

# Child Development in Child Welfare

Tools to Support Information Gathering and Assessment of Safety and Risk

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

# CWELN by Region

## Region 1

Shelby Yada and Ruby Lopez

## Region 2

Regan Pierce and Cindy Taylor

## Region 3

Amber Wilder and Christina Pastor

## Region 4

Megan Manion and Korina Stukes

## Region 5

Carla Lopez-Wilkerson (Tribal CWELN) and Jennifer Shortencarrier

## Region 6

Allison Rogers and Erin Mountin



# Developmental Milestones:

These are skills that most children (75% or more) can do by a certain age

What are some *child welfare related* reasons children are **not** meeting their milestones?



# Child development may be impacted by:

- Lack of opportunity/engagement
- Messy home
- Lack of Knowledge around development
- Developmental delay
- Substance exposure
- Born premature
- Medical condition/illness
- Abuse/trauma



# Learning Objectives

- Recognize child welfare policies with requirements related to child development.
- Test your knowledge on child development milestones
- Describe how early childhood development relates to child safety and wellbeing in the context of child welfare assessments.
- Review ways to clearly document observations of child development.



- CPS Referents
- CPS Screen-Ins
- Age
- Counts
- Rates
- Factors
- Heatmap
- Race/Ethnicity
- Placement Rate

Toggle Parental Substance Use  
All

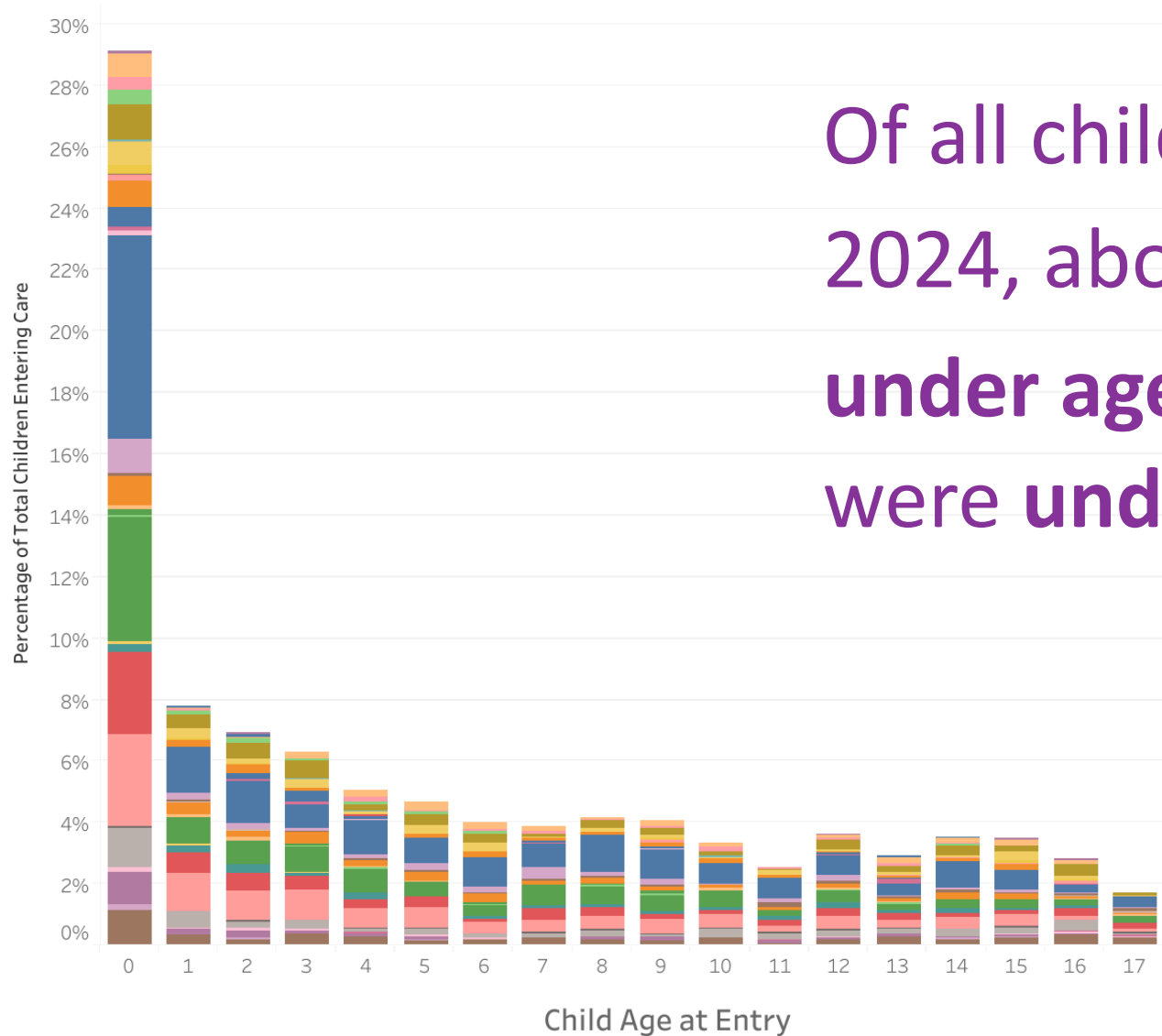
Select a Year  
2024

Select a County  
All

- Removal County
- Adams
  - Asotin
  - Benton
  - Chelan
  - Clallam
  - Clark
  - Columbia
  - Cowlitz
  - Douglas
  - Ferry
  - Franklin
  - Garfield
  - Grant
  - Grays Harbor
  - Island
  - Jefferson
  - King
  - Kitsap
  - Kittitas
  - Klickitat
  - Lewis
  - Mason
  - Okanogan
  - Pacific
  - Pend Oreille
  - Pierce
  - San Juan
  - Skagit
  - Snohomish
  - Spokane
  - Stevens
  - Thurston
  - Wahkiakum
  - Walla Walla
  - Whatcom
  - Whitman
  - Yakima

Select one or more counties and scroll through the years to interact with these data. You can also filter for whether parental substance use was indicated in the case.

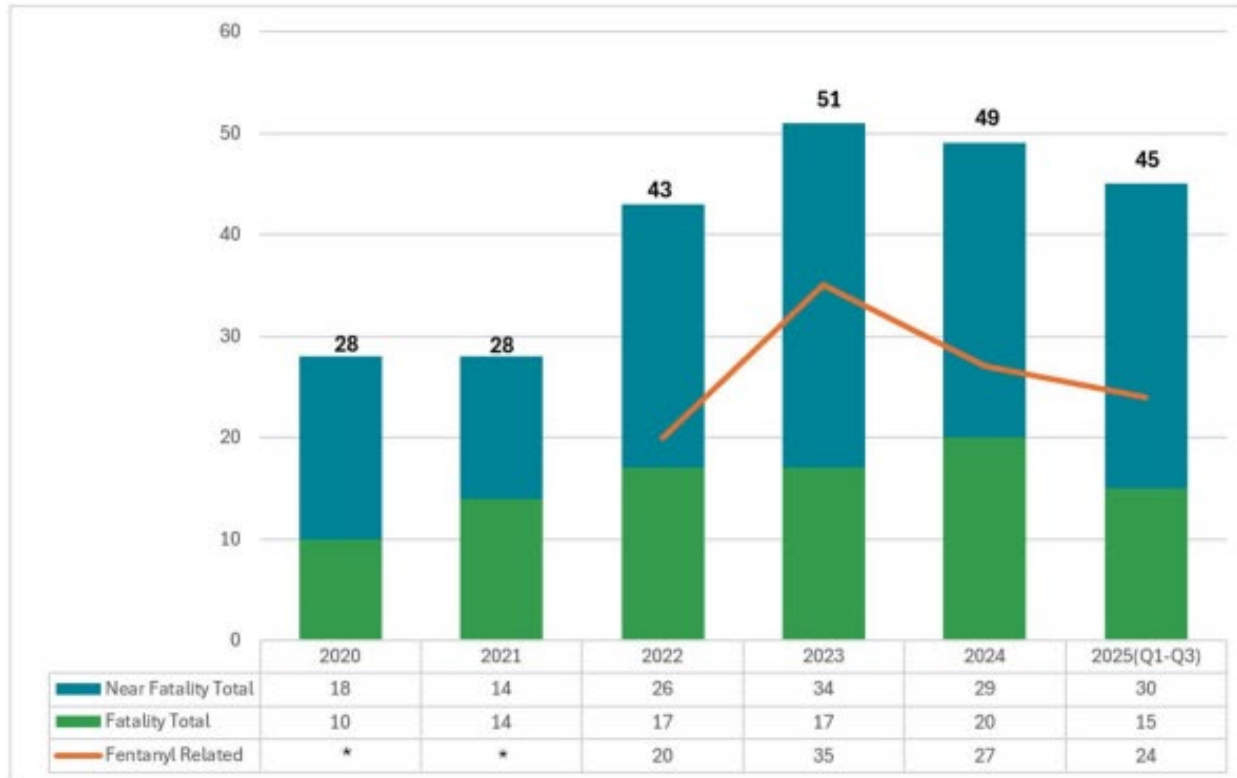
Age Distribution for Children Entering OOH Care for All County(ies) in Year 2024



Of all children placed in 2024, about **29%** were under age one. About **60%** were under age six.

# Number of Critical Incidents 2020-Sept 2025

2025 numbers are preliminary as some incidents were pending medical examiner reports and maltreatment investigations



Year	Fatality Count	Near Fatality Count
2020	10	18
2021	14	14
2022	17	26
2023	17	34
2024	20	29
2025 (Q1-Q3)	15	30



Children age birth to 5 are the most vulnerable, this is also when 90% of the human brain develops.



# Why its important we understand basic development



- Sometimes children are not attending pediatrician appointments, so their development is not being assessed
- We are required to complete referrals and provide resources
- We can use this information to collaborate with families to determine early learning needs, and how it relates to their safety.

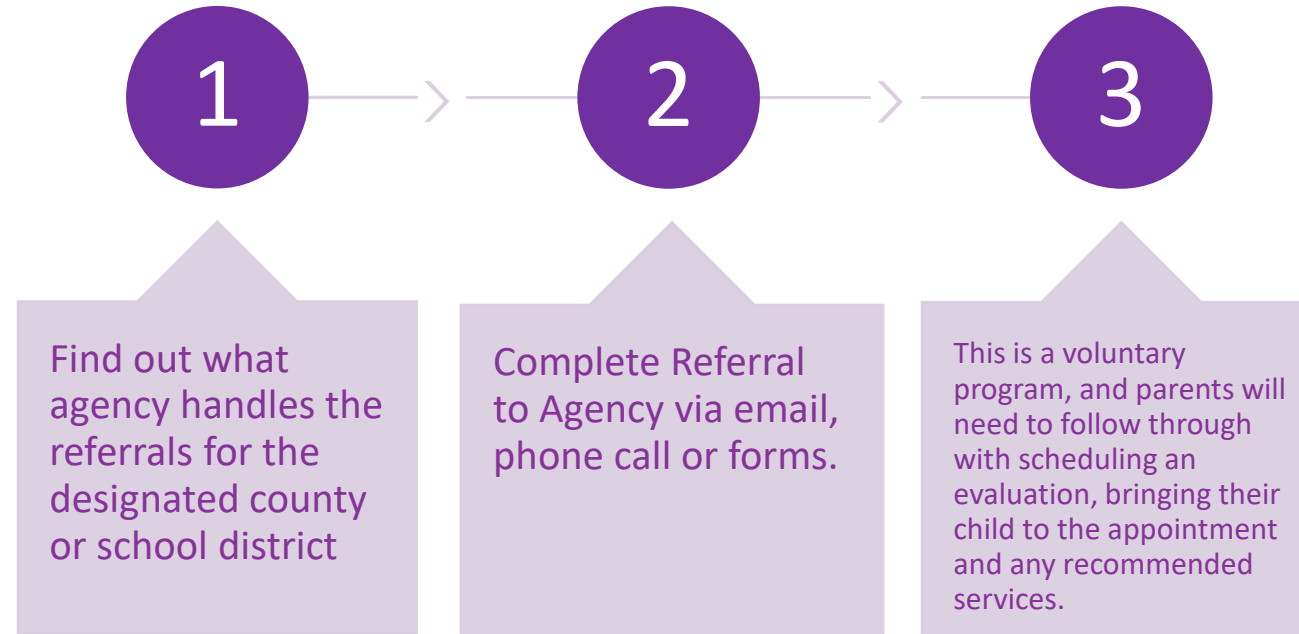


# Tying Child Development to Policy

- Ensure referrals to services or community resources
  - Referrals to Early Support for Infant and Toddlers (ESIT: birth – 3) or Child Find (ages 3-21) services within **TWO business days** for any child involved with child welfare
- Determine if early learning programs are available to meet the childcare needs of the family and enroll in:
  - Early Head Start
  - Head Start
  - Early Childhood Education and Assistance Program (ECEAP)
- Infant Safety Policy
  - Period of Purple Crying
  - Infant Safe Sleep
  - Plan of Safe Care (Birth – One Month)



# How to refer to ESIT and Child Find



\*If your office has a designated CWELN, we can complete these referrals for families

# Community Supports for families



- Home Visiting
- Early Head Start, Head Start, ECEAP
  - ECLIPSE (mental health support in ECEAP)
- School Day Preschool Options
- In-home and Center Based Childcare
- Parenting Education Classes/Groups
- Community based play groups
- Crisis Family Support



## Milestone Matching Activity

Please see handout and match the milestone to the age at which most children (75%) achieve this skill or ability.



# Newborns/Young Infants

## Development & Milestones

- Cannot go more than two to three hours without eating.
- Cannot support their own head.
- Vulnerable to other siblings, pets, unsafe people, cigarette smoke
- Need positive caregiver interaction for bonding and attachment, foundation of healthy mental wellbeing and emotional regulation

## Observations/Questions

- **Safe Sleep**, infant sleep environments
- **Period of Purple Crying**, frustration when baby cannot be soothed
- Who feeds the baby? Where do you keep formula? Discussion around bottle propping.
- Back and forth interactions with newborns, eye contact, talking to your baby
- Asking **all** caregivers and others in the home about the child's care.



# Infants 3 months to 6 months

## Development & Milestones

- Consider vision and hearing concerns
- Bilateral movement issues
- Feeding or failure to thrive concerns (switch from breastmilk to formula, introduction of solid foods)
- Rolling over, sitting up
- Actively grab things, using their hands
- Developing core strength

## Observations and Questions

### Period of Purple Crying & Safe Sleep

- Does the baby make eye contact?
- Does the baby have rigid muscle tone, arching back when held or moved?
- Bottle propping, bathing, tummy time, clean environment
- Time to reconsidering swaddling, or move to arms out swaddle



# Older Infants: 6 to 12 months

## Development & Milestones

- Sitting up without support
- Pull self to stand with some help
- Feed themselves finger food, introducing solids
- Copying sounds, consonant sounds (should not be silent)
- Stranger danger
- Recognize their name
- Let their needs be known

## Observations & Questions

- **Safe Sleep**
- Looking to caregiver for comfort or reassurance
- Making eye contact, engaging with others
- Mobility, moving arms to grab things, switching hands, crawling, safe environment even more important
- Still getting majority of calories/nutrients from milk





## Young Toddlers: 12 to 18 months

This is an age where parents may start to feel more frustrated with their child's behavior and may interpret curiosity and exploration as "misbehavior."

Consider talking about developmental abilities in the context of appropriate discipline, which should focus on redirection.





# Older Toddlers: 18 months to 2 years

## Development & Milestones

- Walking Independently, including up and down stairs with hand held
- Move their body to music
- Copy another child's play
- Tries to say 3+ words besides mama and dada
- Copies a caregiver: pretending to sweep, talking on the phone
- Climbing on and off chair/sofa without help



# 2 to 3 year old

## Development & Milestones

- Busy and on the go, likely to get out of the house and be found wandering, need constant supervision
- Name five to six body parts (great engagement and warm-up with kids this age)
- Pointing to objects when you name them or say their use (which of these is for drinking? Point to cup)
- Using two to three word sentences



# Considering Toilet Learning

- Children can demonstrate readiness for toilet learning as well as demonstrating mastery of this skill at a range of ages, some as early as 18 months, while some learn much later – even as late as ages 4-6.
- Neurodivergent children especially often struggle with “interoception,” or the ability to identify and act upon body sensations and cues.
- It’s important to having conversations with parents about toilet learning, as this is often an area around which we see abuse occurring.



# Preschoolers: ages 3 to 5 years

## Development & Milestones

- Ask and answer questions
- Enjoy playing with other children
- Have good balance; run, jump, throw, climb
- Draw a face, that looks like a face
- Say most speech sounds clearly (age 4+)
- Say both first and last name (age 4+)

## Observations & Questions

- Parents often begin to discipline during this age, ask parents what that looks like.
- Ask parents and caregivers about daily routines, interest in early learning programs, normalize children being in care so parents and caregivers can get a break. Remember Family, Friends and Neighbor care for relatives who area already helping!
- Children can answer questions at this age and could be ready to speak in private. Likely to be honest about their home and who lives there.



# Thoughts/Reactions to the Matching Game?

- How do you observe or learn about a child's development in the field?
- How do you assess for safety of a non-verbal child?
- Remembering Safe Sleep and Period of Purple Crying
- The impact of HPSOs on safety for infants and young children

**TIP:** If children are not enrolled in early learning programs and/or they are not being seen regularly by a pediatrician, their development is not being adequately assessed. Caseworkers must consider this when observing and assessing child and family strengths and needs.

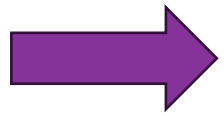


# Tips to Engage Young Children based on their Development

- Ask the child where they feel safe talking with you
- Get on their level
- Children enjoy showing off their skills, ask what they can do
- Ask the child about themselves to get a sense of their language skills
- Ask the child to color or draw with you.
- Ask what their favorite toy or book is, be prepared to pretend play
- Ask them about their feelings



# How child development leads into our safety assessment



What gathering questions we use to assess overall development and parents understanding of development.



How these answers impact our Structured Decision-Making Risk Assessment (SDM-RA) process





## Applying developmental observations to our assessments and documentation

- Describe how the child functions daily. Describe the child's general behavior, temperament, and physical capacity.
- Include the child's: Capacity for attachment, role within the family, developmental functioning, mental health, past victimization/trauma and functioning within cultural norms.

# How does the child function on a daily basis?

Understanding the age and developmental milestones of all children in the household.

Evaluate any health or special medical needs.

Understand typical behaviors and personality traits.

Identifying developmental needs.

Interactions with others and emotional regulation.

Routine activities and capacity to manage daily tasks.



# How does the parent(s)/caregiver discipline the child?

The family's approach to discipline and guidance.

Consider discipline in the broader context of socialization.

Situated within the parent's values related to family and parenting.

Related to safety and future risk of abuse/neglect.



# What are the overall parenting/childcare practices used by the caregiver?

Parenting style.

Understanding and expectations related to child development.

Parenting skills.

History of parenting behavior.



# SDM-RA related items:

- #6 The youngest child in the household is under age two years
- #7 Characteristics of children in the household
- #9 Primary caregiver's assessment of incident
- #11 Caregiver characteristics
- #18 Attachment and nurturing issues
- #10 Primary caregiver provides physical care consistent with child needs
- #11 Caregiver characteristics
- #14 Caregiver has a history of abuse or neglect as a child
- #18 Attachment and nurturing issues

**What are some prompts or questions you would ask to gather these answers?**



# Risk Assessment Outcomes

- **Moderately High Risk and High Risk**
  - Offer voluntary services
  - **Offer community-based services**

How are we supporting the family to prevent future intakes?



# Applying safety to the term "vulnerable child"

- Physical and Emotional Development
- Mobility
- Size and Dependence

**Vulnerability is *not* judged by age**



# Describing Infant Development

Ambrose Spellman, newborn. Baby initially had some NAS scores on Day of birth (5/2/20) that were high but soon had decreased and was ready for discharge by 5/5/20.



## Example using observation of milestones:

Lillith is mobile and crawling, walking, jumping, and climbing. She can stack objects, use a spoon/cup, and follow 2 step instructions. Lillith can point to specific body parts when asked but does not verbally name them. She is using minimal words, most often says "mommy" and "ba" (bottle). She is not yet participating in simple conversation. She will nod yes or no. She will often have temper tantrums including screaming, crying, thrashing, and kicking when told no. She is known as an "escape artist" and has been known to elope outside. MGM stated she must keep a close eye on her. Lillith will help with simple tasks such as picking up toys or putting her dirty diaper in the garbage. MGM stated she is concerned that Lillith has no "stranger danger" and would leave with anyone. MGM stated Lillith's communication and verbal skills have been improving since working with ESIT, such as adding more syllables to words "mommy" instead of "ma" and "ba-l" instead of "Ba" (bottle). Lillith is still showing signs of delays in her language skills.



# Tying it Together

- Parent knowledge of developmental ability can reduce frustrations and inappropriate discipline from parents who have unrealistic expectations of what their children can do.
- Case worker knowledge of development helps identify safety issues and red flags; refer for early support.
- Recognizing developmental delay early allows intervention to begin and progress to be made.
- Parents want their children to learn and grow, acquire new skills and become independent.
- Normalize enrollment with early support programming as a tool that bolsters, not replaces, parent's time with children.



# How Early Learning Navigators can help!

Did you know Navigators are subject matter experts on child development?



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- Contacting parents directly, explaining services and making referrals. **Including many high quality early learning and developmental supports!** \*You don't have to remember what's available!
- Entering case notes for early learning contacts and referrals.
- Staffing a case with you and/or QPS to discuss supports that may be helpful to the family! Attending FTDMs, SPM or Safe Child Consults!
- Can support the family even when case is closed.
- Troubleshoot early education referrals or issues with the Childcare Subsidy/Working Connections hotline.
- Staff AARs for childcare/special needs
- Help find childcare info in Barcode, providing parents a copy of their child's immunization records!
- Provide individual, unit level or office wide trainings on creating referrals or early education topics!

# Questions & Discussion

