

# DCYF Child Welfare

## Beyond the Call: DCYF Response to Mandatory Reports

Original Date: May 19, 2025 | Revised May 20<sup>th</sup>, 2026

Child Welfare Division | Approved for distribution by Child Welfare Programs and Practice

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

# Commitment to Children, Youth, and Families

## MISSION

We work **alongside** Washington's vulnerable children, youth, and families to **foster** safety, stability, and better outcomes by **strengthening** opportunities, connections, and community.

## VISION

All Washington's children and youth grow up safe and healthy, thriving physically, emotionally, and educationally, nurtured by family and community.



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# Mandatory Reporter Toolkit

## Materials:

- Mandatory Reporter Poster
- Community Intake Flyers

## Mandatory Reporter eLearning updated December 2024; revisions include:

- Distinctions between poverty and neglect and available resources that mandatory reporters can use to help families.
- Modules that address bias with the opportunity to learn how biases contribute to systemic racism.
- Videos highlighting the impact of child abuse and neglect reports.
- Knowledge checks that allow mandatory reporters to practice complex, real-life scenarios in a no-risk environment.



<https://dcyf.wa.gov/safety/mandated-reporter>



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# Critical Thinking & Bias

Critical thinking is disciplined thinking that is clear, rational, open-minded, and informed by evidence or facts.

**Confirmation Bias** – seeking out information or evidence supporting one's own beliefs while avoiding or ignoring conflicting information or evidence

**Implicit Bias** – a preference for, or aversion to a person or a group of people

**Heuristic Bias** – a mental short cut that relies on immediate examples to come to mind



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## Mandatory Reporters: CHECKING YOUR BIAS

### Think About What You Believe

A “normal” family and “normal” behaviors may look different from person to person, culture to culture, and family to family.

It's okay to have our own thoughts and expectations, but it's important to stop and think:

- Am I being fair?
- Where does my perception of “normal” come from?

If you're worried about how someone is acting, instead of thinking “what's wrong with them?” try to think “what has happened to them that's causing them to react this way?”

Show parents the strengths and potential you see in them and their family, it can really make a difference.



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# Mandatory Supporting

## False Reporting is:

- Intentionally making a report that is not true.
- A serious offense and could result in a law enforcement investigation.

## Over-Reporting is:

- Reporting multiple concerns to CPS for poverty, mental and physical health and/or disability, parental substance use, school attendance.
- Making 'information only' calls with the intent to build/document history.

## Take Five | How to be a Mandatory Supporter and Prevent Over and False Reporting

Before making a report to DCYF, take a few moments to understand the family's full story and the impact this will have on them.

### Ways you can support instead of report

#### Does the family need economic support?

Share information and encourage access to financial assistance programs. This might include:

- Family Resource Centers
- Diaper Banks
- Women, Infants, and Children (WIC) Nutrition Program

#### Is the parent overly stressed?

Recommend parenting classes or counseling resources like:

- Family Resource Centers
- Local Parent 2 Parent program
- Parent Trust
- Help Me Grow

#### Is the child showing changes in behavior or minor injuries from accidents?

They may need a medical referral or follow up with a school counselor or child psychologist for guidance or a medical provider.

Check out Seattle Children's Mental Health Referral Service for Children and Youth at [www.seattlechildrens.org/clinics/washington-mental-health-referral-service](http://www.seattlechildrens.org/clinics/washington-mental-health-referral-service)

### Protective Factors to Reduce Abuse and Neglect

The Strengthening Families Protective Factors is a research-informed approach made up of five key factors.

Helping families to build these factors makes them stronger, improves child development, and reduces the risk of child abuse and neglect. If the parent is struggling with any of these factors, try connecting them with resources.



**Knowledge of Parenting and of Child/Youth Development:** Does the parent know where to go to find out about parenting skills and child developmental growth?



**Concrete Supports:** Does the parent know where to turn for help?



**Parental Resilience:** Has the parent overcome hard times?



**Social Connections:** Does the parent have people who know and support them?



**Social and Emotional Development:** Does the parent know how to help children talk about their feelings?



# Mandatory Supporting

## DEFINE

### Who | What | Where | When | Why

***A person who, intentionally and in bad faith, knowingly makes a false report of alleged abuse or neglect shall be guilty of a misdemeanor punishable in accordance with RCW 9A.20.021.***

#### Resources

- For a list of ways to support visit: <https://dcyf.wa.gov/safety/mandatory-reporter-resources>
- To connect families with resources, share DCYF's Basic Needs Community Resource Directory: <https://dcyf.wa.gov/services/housing-basic-needs/basic-needs-community-resource-directory>

#### Mandatory Reporter Toolkit



View the full Mandatory Reporter Toolkit by visiting <https://dcyf.wa.gov/safety/mandated-reporter> or scanning the QR code.

#### How to Prevent Over and False Reporting

**False reporting** occurs when misleading, exaggerated, or wrong information is reported on purpose or by accident.

#### Examples

- Making a false statement on purpose
- Reporting information that was not fact-checked
- Exaggeration or distortion i.e. amplifying information to create unnecessary concern or misinformation
- Reporting misinformation, whether that's due to carelessness, bias, or harmful intent

**Overreporting** happens when an issue is reported excessively or inaccurately, leading to:

- Skewed perceptions that misrepresent reality.
- Unnecessary alarm that leads to misinformed actions.
- Unequal impacts, especially on disenfranchised communities, such as Black/African American and American Indian/Alaska Native (AI/AN) children and families.

#### Common Causes of False or Overreporting:

- Lack of information or understanding.
- Bias or assumptions turning assumptions into "fact."
- Sharing false information for personal gain.

#### Consequences:

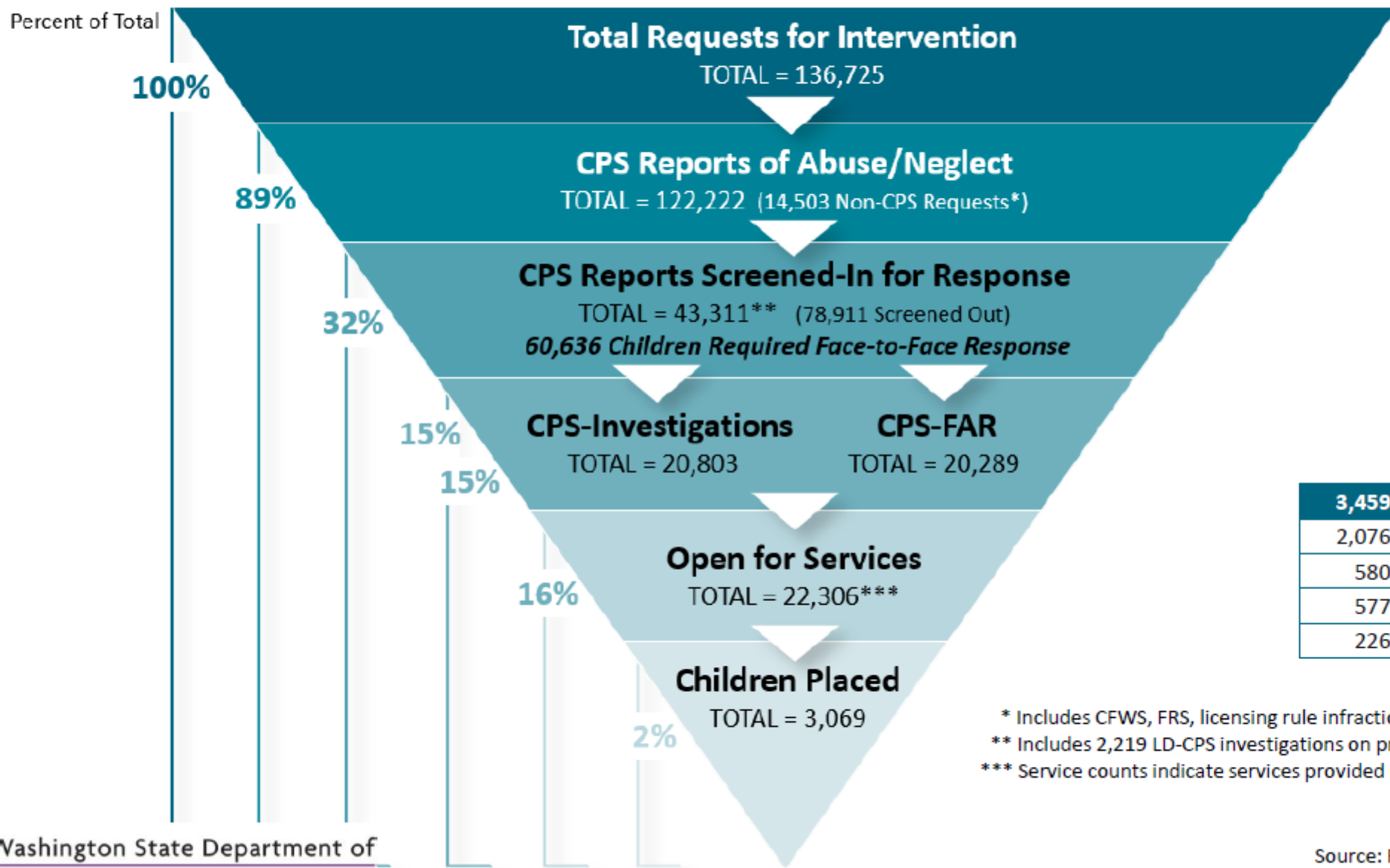
- Legal penalties (RCW 9A.84.040).
- Emotional and financial stress on families involved.
- Liability concerns for individuals and organizations.

#### Preventing False Reporting

- Make sure facts are accurate before making statements.
- Avoid assumptions and separate rumors/theories from facts.
- Encourage accurate and ethical reporting.
- Raise awareness about the legal and social impacts of false and overreporting.



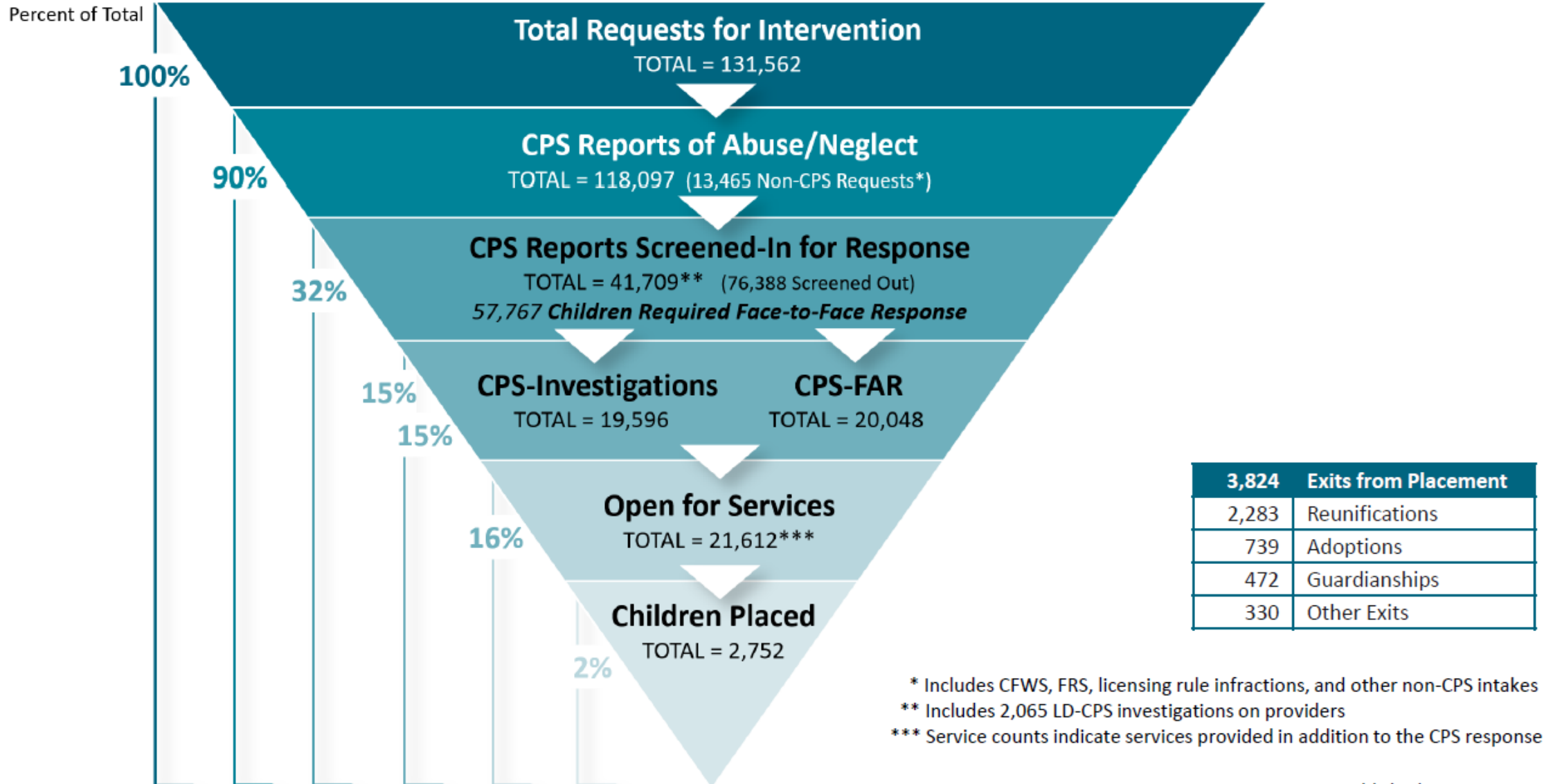
# Child Welfare Overview SFY 2025



3,459 Exits from Placement	
2,076	Reunifications
580	Adoptions
577	Guardianships
226	Other Exits

- \* Includes CFWS, FRS, licensing rule infractions, and other non-CPS intakes
- \*\* Includes 2,219 LD-CPS investigations on providers
- \*\*\* Service counts indicate services provided in addition to the CPS response

# Child Welfare Overview FY 2024

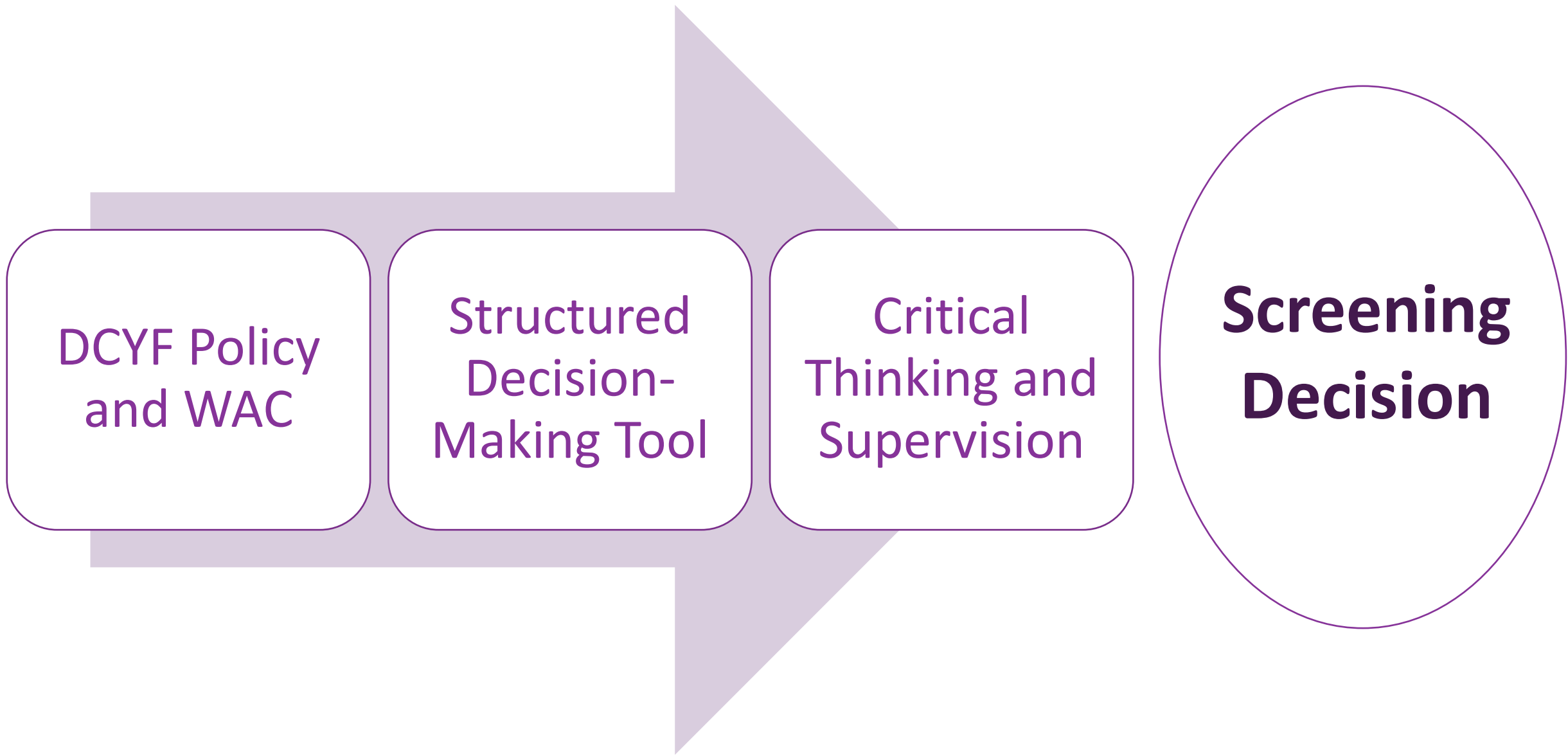


# DCYF Intake Screening Criteria

## DCYF Intake Screening Policy

- Allegation of child abuse or neglect defined by WAC 110-30-0030.
- Circumstances indicate imminent risk of serious harm.





# Response Time

DCYF child protective services investigations require initial in-person contact with a child within **24 hours for emergent cases** and **72 hours for non-emergent cases**

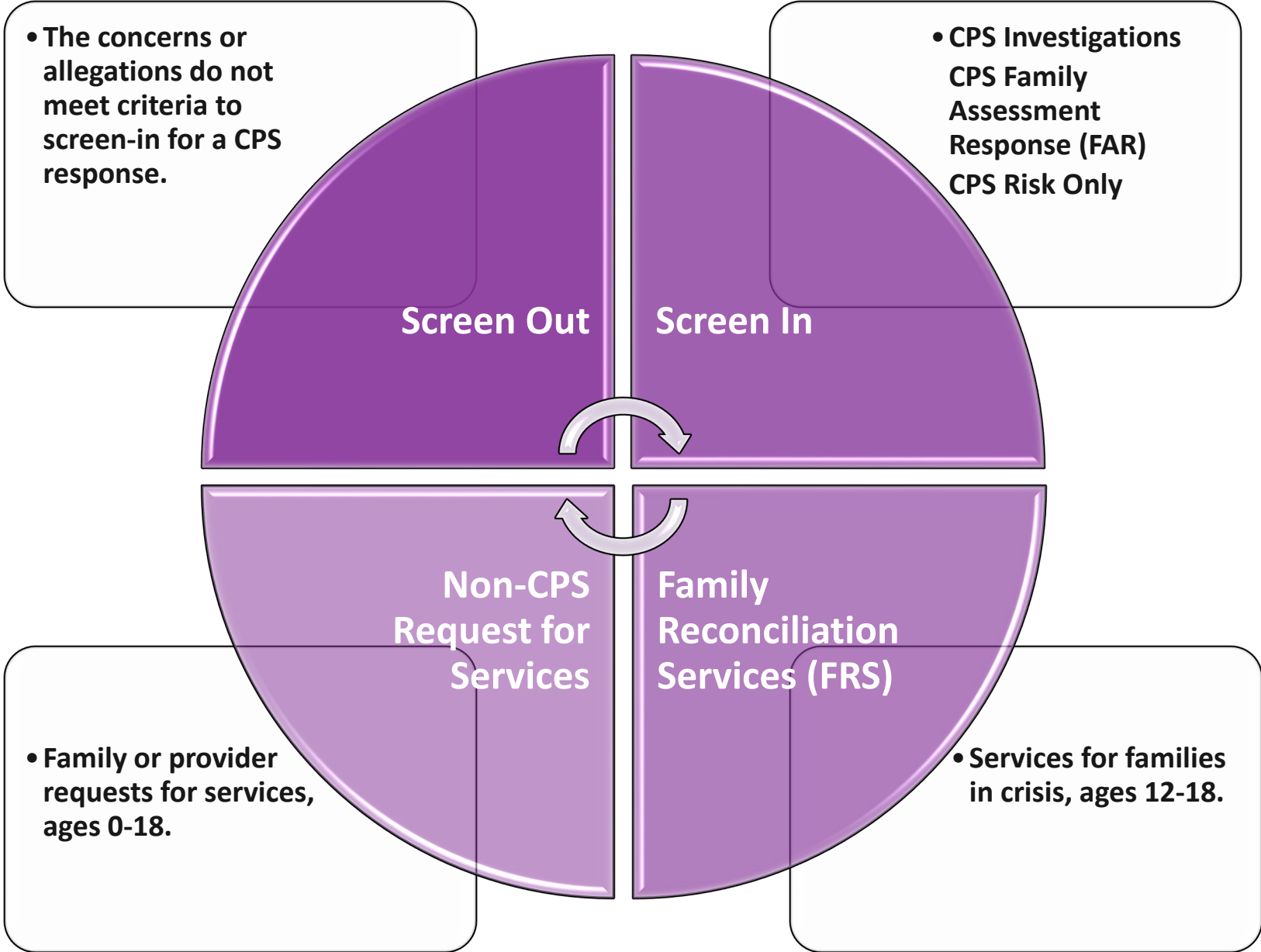
## 24-hour response time, examples

- Significant injuries are present, OR medical care is required, OR there is serious concern that medical care may be required.
- Child is under age 6 or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.
- Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.

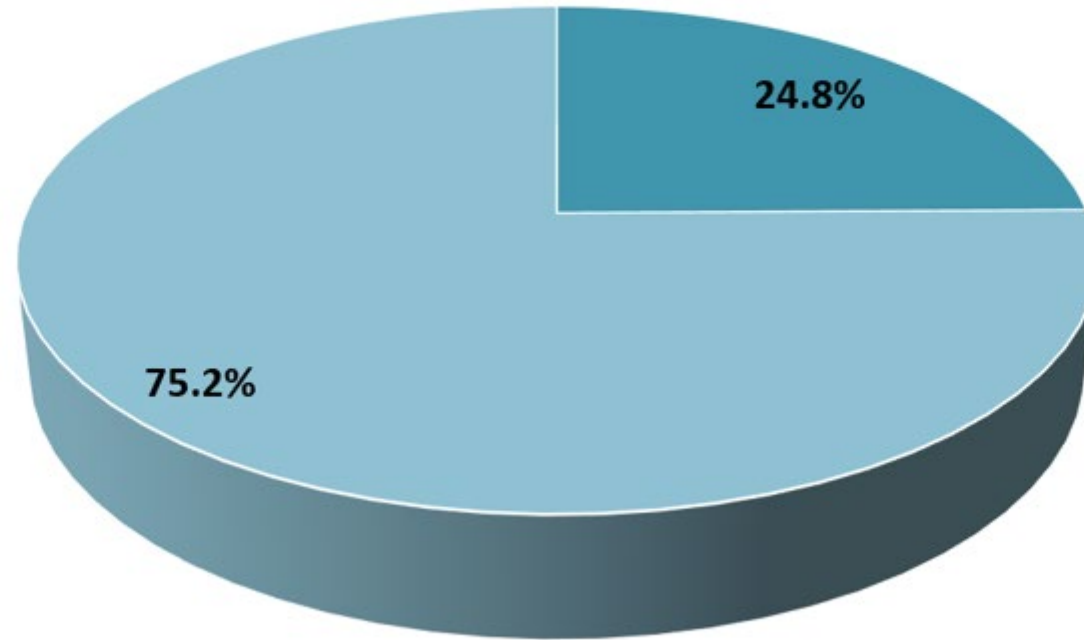
## 72-hour response time, examples

There is an open dependency case involving the child victim or household

Allegation of neglect at a licensed home or facility



**Percentage of Intakes  
Received in CY 2025 by  
Non-Mandated versus Mandated Reporter**



■ Non-Mandated Reporter   ■ Mandated Reporter

Source: DCYF, OIAA, CW Reporting, Intakes by Category  
Date Pulled: 02/04/2026

# Safety, Permanency, and Well-being



# Safety Threats | Risk Factors | Protective Factors



- Safety Threat: A situation that is linked with a major harmful result in the near future.
- Risk Factor: A situation that can be linked with a harmful result over time.
- Protective Factor: Circumstance or resource that mitigates risk factors and safety concerns, improving child and family well-being over time.



# CPS Caseworkers

CPS Caseworkers are typically assigned all three types of CPS intakes:

- CPS Investigations
- CPS Risk-Only
- CPS FAR



# CPS Investigation



- CPS investigation intakes are higher-risk allegations of abuse or neglect.
- Caseworkers complete an Investigative Assessment to gather information about the allegations to determine if it's more likely than not to have occurred:
  - Founded
  - Unfounded

# CPS Risk-Only



- CPS Risk-Only intakes do not contain allegations of abuse or neglect, but intake has determined the concerns indicate imminent risk of serious harm.
- Caseworkers complete an Investigative Assessment without findings of abuse or neglect.
- These are often high-risk cases that transfer to FVS for voluntary services.



# CPS FAR



- CPS FAR intakes are moderate-to-low-risk allegations of abuse or neglect.
- Caseworkers complete a FAR Family Assessment and offer voluntary services if indicated and agreed upon by the family.
- CPS FAR intakes do not have a determination of founded/unfounded – there are no findings for FAR intakes.

# Voluntary Services



- CPS and FVS caseworkers provide case planning and voluntary services.
- CPS FAR cases can remain open for voluntary services following the FAR Family Assessment.
- CPS Investigations and CPS Risk Only cases can transfer to Family Voluntary Services following the Investigative Assessment.
- Case plans often include in-home services.
- If a family enters into a Voluntary Placement Agreement (VPA), this will be managed by an FVS caseworker.

# Voluntary Placement Agreement



- Families can enter into a voluntary placement agreement, temporarily placing the child outside of the home while a case plan mitigates the risk.
- DCYF staff provide families with the Office of Public Defense VPA Hotline to consult about a voluntary placement agreement.
- Voluntary placement agreements should only be utilized when the safety threat can be mitigated in 30 to 90 days.



# Family Reconciliation Services (FRS)



- Youth who are experiencing conflict with their family or guardians;
- Youth who have run away from home for more than 24 hours;
- It's suspected that the youth is a victim of CSEC;
- After several communication attempts with parents and/or guardians, no one is available to pick up a youth who is discharging from a hospital, detention, or juvenile rehabilitation center, and there is indication that this youth is experiencing conflict with their family or guardians.

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# Non-CPS Intakes

- Family Service Needs
- Emergent Placement of a Child or Youth
- Safe Haven
- Extended Foster Care



# Community Pathways for Screened Out Intakes



## Present:

- Perinatal SUD
- Plan of Safe Care
- FRS Pilot – Snohomish County

## Future:

- FFPSA Community Pathways
  - Essential Services
  - Culturally Relevant Services
  - Community-Based Service Delivery



# Risk and Safety

Risk is concerned with...	Safety is concerned with...
Whether a family is more or less likely to have another incident of abuse or neglect without agency intervention	Current dangerous family conditions and behaviors
The assessment of future maltreatment on a continuum from low to very high	Severe forms of maltreatment only and the certainty of the severe effects on the child
Characteristics of family functioning	Family conditions that meet the safety threshold
Current and historical information, patterns, and behaviors	Specific threats to a child’s safety now or in the near-future
Family conditions and behaviors that impair parenting capacity	Family conditions and behaviors that are currently out-of-control
Evaluation of conditions and behaviors that may need services and treatment	Conditions and behaviors that require control and management
A limited number of validated characteristics that are related to the likelihood of future abuse or neglect	A limited number of specific factors threatening child safety



# Safety Plans and Case Plans

Safety Plans	Case Plans
Create safety in the present	Create safety in the future
Prevent removal (despite threat)	Prevent future placement and/or re-entry into care
Actions to immediately manage threats to child safety <b>does not rely on parental behavior change</b>	Services to build parental protective capacities to manage threats to child safety
Short-term (<30 days)	Short-term to long-term (30 days – 6 months)
Informed by safety assessment	Informed by family assessment and developed with the family
Narrow, only addresses identified threats to child safety	Addresses safety, permanency, and wellbeing





## DCYF Referrals

- Evidence-Based In-Home Services
- Child Care

## Concrete Supports

- Food/Clothing/Basic Needs Support
- Utility Payments
- Appliances/Furniture Purchases or Repairs
- Auto Repairs or Transportation Assistance
- Home Repairs
- Items to Improve Home Safety
- Infant Safety Supplies

## Community-Based Resources

- Natural Supports
- Job Search or Skills Training
- Adult Education
- Parent Support Groups
- Medical/Dental
- Behavioral Health – MH/SUD Treatment
- Early Learning and Home Visiting Programs



# Q&A



# Thank you!

## **Contact:**

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