

# Child Protective Services: Investigation

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## **2104.21 Collateral Contacts - Gathering And Verifying All Available Evidence**

### **Requirement**

**Gather relevant collateral information to assess the complaint and the parent's responses to all assertions that relate to the allegations being investigated.** A minimum of two collaterals is required; however, it may take many more to verify/refute **all** assertions.

**Collateral contacts are not optional in a CPS investigation.** They are required for the investigation to be considered complete. Include professionals (e.g. medical personnel, teachers, counselors) who have knowledge of the family and of the alleged maltreatment.

Case managers are to staff cases of serious injury, severe medical problems, fetal alcohol syndrome babies, drug exposed/addicted infants, etc., with medical personnel. Obtain written documentation from the reporting medical personnel of circumstances. If the reporter/ medical facility will not provide this information in writing, document in the record the contacts with the reporter/facility and all information provided verbally. Request parents to sign a Release of Information forms, as needed.

Discuss with a mandated reporter in an ongoing relationship with a child (e.g., medical personnel, teachers), as requested/needed, information about a child's progress, as permitted by O.C.G.A. 49-5-41.

### **Procedures/Practice Issues**

Collaterals are a major source of information about a family and it's functioning. They are a resource to help measure change throughout the lifetime of the case (See 2105.5). A personal/character reference is different from a collateral who can verify or refute information obtained in the investigation or who may be subpoenaed to present or support evidence in court.

Use a Release of Information form to obtain records and written statements from primary sources: i.e., schools, doctors, psychologists, health departments and other agencies that have knowledge about the family and its functioning. In addition to discussing a situation with a primary source, provide that source with a Release of Information, requesting a copy of any records or a written statement when there is not a specific record. A medical record or any other record, alone, **is not** a collateral. **Although the record is necessary for documenting a**

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**situation, it is the discussion with the doctor, the school social worker, the psychologist, etc., about their knowledge and concerns that is the collateral contact.**

A staffing may be accomplished in various ways, including a formal meeting, a telephone conference call, or an individual telephone or face-to-face consultation with medical and other professional(s) involved with the family/child. Document all recommendations resulting from staffings in the case file. Request a copy of medical records for CPS documentation. A release form is not required for talking with these professionals or for participating with them in a case staffing; however, it might be necessary to obtain requested records.

**Mandated reporters** often have special knowledge of a child's situation. Be responsive to this by determining what additional information this reporter can share, e.g., implications of continued medical neglect, knowledge of a family's history that might have implications about how a parent will respond in the current situation. Reaching an accurate case determination and planning wisely for a child's safety needs are often best accomplished with the added knowledge and recommendations these persons provide. O.C.G.A. 49-5-41 permits sharing information with a mandated reporter who is in an ongoing relationship with a child named in the report of child abuse. **Do not** share information about other family members, as this is confidential.

Request parents to sign Release of Information forms, as needed, for verifying all assertions made in response to the allegations of maltreatment. A Release of Information form, signed by the parent, must indicate to whom the form is being sent and what specific information is being requested. Release forms are not required for talking with friends, relatives, neighbors, etc.

Verification of information helps establish the facts of the case and the available evidence that supports a case determination. Contact **all** available information sources to further document and support/refute the information provided by the parent. Information from collaterals that supports a parent's statements helps justify a case determination of unsubstantiated. Information that is contrary to statements of the parent becomes evidence in support of a substantiated case determination. The sources of this contrary information become evidence providers when DFCS files a deprivation complaint in Juvenile Court for a custody or supervision order.

Sources of collateral information may include but are not limited to:

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- **Schools** -- Verify attendance, hygiene, appearance, and behavior. Discuss any problems currently observed by the child's teachers and counselors;
- **Medical Personnel and Health Facilities** -- When there are allegations of physical or sexual abuse, medical neglect or failure-to-thrive, contact any hospital, clinic or physician that has seen or admitted the child within the past year. Verify both the existing medical condition or injury and any past medical history. Determine if there was any suspicion of abuse or neglect and obtain this in writing if possible. When there are injuries, contact the physician to determine if explanations for the injury are consistent with the injuries;
- **Mental Health Facilities** -- Verify an existing and/or past mental health condition;
- **Medical Examiner/Coroner** -- Get expert opinion regarding the location of injuries. Seek specialized knowledge and expertise in alleged failure-to-thrive and SIDS cases. **Always** contact the medical examiner's office in the case of a deceased child;
- **Law Enforcement** -- Verify current or past criminal history;
- **Probation/Parole Officers** -- Verify information about suspected offenders. Always initiate and maintain contact with the probation/parole officer where a released sexual offender has been determined to be a family or household members;
- **Juvenile Authorities** -- Verify any involvement concerning the child and the child's family; and,
- **Neighbors/Family members** -- Verify information obtained in the investigation regarding care and parenting styles of the parents.

Investigation of a parent's reported or suspected alcohol and/or other substance abuse relies greatly on collateral information, since self-disclosure by the substance abusing parent is rare. Identify collaterals, who are supportive of the child's safety, carefully and selectively. Individuals close to the alleged substance abuser are often enablers of the addiction and may have an interest in not being truthful.

When obtaining collateral information in cases where there is suspected alcohol and/or other substance abuse, consider discussing the following factors to better determine conditions:

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- Inconsistent or erratic behavior (e.g., missed appointments, missed work, etc.) that is uncharacteristic of the parent;
- Drug paraphernalia, observed in the home, or actual observed drug use by the parent;
- Significant loss in the parent's appetite;
- Significant loss in the parent's interest in daily living responsibilities/activities;
- Unusual or secretive behavior by the parent (e.g., going out and not telling anyone where they are going or where they have been);
- Unexplained need for cash or sudden financial problems;
- Unusual smells, such as alcohol or marijuana;
- Unusual marks on the arms, legs, or lips, such as skin lesions or bruises from needle injections;
- Unexplained mood swings or personality changes; or,
- Sleeplessness, shaking, or deterioration of general physical health or appearance.

Although any one of these factors alone may not indicate alcohol and other drug abuse, a combination of them should be evaluated in context with other evidence as part of a complete assessment and investigation.

Emails and written documentation may be used to gather collateral information. When information is gathered through an email collateral or as a written document; the must contain the following information and said information must be relevant to the investigation and/or safety plan:

- Month, day and year of contact.
- Who was contacted? (Include courtesy and/or professional title i.e., Dr. Jones, Dr. John Jones)
- Street and/or mailing address and phone number of collateral
- Purposes of contact (Example: Contacting Dr. John Jones, pediatrician for William Smith, to discuss if there was any suspicion of abuse or neglect).
- What is the collateral's current knowledge of the situation? (See 2105.5)

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- When did the collateral last see the child? (See 2105.5)
- What changes has the collateral seen in the child, in the parent and in family functioning? (See 2105.5).
- Are these changes positive or negative? (See 2105.05).
- Does the collateral have any recommendations? (See 2105.5).

**To gather information for collaterals via email or written document, the case managers must discuss through verbal, written or an email discussion with the collateral the information needed to ensure all required documentation is provided.**

If information gathered through an email or written documentation collateral contact determines that safety and/or risk factors exist, the case manager is to immediately involve the supervisor for directions on how to proceed. Copies of all email/written documentation collateral contacts must be filed in the case record of the family in accordance with Social Services Policy 80.3 (Times Frame for Documentation).