



**TEXAS**  
**Department of Family  
and Protective Services**

**Sexual Incident  
Resource Guide**

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## Introduction & Purpose

Children who exhibit sexually aggressive behavior need special attention, care, and supervision. These children have complex needs which may be challenging to manage. This guide provides a practical approach to identifying the differences between appropriate developmental behavior, problematic sexual behavior, and sexually aggressive behavior.

One of the underlying principles of this guide is the importance of caseworkers and caregivers working towards a healthy outcome for a child exhibiting either sexual behavior problems or sexually aggressive behaviors, while also protecting other children they come into contact with while in the foster care system and the community.

If sexually aggressive behavior is identified, it must be indicated in the child's case record by the Conservatorship Program Administrator (CVS PA) and reflected in the child's placement summary form, Attachment A, and application for placement.

*Note: In Community Based Care (CBC) catchment areas, caseworkers must follow the placement process outlined in the relevant CBC Operations Manual. The placement summary form may not be used in CBC areas, as the Single Source Continuum Contractor (SSCC) may have its own forms used for communication with placements.*

This guide is *not* to be used to determine interventions and supports for children and youth who have been the victim of sexual abuse. While there might be some situations where a child who is the victim of sexual abuse also displays sexually aggressive behavior, do not assume there is a relationship between the two situations. The child's behavior should be assessed to determine if it meets the definition of sexually aggressive behavior.

This guide focuses on how to:

- Identify current behavior.
- Document and communicate that behavior with caregivers and others.
- Differentiate between appropriate, problematic, and aggressive behaviors.

Finally, this guide provides CVS PA with the information needed to identify a child with sexually aggressive behavior in IMPACT.

For additional information on working with children who have experienced sexual abuse, see [Working With a Child who has Experienced Sexual Abuse Resource Guide](#).

## Definition & Terms

### Child

Child means a child or youth in DFPS conservatorship.

### Sexual Incident History Page

All sexual incidents will be entered on the **Sexual Incident History** page in IMPACT regardless if it is a victimization or aggression incident. There is also a reminder that all sex trafficking incidents are entered on the Trafficking page in IMPACT. The Sexual Incident History page displays pre-filled fields for the child's name and PID and will always display a question asking if the child has a confirmed history of sexual victimization.

For additional guidance on documenting sexual incidents, see [Sexual Incident History in IMPACT 2.0 Job Aid](#).

### Sexual Behavior Problem

A sexual behavior problem is when a child exhibits sexual activities or actions that are outside the range of those which are developmentally appropriate.

### Sexually Aggressive Behavior

Sexually aggressive behavior occurs when a child takes advantage of another person in a sexual way through seduction, coercion, and/or force.

- **Seduction:** The use of charm, manipulation, promises, gifts, and flattery to induce a person to engage in sexual behavior.
- **Coercion:** The exploitation of authority or the use of bribes, threats, threats of force, and/or intimidation to gain cooperation or compliance.
- **Force:** Threat or use of physical or emotional harm towards a person, and/or someone and/or something a person cares about.

While this guide primarily addresses situations in which a child has been sexually aggressive with another child, there may be times when an adult may be a victim of sexual aggression by a child.

## Dynamics of a Child with Sexual Aggression

There are many possible reasons why children exhibit sexually aggressive behaviors. In general,

children's sexual behaviors are rarely about sexual pleasure. In fact, these behaviors are much more likely to be related to the factors below:

- Exposure to traumatic experiences: abuse, natural disasters, accidents, and/or violence, including domestic violence.
- Excessive exposure to adult sexual activity and/or nudity in the home (including media exposure through television or the Internet).
- Inadequate or inappropriate rules about modesty or privacy in the home.
- Inadequate or inappropriate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences.

While the following behaviors do not necessarily indicate sexually aggressive behavior, they are examples of behavioral and social difficulties that children with sexually aggressive behavior may also exhibit:

- Impulsiveness and a tendency to act before thinking.
- Difficulty following rules and listening to authority figures at home, in school, and in the community.
- Problems making friends their own age and a tendency to play with much younger children.
- A limited ability to self-soothe (calm themselves down), so they may touch their own genitals (masturbate) as a way to release stress.<sup>1</sup>

For additional information on working with children who have experienced sexual abuse, see [\*Working With a Child who has Experienced Sexual Abuse Resource Guide\*](#).

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<sup>1</sup> Understanding and Coping with Sexual Behavior Problems in Children. (2015). Retrieved June 16, 2016, from [http://nctsn.org/nctsn\\_assets/pdfs/caring/sexualbehaviorproblems.pdf](http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf)

## Sexual Behavior Chart

The Sexual Behavior Chart below provides examples of behaviors and/or activities that meet criteria for normal sexual development, sexual behavior problem, and sexually aggressive behavior. This chart is not an exhaustive list.

If there are questions regarding the behaviors, incident, and/or the criteria outlined on the Sexual Behavior Chart, caseworkers should staff with their supervisor to determine the best protocol to follow. Sexual orientation or gender identity are *not* indicators of sexual behavior problem or sexually aggressive behavior.

Note: Human trafficking recruitment does not in and of itself meet the guidelines for sexually aggressive behavior unless there are additional behaviors that meet the criteria outlined below. However, any history of recruitment must be addressed, documented for future placements, and appropriately treated.

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
<p><b>Less than 4 (preschool)</b></p>	<ul style="list-style-type: none"> <li>• Touches genitals in public and private.</li> <li>• Frequent erections.</li> <li>• Explores one's body.</li> <li>• Enjoys being naked.</li> <li>• Tries to touch private parts of others and see others naked.</li> </ul>	<ul style="list-style-type: none"> <li>• Curiosity about sexual behavior becomes an obsessive preoccupation.</li> <li>• Exploration becomes reenactment of specific adult activity.</li> <li>• Behavior involves injury to self or others.</li> </ul>	<ul style="list-style-type: none"> <li>• Exploration becomes reenactment of specific adult activity and involves other children.</li> <li>• Behavior involves injury to self or others.</li> </ul>

Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
<p style="text-align: center;"><b>4-6</b> <b>(young children)</b></p>	<ul style="list-style-type: none"> <li>• Develops sense of being male and female.</li> <li>• Explores own body more purposefully.</li> <li>• Knows touching feels good but not necessarily that it should be done in private.</li> <li>• Has lots of questions and curiosity.</li> <li>• “Plays doctor” and shows private parts to others.</li> <li>• Talks about bodily functions.</li> <li>• Touches or tries to view peer/sibling body/genitals.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Discusses specific sexual acts or explicit sexual language.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual touching that involves coercion, threats, secrecy, violence, or aggression.</li> <li>• Anal sex with another child.</li> <li>• Vaginal sex with another child.</li> <li>• Oral sex with another child.</li> <li>• Masturbating another child.</li> <li>• Forcing another child to watch masturbation.</li> </ul>
<p style="text-align: center;"><b>7-13</b> <b>(school aged)</b></p>	<ul style="list-style-type: none"> <li>• Purposefully touches own genitals</li> <li>• Plays games (e.g., truth or dare) about/explores sexual behavior with other children</li> <li>• Looks at pictures of naked people</li> <li>• Wants more privacy</li> <li>• Begins sexual attraction to peers</li> <li>• Questions about relationships, sexual behavior and menstruation/ pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Describes aggressive/ violent sexual acts.</li> <li>• Simulated intercourse</li> <li>• Masturbating in public</li> <li>• Chronic preoccupation with sex/pornography (including online).</li> </ul>	<p>Sexual touching that involves coercion, threats, secrecy, violence, or aggression, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Anal sex</li> <li>• Vaginal sex</li> <li>• Oral sex</li> <li>• Masturbating another child</li> <li>• Forcing another child or adult to watch masturbation.</li> </ul>



Age	Normal Sexual Development	Sexual Behavior Problem	Sexually Aggressive Behavior
<p><b>14-17 (teens)</b></p>	<ul style="list-style-type: none"> <li>• Has markedly more sexual interest in others.</li> <li>• Sexual activity/experimentation with children of the same age.</li> <li>• Expresses sexual orientation and sexual identity.</li> <li>• Sexual interaction through technology and social media.</li> <li>• Masturbation in private.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual interest directed towards much younger children.</li> <li>• Chronic preoccupation with sex/pornography (including online).</li> <li>• Masturbating in public.</li> </ul>	<p>Sexual touching that involves coercion, threats, secrecy, violence, or aggression, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>• Anal sex</li> <li>• Vaginal sex</li> <li>• Oral sex</li> <li>• Masturbating another child or adult.</li> <li>• Forcing another child or adult to watch masturbation.</li> <li>• Forcing another child or adult to watch pornography.</li> <li>• Sexual contact with animals.</li> <li>• Child that traffics another child (child that sets up the dates and collects something in exchange for the act).</li> </ul>

## Identifying & Documenting Sexual Behavior Problem

A staffing must occur between the child’s caseworker and supervisor to determine if a child meets criteria and can be designated as having a sexual behavior problem as outlined in the sexual behavior chart. The CVS PA is not required to participate in this staffing.

The staffing must be documented in the child’s SUB stage. The staffing must include the specific details of the behaviors and/or incidents that were used to determine whether the child meets the criteria for a sexual behavior problem or not.

If the child meets criteria for sexual behavior problem, then the sexual behavior problem characteristic is marked on the child's Person Detail page in IMPACT.

Once this characteristic is marked, there will be no end-date, as a child will always have a history of this characteristic. The characteristic cannot be unmarked based on a long period of time lapsing since the child exhibited behaviors or due to the child receiving services and/or treatment to alleviate the behaviors that led to them being marked with a sexual behavior problem.

If the sexual behavior problem characteristic has been marked in error, the characteristic can be unmarked. However, a staffing must be documented in the child's SUB stage indicating that the characteristic was selected in error.

A child being marked with a sexual behavior problem may indicate that the child should be referred for services but does not require the CVS PA to designate the child as sexually aggressive. However, if a child is designated as sexually aggressive, then the child is automatically marked with the sexual behavior problem characteristic.

## Identifying & Assessing Sexually Aggressive Behavior

If a caseworker suspects that a child has sexually aggressive behavior, the caseworker **MUST** notify the CVS PA immediately. The notification can be done by email with a copy to the supervisor and program director. A CVS PA is the designated individual responsible for determining if a child's behavior meets the definition of sexually aggressive.

*Note: In areas where CBC has been implemented, the SSCC must identify the position that will be responsible for making the designation within the catchment area as a part of the protocols developed during the start-up phase. The SSCC will be contractually responsible for ensuring the appropriate implementation of all Child Sexual Aggression Protocols outlined in this Resource Manual.*

To determine if a child's behavior meets the definition of sexually aggressive behavior, caseworkers must obtain as much information as possible to help inform this decision. The following information should be included:

- Age of all children involved at time of incident(s) as well as any developmental delays present.
- The date and location of where the incident(s) occurred.

- A description of the incident.
- Any documented history of sexually aggressive behavior, as defined in this document.
- Any Child Advocacy Center (CAC) forensic interviews of the child in question and of any alleged child victims.

# Protocols When a Child has Sexually Aggressive Behaviors

## Child with Sexually Aggressive Behavior Enters Conservatorship

When a child enters DFPS conservatorship (CVS) and is suspected of having sexually aggressive behavior, the following actions must be taken immediately:

- The removal caseworker staffs with the removal supervisor any sexually aggressive behaviors and/or incidents that have been identified through the course of the investigation, FBSS case, and/or child's history.
- If sexually aggressive behaviors are suspected, the CVS PA is notified, and a Child Sexual Aggression (CSA) staffing is held as soon as possible but no later than 24 hours after being made aware of the behaviors.
- The CVS PA reviews the investigation and/or information from current or past CPI, CCI, RCCL, FBSS, or CVS cases, as well as any other documentation on the child and potential victims, along with the **Sexual Behavior Chart** to determine if the behavior and/or incident meets the definition of sexually aggressive behavior.
- Whether the behavior and/or incident does or does not meet the definition of sexually aggressive, the CVS PA documents the CSA staffing in the alleged aggressor's SUB stage and includes at a minimum, the following information:
  - Staffing attendees
  - The victim's name and PID.
  - The alleged aggressor's relationship to the victim.
  - A description of the behavior and/or incident.
  - Whether or not the alleged aggressor meets the definition of sexually aggressive behavior.
  - The date of the incident.
  - The placement at time of the incident.
  - If the child was in DFPS custody at time of the incident.

\*if multiple incidents are staffed, the above must be documented for each.
- If the incident is determined to be aggressive, the CVS PA documents the sexual aggression and sexual victimization incidents on both the victim and aggressor's Sexual Incident History pages in IMPACT.
- Within 24 hours of the CSA staffing, the CVS PA notifies the following people of the decision, including the rationale for the decision made:
  - Removal caseworker.
  - Removal supervisor.

- CVS PD.
- CVS supervisor.
- CVS caseworker.
- SSCC staff member assigned (if applicable).

*Note: If a child receives a disposition of a Reason to Believe for Sexual Abuse by CPI, then that child must be designated as having Child Sexual Aggression. This means the child must have a corresponding aggression incident added to their Sexual Incident History page related to the Reason to Believe.*

*Note: If a child has a criminal conviction for a sexual offense, then that child must be designated as having Child Sexual Aggression. This means the child must have a corresponding aggression incident added to their Sexual Incident History page related to the criminal conviction.*

For specific instructions how to document sexual aggression or sexual victimization incidents, see the [Sexual Incident History in IMPACT 2.0 Job Aid](#).

# RCCI Investigation of a Child Placed in a Licensed Placement

## Helpful Definitions:

**Licensed Contracted Placement:** a placement that is under a contract with DFPS through Residential Child Care Contracts or with an SSCC as a part of CBC.

**Caregiver:** Caregivers in a foster home include the individual foster parents. In a General Residential Operation (GRO), the caregiver is the administrator of the operation, the receiving intake staff, if applicable, and the child's case manager

When an investigation is opened involving a child placed in a licensed placement, both RCCI and CPS must work collaboratively to ensure the safety of the child being investigated, as well as any other children at that placement. See CPS Policy [4221.1 RCCI Notifying CPS of Alleged Abuse or Neglect in Foster Homes](#).

The following chart provides guidance on CPS and RCCI protocols:

CPS Protocols	RCCI Protocols
	RCCI keeps CPS informed throughout the investigation. If child sexual aggression is suspected, the RCCI investigator notifies the caseworkers of the child with aggressive behavior and victim.
Caseworkers of the child with alleged aggressive behavior and the victim notify their supervisor, PD, and PA about investigation findings.	
	<p>In addition to notifying the CPS caseworkers of the aggressor and victim children, the RCCI Investigator <b>IMMEDIATELY</b> notifies the RCCI PA, who:</p> <ul style="list-style-type: none"> <li>• Reviews the investigation and the High- Risk Behavior Guidelines to determine if the incident meets the definition of sexually aggressive behavior.</li> </ul>

CPS Protocols	RCCI Protocols
<p>The CVS PA:</p> <ul style="list-style-type: none"> <li>• Reviews the investigation and the Sexual Incident History Resource Guide to determine if the incident meets the definition of sexually aggressive behavior.</li> <li>• Confers with the RCCI PA on RCCI investigations to ensure that the two agencies agree that the definition was met.</li> </ul>	<p>The RCCI PA:</p> <ul style="list-style-type: none"> <li>• Confers with the aggressor’s CVS PA on RCCI investigations to ensure that the two programs agree that the incident meets the definition of sexually aggressive behavior. If agreed, the RCCI PA marks the indicator in CLASS.</li> </ul>
<p>If the RCCI PA and the CVS PA do not agree that the incident meets the definition of sexually aggressive behavior, the CVS PA must elevate the decision to the RD to review with the Child Care Investigations Division Administrator.</p> <p>If no agreement can be made at the regional level, the CVS PA elevates the decision to the RCCI State Office Director and CPS Director of Field.</p>	<p>If the RCCI PA and the CVS PA do not agree that the incident meets the definition of sexually aggressive behavior, the RCCI PA must elevate the decision to review with the Child Care Investigations Division Administrator.</p> <p>If no agreement can be made at the regional level, the RCCI PA elevates the decision to the RCCI State Office Director and CPS Director of Field.</p>
<p>Whether the incident meets the definition of sexual aggression or not, the CVS PA documents the CSA staffing in the narrative of the child’s SUB stage and at a minimum includes the following information:</p> <ul style="list-style-type: none"> <li>• Attendees</li> <li>• The victim’s name and PID.</li> <li>• Relationship to the aggressor.</li> <li>• A description of the behavior.</li> <li>• The date of the incident.</li> <li>• The placement at time of the incident.</li> </ul> <p>If the child was in DFPS custody at time of the incident. caregiver(s), obtains signatures of all caregivers, and uploads the signed document into OneCase.</p> <p><i>If the victim child’s case is from another region or PA area, the PA making the decision about the sexual aggression must discuss the concerns with the PA from the victim child’s region to discuss child safety.</i></p> <p>Note: In CBC catchment areas, Attachment A is required to be provided with their placement summary form.</p>	

CPS Protocols	RCCI Protocols
<p>If the incident does meet the criteria for CSA, the aggressor’s PA follows the <a href="#">Sexual Incident History in IMPACT 2.0 Job Aid</a> to enter an aggression and victimization incident on the children’s Sexual Incident History pages.</p> <p>Once the incidents are documented on the Sexual Incident History pages, the Caseworkers provide the child sexual history report Attachment A to the aggressor and victims caregiver(s), obtains signatures of all required caregivers, and uploads the signed document into OneCase.</p> <p>Updates Child Plan of Service (CPOS) to include services and supports for both the child who was determined to have CSA and the child who was the victim of CSA.</p> <p>Launches a new Common Application. The new application for placement will autofill with information from the Sexual Incident History Page and trafficking page.</p>	



## CPS Investigation of a Kinship Home

### Helpful Definitions:

**Kinship Home:** a placement where a child resides with a relative or fictive kinship caregiver. The caregiver has undergone a background check and a home assessment but is not a verified foster home. Caregivers in a kinship can include any individuals who reside in the home and provide unsupervised care of the child.

**Kinship Foster Home:** placement where a child resides with a relative or fictive kinship caregiver and the caregiver is a verified foster home.

CPI Protocols	CVS Protocols
The CPI worker notifies CVS caseworker, LPS, KDW, and SSCC (if applicable) of intake.	Caseworker is notified of investigation.
	Caseworker reviews intake in IMPACT.
	Caseworker immediately notifies supervisor of the investigation. Caseworkers of alleged aggressor and victim maintain contact with the investigator and the child during the investigation to continue to assess child safety. Caseworker must staff and take appropriate actions at any time to ensure the safety of the child sexual aggressor and/or the child victim.
	Caseworker notifies parents and parties according to CPS Policy <a href="#">6151.3</a> .
CPI notifies caseworker when the initial face-to- face interview with child is completed.	

<b>CPI Protocols</b>	<b>CVS Protocols</b>
	<p>Caseworker visits the child that is alleged to have sexually aggressive behavior and caregiver to determine if supportive services are necessary and then arranges services immediately.</p> <p>(Caseworker does not interview the child about the allegations and does not inform the caregiver of the investigation.)</p> <p>Caseworker of victim visits the child and caregiver to see if supportive services are necessary and then arranges services immediately.</p> <p>Caseworker maintains contact with investigator during the investigation to maintain assessment of child safety.</p>
<p>CPI works with CVS Caseworker to refer the child victim to CAC for a forensic interview, if necessary.</p>	<p>Caseworker works with CPI to refer the child to CAC for a forensic interview, if necessary.</p>
<p>CPI notifies CVS caseworker and KIN caseworker of case conclusion.</p>	
	<p>Caseworker notifies supervisor and PD about investigation findings.</p>
	<p>Caseworker reviews the investigation in IMPACT.</p>
	<p>If the findings include the discovery of sexually aggressive behavior, the caseworker notifies the aggressor child's CVS PA by email as soon as possible, but no later than 24 hours and copies the supervisor and PD. The caseworker includes the child's name, PID, and DOB.</p>

CPI Protocols	CVS Protocols
	<p>CVS PA holds a CSA staffing as soon as possible, but no later than 24 hours to determine if the child's behavior meets the definition of sexually aggressive behavior.</p>
	<p>Whether the incident meets the definition of sexual aggression or not, the CVS PA documents the CSA staffing in the child's SUB and at a minimum includes the following information:</p> <ul style="list-style-type: none"> <li>• Attendees</li> <li>• The victim's name and PID.</li> <li>• Relationship to the aggressor.</li> <li>• A description of the behavior.</li> <li>• The date of the incident.</li> <li>• The placement at time of the incident.</li> <li>• If the child was in DFPS custody at time of the incident.</li> </ul> <p>If the incident does meet the criteria for CSA, the aggressor's PA follows the <a href="#">Sexual Incident History in IMPACT 2.0 Job Aid</a> to enter an aggression and victimization incident on the children's Sexual Incident History pages.</p> <p>Once the incidents are documented on the Sexual Incident History pages, the Caseworkers provide the child sexual history report Attachment A to the aggressor and victims caregiver(s), obtains signatures of all required caregivers, and uploads the signed document into OneCase.</p>

CPI Protocols	CVS Protocols
	<p>The CVS PA notifies the following people of the decision, including the rationale for the decision made:</p> <ul style="list-style-type: none"> <li>• Investigation Supervisor.</li> <li>• CVS PD.</li> <li>• CVS Supervisor.</li> <li>• CVS Caseworker for both the child with sexually aggressive behavior and the victim child.</li> </ul>
	<p>Updates Child Plan of Service (CPOS) to include services and supports for both the child who was determined to have CSA and the child who was the victim of CSA.</p> <p>Launches a new Common Application. The new application for placement will autofill with information from the Sexual Incident History Page, and trafficking page.</p>

## CPS Placement Protocols for All Placements

\*Note: In CBC catchment areas, the SSCC staff will review the applicable forms and IMPACT documentation to recommend the best placement for the child. The caseworker will follow the placement process as outlined in the relevant CBC Operations Manual.

Regional Placement Team and RTPC	Caseworker
	Caseworker receives a discharge notice or requests discharge.
	Caseworker reviews the child characteristics page on the child's person detail and reviews and updates documentation on the child's Sexual Incident History page or trafficking page.
	<p>Launches a new application for placement in IMPACT.</p> <p>The new application for placement will autofill with information from the Sexual Incident History Page, and trafficking page.</p>
	Caseworker submits placement packet.
<p>Receives application for placement (Form <a href="#">2087</a> or 2087ex), psychological evaluation and CANS, if applicable.</p> <p>Follow the <a href="#">placement process</a> guidelines including the requirements listed regarding the placement packet.</p>	
<p>Reviews application for placement to see if sexual aggression and sexual victimization information is included.</p>	
<p>Reviews IMPACT child characteristics on the Sexual Incident History page to see if any incidents of sexual aggression or victimization are documented.</p>	

Regional Placement Team and RTPC	Caseworker
<p>Reviews the Sexual Incident History page of all children placed at the facility that are currently in DFPS custody in order to ensure appropriate placement decisions are made for both a child who has been sexually aggressive as well as a child who has a history of sexual victimization.</p> <p>Check placement log to ensure a child with sexually aggressive behavior is not being placed with their victim. Conversely, check placement log to ensure a victim is not placed with the child who was sexually aggressive to them.</p>	
<p>Provides name of placement(s) that accepted the youth for caseworker to consider.</p>	<p>After the caseworker selects the most appropriate placement, the caseworker:</p> <ul style="list-style-type: none"> <li>• Ensures the 2279 is updated.</li> <li>• Launches the Child Sexual History Report (Attachment A)</li> <li>• Reviews and provides the 2279 and Attachment A to all caregivers at the time of placement.</li> <li>• Uploads the signed 2279 and Attachment A into OneCase.</li> <li>• Discusses supervision and services for the child while in placement.</li> <li>• Documents the plan for supervision in the Child Plan of Service (CPOS).</li> </ul>
	<p>Prior to a supervisor approving a placement entered in IMPACT, they must confirm the Attachment A and 2279 have been signed by the caregiver(s) and uploaded into OneCase.</p>

## When a Child with Sexual Aggression Resides in a Kinship Home

Caseworker	Kinship Development Worker (KDW)
<p>Caseworker completes the appropriate section of the Kinship Assessment Referral form (form <a href="#">6581</a>) and provides specific information about the child's behaviors and need for supervision. See CPS Policy <a href="#">6623</a>.</p>	
<p>Supervisor reviews the completed home assessment to ensure the caregiver can meet the child's need for supervision and therapeutic interventions.</p> <p>If there are any concerns but the placement is approved, the Supervisor outlines concerns on the home assessment and forwards it to the KDW.</p>	
<p>At the time of placement, the caseworker reviews the 2279 and the Attachment A with the caregiver, discusses supervision and needs, and develops a plan to ensure safety.</p> <p>Caseworker follows the protocol outlined in the above section titled: CPI investigation of a Kinship Home.</p>	
	<p>The KDW reviews the home assessment and includes any identified concerns on the Kinship Development Plan.</p> <p>At the initial home visit, the KDW confirms the caregiver has reviewed and signed the Attachment A. The KDW discusses the child's behaviors, need for supervision, and therapeutic interventions with caregiver to ensure the caregiver has the support necessary to ensure the child's safety and success in the placement.</p>

## Child Characteristics and the Application for Placement

If a PA determines that a child demonstrates sexually aggressive behaviors, the PA documents the sexually aggressive incident on the child's Sexual Incident History page in IMPACT. Each incident of sexual aggression must include the date the incident occurred and the name, PID, age, and the relationship of the victim as well as a description of the incident.

A child in CPS conservatorship who is a **victim** of child sexual aggression should have the question of "Does this child/youth have a confirmed history of sexual victimization?" marked as "Yes" on the Sexual Incident History page in IMPACT. Each incident of sexual victimization must include the date the incident occurred and the name, PID, age, and relationship of the individual responsible for the abuse as well as a description of the incident.

The application for placement and Attachment A automatically pre-fills with confirmed trafficking and sexual victimization, and designated sexual aggression incidents. However, this only happens when a new application for placement is launched.; Therefore, staff must launch a new application for placement and Attachment A after **each new** incident has been entered.