

**Date** – August 2022

**Manual** - Child and Family Services Manual, Chapter C, Child Protective Services

**Transmittal # - 304**

The purpose of this transmittal is to provide new, revised, and clarified guidance for the Child Protective Services Chapter (C) of the Child and Family Services Manual. Unless otherwise stated, the provisions included in this transmittal are effective September of 2022.

Changes to the manual incorporate federal and state laws as well as state regulations into the guidance; clarify existing guidance; and enhance guidance on meeting the safety, permanency, and well-being of children and families. Changes were also made throughout the manual to address grammatical issues or minor clarifications that are not included in the chart below.

This transmittal and manual are available on FUSION at:

<https://fusion.dss.virginia.gov/dfs/DFS-Home/Child-Protective-Services/CPS-Guidance>

The entire Child Protective Services Manual can be found on the DSS public site at:

<https://www.dss.virginia.gov/family/cps/manuals.cgi>

Changes to the manual are listed below.

<b>Section(s) Changed</b>	<b>Significant Changes</b>	<b>Reason for Change</b>
1.5.1.2 First three months training requirement  (p. 10)	This subsection was revised to add CWS2000.1W Child Protective Services Webinar and CWS2000VLL: Capacity Building Learning Lab Protective to the first three months training requirements if CWS2000.1 Child Protective Services New Worker Guidance Training with OASIS is not available.  This subsection was revised to add online course FSWEB1044: Practice Foundations Guidance and Engagement to the first three months training requirements.	This change was prompted by the COVID-19 pandemic and the suspension of in-person training.  This change was made to support a kin first culture in Virginia.
1.5.1.3 First 12 months training requirement  (p. 10)	This subsection was revised to add CWSE4060: Family Search and Engagement and CWS4080W: Kinship Care in Virginia to the first 12 months training requirements.	This change was made to support a kin first culture in Virginia.

1.11.5 Documentation of Indian status  (p. 22)	This subsection was revised to include guidance on selecting “Indian Status” in the child welfare information system when documenting the steps taken to determine the status of the child.	This change was made to promote consistent documentation of Indian Status across child welfare programs.
2.3.2.1 Asphyxiation and strangulation  (p. 6)	This subsection was renamed and revised to add strangulation as a type of physical abuse.	This change was made to clarify the difference between asphyxiation and strangulation.
2.3.2.7 Poisoning  (p. 8)	This subsection was revised to clarify that the caretaker must intend to alter the child’s normal physiological function by giving the substance to the child.	This change was made based on feedback from the LDSS that clarity was needed around the caretaker’s intentions.
2.3.2.11 Munchausen syndrome by proxy  (p. 9)	This subsection was revised to add that Factitious Disorder Imposed on Another is another term for Munchausen syndrome by proxy.	This change was made to support both medical/mental classifications.
2.4.2.2 Inadequate supervision  (p. 12)	This subsection was revised to clarify that inadequate supervision includes acts of omission by the caretaker that allow the child access to substances that alter the child’s normal physiological functions.	This change was made based on feedback from the LDSS that clarity was needed when caretakers allow children to access substances that alter the child’s normal physiological functions.
2.4.2.8 Knowingly leaving a child with a person required to register as Tier III sexual offender  (p. 13)	This subsection was renamed and revised to clarify that the sexual offender must be classified as a Tier III sexual offender instead of as a violent sexual offender.	This change was made based on legislation passed (SB 579) during the 2020 session of the Virginia General Assembly.
2.7.1 Statutory definition  (p. 24)	This subsection was renamed and revised to provide the updated statutory definition of an abused or neglected child.	This change was made based on legislation passed (HB1334) during the 2022 session of the Virginia General Assembly.
3.3.1.1 Who are mandated reporters?  (p.7)	This subsection was revised to add individuals who engage in the practice of behavior analysis to the enumerated list of mandated reporters in Virginia.	This change was made based on legislation passed (HB 751) during the 2022 session of the Virginia General Assembly.
3.3.1.6 Mandated reporters may make	This subsection was revised to add a hyperlink to the Mandated Reporter	This change was made to provide a direct access link to

report electronically  (p. 11)	Portal, VaCPS.	VaCPS.
3.4.3 LDSS shall record all complaints or reports in writing  (p. 12)	This subsection was revised to clarify the retention period of invalid reports.	This change was made to mirror the regulation in 22VAC40-705-50A.
3.4.3.2 New report in an in-home services case  (p. 14)	This subsection was created to provide guidance to LDSS when a new report of child abuse or neglect is received on an open in-home services case.	This change was made based on feedback from the LDSS, Office of Children’s Ombudsman, and Child and Family Service Reviews to promote consistent practice among the LDSS.
3.5 Determine validity of complaint or report  (p. 13)	This subsection was revised to include the updated definition of a valid complaint in § 63.2-1508 of the Code of Virginia.	This change was made based on legislation passed (HB 1334) during the 2022 session of the Virginia General Assembly.
3.5.2.2.3 Caretakers in complaints or reports alleging the human trafficking of a child  (p. 19)	This subsection was revised to include the updated definition of who may be considered a caretaker in complaints or reports alleging the human trafficking of a child in § 63.2-1508 of the Code of Virginia.	This change was made based on legislation passed (HB 1334) during the 2022 session of the Virginia General Assembly.
3.5.2.2.4 Caretakers in complaints or reports alleging the sexual abuse or sexual exploitation of a child.  (p. 19)	This subsection was created to include the expansion of caretaker status in reports involving the sexual abuse or sexual exploitation of a child in § 63.2-1508 of the Code of Virginia.	This change was made based on legislation passed (HB 1334) during the 2022 session of the Virginia General Assembly.
3.5.2.4 Question 4: Does the LDSS have jurisdiction to conduct the family assessment or investigation?  (p. 27)	This subsection was revised to include guidance regarding the transferring of referrals between local departments in § 63.2-1508 D of the Code of Virginia.  This subsection was revised to add a resolution process for the LDSS when two local departments of jurisdiction cannot agree on jurisdiction.	This change was made based on legislation passed (HB 1334) during the 2022 session of the Virginia General Assembly.  This change was made due to continued jurisdictional disputes between local departments.
3.5.2.4.8 LDSS cannot assume jurisdiction if abuse	This subsection was revised to clarify that the LDSS must not assume jurisdiction of a family assessment or	This change was made because prior guidance in this subsection was contradictory to guidance in

<p>or neglect occurred in another state and the alleged abuser does not reside in Virginia</p> <p>(p. 33)</p>	<p>investigation if the alleged abuse or neglect occurred in another state and the alleged abuser does not reside in Virginia.</p>	<p>3.5.2.4.2.</p>
<p>3.5.4.2 Screening consideration if alleged abuser is deceased</p> <p>(p.35)</p>	<p>This subsection was revised to provide guidance that the LDSS should proceed with a child death investigation when the alleged abuser or neglector is deceased.</p>	<p>This change was made to support best practices in the field of child death investigations.</p>
<p>3.5.5.1.1 Invalid complaint involving child care or residential facility</p> <p>(p. 36)</p>	<p>This subsection was renamed and revised to provide additional guidance to the LDSS that invalid reports involving child care or residential treatment facilities must also be reported by the LDSS to the proper regulatory authority.</p>	<p>This change was made based on a recommendation from the Office of the Children’s Ombudsman.</p>
<p>3.6.3 Report complaints involving Tier III sexual offenders</p> <p>(p. 41)</p>	<p>This subsection was renamed and revised to clarify that the sexual offender must be classified as a Tier III sexual offender instead of as a violent sexual offender.</p>	<p>This change was made based on legislation passed (SB 579) during the 2020 session of the Virginia General Assembly.</p>
<p>3.9.2 CPS Report Placement Chart</p> <p>(p. 59)</p>	<p>This subsection was revised to replace violent sexual offender with Tier III sexual offender.</p>	<p>This change was made based on legislation passed (SB 579) during the 2020 session of the Virginia General Assembly.</p>
<p>4.1.1 Differential response</p> <p>(p.11)</p>	<p>This subsection was revised to update the response time for R3 and case opening on the CPS Process Chart.</p>	<p>This change was made to align with current CPS guidance.</p>
<p>4.4.4.6 When the alleged victim child is not found</p> <p>(p.47)</p>	<p>This subsection was revised to provide guidance to the LDSS on how a missing child should be documented in the child welfare information system.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>4.4.4.8 LDSS must continue periodic checks for missing child</p> <p>(p.48)</p>	<p>This subsection was revised to provide guidance to the LDSS on how to document in the child welfare information system when a missing child is not found after 90 days.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>

<p>4.4.4.9 If missing child is found (p.48)</p>	<p>This subsection was revised to clarify that once a missing child is found a new 45 or 60 day time frame will begin for the completion of the investigation or family assessment.</p>	<p>This change was made to align with the 60 day time frame for the completion of family assessments.</p>
<p>4.4.10 Information about the Office of the Children’s Ombudsman</p>	<p>This subsection was created to provide guidance to the LDSS on their requirement to provide biological parents, prospective adoptive parents, and foster parents information about the Office of the Children’s Ombudsman.</p>	<p>This change was made as a result of legislation (HB 1301) passed during the 2020 session of the Virginia General Assembly.</p>
<p>4.5.6.7.1 Safe sleep environment and practices (p.58)</p>	<p>This subsection was revised to provide additional guidance to the LDSS on the importance of assessing the sleep environment, sleep practices, and providing safe sleep information to all families with infants and children less than two years of age.</p>	<p>This change was made to support safe sleep best practices and prevent unsafe sleep related child deaths.</p>
<p>4.5.11.1 Safety decision and family partnership meeting (p.68)</p>	<p>This subsection was revised to clarify that an FPM should be documented in a case when there is an active CPS referral and open case.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>4.5.15.2 Risk level determines need to convene FPM (p.74)</p>	<p>This subsection was revised to clarify that an FPM should be documented in a case when there is an active CPS referral and open case.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>4.6.2 Time frames to complete investigations (p.80)</p>	<p>This subsection was revised to clarify that the LDSS must ensure the appropriate exception is selected when not completing an investigation within the 45 day time frame.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>4.6.6 Face-to-face interview with the alleged victim child (p.84)</p>	<p>This subsection was revised to provide additional guidance on the use of a minimal facts interview when a face-to-face contact with the victim child needs to be completed within the determined response priority and a forensic interview cannot be scheduled within the response priority.</p>	<p>This change was made to support best practices related to the use of Child Advocacy Centers and forensic interviews in child abuse and neglect investigations.</p>

<p>4.6.11.1 Safe sleep environment and practices (p.90)</p>	<p>This subsection was revised to provide additional guidance to the LDSS on the importance of assessing the sleep environment, sleep practices, and providing safe sleep information to all families with infants and children less than two years of age.</p>	<p>This change was made to support safe sleep best practices and prevent unsafe sleep related child deaths.</p>
<p>4.6.21.1 Safety decision and family partnership meeting (p.101)</p>	<p>This subsection was revised to clarify that an FPM should be documented in a case when there is an active CPS referral and open case.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>4.6.25.2 Risk level determines need to convene FPM (p.109)</p>	<p>This subsection was revised to clarify that an FPM should be documented in a case when there is an active CPS referral and open case.</p>	<p>This change was made to promote consistent practice among the LDSS.</p>
<p>5.4.2 Identify the regulatory agency (p. 9)</p>	<p>This subsection was revised to clarify that the Department of Education now licenses and certifies facilities such as child day centers, licensed and voluntarily registered family day homes.</p>	<p>This change was made as a result of legislation (HB 1012 and SB 578) passed during the 2020 session of the Virginia General Assembly.</p>
<p>6.1 Introduction (p.3)</p>	<p>This subsection was revised to add information on the importance of child death investigations and a multi-disciplinary approach.</p>	<p>This change is based on best practices in child death investigations.</p>
<p>6.2.1 Report child death to District Office of the Chief Medical Examiner (p. 3)</p>	<p>This subsection was revised to include directives to LDSS to request a written copy of the autopsy report.</p>	<p>This change was made to strengthen existing practices.</p>
<p>6.2.3 Report child death to CPS Practice Consultant (p. 4)</p>	<p>This subsection was renamed and revised to update the name of the CPS Regional Consultant to CPS Practice Consultant.</p> <p>This subsection was revised to change the amount of time from 24 hours to two working days for the completion of the Preliminary Child Fatality/Near-Fatality Information Form and notification to the CPS Program Manager and</p>	<p>These changes were made to strengthen existing practices.</p>

	Commissioner's Office.	
6.3 Investigation of child death (p. 6)	This subsection was revised to include guidance on the importance of conducting joint investigations with law enforcement.	This change was made to enhance existing best practices related to the investigation of child deaths.
6.3.1 CPS Practice Consultant to provide technical assistance (p. 7)	This subsection was renamed and renumbered.	This change was made to support existing practices and support the chronology of child death investigations.
6.3.2 Assessing safety in a child fatality (p. 7)	This subsection was renumbered and guidance was provided on specific safety considerations when investigating a child death.  This subsection was revised to provide that guidance that if there are other children under the age of two in the home the LDSS should provide the caretaker with information on safe sleep practices.	These changes were made to support existing practices and support the chronology of child death investigations.
6.3.4 Investigative protocol (p. 8)	This subsection was created to provide detailed information needed to conduct a thorough child death investigation.	This change was made to support best practices of child death investigations.
6.3.5 Death of a child in foster care (p. 11)	This subsection was renumbered, renamed, and revised to provide guidance to the LDSS on immediate notification to the CPS and Foster Care Practice Consultants of a death of child in foster care and potential conflicts of interest.	This change is based on best practices in child death investigations.
6.3.6 Child death case reporting tool (p. 11)	This subsection was renumbered and revised to provide additional guidance to the LDSS on the purpose of the tool, instructional information on completion of the tool, and time frame for tool completion and submission.	This change was made to clarify existing requirements.
6.3.7 Suspension of child death investigations	This subsection was renumbered and revised to provide guidance that the LDSS must submit a written request to the medical examiner to obtain a	This change was made to clarify existing requirements.

(p. 12)	written copy of the autopsy and document the request in the child welfare information system.	
6.3.8 Notify CPS Practice Consultant of disposition  (p. 13)	This subsection was renumbered, renamed, and revised to clarify that the LDSS should consult with the Practice Consultant prior to making final disposition and document the results of the autopsy in the child welfare information system. It removes the requirement that the Practice Consultant notify the Program Manager of the final disposition, assessed risk, and criminal charges on child death investigations.	This change was made to clarify existing requirements.
6.4.2 Regional Child Fatality Review Teams  (p. 15)	This subsection was revised to clarify that the regional child fatality review team for each respective jurisdiction will review all child fatalities and examine the circumstances of each child's death.	This change was made to clarify existing requirements.
6.4.2.2 Role and responsibilities of CPS  (p. 16)	The subsection was revised to provide additional guidance that the CPS worker or current CPS supervisor are responsible for providing vital information to the child review team.	This change was made to clarify existing requirements.
6.4.2.3 Presenting a case for the regional child fatality review meeting  (p. 16)	The subsection was renamed and revised to provide additional guidance on how to prepare for presenting a case at a regional review meeting.	This change was made to clarify existing requirements.
6.5.2 Investigation of child death by Children's Ombudsman  (p. 20)	This subsection was created to provide guidance on the types of child deaths that can be reviewed by the Office of the Children's Ombudsman and on the mandatory release of information by the LDSS to the Office of the Children's Ombudsman.	This change was made as a result of legislation (HB 1301) passed during the 2020 session of the Virginia General Assembly.
6.6 Retention of CPS report involving a child death	The subsection was revised to clarify that the LDSS must document the child death in the child welfare information system so that the record is not purged prematurely.	This change was made to clarify existing requirements.

(p. 21)		
6.8 Appendix B: Near Child Fatalities  (p. 25)	This subsection was renumbered from its prior placement as Appendix H.	This change was made for organizational purposes.
6.9 Appendix C: Additional Resources for Child Fatalities  (p. 27)	This subsection was renumbered from its prior placement as Appendix C and revised to include links to current resources that support child death investigations.	This change was made for organizational purposes and to support best practices.
6.10 Appendix D: Sample Letter	This subsection was revised to provide LDSS with a sample notification letter for the medical examiner.	This change was made to support best practices in child death investigations.
9.2.10 Release information to Office of Children’s Ombudsman  (p. 9)	This subsection was created to provide guidance on the mandatory release of information to the Office of Children’s Ombudsman.	This change was made as a result of legislation (HB 1301) passed during the 2020 session of the Virginia General Assembly.
9.7.3 Identify parties with legitimate interest  (p. 21)	This subsection was revised to expand the list of persons with a legitimate interest in CPS records.	This change was made as a result of legislation (HB 733 and SB 316) passed during the 2022 session of the Virginia General Assembly.
10.6.2 Initial safety assessment  (p. 15)	This subsection was revised to include the applicable safety factors on our current SDM Safety Assessment Tool.	This change was made because we have a revised SDM Safety Assessment Tool.

Questions about this transmittal should be directed to the Regional Protection Practice Consultants:

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Commissioner