to-Face Contact with Adults \(page 5\)](#)

*If No, please provide explanation here.*

**Yes No N/R ACTIVITY 10:**

☐ ☐ ☐

Was parental consent obtained to interview any other / non-victim children?

PSM 713-01: Face-to-Face Contact with Children (page 3)

*If No, please provide explanation here.*

**Yes No N/R ACTIVITY 11:**

☐ ☐ ☐

If the worker was unable to locate an adult required for contact by policy, was absent parent protocol/diligent search followed to attempt to locate/contact the individual?

PSM 713-01: Face-to-Face Contact with Adults (page 5)

*If No, please provide explanation here.*

**Yes No ACTIVITY 12:**

☐ ☐

Did the worker make appropriate collateral contacts as needed to assess the complaint allegations and request any necessary reports?

PSM 713-01: Collateral Contacts (page 11)

*If No, please provide explanation here.*

**Yes No ACTIVITY 13:**

☐ ☐

Did the worker document the conditions of the home environment of the alleged child victim(s)?

PSM 713-01: Observation of Home Environment (page12)

*If No, please provide explanation here.*

**Yes No N/R**

☐ ☐ ☐ **13.1:** Sleep environment of infant was observed, and safe sleep policy followed.

*If No please provide explanation here.*

**Yes No N/R ACTIVITY 14:**

Was a medical exam requested or obtained when required by policy?

PSM 713-04: Situations Requiring a Medical Exam (page 1)

☐ ☐ ☐

*If No, please provide explanation here.*

**Tribal:**

Yes No N/R

☐ ☐ ☐ **ACTIVITY 5T:**

If the tribe indicated the child is a *descendent* child, did the worker send the DHS-121a as demonstrated by the following:

- Completion of the form with the family
- Mailing the form to the tribe of affiliation
- Scanning and uploading the completed form

NAA 225: Descendant Children and Families

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐ **ACTIVITY 6T:**

Did the worker implement NAA 225 policy for descendent families as well as applicable protocols in the Tribal Agreement Manual?

<http://www.mfia.state.mi.us/OLMWeb/ex/NA/Public/TAM/000.pdf#pagemode=bookmarks>.

NAA 225: State Historic and Descendent Children and Family Culturally Appropriate Services

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐ **ACTIVITY 7T:**

Did the worker seek tribal input in developing a voluntary safety plan and create a safety plan that is culturally sensitive?

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 8T:**



☐ ☐ ☐

Did the worker demonstrate and document active efforts during the interim stage?

[NAA 205: Active Efforts](#) (page 3)

## SECOND

**Supervisor Check Point Comments (within 14 days of date of complaint):**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## COMPLETING THE INVESTIGATION

### Indian Child

☐ Investigation involves an Indian child member or a child potentially eligible for membership in an Indian tribe.

\*If selected populate 1T, 2T, 3T from Initial, 4T, 5T, 6T from Interim and 7T, 8T and others based on answer to 19 (9T, 10T, and if Cat I additional questions 13T-17T

### Special Investigative Situations

Select all special investigative situations which apply to this investigation:

- |  |  |
|--|--|
| <input type="checkbox"/> Substance use     | <input type="checkbox"/> Child death     |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Accept and Link |

[PSM 713-08, Special Investigative Situations](#)

**Yes No N/R**

☐ ☐ ☐

### ACTIVITY 15:

Did the worker accurately complete the Safety Assessment tool as outlined in policy?

[PSM 713-11: Safety Assessment](#) (page 1)

*If No please provide explanation here.*

Yes No N/R

☐ ☐ ☐

**ACTIVITY 16:**

Did the worker accurately complete all applicable Risk Assessment tools as outlined in policy?

- Risk assessment responses are consistent with documentation
- Scores are accurately calculated and include appropriate overrides

[PSM 713-11: Risk Assessment](#) (page 12)

*If No please provide explanation here.*

Yes No N/R **ACTIVITY 17:**

☐ ☐ ☐

Did the worker assess historical threatened harm when threatened harm was alleged, discovered, or confirmed during the investigation?

[PSM 713-08: Threatened Harm](#) (page 1)

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 18:**

☐ ☐ ☐

Were all previous applicable activities completed for any case member added during the investigation? (e.g. history/trends, criminal history)

*If No please provide explanation here.*

Yes No N/R **ACTIVITY 19:**

☐ ☐ ☐

Did the caseworker complete the requirements of vulnerable child policy?

[PSM 713-04: Vulnerable Children](#) (page 9)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 20:**

Does the investigation demonstrate all the following:

- All required social work contacts are documented in MiSACWIS
- Investigation demonstrates adherence to all applicable laws and policies
- Conclusions and decisions are accurate, objective, unbiased and consistent with facts and evidence
- Documentation within the investigation report and the dispositional narrative aligns with the facts and evidence of the case and supports the outcome of the case.

*If No, please provide explanation here.*

Yes No  
☐ ☐

**ACTIVITY 21:**

Does a **preponderance of the evidence** demonstrate that child abuse or neglect occurred?

- ☐ Category I (19.1, 19.2, 19.3, 19.4 required)
- ☐ Category II (19.5 and 19.6 is required)
- ☐ Category III (19.7 and 19.8 is required)

PSM 713-01: Completion of Investigation (page 16)

PSM 715-03: Petitions (page 2)

PSM 713-13: Perpetrator Notification (page 1)

PSM 713-08: Coordination with Friend of the Court (page 9)

PSM 714-01: Post-Investigative Services (page 1)

Yes No  
☐ ☐

**21.1** Category I classification is supported:

- a. CPS determined there is a preponderance of evidence of CA/N and one or more of the following is true:
  - A court petition is required by the CPL.
  - A court petition is needed without removal to compel parental compliance.
  - The child cannot be kept safe with services and removal of child or perpetrator from the home is needed.
- b. The perpetrator(s) name(s) were added to Central Registry.
- c. The DHS-729 was sent to Friend of Court, if applicable.

*If No, please provide explanation here.*

**Yes N N/R**

☐ ☐ ☐

**21.2** Prior to recommended removal, worker documented what alternatives to removal were considered and how they were ruled out.

*If No, please provide explanation here.*

**Yes No N/R**

☐ ☐ ☐

**21.3** If a mandatory court petition was required by the CPL, was it filed in accordance with the CPL?

- a. CPL Section 17 & 18 requirements were followed.
- b. MDHHS Policy 715-3 requirements were followed.

*If No please provide explanation here.*

Yes N

☐ ☐

**21.4** A social work contact was entered indicating that the DHS-847 was sent certified mail, return receipt requested, restricted to the addressee, for each identified perpetrator.

*If No, please provide explanation here.*

Yes No

☐ ☐

**21.5:** Category II classification is supported:

- a. CPS determined there is a preponderance of evidence of CA/N.
- b. The risk assessment scored as high or intensive risk.
- c. A protective services case will be opened.
- d. The perpetrator(s) name(s) was added to Central Registry.
- e. The DHS-729 was sent to Friend of Court, if applicable.

*If No, please provide explanation here.*

Yes No

☐ ☐

**21.6** A social work contact was entered indicating that the DHS-847 was sent certified mail, return receipt requested, restricted to the addressee, for each identified perpetrator.

*If No, please provide explanation here.*

Yes No

☐ ☐

**21.7:** Category III classification is supported:

- a. CPS determined there is a preponderance of evidence of CA/N.
- b. The risk assessment scored as low or moderate risk.
- c. CPS assisted the child's family in voluntarily participating in community-based services commensurate with the risk to the child.
- d. The perpetrator(s) name(s) was not added to Central Registry (some exceptions).
- e. The DHS-729 was sent to Friend of Court, if applicable.

*If No, please provide explanation here.*

Yes No NA

☐ ☐ ☐

**21.8** If the perpetrator is a nonparent adult, a licensed foster parent, or an owner, operator, volunteer, or employee of a licensed or registered child care organization and the victim is not their own child, a social work contact was entered indicating that the DHS-847 was sent certified mail, return receipt requested, restricted to the addressee, for each identified perpetrator.

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 22:**

Does the investigation support **no preponderance of evidence**?

- ☐ Category IV (20.1 required)
- ☐ Category V (20.2 required)

PSM 713-01: Completion of Investigation (page 16)

Yes No

☐ ☐

**22.1:** Category IV classification is supported:

- a. Community services were recommended.
- b. Field investigation determined there is not a preponderance of evidence.
- c. CPS assisted the child's family in voluntarily participating in community-based services commensurate with the risk to the child.

*If No, please provide explanation here.*

Yes No

☐ ☐

**22.2:** Category V classification is supported:

- a. CPS was unable to locate the family, or No evidence of CA/N was found, or Family Division of Circuit Court was petitioned to order family cooperation during the investigation but declined, and the family will not cooperate with CPS, and further CPS response is not needed.

- b. If abbreviated, director has approved investigation.

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 23:**

Was a case conference held and documented between the caseworker and supervisor?

PSM 713-01: Case Conference (page 13)

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 24:**

☐ ☐ ☐

Did the worker refer to Early On when required?

PSM 714-1, Required Referral to Early On (page 5)

*If No please provide explanation here.*

**Yes No N/R ACTIVITY 25:**

☐ ☐ ☐

All reports obtained or completed/signed documents were scanned/uploaded in MiSACWIS?

Examples of reports include: police, medical, mental health, EMS reports

Examples of documents include: DHS 269, DHS 729, DHS 847, DHS 1163-M, DHS 1555

*If No please provide explanation here.*

**Yes No N/R ACTIVITY 26:**

☐ ☐ ☐

Immediately following approval of the report, will you ensure that the notice to the mandated reporter is sent and documented as required by policy?

[PSM 713-01: Notification to Mandated Reporters \(page 18\)](#)

*If No please provide explanation here.*

**Yes No N/R ACTIVITY 27:**

☐ ☐ ☐

When required, was a DHS 3, Sibling Placement Evaluation, completed?

[PSM 713-08, Sibling Placement Evaluation \(DHS 3\), \(page 3\)](#)

*If No, please provide explanation here.*

**Yes No N/R**

☐ ☐ ☐

**ACTIVITY 28:**

Will you send a redacted investigation report to the Prosecuting Attorney as required within 7 days and ensure that action is documented in a social work contact?

[PSM 712-3: Report to Prosecuting Attorney \(page 4\)](#)

*If No, please provide explanation here.*

**Tribal:**

**Yes No**

☐ ☐

**ACTIVITY 9T:**

Did the worker document and upload *all* correspondence sent to and received from the tribe into MiSACWIS (MDHHS 5598, DHS 120, DHS 121a, etc.) as well as any verification of sending (green card, etc.)?

[NAA 210: Case Record \(page 4\)](#)

*If No, please provide explanation here.*

*If No, please provide explanation here.*

Yes No **ACTIVITY 10T:**

☐ ☐

If tribal verification was received, did the caseworker update ICWA Details in MiSACWIS  
**OR**  
if verification was not received in response to the MDHHS 5598, ongoing efforts were made to verify Indian ancestry (through outreach to the ICWA Designated Tribal Agent, Bureau of Indian Affairs, MDHHS Native American Affairs or the MDHHS Native American Outreach worker).

[NAA 200: Identification of an Indian Child](#)

*If No, please provide explanation here.*

Commented [WR(1):

Yes No N/R **ACTIVITY 11T:**

☐ ☐ ☐

Did the worker demonstrate and document active efforts during this stage?

[NAA 205: Active Efforts \(page 3\)](#)

*If No, please provide explanation here*

If 19 is yes, and at any point Indian Child box is checked, T is required

Yes No N/R

☐ ☐ ☐

**ACTIVITY 12T:**

Before scheduling a Family Team Meeting (FTM), did the worker contact the child's tribe to request assistance with maintaining the child in the home and invite the representative to the FTM?

[NAA 205: Case Conferencing/Family Team Meeting, \(page 3\)](#)

*If No, please provide explanation here*

If activity 19 SCP 1.1 is yes AND Cat I is selected then 13T-18T are required (if not, will not populate):

Yes No N/R **ACTIVITY 13T:**

☐ ☐ ☐

Did the worker document requirements in the petition:

- Active efforts
- Risk of serious emotional or physical damage
- Efforts to prevent the removal
- How the remedial and rehabilitative services were unsuccessful

[NAA 205: Safety Planning and Petitioning the Court \(page 2\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 14T:**

Did the worker complete and send (mailed registered, return receipt) to the tribe, and provide to the court, at the earliest point possible, but no later than 3 days after transfer of case to foster care, ALL the following:

- DHS 120
- Copy of petition
- DHS 120-Recipient Contact List
- MDHHS 5598 (again, even if previously sent)

**AND** demonstrate sending by entering a social work contact and scanning/uploading forms.

[NAA 210:Case Record \(page 4\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 15T:**

If a petition is imminent or required, did the worker send the required ICWA Notice of Hearing documentation to the ICWA Designated Tribal Agent at the tribe(s)?

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐

**ACTIVITY 16T:**

Did the worker contact the tribal representative(s) at the tribe(s), if known, to provide active efforts to prevent the removal of the child from the home?

*If No, please provide explanation*



Yes No N/R

☐ ☐ ☐ ACTIVITY 17T:

Did the worker conduct a diligent search for extended family members for placement?

[NAA 215: Diligent Search \(page 3\)](#)

*If No, please provide explanation here*

Yes No N/R

☐ ☐ ☐ ACTIVITY 18T:

Did the worker make efforts to locate the best and most culturally appropriate placement and to keep siblings together?

[NAA 215: Foster Care Placement Preference \(page 1\)](#)

*If No, please provide explanation here*

**Final Supervisor Check Point Comments (within 7 days post submission for approval):**

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***SUBSTANCE USE INVESTIGATION***

**ALL COMPLETED IN THE FINAL STAGE IF SUBSTANCE USE IS SELECTED AS A SPECIAL INVESTIGATIVE SITUATION**

Yes No N/R ACTIVITY 1S:

☐ ☐ ☐

If substance use screens were completed, did the worker obtain and document the results and scan/upload any applicable documents?

*If No, please provide explanation here.*

Yes No N/R **ACTIVITY 2S:**

☐ ☐ ☐

Did the worker coordinate with law enforcement?

[PSM 716-7: Safety and Dangerous Substance Response \(page 2\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 3S:**

Did the worker follow policy regarding verification of medication?

[PSM 716-7: Verification of Medication \(page 5\)](#)

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐

**ACTIVITY 4S:**

Did the worker assess parenting impact of substance use by addressing case pertinent questions contained within the section of PSM 716-7, Decision Making for Investigations Involving Substances?

[PSM 716-7: Decision Making For Investigations Involving Substances \(page 6\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 5S:**

Does the case involve:

- ☐ Prenatal exposure (6.1, 6.2 required)
- ☐ Methamphetamine production (6.3 only)

[PSM 716-7: Investigation of Infant Substance and/or Alcohol Exposure \(page 6\)](#), [Infant Plan of Safe Care \(page 8\)](#), [Early On \(page 9\)](#)

Yes No

☐ ☐

**5.1S:** Did the worker contact medical staff to obtain health needs of the infant?

*If No, please provide explanation here.*

Yes No

☐ ☐

**5.2S:** Was a Plan of Safe Care developed to address needs of the infant, mother and other household members?

*If No, please provide explanation here.*

Yes No

☐ ☐

**5.3S:** Did the worker follow the DHS Methamphetamine Protocol for cases Involving methamphetamine?

[https://www.michigan.gov/documents/dhs/Meth\\_Protocol\\_179585\\_7.pdf](https://www.michigan.gov/documents/dhs/Meth_Protocol_179585_7.pdf)

*If No, please provide explanation here.*

### **DOMESTIC VIOLENCE INVESTIGATION**

Yes No

☐ ☐

**ACTIVITY 1D:**

Did the worker document case applicable factors of assessment from policy on domestic violence.

[PSM 713-08: Domestic Violence](#) (page 7)

*If No, please provide explanation here.*

### ***CHILD DEATH INVESTIGATION***

**ALL COMPLETED IN THE FINAL STAGE IF CHILD DEATH IS SELECTED AS A SPECIAL INVESTIGATIVE SITUATION**

**Yes No N/R    ACTIVITY 1CD:**

☐ ☐ ☐

If there was an open child welfare case at the time of child's death, did the worker notify Centralized Intake and complete the DHS 4712-M and scan/upload into MiSACWIS?

[SRM 172: Child Death Alert Procedures and Timeframes](#)

*If No, please provide explanation here.*

Yes No **ACTIVITY 2CD:**

☐ ☐

Did the worker seek the assistance of law enforcement and collaborate to investigate?

[PSM 713-08: Child Death](#) (page 6)

*If No, please provide explanation here.*

Yes No **ACTIVITY 3CD:**

☐ ☐

Did the worker observe the scene (home or other location) where the potential abuse/neglect occurred or where the child was found unresponsive?

[PSM 713-08: Child Death](#) (page 7)

*If No, please provide explanation here.*

Yes No **ACTIVITY 4CD:**

☐ ☐

Did the worker document observing objects potentially involved in the death of the child or take photographs of these objects?

[PSM 713-08: Child Death](#) (page 7)

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐

**ACTIVITY 5CD:**

Did the worker promptly take adequate steps to properly assess and secure safety of any surviving children in situations where there are indicators of potential child abuse/neglect?

[PSM 713-08: Child Death](#) (page 7)

*If No, please provide explanation here.*

**If yes, 5.1 is required, if no, 5.1CD does not populate:**

**Yes No**

☐ ☐ 5.1CD Did the worker assess and address potential trauma to the surviving children and incorporate services in the safety plan to address the trauma?

### ***Accept and Link***

**ALL COMPLETED IN THE FINAL STAGE IF ACCEPT AND LINK SELECTED AS A SPECIAL INVESTIGATIVE SITUATION**

**Yes No**

☐ ☐

**ACTIVITY 1AL:**

Did the worker complete an additional commencement within the required priority response time (12/24 or 24/72) for the accept and link investigation?

PSM 713-01: Commencement (page 2)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 2AL:**

Did the worker make face to face contact, utilizing forensic interview protocol when appropriate, to assess child safety and well-being with each alleged child victim within required timeframes?

[PSM 713-01: Face-to-Face Contact with Children \(page2\)](#)

*If No, please provide explanation here.*

**Yes No N/R**

☐ ☐ ☐

**2.1AL** If the child was interviewed at school, the worker documented meeting with the school's designated staff member as required by CPL.

*If No please provide explanation here.*

Yes No NR

☐ ☐ ☐

**ACTIVITY 3AL:**

Did the worker contact adults such as the alleged perpetrator, parents/guardians, and any other applicable adults as required by policy for the accept and link complaint?

\*If contact was made prior to receipt of accept and link, contact must be completed again for the additional complaint as well as any additional safety planning as necessary.

*If No, please provide explanation here.*

**Yes No N/R**

☐ ☐ ☐

**ACTIVITY 4AL:**

Did the worker make face-to-face contact or at minimum, verify the well-being of other children for the accept and link complaint?

\*If contact was made prior to receipt of accept and link, contact must be completed again for the additional complaint

[PSM 713-08: Accept and Link, \(page 10\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 5AL:**

Did the worker add individuals and address changing any roles (victim/perpetrator) as needed for the accept and link complaint AND add alleged maltreatments and findings in MiSACWIS?

[PSM 713-08: Accept and Link \(page 11\)](#)

*If No, please provide explanation here.*

Yes No

☐ ☐

**ACTIVITY 6AL:**

Within the disposition did the worker address all the following:

- Allegations for the initial **and** accept and link complaint(s)
- Findings and disposition for **each** alleged maltreatment
- A summary of **all** investigation activities (including initial investigation and accept and link)

[PSM 713-08: Accept and Link \(page 11\)](#)

*If No, please provide explanation here.*

Yes No N/R

☐ ☐ ☐

**ACTIVITY 7AL:**

Immediately following approval of the report, will you ensure that the notice to the mandated reporter is sent and documented as required by policy?

[PSM 713-08: Accept and Link \(page 11\)](#)

*If No, please provide explanation here.*