

**Office of the Child Advocate Interim Report to the Legislature  
Regarding Line Item 0411-1005 and Outside Section 219  
March 31, 2015**

**INTRODUCTION**

Public confidence in the Department of Children and Families (DCF) reached a crisis point last year after the disappearance of Jeremiah Oliver, culminating in a series of media and governmental reports, oversight hearings by the Legislature, and the resignation of the Commissioner of DCF. In July 2014, as part of the General Appropriations Act for Fiscal Year 2015, the Legislature appropriated funds for the Office of the Child Advocate (OCA) to conduct an emergency review and analysis of the office management, recordkeeping, and background check procedures of DCF pursuant to Outside Section 219. Outside Section 219 directs the OCA, in consultation with the Office of the Inspector General (IGO), to develop best business practices and management recommendations to ensure the improved administration of DCF relative to seven enumerated areas and to conduct a survey of clients and employees of DCF. A copy of Outside Section 219 is attached as Appendix A.

Pursuant to the above directive, and after consultation with IGO staff, the OCA entered into a contract with the Child Welfare League of America (CWLA) to perform the Section 219 review. CWLA had contracted previously with the Executive Office of Health and Human Services (EOHHS) to produce a quality improvement report concerning DCF for the Governor and Secretary of EOHHS. On January 5, 2015, CWLA's Senior Vice President for Policy and Public Affairs, Linda Spears, was named as the next Commissioner of DCF. After consultation with the IGO, and in order to avoid any real or perceived conflicts of interest, the OCA formally withdrew from the contract with CWLA on January 26, 2015. At the time of writing of this report, the OCA is negotiating with an independent consultant to complete the Section 219 review. The need to terminate one contract and enter into another has necessarily affected the

cost and the timeline for the Section 219 review, but the project is on track to be completed with minimal additional resources by October 31, 2015.

### **CHRONOLOGY OF EVENTS**

December 10, 2013	DCF obtained custody of the Oliver children following Jeremiah Oliver's disappearance
December 30, 2013	DCF released its internal review of the Oliver family's DCF case
January 23, 2014	OCA released its report and recommendations concerning Jeremiah Oliver's disappearance
January 23, 2014	House Committee on Post Audit and Oversight and House Members of the Joint Committee on Children, Families and Persons with Disabilities conducted oversight hearing
March 12, 2014	CWLA released its Progress Update to the Governor and Secretary of EOHHS
March 26, 2014	State Auditor issued an audit report on DCF for the period July 2010 – September 2012
April 29, 2014	DCF Commissioner Olga Roche resigned; Interim Commissioner Erin Deveney was appointed
May 22, 2014	CWLA submitted its Quality Improvement Report to the Governor and Secretary of EOHHS
May 28, 2014	DCF announced formation of "Kitchen Cabinet" advisory group
June 26, 2014	Massachusetts Law Reform Institute released report calling for systemic child welfare reform
July 15, 2014	Legislature passed FY 2015 Budget, including Outside Section 219
October 31, 2014	OCA entered into contract with CWLA to assist with Section 219 review
September 11, 2014	The Boston Foundation released the Center for the Study of Social Policy report calling for systemic child welfare reform
January 5, 2015	Governor-elect Baker named Linda Spears as the next Commissioner of DCF
January 13, 2015	House Committee on Post Audit and Oversight and House Members of the Joint Committee on Children, Families and Persons with Disabilities released review of DCF
January 26, 2015	OCA terminated contract with CWLA for Section 219 review
February 17, 2015	Linda Spears assumed role as DCF Commissioner

## **I. Surveys of DCF Employees and Clients**

**A. Section 219 required the OCA to survey DCF employees by December 31, 2014.** At the OCA's request, CWLA entered into a subcontract with Suffolk University's Moakley Center for Public Management (Suffolk) to conduct a survey to obtain feedback from all DCF employees about recently implemented changes at DCF and about ways to improve support for staff in carrying out their day-to-day responsibilities. On December 3, 2014, Suffolk distributed an online survey to all DCF employees, receiving over 1,558 responses (45% average response rate); and produced an independent report in March 2015 presenting the findings. The full report, "OCA Survey of DCF Employees Summary Report," is attached as Appendix B. Findings from the DCF employee survey will be incorporated into the Section 219 review by an independent consultant. Below is a summary of themes from the survey responses as analyzed by the OCA:

- 1. Caseload, burn out, and low morale.** The majority of respondents reference high caseload ratios, a problem that is compounded by the complexity of cases and lack of support staff (e.g. social worker techs) and social workers. These problems are thought to not only diminish morale—which many report as worse than last year—but also cause burn out among newly hired as well as experienced staff. Additionally, a number of comments illuminate that many supervisors do not wish to become managers, for they would not receive increased compensation and in fact would lose benefits by taking on non-union management positions.
- 2. Barriers to daily responsibilities.** Increasing staffing and distributing iPads have had some impact on improving the working environment, but the administrative coupling of DCF Area Offices remains a barrier. Sixty-five percent (65%) express that it would be helpful to upload documents and photos to iFamilyNet. Eighty-four

percent (84%) express a need for workplace cell phones, especially to protect social workers' personal information. Additionally, over 1,300 respondents express that they do not have adequate office space, furniture, or updated computer systems to support their job functions at DCF. While the conditions vary, a few area offices were notable for cramped, noisy, and dangerous working conditions—with examples such as pests, rodents, mold, and crowded parking lots.

3. **Work relationships.** Many respondents generally agree they view their relationship with their supervisor/manager as positive, and many report they have a close friend at work and that their co-workers are committed to the core values of DCF. However, many express a sense of disconnect between the Central Office and Area Offices and emphasize the lack of communication, especially about policies, between various levels of management. Moreover, while many report meaningful, effective relationships with juvenile courts, schools, and law enforcement, they report less effective relationships with other EOHHS agencies.
4. **Training and supports to families.** Fifty-nine percent (59%) state they would like to access traumatic stress management training and 56% want more clinical training, in order to better support families and carry out their responsibilities. Even when the workers attempt to access trainings, the distance of training locations and lack of time due to heavy caseloads pose challenges. As for the actual quality and content of the training, respondents report varied views.
5. **Access to supports for DCF children and families.** Respondents report adequate access of services for nutritional assistance and medical services, but inadequate level of access to services for housing, transportation, respite care, and child care.

**6. Respondent characteristics.** About 66% report having worked at DCF for more than seven years. Many respondents both joined and remain at DCF out of their dedication to helping children and families. Over 92% of respondents report completing a bachelor's degree or higher and 73% report having a professional license. All non-licensed social workers who took the survey report they plan to get a license in the next 12 months.

**B. DCF conducted a separate survey of DCF employees concerning iPads and mobile technology.** This survey was not required by Section 219 but the results provide valuable information about ways to improve the mobile technology program at DCF. On December 3, 2014, DCF distributed an online survey to its employees to assess whether distribution of iPads had helped social workers, attorneys, managers, and others to better perform their duties. A total of 574 DCF employees, 66% of whom were social workers, responded to DCF's online survey. Accenture, a consulting group, analyzed the results and submitted a report to DCF's senior management for review in March 2015. Findings from the survey will be incorporated into the Section 219 review by an independent consultant. Below is a summary of themes from the survey responses as analyzed by Accenture and reported to the OCA:

**1. Working effectively.** Respondents used iPads in 20% of their daily work for tasks such as checking and sending emails, recording dictation, and reviewing case histories. Seventy-four percent (74%) of survey respondents expressed comfort with iPads, suggesting the relative ease with which the staff could integrate the tool into everyday work. Additionally, 67% of survey respondents agreed that as a result of having iPads, they were more effective at interacting with children and families. A majority of supervisors (87%) also agreed that the iPads improved the work of DCF's

social workers, in particular with creating quality dictation and communicating with supervisors.

2. **Remote access.** The portability of the devices seemed to facilitate work on-the-go, with many respondents using the iPads outside of the office—in the car (58%), at home (49%), in court (48%), and to a lesser extent, during visits (36%). The mobility of the iPads, however, also raised the worry of theft and damage among 58% of respondents.
3. **Improving functionality and shared responsibility.** Respondents wished to complete services plans (69%) and case assessments (64%) in iFamilyNet, as well as enter travel expenses (65%) from their iPads. In addition to iFamilyNet issues (54%), respondents stated that lack of connectivity to internet (21%) and difficulty with typing (20%) pose challenges to using their iPad effectively. The gap in iPad functionalities and field practice highlight the need for clear guidelines on the use of the device and collaboration between the Area Offices and Central Office to foster a sense of shared responsibility for the mobility program.
4. **Training.** Fifty-two percent (52%) of respondents stated they would like training on using advanced features of the iPad, preferably through in-person classroom training. Seventy-six percent (76%) also reported wanting to receive tips, updates, and information about the iPad program via email. Additionally, supervisors who responded to the survey stated they were not yet able to understand issues social workers have with the technology (34%) or keep up with requests social workers put through the system (25%).

**C. Section 219 required the OCA to survey DCF clients by December 31, 2014.** As part of the agency's commitment to assessing the impact of its work and including family

perspective, DCF developed a multi-year process for gathering and incorporating parent and family feedback into DCF policy and practice. This effort was launched in 2013 with a survey of parents and guardians with recent experience with DCF. In 2014, DCF planned to conduct another survey of parents and guardians. Given the challenges of connecting with DCF clients in the time frame specified by Section 219 and the reduced response rate typical when two surveys are conducted close in time to one another, the OCA partnered with DCF in surveying their clients.

The 2014 Parent/Guardian Satisfaction Survey (attached as Appendix C) was conducted by phone by Community Representatives, who are parents with prior DCF experience. Community Representatives were trained on effective survey techniques and provided with a script to assure standardized administration protocols. Standardized survey techniques were utilized to reduce response bias and measurement error. Surveys were administered by Community Representatives proficient in English, Portuguese and/or Spanish. Working with the OCA, DCF's survey instrument was refined and expanded from 19 to 24 items (14 Likert scale, 5 yes-no, 5 open-ended questions added by the OCA are indicated in Appendix C).

The confidential survey included items in the following key areas:

- Initial engagement with the family;
- DCF's communication and work style with the family;
- Efforts to build family capacity and focus on family strengths;
- Opportunities to engage children;
- Promotion of family partnerships in service planning;
- Respect for family's individuality and culture;
- Access and availability of community services; and
- Case closure.

The survey population consisted of all DCF cases that closed within the eight-month period ending August 2014. This cohort yielded 6,168 distinct cases with at minimum one telephone number recorded within iFamilyNet. These 6,168 cases were divided amongst the

Community Representatives in a randomized fashion. Cases with an identified primary language of Portuguese or Spanish were assigned to Community Representatives who were proficient in these languages. While the call logs have not been tabulated, Community Representatives made an effort to attempt to reach the survey population at least once; with up to three call attempts.

Survey calls began on November 1, 2014, and ended on March 20, 2015. Of the 6,168 distinct cases, 1,157 parents/guardians consented to complete the survey. An effective response rate will be calculated once the call logs have been tabulated. The results and analysis of the findings will be incorporated into the Section 219 review by an independent consultant.

## **II. Review of DCF Management**

An independent consulting group will examine DCF's office management and recordkeeping policies. Section 219 calls for recommendations concerning performance measurement tools to assess the effectiveness of programs and services, improved communication within DCF and between DCF and children receiving services, a concise procedure manual to be distributed and implemented with every DCF office, and other administrative or business practices to ensure the effective management of DCF.

## **III. DCF Recordkeeping**

DCF's recordkeeping system is in transition between systems involving paper files, private network electronic records, and web-based electronic records. Like all state child protection agencies, DCF receives federal funding which is accompanied by an obligation to report data via a State Automated Child Welfare Information System (SACWIS). The Massachusetts SACWIS system, originally called FamilyNet, was implemented in 1998. Before



the introduction of FamilyNet, DCF case records consisted of paper records and were kept in files or binders at the 29 local Area Offices. With the creation of FamilyNet, electronic records were created for certain functions of case recordkeeping. In 2009, DCF began transferring some functions of FamilyNet to a web-based application called iFamilyNet. Periodic upgrades to iFamilyNet have occurred, and eventually all FamilyNet functions will be transferred to iFamilyNet, eliminating the need to go between the two systems and allowing information to be accessed via mobile devices. As functions are brought over, the user interface is built to align with current policy and practice and take advantage of modern technologies, such as uploading electronic documents and photos.

DCF electronic records are stored on FamilyNet, iFamilyNet, or both, with some paper records kept at Area Offices. Examples of paper records are those requiring signatures, those that cannot be scanned and uploaded, and paper records kept in compliance with laws relating to confidentiality, such as criminal record checks. In Section 219, the Legislature requested specific information about DCF's recordkeeping capacity in the following areas: intake of children in care of DCF; background record checks of pre-adoptive and foster parents and household members over age 15; and approval of foster homes. The Section 219 review by an independent consultant will include analysis of iFamilyNet capacity for recordkeeping, reporting, and analysis in these subject areas.

#### **A. Intake and Status of Children in DCF Care, Including Photos and Medical Examinations**

DCF's web-based recordkeeping system, iFamilyNet, now has the capacity to upload photos taken on iPads. On March 19, 2015, DCF issued a practice guidance, "Guidelines for Photo Documentation," for social workers to follow. A copy of the guidance is attached as Appendix D. The capacity of iFamilyNet to track the status of children in DCF care is an

area in which the independent consultants can gather specific information during interviews and surveys with DCF social workers, supervisors, and managers. Medical services for children in DCF care has long been a concern of the OCA. The OCA will work with the independent consultants to understand how iFamilyNet can be used to improve consistency and practice in this area. Critical to this endeavor is the issue of caseloads for DCF workers, supervisors, and managers. Children in DCF care are by definition children who have been affected by abuse and neglect and whose behaviors have been shaped by trauma. There is no IT fix or management strategy that can substitute for workers having the time to understand, address, and document the needs of the children on their caseloads.

#### **B. Background Checks of Pre-Adoptive, Foster Parents, and Household Members**

DCF revised its Background Record Checks (BRC) Policy 86-014, effective February 3, 2015, in compliance with CWLA recommendations in the Quality Improvement Report and Budget Line Item 4800-0015, Section 218. A copy of the policy is attached to this report as Appendix E. Background record checks for pre-adoptive, foster parents, and household members age 15 and older include a check of their DCF history along with searches of the following databases: Criminal Offender Record Information, Sexual Offender Registration Information, and FBI fingerprint-based records. The outcomes of these checks are coded and recorded in iFamilyNet; paper records are retained in secure locations as outlined in the policy. Corresponding changes to the DCF regulation governing background checks will be required as well. The Section 219 review will include analysis of iFamilyNet capacity for recordkeeping, reporting, and analysis of this area.

#### **C. Approval of Pre-Adoptive and Foster Homes, Including Criminal History Waivers**

The DCF approval process for pre-adoptive and foster homes, particularly as it relates to background checks, is detailed in the revised DCF BRC Policy 86-014 and its Appendix B,

“Documentation and Criteria for Approving Foster/Pre-Adoptive Homes with Disqualifying BRC Information.” The policy provides for approval of foster homes rather than waivers of disqualifying BRC information on individual foster parents. Section 219 calls for practices that will create better access to waivers for foster parents and a centralized compilation of all such waivers and subsequent monthly reviews, using different language and processes than the DCF policy. The Section 219 review will include an analysis of iFamilyNet capacity for recordkeeping, reporting, and analysis of pre-adoptive and foster homes that have been approved despite potentially disqualifying BRC information.

One of the areas for further analysis is Section 219 review is the requirement of monthly reviews of homes which were approved despite potentially disqualifying BRC information.

DCF BRC Policy 86-014 contains a provision directed at quality improvement:

G. Continuous Quality Improvement (CQI): The Department will conduct a review, at least annually, of the quality of decision-making regarding the approval of homes where BRC information revealed a disqualifying basis, the denial of homes where there was disqualifying BRC information, and the procedures being followed to develop these decisions. The review will consider such outcomes as the effect of the decision-making on achievement of child safety, well-being and permanency; the timeliness of decision-making; completeness of information available for decision-making; and family satisfaction regarding decision-making.

This provision does not meet the standard set by Section 219 for all such cases to be reviewed on a monthly basis. The OCA will further examine this topic before making a recommendation. Every child in foster care should be visited monthly, but if a reevaluation of the decision to allow this home to foster a child is required every month, the home should not be opened in the first instance. Further analysis is needed to determine whether the policy’s CQI provision is adequate.

## **CONCLUSION**

In “The House Committee on Post Audit and Oversight and House Members of the Joint Committee on Children, Families and Persons with Disabilities’ Review of the Massachusetts Department of Children and Families,” the committee members made recommendations in the following five areas:

1. Bring caseloads to manageable levels
2. Provide adequate and well-supported management and supervisory staff
3. Increase portable and stationary technology
4. Continue education and training for workers
5. Create uniform policies and procedures that address the best interests of the child

Continued efforts toward improvement in these areas are critical as DCF moves forward under new leadership. The OCA appreciates the opportunity to work with DCF on improving management and will submit a final report at the conclusion of this project.

### *Attachments:*

1. Appendix A: Outside Section 219
2. Appendix B: OCA Survey of DCF Employees Summary Report
3. Appendix C: Parent/Guardian Satisfaction Survey (2014)
4. Appendix D: DCF Guidelines for Photo Documentation
5. Appendix E: DCF BRC Policy 86-014

## *Attachments*

1. Appendix A: Outside Section 219
2. Appendix B: OCA Survey of DCF Employees Summary Report
3. Appendix C: Parent/Guardian Satisfaction Survey (2014)
4. Appendix D: DCF Guidelines for Photo Documentation
5. Appendix E: DCF BRC Policy 86-014

APPENDIX A:  
Outside Section 219

***Child Advocate Department of Children and Families Review***

SECTION 219. Pursuant to section 5 of chapter 18C of the General Laws, the office of the child advocate, in consultation with the inspector general, shall conduct an emergency review and analysis of the office management, recordkeeping and background check policies of the department of children and families. The office shall develop best business practices and management recommendations to ensure the improved administration of the department, including, but not limited to, the development of: (1) comprehensive paper and electronic recordkeeping of the intake and status of children under the care of the department, including an annual update of the photographs of such children and documentation of all required medical examinations; (2) comprehensive paper and electronic recordkeeping of all required background checks of pre-adoptive and foster parents and their household members age 15 or older; (3) collection and maintenance practices to better access information related to approved criminal history waivers of foster parents, including a centralized, up-to-date compilation of all such waivers approved by the department and subsequent monthly reviews; (4) performance measurement tools to assess the effectiveness of programs and services delivered; (5) improved communication between the commission's office, supervisors, staff members and children receiving services; (6) a concise procedure manual to be distributed and implemented with every department office; and (7) other administrative or business practices to ensure the effective management of the department. The office of the child advocate shall request any information necessary to complete the review from the department of children and families, the executive office of health and human services, or any other office, department or agency as needed, and such departments shall grant all requests unless prohibited by law.

The office of the child advocate, subject to appropriation, may retain an independent third party expert or a consultant to assist in the emergency review. The office shall file a preliminary report with the joint committee on children, families and persons with disabilities on or before July 31, 2014.

On or before December 31, 2014, the office of the child advocate shall prepare and distribute a survey to clients and employees of the department of children and families, including social workers and supervisors. The office shall work with the department to ensure that the survey is distributed appropriately and standards for client privacy are upheld. The survey may be returned anonymously to the office. The survey should be designed to assess the problems that clients face with the department. The survey should also be designed to assess the problems that department employees experience during the course of their employment with the department. The office shall study, review and report on the outcome of the surveys and assess the needs and resources of the department of children and families and submit the results of its investigation and study, and its recommendations, if any, together with drafts of legislation necessary to carry its recommendations into effect, by filing the same with the clerks of the house and senate on or before April 1, 2015.

## APPENDIX B:

### OCA Survey of DCF Employees Summary Report





**Suffolk University**  
**Sawyer Business School**  
Moakley Center  
for Public Management

*Office of the Child Advocate  
Survey of DCF Employees*

*Summary Report*

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*March 2015*

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### **Background**

In Outside Section 219 of the Massachusetts Budget for Fiscal Year 2015, the Legislature tasked the Office of the Child Advocate (OCA) with a number of directives focused on the Department of Children and Families (DCF). Included was a request for the OCA to survey clients and employees of DCF. The OCA contracted with the Child Welfare League of America (CWLA) to carry out this project. In turn, CWLA contracted with the Moakley Center for Public Management (MCPM) at Suffolk University to design, implement and analyze the DCF employee survey. The purpose of the employee survey was to assess the problems that DCF employees experience during the course of their employment with the department.

This report provides a summary of the information collected by MCPM through the OCA survey of DCF Employees conducted in December of 2014 (See Appendix A for a copy of the survey tool. A 200+ page copy of the SurveyMonkey full results is available upon request). The survey's primary focus was to better understand (from the perspective of the employee) what is needed to deliver timely and effective services to children and families of the Commonwealth.

### **Methodology**

The survey tool was created by MCPM with significant input from the OCA and CWLA. As part of the survey development process DCF, SEIU 509, and NAGE Units 1 & 6 were also asked to provide feedback prior to distribution of the survey.

An alert e-mail was sent by the OCA on December 1, 2014 notifying all DCF employees that they would be receiving an e-mail from MCPM containing a link to the OCA's Employee Survey hosted on Survey Monkey. The survey invitation was sent by MCPM staff three days after the alert and employees were given 17 days to respond.

There were one thousand five hundred and fifty eight (1,558) respondents to the confidential survey yielding a better than average response rate of forty-five percent (45%). In addition to summarizing quantitative responses a considerable amount of time was spent reviewing the qualitative responses.

The total number of comments relating to specific questions provided by respondents throughout the survey totaled 2,170. A sampling of those comments (representing different themes and perspectives) is presented throughout the first section of this report.

In addition, respondents were asked to provide other comments and suggestions (at the end of the survey) which resulted in another 530 comments. MCPM Senior Fellow, Nesly Metayer conducted a separate independent evaluation of these comments. The results of his thematic analysis are referenced in the second section of this report.

To assess whether or not the survey responses were representative of the population, a review of responses by region was conducted. Based on the proportion rate of response by region we are 95% confident that the sample responses are reflective of the true population of DCF employees.

### **Statistical Analysis**

Along with generating descriptive data and conducting a qualitative analysis of the open-ended comments provided by respondents, the raw data from Survey Monkey was imported into a statistical software package (SPSS) in order to conduct a multi-variate analysis. A One-Way ANOVA (analysis of variance) was utilized to assess whether or not mean scores for specific questions were statistically different across regions and by length of employment at DCF. Bonferroni was also applied in the post hoc analysis to adjust for the different number of respondents across regions/length of employment groups.

Regression analysis was employed in reviewing the relationship between the dependent variable (respondent likelihood to look at employment outside of DCF) and key independent variables throughout the survey. Survey questions measuring similar constructs were held as control variables in the regression analysis. Statistically significant differences (p value <.05) are marked with an \* in this report.

With regards to the qualitative analysis, 530 additional comments (final question on the survey) were analyzed using NVIVO.<sup>1</sup> Those responses were coded inductively line by line using thematic analysis, which is an evidence-based approach to qualitative data.

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<sup>1</sup> NVIVO is a software package utilized for qualitative research and mixed method research.

### **Key Observations (Section 1)**

- **DCF employees are a highly educated** workforce with respondents reporting that they have completed either a graduate degree (52%) or a bachelor's degree (41%).
- **Two thirds (67%)** of the respondents reported that they **have worked at DCF for more than seven years**. The workforce is **81% female**.
- Sixty-four percent (64%) of respondents identifying themselves as social workers (n=978) are currently licensed. **One hundred percent (100%) of the non-licensed social workers (n=332) are planning to get licensed in the next 12 months.**
- The top 5 factors for **deciding to join DCF** were **helping children and families, desire to work in their field, benefits, mission of DCF, and pay rate/salary.**
- The top 5 factors for **staying with DCF** are **helping children and families, desire to work in my field, benefits, pay rate/salary, and liking the people I work with.**
- **Twelve percent (12%) of respondents (n=174) indicated that they are very likely to look for employment outside of DCF** in the next 6 to 12 months.
- Respondents were in strong agreement that **their relationship with their supervisor/manager was positive and mutually respectful.**
- **Respondents have a mixed view of the training** that has been and is currently available to them.
  - They universally agree that training is important, **but distance** (coming to Boston for trainings) **and the time** (because of workload commitments) **to participate in trainings make participation difficult.**
  - Ongoing training is viewed somewhat more positively than initial orientation training, while the quality and content of the training elicits a wide range of responses.
  - **Respondents view training as only available to social workers** and not to lawyers, specialists or support staff.
- With a few exceptions, the **work environment for DCF staff is inadequate, sometimes dangerous and not conducive to getting work done.**

- Respondents were asked to indicate the extent to which there is adequate and convenient access for DCF families and children to receive various supports. DCF staff reported that while there was not an abundance of any service, **the most adequate and convenient services were nutritional services (WIC), medical services, permanency planning, in home support services and domestic violence support services. The most difficult services to find and use were housing, transportation and respite care.**
- Respondents reported that DCF has the **most meaningful and effective relationships with the Juvenile Courts, Law Enforcement and Schools**. The **least effective relationships** are reported to be with their sister EOHHS agencies: DTA, DDS, DPH and DMH.
- The primary **core barriers to DCF staff carrying out their responsibilities** are the caseload/workload, the complexity of the cases and the availability of support staff.
- The distribution of iPads and **the increased staffing have had some minimal impact on the work environment at DCF**. Respondents reported **little to no decoupling of Area Offices** and commented on the continued lack of critical clinical and administrative staff available in offices where the leadership is shared.
- Respondents had numerous suggestions for additional tools that could help them with their responsibilities; however the overwhelming request was for **cell phones (85%) and the ability to upload document/photos to iFamilyNet (65%)**.
- When asked about their overall experiences at DCF, respondents most strongly **agreed with the following statements**:
  - *I know what is expected of me at work*
  - *I have a close friend at work*
  - *My co-workers are committed to doing quality work*
  - *The mission/purpose of DCF makes me feel my job is important*
- Respondents most strongly **disagreed with the following statements**:
  - *DCF is committed to maintaining high levels of employee satisfaction*
  - *Management will listen to and act upon the results of this survey.*
- Respondents in all regions reported **that morale at their office location was much worse compared to last year at this time (December 2013)**. Respondents from the Southern and Western regions of DCF reported levels of morale that were statistically lower than the other regions.\*
- With regard to overall job satisfaction, **respondents reported low to moderate levels of job satisfaction**, Respondents from Southern and Western regions of DCF reported levels of job satisfaction that were statistically lower than the other regions.\*

## Results (Section 1)

### Who Responded?

Comparing the number of DCF employees that responded to the survey with the actual number of individuals employed within each region of DCF indicates that responses were proportionate to actual employees across regions.

FIGURE 1. RESPONDENTS BY REGION

Region	# of DCF Employees	% by Region	# of Respondent	% by Region
Boston	419	12.2%	181	11.8%
Northern	707	20.5%	332	21.6%
Southern	860	24.9%	403	26.2%
Western	1,189	34.5%	501	32.6%
Central	273	7.9%	121	7.9%
<b>Total</b>	<b>3,448</b>	<b>100.0%</b>	<b>1,538<sup>2</sup></b>	<b>100.0%</b>

- Eighty-one percent (81%) of respondents were female.

FIGURE 2. RESPONDENTS BY GENDER

Gender	# of Respondents	% of Respondents
Male	251	19.1%
Female	1,058	80.5%
Other	6	0.5%
<b>Total</b>	<b>1,315</b>	<b>100.0%</b>

- The table below shows that respondents were diverse across age groups.

FIGURE 3. RESPONDENTS BY AGE

Age Group	# of Respondents	% of Respondents
Under 20	0	0.0%
21-29	164	12.6%
30- 39	416	31.2%
40-49	371	28.4%
50-59	269	20.6%
60 or older	85	6.5%
<b>Total</b>	<b>1,305</b>	<b>100.0%</b>

<sup>2</sup>Not all respondents answered every question which explains why the total number of respondents in the report tables may be less than 1,558.



- DCF employees report high levels of education with 52% of respondents reporting that they have completed a graduate degree and 41% a bachelor's degree.

FIGURE 4. RESPONDENTS BY HIGHEST DEGREE COMPLETED

Highest Degree Completed	# of Respondents	% of Respondents
High school degree or equivalent(e.g. GED)	15	1.1%
Some college but no degree	15	1.1%
Associate degree	16	1.2%
Bachelor degree	550	40.9%
Graduate degree	700	52.0%
Other (e.g. JD)	50	3.7%
<b>Total</b>	<b>1,346</b>	<b>100.0%</b>

- The majority of respondents identified themselves as social workers (64%). The table below details the other positions selected by the survey respondents. In the “other” category, approximately 20% of respondents identified themselves as a foster care/case reviewer.

FIGURE 5. RESPONDENTS BY POSITION WITHIN DCF

Position within DCF	# of Respondents	% of Respondents
Social worker	983	63.6%
Supervisor	256	16.6%
Specialist (e.g. nurse, MH,SA,DV)	28	1.8%
Clinical manager (regional or area)	13	.84%
Area program manager	37	2.4%
Area/regional director	14	.91%
Support staff	70	4.5%
Legal staff	46	2.9%
Finance	5	.3%
Manager (other)	34	2.2%
Other	58	3.7%
<b>Total</b>	<b>1,554</b>	<b>100.0%</b>

- Forty percent (40%) of respondents reported that they have worked at DCF for 15 or more years. The table below shows that survey respondents represented both employees new to DCF and those who worked with the organization for a significant part of their career.

FIGURE 6. RESPONDENTS BY LENGTH OF TIME EMPLOYED WITH DCF

Length of Time Employed with DCF	# of Respondents	% of Respondents
Less than one year	168	11.5%
1-3 years	159	10.9%
4-7 years	151	10.4%
8-10 years	178	12.2%
11-15 years	224	15.4%
15+ years	576	39.6%
<b>Total</b>	<b>1,456</b>	<b>100.0%</b>

- When asked to describe the current services they provide, 48% reported ongoing case management, 45% child protective services, 40% assessment, 34% family stabilization/re-unification and 31% intake/investigations. Services provided are consistent with the fact that the majority of respondents are social workers at DCF.

FIGURE 7. RESPONDENTS BY SERVICES PROVIDED, SUPERVISED, MANAGED AND/OR SUPPORTED

Services Respondents Provide, Supervise, Manage and/or Support	# of Responses	% of Respondents (n=1,471)
Ongoing case management	705	47.9%
Child protective services	654	44.5%
Assessment	593	40.3%
Family stabilization/reunification	493	33.5%
Intake/investigations	466	31.7%
Foster care	302	20.5%
Adoption	168	11.4%
Short-term stabilization	143	9.7%
Legal	116	7.9%
Administration and/or finance	89	6.0%
Specialized services (e.g. Nursing, MH, SA, DV, etc.)	70	4.7%
Business/operations	60	4.1%
Licensing/development	43	2.9%
<b>Total</b>	<b>3,902</b>	<b>100.0%</b>

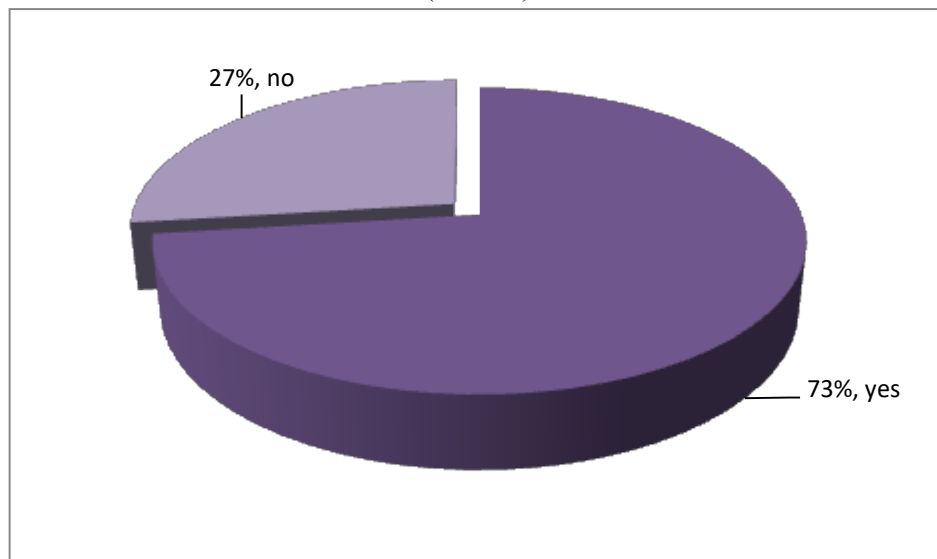
### **Respondent Characteristics**

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#### ***Licensing***

- Seventy three percent (73%) of all respondents are currently licensed professionals. Of the 30% that reported that they are not licensed, 3 out of 4 respondents affirmed that they are planning to get a license in the next 12 months. Looking more closely at the data, 64% of respondents that identified themselves as social workers (n=978) are currently licensed. One hundred percent (100%) of the non-licensed social workers (n=332) are planning to get licensed in the next 12 months.

*FIGURE 8. PERCENTAGE OF RESPONDENTS CURRENTLY LICENSED*  
(n=1,540)



**Important Factors in Joining DCF**

- On a scale from 1 to 7, with 7 being most important, the top 5 factors employees used in deciding to apply at DCF were helping children and families, desire to work in their field, benefits, mission of DCF, and pay rate/salary.

FIGURE 9. IMPORTANT FACTORS IN JOINING DCF

Factors in Decision to Apply for a Job with DCF	# of Respondents	Mean score (1= least important, 7= most important)
Helping children and families	1,481	6.53
Desire to work in my field	1,448	5.95
Benefits	1,432	5.40
Mission of DCF	1,439	5.17
Pay rate/salary	1,451	5.07
Location	1,445	4.71
Desire to work in a team environment	1,417	4.66
Opportunity for advanced	1,437	4.55
Personal experience with child welfare	1,423	3.92
Training offered	1,420	3.63
Needed a job and this was open	1,429	3.05

Thirty seven (37) comments were offered by respondents *as to why they applied at DCF*. Comments included:

- Military friendly*
- Never had a personal experience with child welfare but had experiences with personal child abuse and neglect.*
- I initially wanted to understand how the system worked, as I have been a provider for 13 years. I thought I would stay for five years and then move on.... 17 years later I'm still here.*
- I felt that I could do the work effectively and make a difference*
- Lawyer job where my identity as a mother would be an asset to my professional life.*

***Important Factors in Staying at DCF***

- Using the same scale, respondents were asked to rate the importance of the above factors (as well as a few additional) with regards to why they stay in their job. Not surprising, the same factors received high ratings of importance. Helping children and families, desire to work in my field, benefits and pay rate/salary were rated as the most important factors. Other variables deemed important were like the people who work here, needed a job and this is secure and the mission of DCF.

FIGURE 10. IMPORTANT FACTORS IN STAYING AT DCF

Factors in Decision to stay at DCF	# of Respondents	Mean score (1= least important, 7= most important)
Helping children and families	1,411	6.42
Desire to work in my field	1,389	5.82
Benefits	1,387	5.74
Pay rate/salary	1,389	5.57
Like people who work here	1,390	5.19
Need a job and this is secure	1,387	5.14
Mission of DCF	1,380	5.09
Desire to work in a team environment	1,375	4.99
Location	1,379	4.96
Relationship with my supervisor/manager	1,383	4.81
Opportunity for advancement	1,369	4.48
Training offered	1,372	4.12

Thirty five (35) comments were offered by respondents *as to why they stay at DCF*. Comments included:

- Keeping kids safe and helping them be successful is the most important reason I stay in my job.*
- I expected to stay until retirement however recent struggles and directives here have made that a question.*
- I still like that every day is different than the next and I am inspired by how hard people work here and that they care about children and families and safety and permanence*
- I believe that the challenges facing the agency, this is not the time to pull out. However, I feel that management does not support the legal team in the agency. The position is that there is no money. We are overloaded with cases, which make it almost impossible to keep up. As an attorney and professional it is disheartening as I feel I am triaging in court.*
- Hoping for change!*

**Retention**

- When asked to think about their employment with DCF in the next 6 to 12 months, 12% of respondents (n=174) indicated they are very likely to look for employment outside of DCF (mean =2.81/1= very unlikely, 7=very likely). The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 11. LIKELIHOOD OF LOOKING FOR EMPLOYMENT OUTSIDE DCF

	Very unlikely (1)	2	3	4	5	6	Very likely (7)
# of respondent	707	156	86	148	118	70	174
% of respondent	48.5%	10.7%	5.9%	10.1%	8.0%	4.8%	11.9%

- Looking specifically at the 174 respondents that are **very likely to leave**, the majority of them are social workers (74%). These respondents work across all regions of DCF and have varied lengths of employment with DCF.
- Statistically significant factors related to whether or not a respondent is likely to look for employment outside of DCF includes the following variables:
  - Work and assignments are distributed fairly\*
  - DCF encourages me to provide level of service clients expect\*
  - The mission/purpose of DCF makes me feel my job is important\*
  - Management is as committed to exceptional services as they expect me to be\*
  - I am treated with respect by supervisor/manager\*
  - My supervisor/manager is committed to achieving high levels of client success\*
  - My supervisor/manager demonstrates respect in all his/her interactions at work\*
  - The office environment is conducive to getting work done\*
  - Availability of supervision\*
  - Caseload/workload\*
- The above variables (with the exception of caseload/workload) have an inverse relationship with likeliness to look for employment outside of DCF. In other words, as the level of agreement with the above variables increase (e.g. work and assignments are distributed fairly), the likelihood that a respondents will look for work outside of DCF decreases. Looking at caseload/workload, there is a positive relationship between the two variables. Specifically, the higher the impact of caseload/workload reported (in terms of carrying out day-to-day responsibilities) the greater the likelihood that a respondent will look for work outside of DCF.

***Relationship with Supervisor or Manager***

- Respondents were asked to rate their level of agreement with a series of statements meant to gauge their relationship with their supervisor or manager. As the table below shows, all mean scores exceeded 5.00 indicating that respondents were in agreement that they view their relationship with their supervisor/manager as positive and mutually respectful.

*FIGURE 12. RESPONDENT RATING OF RELATIONSHIP WITH SUPERVISOR/MANAGER*

<b>Relationship with Supervisor/Manager</b>	<b># of Respondents</b>	<b>Mean score (1= strongly disagree, 7= strongly agree)</b>
I am treated with respect by my supervisor/manager	1,439	5.60
I respect my supervisor's/manager's knowledge, skills and abilities	1,440	5.41
My supervisor/manager is committed to achieving high levels of client success	1,421	5.40
Overall, I'm satisfied with my relationship with my supervisor/manager	1,438	5.34
My supervisor/manager demonstrates respect in all his/her interactions at work	1,439	5.33
When I bring up a concern, my supervisor/manager response promptly and follows through	1,440	5.16

## Staff Training

### Orientation

- Respondents were asked to look back at their initial orientation when they first started working for DCF. Overall, employees did not rate the initial orientation very highly. On a scale from 1 to 7, with 7= excellent, the average rating was 3.77. However, DCF employees employed for 10 years or less rated the initial orientation statistically higher than employees that work for DCF for 11 or more years suggesting orientation has improved in recent years. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 13. RESPONDENT RATING OF ORIENTATION

	Poor (1)	2	3	4	5	6	Excellent (7)
# of respondent	181	207	235	337	249	136	112
% of respondent	12.4%	14.2%	16.1%	23.1 %	17.1%	9.3%	7.7%

Two hundred and sixteen (216) comments were noted by respondents regarding *orientation*. Comments included:

- *Took pre-service training after working on job almost a year!*
- *There was no training and cases would just put on my desk.*
- *Tough to train people with different skill sets at the same time. All regions operate differently in both the legal areas, and area office operations.*
- *In 1984, a two-week training was offered.*
- *Training has drastically improved since I started.*
- *The job is so complex, but I don't think any training can fully prepare someone.*
- *The problem with the training is it missed crucial pieces like how to document and write clinically. It also lacked information about policy.*
- *DCF legal does not have initial orientation.*
- *We shadowed a social worker and learned the right way to do the job right at the beginning.*
- *I wished for more training in the area office versus curriculum based learning.*
- *It was fantastic but the location in Boston is terrible always took me two hours each way to attend due to traffic. Training was never long enough always seemed rushed. It would be nice to have longer trainings in multiple locations.*



**Amount of Additional Training**

- In regards to whether or not the amount of additional training (internal and external) was adequate, respondents mean score was 4.16 (1=too little, 7= too much) which suggests that employees are somewhat satisfied with the level of additional training being offered. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 14. RESPONDENT RATING OF AMOUNT OF ADDITIONAL TRAINING

	Too little (1)	2	3	4	5	6	Too much (7)
# of respondents	59	75	201	574	363	154	31
% of respondents	4.1%	5.1%	13.8%	39.4%	24.9%	10.6%	2.1%

One hundred and fifty six (156) comments were noted by respondents regarding ***the amount of additional training***. Comments included:

- I enjoy the trainings offered and attend as many as I can. Continuous learning is vital to this position*
- The agency might do well to offer mandatory in-house training regarding the nuts and bolts of child protective services, home visiting, interviewing, service provision, professional ethics and boundaries, self-care, revisiting the role of DCF in the court process, more focus on teambuilding and staff morale is, a training covering the new runaway youth procedures, maintaining professional boundaries of clients, etc.*
- Not enough time for training with the caseloads as high as they are.*
- I missed many trainings due to C&P's and court emergencies.*
- There are many training opportunities but it has been difficult to decipher between those that are valuable and those that are a waste of time (there are many that are not relevant to staff with an MSW and many of the trainings do not actually focus on the work at hand). Additionally, it is difficult to make time for these if you are maintaining high caseloads the comprised of every type of DCF case (protective, CRA, placement, adolescent, supervised visits, etc.).*
- Most of the trainings have been excellent.*
- It's not too much... I like going to trainings and attends many throughout the year. Thank God for them and they are free.*
- Too much training for the constantly changing initiatives as opposed to the clinical work we do.*
- Some really helpful, some not too much. I find it strange we are not offered CPR/first aid certification, as well as car seat installation.*

***Quality of Training***

- The quality of the training provided by DCF received a score of 4.23 (1=poor, 7=excellent) from respondents. The table below shows the number/percentage of respondents for each number on the Likert scale.

FIGURE 15. RESPONDENT RATING OF TRAINING QUALITY

	Poor (1)	2	3	4	5	6	Excellent (7)
# of respondents	70	108	214	437	352	190	82
% of respondents	4.8%	7.4%	14.7%	30.1%	24.2%	13.1%	5.6%

One hundred and thirty five (135) comments were noted by respondents regarding ***quality of training***. Comments included:

- The Child Welfare Institute seemingly is well organized and provides considerable opportunities for learning.*
- Quality of training is highly inconsistent.*
- Trainers are not realistic about the work I do.*
- Trainings outside office are much better.*
- Our tendency to continuously utilize the same trainers internally must change.*
- Past year been better, need to be more advanced trauma trainings and advanced attachment training.*
- Up until five years ago it was good, now there is no training for support staff – only social workers.*
- Recent trainings related to trauma have been excellent.*
- Best trainings are contracted ones.*
- The trainings I have attended have been great. More training need to be made available to staff.*

***Factors Impacting Participation in Training***

- Respondents reported that time and location are the two factors that most impact the respondents' ability to participate in trainings offered by DCF (1= no impact, 7=major impact). Cost, transportation, translation/accessibility services, approval from supervisor/manager, and training program availability had little impact on the respondent's ability to participate in trainings.

*FIGURE 16. RESPONDENT RATING OF FACTORS IMPACTING TRAINING*

<b>Factors impacting participating in training</b>	<b># of Respondents</b>	<b>Mean score (1= no impact, 7=major impact)</b>
Time	1,430	5.42
Location	1,435	4.65
Training program availability	1,415	3.67
Cost	1,419	2.62
Transportation	1,413	2.48
Approval from supervisor/manager	1,417	1.98
Translation/accessibility services	1,399	1.53

***Training Needed***

- Respondents were asked to indicate the type of training that would help them in their job, and which they would like to receive. Over half of the respondents want traumatic stress/secondary traumatic stress management (59%) and clinical training (56%).

*FIGURE 17. PERCENTAGE OF RESPONDENTS SELECTING ADDITIONAL TRAINING*

<b>Training Needed</b>	<b># of Responses</b>	<b>% of Respondents</b>
Traumatic stress/secondary traumatic stress management	824	59.0%
Clinical training	777	55.6%
Self-care/personal stress management	675	48.3%
Interview techniques	510	36.5%
Legal training	457	32.7%
Advanced CPS training	455	32.6%
Communication skills	326	23.3%
Use of social media	304	21.8%
Supervisory training	305	21.8%
IT training	245	17.5%
Ethics training	241	17.3%
Data management	223	16.0%
Management training	218	15.6%

One hundred and two (102) comments were noted by respondents regarding ***other training needed***. Comments included:

- *Substance abuse/domestic violence training should be annual*
- *substance abuse impact, cultural sensitivity, domestic violence*
- *Again... Adoption competence... It's not even on the training list here!*
- *Conflict management, mediation, program development and maintenance, motivational skills*
- *CPR training*
- *working with underserved, underprivileged communities, immigration, caring for children of a different race including skin and hair care, caring for gay, lesbian, questioning children*
- *There are rarely any trainings for administrative staff*
- *More and different types of adolescent trainings*
- *Need training specific to HR*

## Work Environment

- Utilizing the same level of agreement scale (1= strongly disagree, 7= strongly agree) respondents rated statements related to their work environment. Although workers somewhat agreed their office is clean and comfortable (mean=4.20), there were low levels of agreement with the other factors regarding their work environment.

FIGURE 18. RESPONDENT RATING OF WORK ENVIRONMENT

Work Environment	# of Respondents	Mean score (1= strongly disagree, 7= strongly agree)
My office is clean and comfortable	1,401	4.20
The computer hardware is up to date	1,388	3.93
The computer software is up to date	1,396	3.84
The physical environment of the office is adequately equipped to support all job functions	1,402	3.83
The office environment is conducive to getting work done	1,398	3.81
There is adequate office space and furniture for new staff	1,394	3.20

There were three hundred and forty two (342) comments provided by respondents with regards to the **work environment**. Comments included:

- As reviewers we are constantly given broken chairs, desks and the oldest computers. We are provided with broken tables and chairs in review rooms, which are always filthy and unkempt. There is little to no respect for our position amongst area offices and we are often left without key cards to access the office in some areas due to management's control issues.*
- Mice in the office.*
- Temperature either too cold or too hot.*
- The building is located in an unsafe area and we are sandwiched in the back of the building... it feels unsafe at times.*
- This office needs at least one additional visit room and the entire lobby area is not secure. My desk is partially broken and there isn't a better one available – furniture in this office is very hodgepodge.*
- We need a new office, water damage, gas odor, ventilation problems, mice and fleas. The parking lot overflows during rain and is full of potholes.*
- The building is remodeled. Very pretty and safe.*
- It is almost impossible to do your job every day with slow computers, navigating between different systems, and not having the right tools to do your day-to-day office/computer work.*
- The office is well-equipped; not all offices are this well-equipped.*

## APPENDIX B: OCA Survey of DCF Employees Summary Report

- *We have no space for the amount of employees, the space is kept adequately clean but has not been updated in over 20 years, the desk and chairs are broken, the offices need painting and proper working heat/air/ventilation.*
- *There are some offices with leaks, there is no space for meetings, and we are very overcrowded.*
- *We do not work here because it is glamorous but it would sure help employees if we were valued enough to have more livable conditions, especially when upper management is provided with the best and our workers work so hard and our babies and kids who have to come here for supervised visits get drafty rooms with broken furniture!!*
- *I go to a number of area offices. Every office is different,*
- *The staff work environment is not a priority. Social workers sit in an open environment which is easily distractible. We have an office for redacting, and attorneys, which are never used. It took a manager's retirement and office availability for me to gain permission for an ADHD social worker to use quiet space to write.*
- *I wear glasses all day long. I cannot see or read without them yet I deal with very small print on my computer screen especially with iFamilyNet. If I had the time and energy I might put my doctor to work to prove my eyesight has gotten significantly worse since using these screens in reading such fine print.*
- *Yet again ongoing social workers are not a top priority for DCF Central. How come service plans and assessments cannot be accessed on iFamilyNet when these are major tasks of ongoing social workers? The precious investigators and intake social workers have all of their tasks on iFamilyNet. Yet for ongoing social workers and supervisors they are now asked to switch back and forth from two programs which takes up a great deal of time, especially when your computer is slow. It is no secret to ongoing social workers and supervisors that the two job functions Central and Management think are most important are investigations and intake.*
- *You ask me as a supervisor to complete major tasks on iFamilyNet with absolutely NO training. You asked me to use Outlook calendar with NO training and NO outside access to it.*
- *My personal cell phone is at least 50% used to communicate with via text and talk to my supervisees.*
- *Our office is brand-new yet when we travel to places like North Central we deal with cockroaches crawling on visit floors that the babies crawl on during supervised visits. Walls in that office have been punched through and the social workers sit in closets. Shameful.*
- *In my office many of the desks are old and broken. I've gone onto Craig's list to find office furniture and equipment or bought my own*
- *I have a very comfortable cubicle with a computer, phone and workspace in Central Office. Generally, I am only here once a week and the other days I am at local offices conducting reviews. Unfortunately, not all my coworkers have their own cubicle here at Central. New hires have been forced to share this space and the arrangement is*

- substandard and uncomfortable for them. The space I am offered at the local offices is generally substandard, crowded, noisy, dirty and lacking privacy. The meeting rooms we use at the local offices are also generally inadequate and often lack adequate heat/ ventilation. Lack of appropriate furniture is also a problem. The computers offered to me at the local office often have issues and I need frequent assistance from the Help Desk.*
- *Despite the central office being told, computers still run slow, break and freeze which sometimes makes it difficult to get work done. Central Office response “the computers here work just fine.”*
  - *There is no privacy, and it is difficult to complete work without distractions.*
  - *I do not have an iPad and would benefit from this. I also believe we should have state issued cell phones.*
  - *It would be more helpful to have up-to-date technology that supports our work off-site. Most of my work occurs outside of the office and access to cell phones and computers while on the road would make me more successful.*
  - *I love my iPad... It is great!*
  - *Toilets often clogged and gas leaks are common. Computers often breakdown as well as phone lines. It is a total nightmare and counterproductive in every way imaginable.*
  - *We still need chairs for our visit rooms. We have a brand-new office filled with leftover, banged up furniture from other offices. Make us feel like “bottom of the barrel employees.”*
  - *Every time a new governor or DCF Commissioner comes in (and there have been a lot in 19+ years) we have to have “new and improved” computer programs, etc. In the meantime, some of the new programs do not work, are convoluted, and we spend a lot of time redoing forms, updating headings, etc.*
  - *The rollout of iFamilyNet has been ridiculously long.*
  - *The inability of DCF to have all staff to work within one system iFamilyNet is mind-boggling.*
  - *My office offers me no private or quiet space to work; I wish I at least had a cube. I frequently cannot talk on the phone because I cannot hear clients. iFamilyNet is horrible software and should be trashed. There are not enough computers and phones for everyone who works here. My phone frequently has problems, will hang up on calls or have static noise- for years now. My office does not have cellular or Wi-Fi so I cannot use my DCF iPad at my desk-I have to go outside to use it.*
  - *Few people know policy changes and depending on who was asked, it can be very challenging to complete tasks. Cell phones seem like they would be much more valuable than iPads. Furniture and supplies are scarce and outdated. The Internet is often extremely slow – seems outdated and the office could benefit from wireless Internet connections.*
  - *Our office is in very poor condition. We will be able to move in about 18 months, hopefully!*



## APPENDIX B: OCA Survey of DCF Employees Summary Report

- *Too many computer programs ifnet, fnet ,pace, timesheets... Too many passwords. Ifnet design is cumbersome and not intuitive. New management reports for kids seen are complicated and don't flow.*
- *I am particularly impressed with the Cambridge Area Office creating a wellness room where employees can use it for group guided meditation sessions or whenever necessary. I just took a five minute yoga break in there to return to my computer feeling refreshed.*
- *Regarding computer-I had to download an updated version of Firefox. I don't think DCF should use Internet Explorer, but Firefox or Chrome instead.*
- *Constant computer problems with slow response from IT services.*
- *It should not take two months for new employees to get a computer.*
- *The iPads were a major help, but iFamilyNet has lots of bugs and problems that are not being addressed. The system was designed for what people think happens in court not what actually happens.*
- *The Commonwealth of Massachusetts has failed to invest in the infrastructure of DCF to such an extent that some social workers do not have chairs or desks or computers or telephones. We are times run out of paper because there wasn't money in the budget for paper to account for this amount of paper usage. Now we are told the social worker will have to "hotel" – a word for share desks, chairs and telephones and computers. The Commonwealth made a big deal out of giving some social workers iPads and that is great but not everyone needed one received one and there are huge technology deficits elsewhere. No one has cell phones. There are not enough ports even if we had enough computers. Buildings need to expand in terms of space. Some offices have long-standing complaints about rodents and mold, etc.*
- *The office heating/cooling system does not work. We have mice running around the building at different times*
- *We have hired workers who barely have desks or enough space to have their own space.*



## Access to Supports for Families and Children

- Respondents were asked to indicate the extent to which there is adequate and convenient access for DCF families and children to receive various supports. On a scale from 1 to 7, with 1= poor access and 7= excellent access, housing, transportation and respite care rated low in terms of access. Nutritional assistance, medical services and permanency planning had moderate to excellent access.

FIGURE 19. RESPONDENT RATING OF ADEQUATE AND CONVENIENT ACCESS TO SUPPORTS

Support Services	# of Respondents	Mean score (1= poor access, 7= excellent access)
Nutritional Assistance (WIC/SNAP)	1,294	5.03
Medical Services	1,302	4.89
Permanency Planning	1,275	4.38
In home support services	1,285	4.29
Domestic violence support services	1,298	4.26
Substance abuse services	1,296	4.08
Transitioning out of DCF (youth)	1,248	3.96
Behavioral Health Services	1,305	3.94
Educational/vocational services	1,255	3.91
Translation services	1,274	3.74
Supervised visitation	1,285	3.60
Foster Parent Services	1,234	3.48
Post-Adoption Services	1,226	3.46
Child care	1,304	3.31
Respite care	1,281	2.70
Transportation	1,290	2.64
Housing	1,294	2.23

There were one hundred and fourteen (114) comments about *supports needed*. Comments included:

- *Services for mental health, DV and substance abuse often have been long waiting lists and so does Family Networks. Respite and housing is a huge problem for families. PPCs aren't happening fast enough for all the times that we have to hold, even APPLA. Depending on where the family lives, transportation is an issue.*
- *Despite having some substance abuse services, the number of SEN babies, overdoses, and not enough adolescent services is at a crisis point.*
- *We need more visiting room space for families.*
- *Respite resources hard to come. Shortage of psychiatric beds. Transitioning services seem good educational/vocational services seem good.*

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- *We have many services but not enough!*
- *Housing is a huge barrier as housing lists are too long and market rent is too expensive for low-income foster parents and kinships need to be able to assess vouchers for child care as that is a barrier in getting suitable homes for our kids in care.*
- *Often there are wait lists for behavioral health services.*
- *This office has a large amount of childcare slots, however at times there are wait lists and if children are not in stable foster homes it is difficult to enroll them in daycare during the day, often having to be paid out of other funds. Clients have limited transportation services and city is large. Many clients in this are struggling with drug epidemic – opiate addictions and deaths are high. Inpatient substance abuse programs are difficult to access and leave the much to be desired (especially for families). Many clients are homeless, bouncing from couch to couch, children do not attend school regularly.*
- *This is a rural community with few choices for transportation services. We also don't provide much in the way of child care services so people who might want to do foster care cannot.*
- *We have families waiting for mental health services for months. This offices priority has been children under two and if you don't have a child under two you don't get much help with services.*
- *There is a housing and transportation crisis on the Cape.*
- *DCF does an awful job assisting youth transitioning out of DCF care. There needs to be additional supports for these young adults, many of whom have no family to help support them. Even a one-time stipend to get them into an apartment with first, last and security would be helpful. Those few that graduate college are expected to instantly get a job at age 22?!*
- *Waiting lists are out of sight.*
- *Funding for CBHI and early education needs to be increased!*
- *The focus has not been on transitioning youth. The focus is only on 0 – 5 year olds.*
- *Our caseloads being so high does not allow us to practice social work.*
- *Foster parents need the daycare services. Very little pre-adoptive post-adoption services. Need more trauma informed services.*
- *We pay our foster parents the lowest pay imaginable, we have no behavioral health services for kids, and they are on 6 month wait lists... We are told no to services in the home because it's too expensive.*
- *There are not enough services. There are waiting lists. One issue is that DCF becomes the "end all be all the." DMH is so poorly staffed that DCF ends up with all the child DMH kids (and they are not protective). DTA sends over families to DCF to be placed in housing... Do not house families. DCF has moved away from being a child protective agency because we end up taking every family that other agencies refuse.*
- *I put a referral in for a parent aide through family networks in November 2013. As of November 2014 the family was still on a wait list for the service. The same family waited over six months for CBHI in-home family therapy services. I also have children waiting 2 to 3 months for trauma focused individual therapy.*

- *Several of my families do not have cars and rely on public transportation to get to supervised visitation but do not have the funds to pay and are not qualified for discounts under WRTA policies. In addition, I am unable to provide weekly supervised visitation to my families as required by our policy due to the number of cases I have as well as the number of supervised visits I am required to provide.*
- *Poor to no access for young adults to obtain adult DMH services and supports.*
- *Support to grandparents raising grandchildren is very poor.*
- *We need housing and daycare above all else.*

## DCF Relationships with External Stakeholders

- Looking outside of DCF, respondents were asked to rate their level of agreement (1=strongly disagree, 7=strongly agree) that DCF has meaningful and effective relationships with various stakeholders. The strongest relationship reported by respondents was with the juvenile courts, schools, and law enforcement. The weakest relationships were with the Department of Transitional Assistance, Department of Developmental Services and Department of Public Health.

FIGURE 20. RESPONDENT RATING OF DCF RELATIONSHIPS WITH STAKEHOLDERS

<b>Stakeholders</b>	<b># of Respondents</b>	<b>Mean score (1= strongly disagree, 7= strongly agree)</b>
Juvenile Courts	1,297	4.98
Schools	1,285	4.83
Law Enforcement	1,285	4.81
Service Provider Community	1,257	4.62
Children's Behavioral Health Initiative	1,269	4.55
Probate And Family Courts	1,288	4.46
MassHealth	1,276	4.11
Department of Early Education And Care (EEC)	1,260	4.09
Department of Youth Services (DYS)	1,272	4.03
Department of Mental Health (DMH)	1,276	3.73
Department of Public Health (DPH)	1,243	3.64
Department of Developmental Services (DDS)	1,264	3.61
Department of Transitional Assistance (DTA)	1,276	3.36

**Barriers to Day-To-Day Responsibilities Within DCF**

- Respondents were asked to rate the impact (1=no impact, 7= major impact) of several factors on their ability to effectively carry out their daily responsibilities within DCF. Caseload/Workload, complexity of cases and availability of support staff were the top three barriers reported by respondents.

FIGURE 21. RESPONDENT RATING OF BARRIERS IMPACTING DAY-TO-DAY RESPONSIBILITIES

Barriers to day-to-day responsibilities within DCF	# of Respondent	Mean score (1= no impact, 7= major impact)
Caseload/Workload	1,385	6.14
Complexity of cases	1,380	5.77
Availability of support staff	1,372	4.09
Availability of supervision	1,376	3.63
Availability of training	1,373	3.48
Cultural/ language barriers	1,372	3.28
Transportation	1,373	2.74

There were two hundred and five (205) comments provided by respondents with regards to the *barriers in the workplace*. Comments included:

- *There are many functions that are important to clients/ex-clients (e.g. record production) that is significantly impacted by the lack of support staff*
- *DCF continues to fail completely at bringing down caseloads, the levels of which make it impossible to do the quality of social work that my coworkers and I would like to be able to do. My unit is currently entirely in the 20s and caseloads-not 18 as in the current supposed limit-and nowhere near the 15 that the state agreed to implement. 15 would still be challenging, especially as the agreement takes no account of the most time-consuming aspect of certain cases (court involvement, number of children in placement, and frequency of supervised visits). There is a huge number of tasks associated with each ongoing case. It is impossible to practice preventive social work while keeping up with the current workload. Most of the time I find myself struggling to keep up with the tasks required in responding to emergencies that might have been preventable if I had had more time to spend directly with parents and children.*
- *I have been over caseload every single month for approximately 3 years*
- *Too many cases not enough workers. No support from management.*
- *I have no support staff to help file or with other paperwork. The IFC agencies are so poorly managed and the language barriers of the foster parent are beyond words. To place English-speaking children with Spanish only speaking foster parents and lied to by the agency is so wrong.*

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- *We don't have adequate foster homes and the new ones are not properly or*
- *adequately trained. We don't follow policy in our foster homes... we put the needs of foster parents first over the needs of our children. We should all be ashamed!!!*
- *Workers have 20+ cases, supervisors have 7+ workers, managers have 6+ units, these are unsafe numbers and we do the best we can!*
- *We still not have letters and guides in the languages we service*
- *How can I effectively manage over 130 cases and six social workers? My supervisees have an average of 23 cases at any given time over the past year.*
- *It would be very helpful to have social worker techs back in each area office to help with day-to-day functions*
- *There are very few support staff and they are stretched very thin. We have to do all of our own filing and although that doesn't sound like a big deal it is when you consider all the other things we have to do. I drive at least 15,000 miles a year for this job. That takes up a lot of my time. We are being told to do more and more things it is impossible to do this job in the way I would like to do it. It is very discouraging. Since the disappearance and death of the child in the Pittsburgh area, it seems as though DCF has lost its collective mind. Everything seems to be based on "cover management's a\*\*". So we are not trusted to pick/choose what needs to be done. This is particularly frustrating for my job since I basically work with high functioning adults all over the state who want to adopt the children in their care. Sometimes it makes sense to complete adoption paperwork rather than to have a full day to drive to see a child who I know is probably fine. But NO, so now I am overwhelmed with court reports, subsidy requests, foster parent adoption home studies(don't get me started on that one!) that do not get done thereby postponing adoptions that could occur if I had the time to do the work.*
- *The current caseload is crippling. I am completing the survey at 6:30 PM and this is when I have time to do so. I have three more cases to assign tonight.*
- *Need a lot more support staff. This is crucial to getting our work done in a timely manner.*
- *Being over caseload and having such complex cases has made it difficult to actually do social work effectively, if any at all.*
- *I have been here 22 years. No one has ever asked me about what's going on with my caseload, just specific cases*
- *There are not enough specialists (mental health, nursing, substance abuse, etc.) to effectively assist all the social workers. High caseloads make it difficult to give families the attention they need. Combining high caseloads with complex and involved families where there may be a lot of meetings and/or providers is also a challenge. Higher caseloads also make it more difficult for supervisors to give workers the time they need*
- *Policies are impacting my ability to perform as expected due to the sheer number of ineffective policies bogging us down*
- *DTA clients have parking in our parking lot. DCF social workers do not. That is reflective of management's attitude towards workers*
- *The number of Care and Protections and supervised visits are through the roof and unmanageable for any worker*
- *DCF implemented initial assessments to ongoing staff several years. This is an impossible task to do initial assessment which are investigations essentially and maintain*



*an ongoing caseload. Currently my caseload is 8 comprehensive assessments, 11 court involved cases which require parent child visits, several court dates and the courts are spread all over the Commonwealth and I have two initial assessment and several ongoing cases. I've children placed in Boston, the Cape, and the Berkshires. There is no way a social worker can do everything that is needed with caseloads over 22!!*

- *Lawyers need a caseload cap immediately!! We are supposed to be capped at 60 cases according to ABA. We average 100 each. We absolutely do not give the attention to each case that we should. We feel that we are violating ethical practices and delivering poor quality every day, because it is impossible to work up to standard with our excessive case loads.*
- *Caseloads are extremely high and the cases are extremely complex. My previous manager rarely provided supervision to me. However, she accused me of not providing adequate supervision to my unit (which was untrue). She has an attitude towards me and has treated me unfairly. The atmosphere is fear driven and people here suffer from PTSD for fear that something bad could happen on our caseloads given the fact that it is impossible to safely manage the cases and to have the time to devote to the families on the cases.*
- *This place is a mess since all the changes have happened. We alone could barely manage the cases in towns we had, however, five new towns were assigned from North Central to Lowell. This environment is dangerous and it is a tragedy waiting to happen. Please help us get to a place where we can safely manage our cases before another child dies and we are blamed!*
- *Caseloads are by far the largest barrier to effective social work. Second to this is the sheer volume of time spent by social workers transporting kids/supervising visits. This is a waste of state resources and social worker skills; this job is the zero sum game, and every hour spent transporting/babysitting kids is an hour we are not spending attending to the work that is integral to our jobs*
- *The Caring Together Initiative is a nightmare. They don't have clear roles or functions. The plan takes clinical decisions away from the areas. DMH staff seem to be driving the initiative without knowing DCF policy, procedures, agency culture, agency systemic barriers, expectations the courts have of the agency, replacing employees with institutional knowledge with people off the street and paying their supervisors a higher rate as a clinical supervisor than area office supervisors who are actually doing the clinical work. This does not even consider the failure of follow along services in the continuum that is not living up to their contracts and who are not providing respite. Too much emphasis has been placed on creating new systems instead of taking care of direct line staff and the families they service.*
- *I've had excellent supervisors. My current supervisor is nice, but completely incompetent to the point where we think she is cognitively impaired. Demoralizing.*
- *My supervisor is the director of areas and so is limited in availability. He is always available by phone however. If we had a full-time director, that would be more effective for decision-making and support.*
- *I've yet to receive supervision and I started two months ago*

## Impact of New Initiatives

- Respondents were also asked to rate the level of impact (1=no impact, 7= major impact) of three recent DCF initiatives. The mean impact scores for these three initiatives show moderate impact.

FIGURE 22. RESPONDENT RATING OF NEW DCF INITIATIVES

New DCF Initiatives	# of Respondents	Mean score (1= no impact, 7= major impact)
Distribution of iPads	1,364	4.48
Increased staffing	1,362	4.40
Decoupling of area offices	1,307	3.64

Importantly, a review of the three hundred and ten (310) comments on the **new DCF initiatives** provided additional insights. Comments included:

- *Staffing levels remain inadequate and my area offices have not decoupled.*
- *Area director needs to be present and not at her second site.*
- *We are not decoupled. We have been set back years because of the “coupling” that was done years ago. We have not recovered from being coupled.*
- *Although there has been an increase in hiring, more social workers have left the agency.*
- *?? What decoupling?*
- *iPads are helping workers keep up-to-date records and complete their computer work. Not sure it helps “deliver timely and effective services.” Does help communication though tremendously, and documentation. Increased staffing not really working as people still leaving in droves and no real impact that I see.*
- *iPads are very useful.*
- *The iPads do not allow for the important work such as completing assessments and service plans.*
- *The new hires don’t stay.*
- *Most communication between social workers, management and consumers are done via cell phones. iPads allow for information to be put in to the IFamilyNet system and gives the ability to have information in real time but it is useless if a supervisor or manager is not constantly in the case to access information. There is a need for work cell phones.*
- *My office is not decoupled!!!*
- *Our office has not been separated and therefore there is only one DOA in the office once maybe twice a week.*
- *Increase in staff was only for social workers, creating an even larger workload for legal staff.*
- *Supervisors still do not have iPads.*

- *I feel that as a regional MG specialist it is imperative that I have an iPad given my geographic region and work expectations. I do not have one to date which makes the work demands difficult.*
- *Increased staffing has not affected caseloads.*
- *IPads are helpful when sitting in court for hours and when on the road, but I don't feel that it has helped to deliver timely services to families since we do not have access to iFamilyNet.*
- *Personally I believe that DCF should also uncouple the regions not just the area offices.*
- *IPads have had a positive effect. Workers are using them to stay in communication through email and have access to the case record from the field; as well as complete paperwork in the field.*
- *Increased staffing has not had a positive effect due to the attrition. We have hired many new workers but we are losing almost half due to the demands of the job.*
- *Decoupling of the area offices has not impacted work yet because it has not happened to my knowledge. Our AD has not been available to make important decisions. I have had to wait up to two months to get feedback from the AD regarding approvals for various issues.*
- *It would also be helpful for supervisors to be given iPads.*
- *Our office has not been decoupled. We rarely see the area director since she is busy in another office. Our financial manager is also doing the work for two offices. I wonder how she stays sane. This was such a terrible idea but we have been told that (lucky us) our area will remain with the other one until further notice. Doesn't matter that our areas are totally different and that we need someone here at all times. So, our management such as it is, is overextended and not able to keep up. Seems like we get line staff and then they leave quickly. Who could blame them? This is becoming a thankless job. Our caseload numbers continue to be through the roof. Nobody seems to give a damn. Just get the job done – even though it's impossible.*
- *The iPads have been tremendously helpful to social workers, but I don't feel they have assisted in delivering services to families in any way.*
- *Office catchment areas are too large. It can take all afternoon to do one home visit 30 miles away.*
- *While the addition of iPads has been helpful, a cell phone would offer the most support. The number one complaint that I receive from clients and/or providers is that I cannot be reached outside the office. Distribution of cell phones would help improve communication and client relations.*
- *Although workers have been hired, there are just as many leaving – not alleviating the caseload crisis.*
- *The iPads are helpful but not the be all end all. Cell phones we could forward to our desk phones would have been a better technology upgrade in my opinion. IPads ideal for ERW's working hotline but in my opinion the average ongoing worker doesn't need one. I know mine stays in my bag most of the time.*
- *The old Central Regional Office needs to be reinstated. Being part of the Western region has a negative impact.*



- *Covering two offices is almost impossible and continuing to get added responsibilities on the operations side with no additional support is frustrating. Again, it's like nobody's addressing the problem of clerical support as the office grows and the demand increases.*
- *The coupling of offices has been a very unproductive challenge. By splitting AAMs and DOAs between two sites, the daily oversight of each office is lacking. It is not possible to run an office efficiently if you are not able to be on site. As a result of the daily administrative responsibilities are left to the AAAM (service coordinator) and support staff. Who are not in management roles, but in many cases are responsible for duties that are normally the responsibility of management.*
- *Having one DOA for 2 offices was stupid. Although our DOA tried to get it all done, it's impossible to manage that many staff and issues. Decoupling the offices needed to occur.*
- *Staffing has barely kept up with turnover.*
- *IPads only be used for dictation. We cannot use for assessment or service plans because the system will not allow it.*
- *Distribution of iPads was a good idea or as it should facilitate more productivity while in the field. However, management issued orders that work is not to be done on iPads. Work must be done in the office at one's assigned desk. Travel to and from home visits from the office, detracts from the available time to enter work on to the database. There was a recent adjustment staffing in the investigations cluster in this office, however, workload has risen and complexity of cases has risen. We are frequently over caseload and unable to meet with all families and complete all investigations (if attention to quality of interviews, appropriate follow-up, etc., are followed).*
- *Decoupling of area offices has not occurred in our region as of yet. Decoupling had a negative impact on the ability to receive appropriate area director attention on complex cases, and the variability of judgment of replacement APM is difficult to deal with (for example, one manager is lax and nonreactive, while another would be stringent, and over reactive).*
- *I do not have an iPad because management said there were no more available. Hiring all new social workers with no experience has not been helpful and creates delays in closure of cases, and delays overall in case management as they need to check everything with supervisor or manager and cannot answer simple questions. This office is not been decoupled yet.*
- *Decoupling is the right way to go. You should not expect a manager/director to be responsible for several hundred people along with 1800+ cases.*
- *Legal had minimal increase in staff, and I have been moved to a room with three other attorneys, that barely give enough room for a desk and a computer.*
- *We need staff and less check market expectations from Central Office.*

## Additional Tools Needed

- When asked what additional tools would be helpful, 84% of respondents selected cell phones and 65% requested the ability to upload documents/photos to iFamilyNet. One third of respondents selected iPads, cameras and social media.

FIGURE 23. PERCENTAGE OF RESPONDENTS REQUESTING ADDITIONAL TOOLS

Additional tools	# of Responses	% of Respondents
Cell phones	84.5%	1,075
Ability to upload documents/photos to iFamilyNet.	64.7%	823
Access to social media	33.5%	426
iPads	33.0%	420
Cameras	32.8%	418

There were three hundred and twenty-seven (327) comments about **additional tools needed**. Comments included:

- Need iPads for all staff.*
- Many of my coworkers use their personal cell phones to communicate with clients and collaterals. I will not do this.*
- Workers privacy is at risk but we have to use our personal cell phones on the job, which is impossible not to do in this age. Social media provides very helpful information at times in regards to clients whereabouts and activities, as well as safety issues such as threats against workers that may have been posted online – the Department should have accounts by which to search for this information so that workers don't have to have their own info printed alongside when screenshots are needed. Since iPads are equipped with cameras and a scanner app, it would be helpful if DCF could come up with a new camera policy so that workers can actually use this function. Also please put service plans and comprehensive assessments on iFamilyNet.*
- Efficient, effective computer programs – IFN and FN are cumbersome... Unhelpful... Two systems= inefficient and inaccurate.*
- I cannot believe I use my own cell phone for work. My friends and family are shocked we are asked to do this.*
- To be able to access everything in a case on iFamilyNet.*
- Dragon or some type of documentation program that assist with typing/documenting.*
- Those social workers have historically used their personal cells (having two or three cell phones allotted is grossly insufficient), having work cell phones is essential in light of the tremendous time in the field, time which could be used more efficiently with the support.*
- Cameras that are up to date or iPad usage of camera.*

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- *Cell phones will help DCF with micromanaging social workers. I doubt having a cell phone will change the stress level, being over caseloads, or having a great amount of cases that are intense, but it's worth a try...*
- *Access to our M drive on our iPads.*
- *Supervised visitation center to assist with the many weekly required supervised visit that ongoing work are required to complete – including transportation to and from the visits as well as monitoring.*
- *Photos of documents should be able to be uploaded to iFamilyNet... Birth certificates, court documents, insurance info*
- *As I stated before my personal cell is used all day to communicate with my social workers. I am asked by my manager to use Outlook calendar yet have no access to it out of the office. I use my personal Facebook page to find mothers and fathers and keep track of teens in my unit.*
- *Cameras are not necessary cell phones or iPads can upload images to iFamilyNet.*
- *I use my cell phone all day and on the road to communicate with not only my supervisor and coworkers, but also clients.*
- *Being able to complete service plan and assessments on the iPads.*
- *Use of only Family Net or iFamilyNet -not both*
- *I am a supervisor and I get calls before and after work hours to discuss issues, and do not have the materials available to always make the right decision. I'm using my cell phone and I pay and it's expensive with its monthly costs. I do not have an iPad to work effectively.*
- *Adequate workspace at Central and in the area office for all foster care reviewers. Computers that work well for all foster care reviewers*
- *Vehicles. I have donated many cars to the state because I drive so many miles. Mileage reimbursement does not come close to paying me for wear and tear in the purchasing of a new car every 5 to 8 years.*
- *Cars!!! My insurance company recently dropped me because they found out I use my car for work. I am completely stuck and now in a position to pay more monthly because I use my personal car for work. This is not fair and DCF does nothing to protect me financially or reimburse me for the money I might need to pay extra per month in order to own a vehicle in the state.*
- *Being able to upload a police report would save lots of time.*
- *State cars/vans to help transport children to places and supervised visits with parents.*
- *A cell phone is the most necessary item we have in the field and it would be helpful for clients to call us but we are on the road, but I will not give out my personal cell phone. A lot of information is available via social media without using that resource; we know less about clients than anyone else. Having to have my supervisor bring an old digital phone to home visit is awkward and ridiculous with all the other technology available.*
- *The tool for a way for the commissioner's office to actually hear us when we tell them that we are bullied every day by our management team. We have not been heard and it is so depressing.*
- *Social worker technicians to do supervised visits.*

- *We need cell phones!!*
- *More lawyers and more paralegals immediately! We are in a crisis!*
- *Spanish-speaking social workers, bicultural social workers*
- *Security/officers at the office. Also keeping workers personal information private. Our workers family should not be put at risk.*
- *Dragon speak software*
- *As an investigator and iPad is not useful. I cannot type on it while interviewing families for abuse/neglect which usually involve highly volatile/dramatic situations. I do need, however a way to contact my supervisor and manager in the event of an emergency. I also need a way to take photos of abuse/neglect (bruises/conditions of a home, photo of children just entering care, etc.) But there are never cameras available for us furthermore we have no printers. When I prepare for court, how can I actually prove/show the court the department concerns unless I have pictures to back up what I'm saying. Our office does not have printers to print photos. Again, once the photos are taken, they should be available in the electronic records so the future workers can view them as well. It is one thing to read about bruising to a child, however it is another to actually see the injuries in the photo.*
- *It would be helpful to be working on one system. We have been using both for an extended period of time and this split makes my job more difficult.*
- *The use of cameras on the iPad would be helpful.*
- *Better software, simplified password management*
- *Laptops coupled with cell phone seems much more productive than iPads and desktop computers.*
- *Ability to do more involved Internet searches to locate families.*
- *Cell phone reimbursement like travel reimbursement would be a better approach than trying to manage 2200 cell phones*
- *Penn, agenda books, note cards, folders, hole punches that work, pencil, tape, Staples, envelopes of all sizes, sticky notes, white out, hand sanitizer*
- *GPS to get to locations most quickly*
- *Teleconferencing*
- *The ability to offer substantially more visitation between children in care and their parents*
- *We do not need tools. We need social workers.*

## DCF Overall

Thinking about their job with DCF, respondents were asked to rate the level of agreement (1= strongly disagree, 7= strongly agree) with thirteen statements.

FIGURE 24. RESPONDENT RATING OF DCF OVERALL

<b>DCF Overall</b>	<b># of Respondents</b>	<b>Mean score (1= strongly disagree, 7= strongly agree)</b>
I know what is expected of me at work	1,428	5.84
I have a close friend at work	1,408	5.18
The mission/purpose of DCF makes me feel my job is important	1,417	5.16
My co-workers are committing to doing quality work	1,419	5.11
DCF encourages me to provide the level of service clients expect	1,408	4.76
Working assignments are distributed fairly	1,422	4.00
Our clients are satisfied with the services they receive from outside providers	1,390	3.98
The policies and procedures help me to provide the level of service that is expected	1,413	3.87
Management is as committed to exceptional service and they expect me to be	1,410	3.75
Our clients are satisfied with the services they receive from DCF employees	1,396	3.64
Policies are consistently and fairly applied	1,417	3.21
I believe management will listen to and act upon the results of this survey	1,414	2.90
DCF is committed to maintaining high levels of employee satisfaction	1,416	2.84

## Core Values

- Respondents reported high levels of agreement (mean=5.09/n=1,421) that their co-workers are committed to the core values of DCF (child driven, family-centered, community focused, strength-based, committed to diversity and cultural competence, and committed to continuous learning).

FIGURE 25. RESPONDENT RATING OF CO-WORKER COMMITMENT TO CORE VALUES OF DCF

	<b>Strongly disagree (1)</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>Strongly agree (7)</b>
# of respondents	28	47	100	292	356	324	274
% of respondents	2.0%	3.3%	7.0%	20.6%	25.1%	22.8%	19.3%

**Morale**

- Compared to last year at this time (December 2013), respondents reported that morale at their office location was much worse this year (mean=2.63). The table below details changes in morale by region. Respondents from Southern and Western regions of DCF reported levels of morale that were statistically lower than the other regions.\*

FIGURE 26. RESPONDENT RATING OF MORALE BY REGION

Office Location	# of Respondents	Mean (1 = much worse, 7= much better)
Boston Region	142	3.12
Northern Region	293	2.77
Southern Region	357	2.55*
Western Region	432	2.29*
Central Region	102	3.24
<b>All</b>	<b>1,338</b>	<b>2.63</b>

**Overall Job Satisfaction**

- With regards to overall job satisfaction, respondents reported low to moderate levels of satisfaction (mean=3.99). Similar to the morale question, respondents working Southern and Western regions of DCF reported statistically lower levels of satisfaction than the other regions.\*

FIGURE 27. RESPONDENT RATING OF OVERALL SATISFACTION AND BY REGION

Office Location	# of Respondents	Mean (1 = not satisfied at all, 7= very satisfied)
Boston Region	142	4.28
Northern Region	293	4.13
Southern Region	357	3.77*
Western Region	432	3.79*
Central Region	102	4.73
<b>All</b>	<b>1,336</b>	<b>3.99</b>

There were one hundred and ninety one (191) comments provided by respondents with regards to **overall job satisfaction**. Comments included:

- DCF needs more administrative/support staff*
- The dissatisfaction does not come from the work itself; I love doing this work. The dissatisfaction comes from the environment in which I/we have to work*
- I was much happier under previous management over seven years ago. Management is poor and unhelpful.*



## APPENDIX B: OCA Survey of DCF Employees Summary Report

- *I love my work, I am struggling with the ultraconservative direction our office is currently taken in light of concerns that erupted in other offices, at this time we are overly involved with families*
- *I enjoy my job and I believe in the mission of the Department of Children and Families. However, the agency is in need of sweeping reforms including, (but not limited to) standardizing policies and procedures between offices, discontinuing out update procedures and initiatives, reducing redundancy during case management, doing away with the initial assessment process because it violates families' rights. The agency needs to stop reacting to the media and become more transparent with the media, and the surrounding communities, regarding the agency's role, mission and values in the community.*
- *After 20 years I've begun thinking of leaving-management has no idea how overwhelmed we are*
- *We have very low morale and it has gotten worse over the past few weeks. Caseloads are not decreasing despite additional staff. The front door is flooded and those of us who receive cases from intake investigations sometimes wonder why the issue is even investigated. New social workers are provided with the hardest cases and very many at once. As soon as they go to the full caseload we pile it on even though we know this is not best practice. I've been thinking more and more about leaving the agency because I don't believe we are protecting children. We really have gotten away from the mission of child welfare.*
- *Very upset about the micromanagement taking place by managers!!*
- *Caseload and management problems affect my satisfaction.*
- *I wish I could give the amount of attention to my work but am thwarted by high caseloads and administer pressure to be in compliance rather than to do the job correctly.*
- *Need a raise-management is extremely stressful. Here late every night with no compensation-supervisors make almost as much money-more money than APM if they do hotline.*
- *I enjoy the work and challenges, but wish more support from the legislature supported the good work and needs. There is a disconnect between the Department and Legislature. We serve some of the most vulnerable populations and it is at times frustrating that we do not at times receive what is needed such as space, computers, phone, lobby furniture, in addition to reduced caseloads, adequate numbers in management, etc.*
- *Area director and APM's should be more supportive and take time to get to know their staff. Sometimes it comes across that they do not care what the opinion of the ongoing social worker is when working with families and/or out in the field. It's like they forget what it is like to be a social worker (some of them have never been a social worker).*
- *This past year has been probably my most difficult at the Department. I've spent less time with my own family to the dominions of the agency. There are committed workers in the department, but the expectations exceed what is reasonable to accomplish given current caseloads. As people have been scared and intimidated due to recent media and political pressure, there is much backbiting and "Monday morning quarterbacking" about how decisions are made. This is the first time in many years I've given strong consideration*

## APPENDIX B: OCA Survey of DCF Employees Summary Report

- *for pursuing employment outside of the agency as I am concerned for my own health and well-being while trying to do the best job I can.*
- *In my 20+ years of DCF this has been the most stressful in trying time I've ever experienced. The changes that have been implemented have increased workload and stress with no thoughtful planning on how to help staff manage the new expectation. New hires take 3 to 4 months to train after the interview process and at least a year plus for them to feel comfortable and confident. Caseloads remain high and the number of C&P's increased drastically. New mandates and policy added additional demands or made completing tasks more difficult. Services for families are waitlisted or nonexistent. It is a challenge to stay positive and encouraging others to do so as well in this current work environment.*
- *DCF is a model of inefficiency. It is not available to provide timely or effective support, and DCF's leadership issue mandates and policies that are repeatedly detrimental to good public image relations with clients. In this ineffective and arbitrary climate any good relationships DCF has with clients due to the character of the social worker alone.*
- *Cannot keep up with the amount of cases... We need more lawyers and the courts are backed up.*
- *The morale is the worse it is has ever been. I've never seen so many seasoned workers this unhappy with our job in all my years here. If people had other opportunities with equal pay, most would leave despite having passion for child protection work.*
- *Excellence is not acknowledged or rewarded. It appears that those who are promoted to management positions are those that don't challenge management, or are from the outside. Why aren't the best of the best in the agency nurtured and rewarded in order to become effective respected manager?*
- *The management has changed literally as the ACM and area director and new within the year. The newer managers are unavailable to talk with staff and seem to not value staff input on their own cases. For example, when I was advocating for a client by selecting a few social workers who could work with her as she was difficult and told management, they told me I do not assign cases and was not to discuss this with them. In the past management would meet with me and try to assign the case to the worker chosen so the family would get the best worker for their needs.*
- *It is what it is. The directors removed our professional decision-making and overloaded an already overburdened system.*
- *The bullying continues, management doesn't change and the Commissioner's office does not care.*
- *Morale is down in this office due to high caseloads, lack of support from management and supervisors. There is no recognition for a job well done. This year we did not even have our annual Thanksgiving meal at the office; there was no mention of why not. We are expected to see children, this is become the number one mission due to numbers on reports. Supervisors and management want perfect reports and good numbers.*
- *The change in management has definitely caused morale to drop to an all-time low, for myself and many of my coworkers. Management does not take the time to interact with their staff, they don't listen to what their staff has to say, staff members safety is at the bottom of management's list.*



## APPENDIX B: OCA Survey of DCF Employees Summary Report

- *I have smart, proactive and supportive supervisors and great coworkers. Because of them I am able to do my job well.*
- *I enjoy the work I do with families, the dissatisfaction is with the agency.*
- *I am actively looking for another job. I am very unhappy with DCF.*
- *Thank God I'm leaving in three years.*
- *I love my job, it's all politics I'm not fond of.*
- *Morale is better for several reasons: more staff, out of the media spotlight, directives from CO have decreased, we are returning to the focus of our work and mission.*
- *As unbelievable as it may seem things worse here than last year. The whole agency seems like a rudderless ship. Management has not sought any input from floor staff as to how to improve things. Again it seems like the feeling is that the new hirings will fix everything.*
- *Morale has gone way down in the past year due to impossible caseloads and lack of support by management. Coworkers are turning against each other due to the stress and feelings of being overwhelmed.*
- *I work close to 80 hours per week because I care and keep hoping for a decent Commissioner again.*

## **Results (Section 2)**

### **Other Comments/Suggestions**

**WE'RE DROWNING HERE!! THE WORKLOAD IS IMPOSSIBLE**

## **A QUALITATIVE REPORT ON THE DCF EMPLOYEE SURVEY**

A number of 530 additional comments were introduced by the respondents to present a richer view of their experience at the organization. Using NVIVO, those responses were coded inductively line by line using thematic analysis an evidence based approach to qualitative data.

The object of this section is to present the main themes and supporting materials for each of them.

**Overall, staff is very committed to the goals of the agency and also to their individual jobs.**

*People who work at DCF are very committed and passionate about the work - they work really hard and can tell you how to make their jobs easier*

*They are overworked, frequently working well past 5 because that is what is needed. They open their own wallets to make sure that kids get fed; get a birthday present or just so that the kid will know that someone noticed that they did well.*

*I believe the front line workers are very hard working individuals who have their family's best interest at heart.*

*90% are totally committed to making sure kids are treated right and trying to make families work.*

**The events of the last two years have seriously impacted on the work of the organization.**

*The events of the past year have been very traumatic for the offices.*

*Our office has been through many struggles over the last year*

*We have been treading water for over two years.*

### **For many inside DCF, the organization has lost its sense of mission and direction.**

*I sign on 1000% with DCF's mission - But DCF has not been true to their mission in any way shape or form. We've become a political punching bag and those suffering are the children we strive to protect.*

*The general feeling for this was because DCF was no longer focused on the CORE values and had shifted due to a high level of anxiety in regards to news media stories.*

*The Department has gone from being a very clinical/family agency to now reactive rather than proactive.*

*Over the last six years I watched the department move away from the basics, such as child protection, to the detriment of the agency.*

### **Morale in the organization is at all times low.**

*The morale in the office is at an all time low and it feels as though management does not encourage positive relationships and activities within the office.*

*Currently my office has such a low morale that it has created stress and animosity between colleagues*

*There is a low morale at the area office*

### **Many reasons explain the low morale at the organization: including the role of leadership and management, poor communication, caseloads and work environment.**

*Caseloads and management are the reason why morale is so low. When I started this job 17 years ago morale was high. It seems to get worse every year.*

*The management team's failure to communicate with staff and take interest in the overall morale of the office has created a disjointed and often toxic work environment.*

*There is an ongoing low morale issue at my office... Due to how the upper management team treats certain workers/supervisors differently, creates a defensive and hostile environment, and does not hold people across the board accountable in fair and even ways.*

*Pay grade for managers should be higher than the folksy supervise... Need more outside agencies to do transportation supervised visitation for children in the Department's care.*

### **On Leadership:**

*There is a lack of leadership within the office.*

*The pattern that I have seen in my years as an employee: Bad things happen, we hit the news, we are then given money to hire and expand things and we may actually start to feel a positive impact - lower case loads, more access to things. Then the hype dies down and our budget gets cut. We struggle for a while. Our bad reputation swells again. Another a bad thing happens. We blame a commissioner, and we are all over the news. And again we are given money to respond.*

*There is a negative competitive way between management; there are three APM's from outside of the agency who struggle daily with the position. Morale is at an all time low. Staff want leadership, want experience within the management team and have no confidence in this current team (new and old).*

*This is a difficult time to work for the agency with decisions coming from groups of people who have never done the work, there is a constant fear that something fatal will happen and the support will not be with staff. There is also low morale for those workers and supervisors who continue to be protected regardless of the poor job they do and inappropriate actions on or off duty.*

*Many issues at DCF relate to the inability/unwillingness of the organization to understand the needs of the front line staff. The relationship between various levels of management and staff are usually compromised due to the poor level of communication from central office (senior) management to area and regional management.*

### **On Management:**

*Management is overly involved and that makes them less effective.*

*Managers who after years of former management team having an open door policy now have abandoned that while the office/agency is in crisis, unless it is one of the favored staff, management.*

*They tear apart your case management. They have no compassion for your opinion (the people who have direct contact with the family). They appear to be unable to understand what Social Workers really do daily.*

*It appears that management picks and chooses that they want to provide special treatment and allocate cases and whom they prefer to have much more strenuous cases-despite the quality of work.*

*There is no praise for positive reinforcement; only excessive reminders of when we aren't living up to expectations. I think we are doing the best that we can give the current state of the job. Management needs to recognize the hard work we are all doing.*

### **On Supervision:**

*Supervisors are now posting workers overdue assessments and service plans in their offices with the worker's name, the family's name and the overdue due date for everyone to see.*

*When a supervisor has a HIGH turnover in their unit it is time those over that supervisor take a look at the sups style of management and address it.*

*My supervisor is great and I would not change her for the world. However, my manager less to be desired. She has an issue listening to her staff... The rest of the management team is the same way it is causing a real problem in this office.*

### **On Communication:**

*Communication across the agency is pitiful. Information on current developments is learned from the news or Providers. (It's embarrassing.)*

*Communication is poor, directives are not consistent or presented in a timely manner; there is a negative competitive way between management;*

*Information is not shared at all levels. In terms of information, there are the haves and have nots. Middle management creates an impermeable layer in terms of information; no information filters down or comes up.*

### **On the Union:**

*The agency and labor relationship is not successful in supporting changes that are for the greater good. The union often does not represent the membership in an accurate manner. It tends to identify issues of a few and then give perception that the concern is shared by the entire membership.*

*I continue to believe that the union, while it has very strong supports available to all, continues to support those with issues of poor work performance. I think this is a chronic issue.*

*I would like to have caseload ratios actually follow the Union Contract of 15:1.*

*Honor the contract with the Union. Thanks.*

### **On the Caseloads:**

*The caseloads at the local offices are at such crisis levels, workers are leaving the agency faster than new workers can be hired.*

*Caseloads are the worst they have been in over 30 years. The families are far more complex. There are little to no services to address substance abuse for adults and children. New staff must be brought up to caseload in a much slower manner*

*Case loads are still very, very high and the cases are so complex at this point that it is extremely difficult to keep your head above water.*

*Caseloads are the worst they have been in over 30 years. The families are far more complex. There are little to no services to address substance abuse for adults and children. New staff must be brought up to caseload in a much slower manner*

### **On the Work Environment:**

*This Office Building is not a suitable work environment. There are mice and fleas. There is mold in the building, a gas smell when the heat goes on. The area is one of the worst in New Bedford. There are hypodermic needles in the street. The parking is horrible. Clients do not want to come to the office*

*The condition of the office itself is disgusting. We have had roaches, mice, and other insects. There is no parking which is a major concern given the area in which the office is located.*

*It is not 1960 anymore. -Give us a full size breakroom where everyone can relax and eat lunch and not feel isolated and alone at their desks.*

*This office is dirty, not conducive to being able to work and concentrate no resource for children other than remaining in the units*

### **Staff Safety:**

*As a social worker who goes into the field daily, safety is something that is always on my mind. Higher ups within the Department should be taking steps to ensure the safety of social workers.*

*Worker's use their cell phones as a means of communication, but are not mandated to. DCF management should be providing cell phones to all field workers. This will give workers quick access to the office, local law enforcement, etc. Also, given the amount of time workers spend in the field; this will limit the number of times workers have to use their cell phones to call clients.*

### **Some Programmatic Considerations:**

*We have NO FOSTER HOMES!!! Kids are going night to night, social workers have to drive around with kids in their car until 9-10 pm each night just to get a placement for one night, have to pick them up at 7 am the next day and it starts all over again*

*We are inept at addressing serious mental health or substance abuse cases efficiently and effectively.*

*Restrictive kinship and foster parent policies prohibit common sense being used and force us to traumatize children by having no stable placement for them for months.*

*Put all familynet on the ipads, please pick just one familynet and dump the rest. It is kind of useless if we cannot access most of familynet from the ipads.*

APPENDIX C:  
Parent/Guardian Satisfaction Survey (2014)



## APPENDIX C: Parent/Guardian Satisfaction Survey (2014)

## Parent/Guardian Satisfaction Survey

Massachusetts Department of Children and Families – 11/3/2014

Survey Sample ID				Date of Contact – mm/dd/yyyy				Community Representative Completing Form – PLEASE PRINT			
Parent/Guardian provided verbal phone consent: <input type="radio"/> yes								Strongly Agree <sub>4</sub>	Agree <sub>3</sub>	Disagree <sub>2</sub>	Strongly Disagree <sub>1</sub>
1.	You were satisfied with the communication you had with DCF. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	Your family was treated with dignity and respect by DCF. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Your DCF worker understood your family's strengths. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Your DCF worker understood your family's needs. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Your DCF worker helped you to find ways to address your family's needs. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Your DCF worker respected your family's cultural traditions. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	Your DCF worker encouraged you to participate in making decisions about your family. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	Your DCF worker explained what to expect during your involvement with DCF. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	Your DCF worker paid attention to your children's needs and wants. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9a.	Your DCF worker met with you/your family as often as you needed. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	Did you get a copy of the "Family Guide to Child Protective Services" brochure? <i>This is a pamphlet printed on blue paper which would have been mailed to you or provided by a social worker.</i>							<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know	
11.	Do you know that the "Family Guide to Protective Services" brochure contains information about your rights as a parent involved with DCF?							<input type="radio"/> Yes	<input type="radio"/> No		
12.	During your work with DCF, did you have a DCF Service Plan? <i>If "NO" or "I DON'T KNOW" ...SKIP QUESTIONS #13 &amp; #14.</i>							<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I don't know	
13.	DCF worked with you to develop your DCF Service Plan. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	The tasks on your DCF Service Plan have helped make your family better. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	There are just a few more questions... thanks for staying with me. Did you participate in a Family Team Meeting where you had a say in who was invited? A Family Team Meeting is a meeting to discuss service plan goals or other DCF related matters where both you and DCF invited participants.							<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> I am not aware of participating in a Family Team Meeting	
16.	Did your family have the supports you needed at the time your DCF case was closed?							<input type="radio"/> Yes	<input type="radio"/> No		
16a.	What additional supports would have been helpful at your case closing? CONTINUE ON REVERSE AS NEEDED										
17.	Overall, DCF helped your family. DO YOU:							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17a.	What might DCF have done to be more helpful? CONTINUE ON REVERSE AS NEEDED										
17b.	What, if any, difficulties did you have in working with DCF? CONTINUE ON REVERSE AS NEEDED										
17c.	How were these difficulties resolved? CONTINUE ON REVERSE AS NEEDED										
17d.	These difficulties were resolved to your satisfaction. DO YOU:.							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	Do you have any additional comments that you would like me to include with this survey? CONTINUE ON REVERSE AS NEEDED										

## APPENDIX C: Parent/Guardian Satisfaction Survey (2014)

16a. What additional supports would have been helpful at your caseclosing?

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17a. What might DCF have done to be more helpful?

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17b. What, if any, difficulties did you have in working with DCF?

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added by  
the OCA

17c. How were these difficulties resolved?

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added by  
the OCA

18. Do you have any additional comments that you would like me to include with this survey?

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APPENDIX D:  
DCF Guidelines for Photo Documentation

## Department of Children and Families

## practiceguidance

## PHOTO DOCUMENTATION

The Department of Children and Families takes photographs for two distinct purposes:

- To document observations of the presence or absence of child abuse and/or neglect; and
- To maintain a current photograph that identifies the physical appearance of children, youth and young adults who enter or remain in Department care or custody.

The Department also receives client-related photographs from others. Specifically, under MGL c. 119, §51A(b), if hospital personnel photograph visible trauma resulting from suspected reportable child abuse and/or neglect, they are required to convey the photographs to the Department at the time of filing a 51A report, or if obtained after the filing, within the protective response time frame so that they can be considered during decision-making.

This document is intended to provide guidance related to the circumstances under which the Department takes photographs and when it should not, the general procedures to be followed for each purpose above, and rules governing the release of Department photographs.

*Note: Throughout this document the terms "child" and "children" are used as a general and inclusive term to mean child/youth/young adult.*

## I. GENERAL PHOTO DOCUMENTATION PRACTICES

Photographs can be a useful supplement to, but not a substitute for, the observations a Social Worker makes and documents. Photographs can provide a record of what was viewed or how a person looks. They may be used during supervision and clinical consultation in developing an understanding of the nature and extent of child abuse and/or neglect and making decisions about how to address the child's needs for safety and well-being.

Photographs are also helpful in identifying a child in the Department's care or custody, finding them a permanent family if reunification cannot occur or finding the child if they are identified as missing.

Staff may only use Department-issued equipment to take work-related photographs. The equipment's video feature is not to be used. Personal cameras and cell phone cameras are not to be used.

When used for decision-making purposes such as during protective intake, photographs should be shared with the Supervisor/team as soon as possible to determine whether additional photos would be helpful.

## II. TAKING PHOTOGRAPHS TO DOCUMENT CHILD ABUSE AND/OR NEGLECT

**Determine Whether Photo Documentation May be Useful:** Department staff are not required to take photographs. When Department staff decide to use photo documentation they should exercise sensitivity and respect so that the photo-taking does not add to any trauma the child and family may be experiencing.

Department staff should consider using photo documentation when a 51A report indicates the presence of child abuse and/or neglect factors that can be photographically documented such as:

### Department of Children and Families

- Physical evidence of bodily injury (e.g., bruising, cut, burn).
- Environmental evidence of an unsafe living situation (e.g., dangerously unsanitary conditions, broken glass on the floor, large holes in the floor, etc.).
- An abandoned child who is found without supervision and identification.

Department staff responding to such a report may also use photo documentation when they find no such evidence exists or the evidence contradicts the conditions alleged in the report and to document family progress in addressing the reason(s) for Department involvement.

Department staff may also consider using photo documentation at other phases of casework practice (e.g., home-visits) when a photo, rather than written descriptions, would be more beneficial in documenting the presence or absence of abuse and/or neglect.

**Consent:** Department staff should refrain from taking photographs if they do not receive consent. As applicable, staff should also seek consent from any child they are photographing, if they are developmentally, emotionally and cognitively able.

*During a Response to a Report of Abuse and/or Neglect (51A):* During a response initiated under MGL c. 119, §51B(b), Department staff have the authority to take photos without consent. However, before taking any photos when consent has not been granted, staff should consider how useful this action is for enhancing documentation of what has occurred as well as how it may affect further information-gathering/engagement with the family. Consent should be documented as part of the response.

*During all Other Phases of Casework Practice:* Department staff should not take photographs unless they receive verbal consent. If Department staff believe photo documentation would provide a critical piece of information in effectively documenting the presence or absence of abuse and/or neglect, the staff person should discuss with the family the need/use of photo documentation in seeking verbal consent. Consent is documented in the relevant place in the electronic case record (e.g., dictation).

**Exercise Caution and Sensitivity When Taking Photographs of Children:** A second individual must be present. Culturally, religiously or sexually sensitive areas of the child's body should *never* be photographed by Department staff. Injuries to a child's breasts and/or genitals are referred to a medical provider for evaluation. Department staff should seek managerial consultation when cultural or religious concerns exist.

**Consider Using Photographs to Document Living Conditions:** Photographs are helpful in documenting conditions in a child's living environment that may pose a risk to her/his health and/or safety. In circumstances where Department staff have a concern that conditions may pose a risk to a child's health and/or safety, or when there is a report of concern regarding conditions in a home, Department staff should take photographs to document the potential health and/or safety hazards.

**Obtain Photo Documentation from Hospitals, as Applicable:** When the Department learns that law enforcement and/or medical providers have photo documentation, the Department should request the photos immediately, in accordance with MGL c. 119, §51A(b).

#### Suggestions for Taking Photos:

1. Consider how the specific injury or condition can be shown effectively with a minimum number of photographs.
2. Photograph the general appearance of the child and/or living condition, taking photos from different distances (e.g., far, medium, close up) and/or perspectives (e.g., straight on, at a slight angle).

### Department of Children and Families

3. Photograph any bodily injury with an anatomical landmark, such as inclusion of an elbow, knee or other body part, to identify the location of the injury. Consider placing a measuring device, such as a small ruler or tape measure or object of known measure like a pen, above or below the injury to indicate size.

### III. TAKING IDENTIFICATION PHOTOGRAPHS FOR CHILDREN IN DEPARTMENT CARE OR CUSTODY

Time Frames for Initial and Subsequent Photographs: Pursuant to DCF Policy, an initial photograph should be taken as soon as possible after a child/youth enters Department care or custody (generally within six (6) weeks/prior to the six (6) week Placement Review). Photographs will be updated at least every six months and/or at other key junctures in case practice (e.g., Case Transfer, Case Closing).

Notification: Before taking a photo, the Department informs the parent/guardian that:

- For the purpose of maintaining up-to-date identifying information on the child the Department will take an initial photograph and update it regularly
- Parents/guardians should also be told that the Department does not require their permission to take and maintain such photographs but would like to have it and will document that permission when provided.
- The Department should seek permission of the child prior to taking any photograph, taking into consideration their age and developmental capacity. If the child declines to provide consent, the Department should seek a recent photograph from the parent/guardian or placement provider and document how the photo was obtained, from whom and why this was necessary.
- Identification photographs will be shared with foster/pre-adoptive parents and contracted providers of community-connected residential treatment.
- Except when parental rights have been terminated, identification photographs will not be released publicly, without the prior permission of the parent or child, unless the child is identified as missing.

Instructions for Taking Photographs: The identification photograph should:

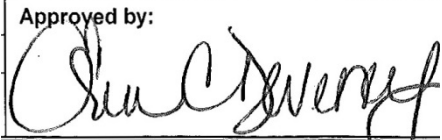
- Be solely of the child/youth/young adult in Department care or custody.
- Show, in color, the head, neck and shoulders of the child/youth/young adult against a neutral and preferably plain/solid color background (i.e., one that does not identify the location or distract from the person's image).

Child in Department Care or Custody Placed Outside Massachusetts: If the initial or subsequent identification photograph cannot occur because the child has been placed outside Massachusetts, the Department will work through the Office of the Interstate Compact on the Placement of Children to obtain an up-to-date photograph.

### IV. RELEASE OF PHOTO DOCUMENTATION

Both printed and digital photographs are considered to be part of the family's Department record and are subject to release when appropriately requested or for a purpose the Department manager with case authority determines is appropriate, in accordance with Department Regulations 110 CMR 12.00. The Department will not release a photograph when it determines that release is contrary to the best interests of the child.

APPENDIX E:  
DCF BRC Policy 86-014

<b>DCF</b>	COMMONWEALTH OF MASSACHUSETTS – DEPARTMENT OF CHILDREN AND FAMILIES	
	Policy Name: Background Records Check Policy	
	Policy #: 86-014	Approved by: 
	Effective Date: 5/1/1986	
	Revision Date(s): 6/1/87, 6/1/90, 3/1/94, 2/17/95, 1/20/97, 12/1/08, 6/1/2011; 2/3/2015	

## BACKGROUND RECORDS CHECK POLICY

The Department of Children and Families is committed to conducting the best possible evaluation of a parent and/or other caretaker's current fitness and ability to care for a child and of current and prospective foster and pre-adoptive parents' ability to provide temporary or permanent care for a child/young adult.

Important sources of information to be used during these evaluations are obtained by completing background checks of child welfare history (found in the Department's statewide automated child welfare information system (SACWIS) called "FamilyNet" or "i-FamilyNet" and comparable systems of other states), CORI (Criminal Offender Record Information-found in records maintained by the Department of Criminal Justice Information Services (DCJIS) and comparable systems of other states or the Federal Bureau of Investigations) and SORI (Sex Offender Registry Information found in records maintained by the Sex Offender Registry Board). Each contains highly pertinent information which can be used to assist Department staff in completing an evaluation. The Criminal Justice Information Services and specific state statutes and Department regulations allow access to this information in accordance with the following policy and procedures. [See MGL c. 6, § 172 (c) and 172 B; MGL c. 6 § 178; MGL c. 119, § 518; 110 CMR 4.38 (1) and (2); 110 CMR 7. 104 (2) and (3); 110 CMR 18.00; 803 CMR 4.01] Directors of Areas are responsible for establishing procedures with the local law enforcement authorities of their respective catchment areas to facilitate access to offense and incident information available only on the local level.

*NOTE: During the revision of this policy, the Department is migrating its SACWIS system to a web-based system called i-Familynet. For the purpose of this policy, the term "FamilyNet" will refer to either FamilyNet or i-Familynet, depending on the migration of the functionality.*

### I. Definitions

For the purposes of this policy, the following definitions are used:

- Adult - Any individual age 18 years or older.
- Background Records Check (BRC) - Information obtained by searching an individual's Department history, CORI and/or SORI.
- Department Background Records Check Unit – a unit within the Department's Central Office which conducts the BRC for Family Resource applications, license studies, limited and annual reevaluations, processes fingerprint results received from the state police and conducts the CORI and SORI checks for intake, response, family assessment and case management and conducts a BRC when otherwise requested.
- Department History – Information from the Department's FamilyNet statewide automated child welfare information system (including the Record Center Index for archived records) indicating that an individual is or has been involved with the Department and comparable information from other states, US military bases, US territories or Indian reservations. Among other information, FamilyNet identifies persons listed in the following 2 registries:

Central Registry - A registry, maintained by the Department pursuant to MGL c. 119, § 51F, containing identifying information on those children reported to the Department pursuant to MGL c. 119, § 51A. The registry also includes identifying information regarding the reported children's parents and other family members and the outcome of any investigation which resulted from such a report, including the name of any individual(s) identified as responsible for the child abuse or neglect or any individual listed on the Registry of Alleged Perpetrators.

Registry of Alleged Perpetrators - A registry, maintained by the Department pursuant to 110 CMR 4.36. The criteria for being listed in this registry are:



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*As of September 9, 1993:* The individual was identified by substantial evidence as responsible for the abuse and/or neglect in an investigation conducted pursuant to MGL c. 119, §51B, in which the 51A report was supported and referred to the District Attorney.

*Prior to September 9, 1993:* Following the support of a 51A report, (1) the individual was alleged to be responsible for the supported abuse or neglect and there was no available information to definitely indicate otherwise, and (2) the allegation(s) with regard to the individual should be further considered during case management, or the allegation(s) cause protective concerns about the individual as a caretaker. *Please NOTE: No referral to the District Attorney was required.*

- CORI (Criminal Offender Record Information) – Records and data (including conviction, arraignment and sealed record data, and juvenile arraignment, arrest and conviction data) in any communicable form compiled by a criminal justice agency which concerns an individual and relates to the nature or disposition of a criminal charge, an arraignment, a pre-trial proceeding, other judicial proceedings, sentencing, incarceration, rehabilitation, or release.

CORI includes information regulated by the Criminal Justice Information Services regarding the criminal histories of persons within the Massachusetts Court system.

- SORI (Sex Offender Registry Information) – Information and classifications maintained by the Massachusetts Sex Offender Registry Board regarding persons who have been convicted or adjudicated of a sexual offense. SORI includes the type of sex offense(s) committed, the date(s) of conviction, the sex offender's home and work/school addresses, and identifying information about the sex offender, such as age, height, and weight.
- Household Member – Any individual, regardless of age, who resides in the home, Who moves into the home with the intent to make it their residence, or who is temporarily visiting for more than 30 calendar days. Children/young adults in DCF care or custody are not considered household members of the foster/pre-adoptive home for the purpose of this policy.
- Frequent Visitor – Any individual who does not live in but spends substantial time in the home, regardless of the reason or purpose of their visitation. Such visitors may include, but are not limited to: non-custodial parent(s); relatives; significant others; baby-sitters; caregivers; and other individuals who perform a caregiving role for any child in that home.
- Kinship Placement – The placement of a child who is in Department care or custody, with a person(s) related either by blood, marriage or adoption (i.e., adult sibling, grandparent, aunt, uncle, first cousin) or a significant other adult to whom a child and/or the child's parent(s) ascribe the role of family based on cultural and affectional ties or individual family values.
- Child-Specific Placement - A non-kinship individual(s) identified and licensed as a placement for a particular child (e.g., school teacher comes forward; child recommends friend's parent).
- Prequalification – The process of conducting background records checks to obtain information regarding the Department history, Massachusetts CORIs and SORI of household members and frequent visitors of potential foster/pre-adoptive families and of recording outcomes of the determinations regarding the family's eligibility to provide foster/adoption services. Such background records checks are routinely conducted on household members and frequent visitors age 15 years or older during Initial Eligibility Screening. Such checks may also be conducted on younger household members about whom concerns exist and during Limited Reassessments.
- Open Department Case - A case assigned (or awaiting assignment) following a supported 518 investigation, a concern following a 51B initial assessment, acceptance of a Voluntary Application for Services or acceptance of court-ordered custody.
- CORI Liaison - The individual designated in the Area or Regional Office to receive information from the Central Office Background Record Check Unit; assist staff in accessing, interpreting and making decisions based on the information; and store printed CORI records.
- Hosting Regional/Area Office/Director – The Regional/Area Office/Director responsible for the foster/pre-adoptive family applicant or licensed foster/pre-adoptive family. This is normally determined by the geographic location of the home.
- Placing Regional/Area Office/Director - The Regional/Area Office/Director responsible for a case in which a child is in need of placement.

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## II. Policy

Department history, CORI and SORI data is evaluated on a case by case basis and, like all other personal information, is confidential. The Department exercises great caution in safeguarding this information. (See Appendix C, "Guidelines for Secure Management of CORI Data") The Department also recognizes that CORI data, in particular, reflects societal forces that may have resulted in disproportional representation of certain groups among those who have findings, and the consequent need to exercise caution when reviewing findings for specific individuals. The following chart summarizes the purposes for which Department history, CORI and/or SORI checks are conducted:

<b>Reasons for Conducting Department History, CORI and SORI Checks</b>	
<b>For Prospective and Current Department Consumers during Intake (including Protective Screening and any 518 Response), Family Assessment and Case Management</b>	<p>To determine whether a child or family has been previously involved with the Department and if so, how, so that the information can be considered during service/action planning and decision-making.</p> <p>To determine if a caretaker, potential caretaker, household member or frequent visitor has engaged in behavior which may place a child at risk of abuse or neglect.</p> <p>To determine if a child in Department care or custody has criminal offense or Department history which needs to be considered during service/action planning, especially when placement of the child is being considered.</p>
<b>For Prospective Foster and Pre-Adoptive Families during the Initial Eligibility Screening Process</b>	To determine whether or not the individual who is interested in becoming a Department foster/pre-adoptive family and the members of her/his household age 15 years and older (and those younger household members about whom concerns exist) and other frequent visitors to the home meet Department BRC standards for eligibility to apply and are "prequalified" on that basis.
<b>For Prospective Foster and Pre-Adoptive Family Applicants during the Initial License Study</b>	To determine, as a part of the License Study, whether the applicant and the members of her/his household age 15 years and older (and those younger household members about whom concerns exist) and other frequent visitors to the home meet Department BRC standards for being a Department licensed foster/pre-adoptive home.
<b>For Current Foster and Pre-Adoptive Families during Any Reassessment/License Renewal Study (including a Limited Reassessment)</b>	To determine whether the household continues to meet the BRC standards for being licensed as a Department foster/pre-adoptive home.

### A. During Intake (Including Protective Screening and Response), Family Assessment and Case Management

The individual whose background records are being checked does not have to be informed that the Department is completing the checks nor does she/he have to consent to the checks being completed or sign a release of information. The primary consideration in determining whether or not to inform the individual prior to completing a background records check is the safety of the child, family members and Department staff; other factors that may also be considered include but are not limited to: time frames; establishing an effective relationship with the child and family; service planning.

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#### 1. Department History Checks

While the Department completes Department history checks whenever needed to guide decision-making and maintain continuity in the work with families and children, it is Department policy that Department history checks are REQUIRED to be completed, at a minimum, in the following situations:

- During Intake (including the Screening of or Response to a 51A report), on the child who is being reported or referred or on whose behalf Department services are being sought, all other individuals residing in the child's household and any caretaker living outside the home who is alleged to be responsible for the reported child abuse or neglect; and
- During Family Assessment and Case Management, on each household member and frequent visitor (including members of the household of the parent with shared custody, the non-custodial parent and other caregivers) whose Department history was not checked during Intake.

#### 2. CORI and SORI Checks

In the following situation a CORI check is required to be completed:

- Prior to authorizing young adult support payments. The existence of a CORI does not preclude the Department from authorizing young adult support payments. (See Policy #2013-10, Permanency Planning Policy, page 57)

In the following situations, the decision to access CORI or SORI data is made on a CASE BY CASE basis by the Social Worker, in consultation with the Supervisor:

- During Intake (including the Screening of or Response to a 51A report), on any individual who has, has had or may have had access to the child(ren) in the household and/or on the child(ren);
- During Family Assessment or Case Management, on any household member (including members of the household of the parent with shared custody, the non-custodial parent and other caregivers); and
- On a child of any age who is in Department care or custody, when concerns arise that she/he may have criminal history that should be considered during service planning and decision-making.

Examples of situations when it may be appropriate to access CORI or SORI data during SCREENING and RESPONSE include, but are not limited to:

- when 51A report allegations include information which suggests that an individual involved in the 51A report/518 investigation has engaged in criminal behavior (e.g., drug involvement, prostitution, assault, etc.) which may affect the child's health, safety, or well-being or Department staff safety;
- when the report rises to the threshold of a DA referral [situations involving a child's death; sexual assault; brain damage, loss or substantial impairment of a bodily function or organ, or substantial disfigurement; sexual exploitation; or serious physical injury (including but not limited to: fracture of any bone, severe burn, impairment of any organ, or any other serious injury; an injury requiring the child to be put on life support systems; any other disclosure of physical abuse involving physical evidence which may be destroyed; any current disclosure by the child of sexual abuse; or the presence of physical evidence of sexual assault)];
- when the CORI reveals a crime of a sexual nature, a SORI should be conducted;
- when information about criminal activity needs to be verified; or
- when the allegations include information which suggests that domestic and/or other types of violence and/or substance abuse are present in the home.

Examples of those times when it may be appropriate to access CORI or SORI data during FAMILY ASSESSMENT or CASE MANAGEMENT include, but are not limited to:

- to verify information which has been collected or provided by the family or collateral contact;
- to clarify conflicting information;
- when information suggests that a current or new household member or frequent visitor has engaged in criminal behavior (e.g., drug involvement, prostitution, assault, any crime of a sexual nature, etc.) which may affect the child(ren)'s health, safety or well-being or Department staff safety; or

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- when information suggests that domestic and/or other types of violence are occurring in the home.

### 3. BRCs on Ongoing, Routine, Potentially Unsupervised Caregivers

When the Department identifies an individual who has been or may become an ongoing, routine, potentially unsupervised caregiver of a child who is in Department care or custody, the Social Worker (or the Family Resource Worker, if the individual is associated with the child's foster/pre-adoptive placement) arranges for the individual's Department history to be checked and requests the BRC Unit to access the individual's CORI and SORI. Examples of REQUIRED circumstances when CORI and SORI data must be accessed on an individual who may become an *ongoing, routine, POTENTIALLY UNSUPERVISED CAREGIVER OF A CHILD IN DEPARTMENT CARE OR CUSTODY* include, but are not limited to:

- when the individual is being considered as a babysitter for the child;
- when the child will, *on a frequent, continuing basis*, visit overnight in the individual's home; and
- when the individual is a friend or non-household family member who will be transporting the child on a *routine, ongoing* basis.

When such individuals have findings, a review is completed and approved in accordance with the policy and procedures required for licensing of foster/pre adoptive families.

*Please NOTE: CORI and SORI checking should not delay visitation between parents, grandparents and siblings with the child, although CORI and SORI data may be used to make determinations such as whether the visits are supervised or unsupervised.*

Examples of circumstances when accessing CORI or SORI data SHOULD BE CONSIDERED but is not required include, but are not limited to:

- when the child is leaving placement to be reunited with family or to live independently, to verify the circumstances of the parent(s) or other caregiver/household member(s) with whom the child may reside and for whom a CORI or SORI check was not previously completed.

Under these circumstances, any findings are considered during service planning and decision-making which may include the convening of a clinical review team. However, the review and approval process used for foster/pre-adoptive parents is not required.

*Please NOTE: As required by the Agreement Between the Department of Children and Families and Foster/Pre-Adoptive Parents, the process of determining whether a child in Department care or custody may participate in an activity that will take her/him away from home overnight, such as a school or church field trip or overnight in a friend or classmate's home, begins with the foster/pre-adoptive parent informing Department of the impending activity. Department staff and the foster/pre-adoptive parent then exercise reasonable and prudent parental judgment to arrive at a decision. Background record checks are not required but may be completed if concerns exist. Information obtained is used to inform service planning and decision-making; no waiver is required.*

### B. For Foster/Pre-Adoptive Families during Initial Eligibility Screening, License Study and Reassessment/License Renewal Study

As part of the Initial Eligibility Screening process and prior to commencing the License Study, prospective foster/pre-adoptive parents must sign an application form that includes a section requiring them to disclose any criminal charges, including the nature of the crimes and the dispositions. The application indicates that failure to disclose such information will result in disqualification. The prospective foster/pre-adoptive parents are also required to verify their identity with at least one form of government-issued photographic identification. The individuals are also informed that Department history, CORI and SORI checks will be completed as follows:

It is Department policy that Department history, CORI and SORI checks are REQUIRED to be completed in the following situations:

- For each member or frequent visitor age 15 years or older in a household which is interested in becoming a Department foster or pre-adoptive home during Initial Eligibility Screening;
- For each member or frequent visitor age 15 years or older in a household which is interested in becoming a Department foster or pre-adoptive home within 5 working days prior to completion of the License Study; and

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- For each member or frequent visitor age 15 years or older of a foster or pre-adoptive home which is receiving its Annual Reassessment or License Renewal Study.

It is the Department policy that **ALL foster and pre-adoptive parent applicants** will be required to be **fingerprinted** and checked through a nationwide fingerprint-based criminal history check. The Department assists applicants in arranging for the submission of their fingerprints during the licensing process in accordance with MGL c. 119, § 26A. All foster and pre-adoptive parents will also be fingerprinted and checked through a nationwide fingerprint-based criminal history check during a license renewal every 2 years. If a secondary caregiver moves into the home after the home is licensed, that person will be fingerprinted within 60 calendar days.

It is Department policy that in the following situations, **the decision to access CORI and SORI data is made on a CASE BY CASE basis** by the Social Worker, in consultation with the Supervisor:

- On any member of a household or frequent visitor younger than age 15 years about whom concerns exist during the Initial Eligibility Screening process, License Study or Annual Reassessment/License Renewal Study (checks on household members age 15 years or older are always required during the Initial Eligibility Screening process, License Study and Annual Reassessment/License Renewal Study); and
- On any household member of or frequent visitor to a foster or pre-adoptive family (regardless of age) during a Limited Reassessment.

(See Policy #2006-01, Family Resource Policy)

After completing the background record checks, the Department follows the guidance in Appendix C, "Guidelines for Secure Management of CORI and SORI Data," when informing the prospective or current foster/pre-adoptive parent(s) about their findings and about the findings for other household members or frequent visitors.

*NOTE: Information regarding the Department or criminal history of a child/young adult in Department care or custody who is placed or living with a foster/pre-adoptive family does not affect the family's approval, licensing or re-licensing status, but the information is reviewed with the family as directed by administrative staff and is considered during service planning and decision-making.*

### **III. Procedures: Completing BRCs**

#### **A. For Department History Based on Massachusetts Data**

Person searches to obtain Department history information can be completed, in accordance with policy, by anyone with FamilyNet access. For intake, response, family assessment and case management, person searches will be conducted by the Social Worker(s) and/or Supervisor assigned to that Family's Case. For Family Resource, it will be conducted by the Department's BRC Unit.

#### **B. For CORI and SORI during Screening, Response, FamUy Assessment or Case Management**

To access an individual's CORI or SORI, the Social Worker submits a background record check request on FamilyNet to the Department's BRC Unit. The BRC Unit completes a CORI check and when applicable, a SORI check, indicates the outcome on FamilyNet, summarizes the findings in an electronic notification to the requestor and returns the paper copy of any CORI record found to the CORI Liaison, or enters the copy in the i-FamilyNet secure Electronic Document Management (EDM) system and notifies the CORI Liaison, who discusses the information with the Social Worker. The Social Worker summarizes the BRC findings in dictation (the DCJIS does not permit the Department to include specific criminal charges and dispositions in Department records), date obtained and any determinations made based on the BRC findings.

If the CORI reveals a crime of a sexual nature, the BRC Unit will also conduct a SORI check and process the requests in the same manner as the CORI. The BRC Unit may conduct a SORI check in any other case at the request of the Social Worker.

#### **C. For CORIs of Prospective or Current Foster/Pre-Adoptive Families Based on Massachusetts Data**

The Social Worker or Family Resource Worker (as assigned) initiates the background record check process by submitting a request for a BRC check on FamilyNet to the BRC Unit. The BRC Unit completes CORI, SORI and Department history checks, indicates the outcomes on FamilyNet and sends an



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electronic notification to the requestor. In addition, the BRC Unit sends the paper copy of any CORI or SORI check record found to the CORI Liaison, or enters the copy in the i-FamilyNet secure EDM and notifies the CORI Liaison, who discusses the information with the Social Worker and maintains any paper copies received in a secure location in accordance with Appendix C.

#### **D. For CORI Checks of Foster/Pre-Adoptive Applicants Based on Out-of-State Data**

All applicants seeking to provide foster care or pre-adoption services must demonstrate their suitability to meet the licensing state's criminal history standards through a nationwide fingerprint-based criminal history check for themselves. The Department assists applicants in arranging for the submission of their fingerprints. Based on the results received through the BRC Unit, the Family Resource Worker, in consultation with her/his Supervisor, determines, whether the applicant meets Department standards for eligibility to apply related to criminal history. [See *Regulations*, 110 CMR 18.00] Nationwide fingerprint-based criminal history checks are completed only on applicants. The fingerprint-based checks are conducted during the application process and every 2 years during a license renewal for foster/pre-adoptive parents. New primary or secondary caregivers who become household members after the licensing study will be fingerprinted within 60 calendar days of moving into the home. An additional check may be required if the individual seeks approval of a Department-sponsored guardianship or adoption and has not previously had a fingerprint-based criminal history check completed.

For homes that were licensed prior to July 1, 2014, the foster/pre-adoptive parents will be fingerprinted at the next annual re-evaluation or license renewal that occurs on or after July 1, 2015. For homes licensed on or after July 1, 2014, the applicants will be fingerprinted during the application process, or at a later date established by the Department, but no later than January 1, 2016.

If a foster/pre-adoptive family closes for a period of 6 months or longer such checks will need to be repeated on the foster/pre-adoptive parents. Please NOTE: Homes receiving adoption or guardianship subsidies are considered closed unless they are also providing foster or pre-adoptive care. The Department will assist the prospective foster/pre-adoptive family/individual in obtaining criminal history information from the appropriate out-of-state authority for non applicant household members age 15 and older who resided out-of-state during some period during the 5 years prior to application.

Prior to the allowance of a guardianship of a minor petition sponsored by the Department, the prospective guardians must have a check completed through the nationwide fingerprint-based criminal history system if not previously fingerprinted as part of the initial foster home licensing process.

The results of the fingerprint-based checks are received in the BRC Unit from the Executive Office of Public Safety and Security. The BRC Unit will enter the applicable code for any results in the applicable BRC section of the Family Resource electronic record. The BRC Unit sends the paper copy of any CORI or SORI check record found to the CORI Liaison, or enters the copy in the i-FamilyNet secure EDM and notifies the CORI Liaison, who discusses the information with the Social Worker and maintains any paper copies received in a secure location in accordance with Appendix C.

If the fingerprints could not be read by the state police fingerprint system, the BRC Unit notifies the Family Resource worker who arranges for the fingerprints to be redone. If the fingerprints cannot be read by the state police fingerprint system a second time, the BRC Unit or Central Office designee will request a name and DOB search of the National Crime database. The BRC Unit will record the results in the applicable BRC section of the Family Resource electronic case record and notify the CORI Liaison.

#### **E. For Child Welfare History Checks of Foster/Pre-Adoptive Applicants Based on Out-of-State Data**

If an applicant has resided, during some period of the 5 years prior to their application, in other states, US military bases, US territories or Indian reservations, the Department is required to obtain documentation of the applicant's ability to meet and maintain the Department's child welfare history standards for eligibility to apply from the child welfare agencies of those states or the military, territorial or Indian tribal authorities. The Department will also request, but the other state or jurisdiction is not required to provide, child welfare history information regarding each non-applicant household member age 15 or older. This practice will be maintained until the Department is able to implement alternative systems for obtaining out-of-state child welfare history documentation. If any household members age 15 or older, including the applicant, lived outside the US during the 5 year period prior to application, the Department will request their child welfare history information from the appropriate authority in that country.

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The Social Worker or Family Resource Worker (as assigned) documents in the License Study the details of the Department and out-of-state child welfare history checks findings and summary of any CORI findings, dates obtained and any determinations made based on the findings. (See *Policy # 200601, Family Resource Policy*)

### IV. Procedures: BRC Outcomes and Approvals for Foster/Pre-Adoptive Families and Others

Current and prospective foster/pre-adoptive families who are disqualified based on background record check (BRC) information are informed, in writing, of:

- the disqualification decision,
- the reason(s) for it,
- the procedures for clarifying the accuracy and relevancy of any disqualifying finding, and/or
- the procedures for initiating a review of the disqualification decision.

If the family otherwise meets the required Department's licensing standards, but has a disqualifying BRC, the home can only be approved in accordance with Appendix B, "Criteria and Procedures for Approving Foster/Pre-adoptive Families with Disqualifying BRC Information," as indicated below.

*NOTE: For homes licensed by Department Contracted Providers, see Appendix D "BRC Request and Approval Procedures for Contracted Foster/Pre-Adoptive Families" for process and authorization.*

If a subsequent BRC finds the same information for which a disqualifying BRC has previously been reviewed and approved, and it is determined that the circumstances of the family have not changed, the home can be re-approved with or without stipulations (as applicable), based on the previous submission. To initiate this process, the Family Resource Worker completes a written request, indicating that the circumstances of the family have not changed.

#### A. Department History Information Outcomes and Approvals

Department history check findings result in the prospective or current foster/pre-adoptive family being designated a background record check outcome status as follows:

- **Category I Department History Presumptive Disqualification:** Disqualification due to the individual, a household member or a frequent visitor having a Department case open currently or during the prior 12 months (other than the open case of a child/young adult placed with the family by the Department). A foster/pre-adoptive home may be approved by the appropriate authority based on one of the following criteria and a review of supporting documentation:

Based on the recommendation of a clinical review team, the *hosting Regional Director* may approve one of the following:

The individual/household member has a Department open case to receive services following an adoption legalization.

The individual/household member has a Department open case to receive services on behalf of a child for whom a household member is a guardian.

The family is a prospective kinship placement (ONLY), and the household member who has the open case is the teen parent of a child to be placed, the teen parent is not the person alleged to be responsible for the physical or sexual abuse of any child in a supported 51B investigation, and it is considered to be in the child's best interests for the teen parent to be a member of that kinship family household.

Based on the recommendation of a Central Office clinical review team, the *Commissioner* may approve a parent who has a disability which prevents her/him from being able to parent her/his child and who has a Department open case, to reside in a placement with a child in Department care or custody, if it is determined that the parent will present no danger to the child, and it is considered to be in the child's best interests for the parent to be a member of that household.

Based upon the recommendation of a Regional Clinical review team, the *Assistant Commissioner over foster care and adoption* may approve any other Category I exception.

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- Category II Department History Discretionary Disqualification: Disqualification due to the individual or a household member having a Registry of Alleged Perpetrators listing. The *hosting Regional Director* may approve a home, based on review of supporting information, for the family.
- Category III Department History Discretionary Disqualification: Disqualification due to the individual or a household member having:
  - a Central Registry listing that identifies her/him as a consumer or alleged perpetrator in a supported 51B investigation that did not result in an open case or did result in an open case but the case has been closed for more than 12 months; or
  - a Person Search listing that identifies her/him as a member of a Department case that was assigned for assessment or had a Service Plan completed but has since been closed for more than 12 months (including involvement in a Department case as a child).

The *hosting Director of Areas* may approve a home, based on review of supporting documentation, for the family.

- FYI (For Your Information): The Department history check has found that the prospective or current foster/pre-adoptive parent or a household member has previous Department history information that is not disqualifying but should be reviewed, such as information that the individual was involved in a screened out 51A report or an unsupported 51B investigation, or that she/he requested or was referred for Department services but no case was opened. The Director of Areas/designee must review the circumstances and determine next steps.
- Eligible to Apply/Prequalified: Neither the prospective or current foster/pre-adoptive parent nor any household member has disqualifying Department history information.

#### B. CORI Outcomes and Approvals

CORI findings, from either the Massachusetts CORI check or the National Crime Database Check, result in the prospective or current foster/pre-adoptive family being designated a background record check status as follows:

- Lifetime Disqualification: Disqualification based on a felony conviction of one of the crimes listed in *Lifetime Disqualifying Crimes* list found in 110 CMR 18.15 or *Crimes that Result in a Lifetime Disqualification* found in Appendix A of this policy.
- 5 Year Disqualification: Disqualification based on a felony conviction for physical assault, battery or a drug-related offense and the offense was committed in the 5 years prior to the CORI check.
- Table A CORI Presumptive Disqualification: Disqualification based on a criminal conviction or pending charge regarding an offense listed in 110 CMR 18.15 Table A and Appendix A, "Criteria for CORI Review for Foster and Pre-Adoptive Families," Table A. The *Deputy Commissioner, General Counsel and Commissioner* review and may approve a home to place a child(ren) who is in Department care or custody with a prospective or current foster/pre-adoptive family in which a household member or frequent visitor has disqualifying Table A CORI, based on a review of supporting information as specified in Appendix B, "Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information". They may approve a placement in a home with disqualifying information for a KINSHIP family on an emergency basis upon submission of an abbreviated request. To maintain a child's placement with the kinship family, a full set of supporting documents must be submitted within 30 working days after the date of placement for final approval of the home.
- Table B CORI Discretionary Disqualification: Disqualification based on a criminal conviction or pending charge regarding an offense listed in 110 CMR 18.15 Table B and Appendix A, "Criteria for CORI Review for Foster and Pre-Adoptive Families," Table B. The *hosting Director of Areas* may approve a home with disqualifying information based on a review of supporting documentation as specified in Appendix B, "Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information".
- Table C CORI Discretionary Disqualification: Disqualification based on a criminal conviction or pending charge regarding an offense listed in 110 CMR 18.15 Table C and Appendix A, "Criteria for CORI Review for Foster and Pre-Adoptive Families," Table C. The *hosting Director of Areas or Area Clinical Manager* may approve a home with the disqualifying information based on a review of supporting documentation as specified in Appendix B, "Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information".



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- **Table D CORI Discretionary Disqualification:** Discretionary disqualification based on a finding that the individual or a household member has been charged with an offense listed in 110 CMR 18.15 Table A, B or C with one of the following dispositions: dismissed, continued without a finding, not guilty, vacated, filed or not processed; or that the individual or a household member has requested the issuance of a protective order, i.e., a "209A," as either the plaintiff or victim. The **hosting Director of Areas or Area Clinical Manager** may approve a home with the disqualifying information based on a review of supporting documentation as specified in Appendix B, "Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information".
- **FYI (For Your Information):** The CORI check has found that the prospective or current foster/pre-adoptive parent, a household member or a frequent visitor has criminal history information that is not disqualifying but should be reviewed. The Director of Areas or Area Clinical Manager/designee must review the circumstances and determine next steps: .
- **Eligible to Apply/Prequalified:** Neither the prospective or current foster/pre-adoptive parent nor any member of her/his household or frequent visitor has a disqualifying CORI finding.

#### C. SORI Outcomes

SORI findings will be designated as a Level I, II or III and will result in the prospective or current foster/pre-adoptive family being designated a background record check status as a Table A Presumptive Disqualification; and will be treated the same as a conviction under Table A

#### D. BRC Result Review

If the Area/Regional Office working with the Family Resource learns of information that would change the BRC categorization of an individual or home, the Area/Regional CORI Liaison shall notify the Director of the BRC Unit and provide the documentation that demonstrates the BRC categorization was incorrect. If the Director of the BRC Unit agrees, after reviewing the documentation, he/she shall have the categorization corrected. If the Director of the BRC Unit disagrees with the request to revise the categorization, the request shall be reviewed by the Assistance Commissioner over foster care, adoption and adolescent services, the General Counsel and the Director of the BRC Unit's supervisor.

#### E. Approvals for Routine, Ongoing, Potentially Unsupervised Caretakers of Children in Department Care or Custody

Individuals seeking to become routine, ongoing, potentially unsupervised caretakers of children in Department care or custody who are not approved due to BRC findings are afforded the opportunity to review the accuracy and relevancy of the background records information obtained about them by submitting a written request for a review to the Director of Areas or Regional Director of the office that completed the BRC. They may also request a review regarding a Department decision to deny them the opportunity to become the child's caretaker based on the BRC findings. The review is subject to the same review and approval policy and procedures as required for licensing of foster/pre-adoptive families. Individuals seeking to become routine, ongoing, potentially unsupervised caretakers for a child in Department care or custody whose review request is denied do not have the right to appeal this decision.

#### F. Fair Hearing Rights of Prospective/Current Foster/Pre-Adoptive Families/Individuals

All prospective/current foster/pre-adoptive families/individuals whose background records are checked have the right to review the accuracy and relevancy of the Department history information and CORI data the Department obtains about them by submitting a written request for a review to the Director of Areas or Regional Director of the office that completed the BRC. A family/individual who has disqualifying information that is determined to be accurate may submit a review request challenging the relevancy of the information to the disqualification decision. The Social Worker (or Family Resource Worker, as assigned), assists the family/individual in completing the request. The written statement prepared by the Social Worker/Family Resource Worker and/or Supervisor will reflect her/his recommendation regarding the home. (See Appendix B – Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information) Current foster/pre-adoptive families and individuals who are found to have disqualifying background information during a Reassessment/License Renewal Study may request a fair hearing to appeal the denial of continued/renewed licensing (as applicable), except when the denial is due to an outstanding warrant or a lifetime disqualification. Any outstanding warrant must be resolved before a decision can be made to continue/renew the family's license. Families and individuals seeking to be

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licensed to provide foster care or adoption who are disqualified during Initial Eligibility Screening do not have the right to request a fair hearing. If a child has been placed with a kinship or child-specific family following approval after review of disqualifying BRC information prior to completion of the full License Study but the applicant fails to complete the License Study, the Department has the right to deny licensing and remove any placed child; the applicant does not have the right to appeal through the fair hearing process either the denial or the removal decision.

#### **G. Continuous Quality Improvement (CQI)**

The Department will conduct a review, at least annually, of the quality of decision-making regarding the approval of homes where BRC information revealed a disqualifying basis, the denial of homes where there was disqualifying BRC information and the procedures being followed to develop these decisions. The review will consider such outcomes as the affect of the decision making on achievement of child safety, well-being and permanency; the timeliness of decision-making ; completeness of information available for decision-making; and family satisfaction regarding decision making.

#### **V. Additional Guidance**

The attached appendices provide more specific guidance regarding:

- Criteria for CORI Review for Foster and Pre-Adoptive Family Resources (Appendix A);
- Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information (Appendix B)
- Guidelines for Secure Management of CORI and SORI Data (Appendix C)
- BRC Request and Approval Procedures for Contracted Foster/Pre-Adoptive Providers (Appendix D)

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Appendix A – Criteria for CORI Review for Foster and Pre-Adoptive Families

Revised: 2/3/2015

Effective: 05/20/96

Amended : 08/19/96

Amended: 01/20/97

Revised: 06/21/04

Revised: 12/01/2008

Revised: 2/3/2015

### **Appendix A**

## **Criteria for CORI Review for Foster and Pre-Adoptive Families**

Criminal Offense Record Information (CORI) checks are completed on household members and frequent visitors of prospective and current foster/pre-adoptive families in accordance with *Regulations* 110 CMR 7.000, 110 CMR 18.00 and *Policy #86-014*, Background Records Check Policy. CORI findings result in the families being designated for review according to the criteria indicated below.

All offenses included in 110 CMR 18.15, Tables A, B and C (see below), are to be construed as including all violations of Massachusetts law or like violation of the law of another state, the United States, or a military, territorial or Native American tribal authority. The Department's Central Office Background Record Check (BRC) Unit contacts the Assistant Commissioner over foster care and adoption, the General Counsel and the Assistant Commissioner for Policy and Practice whenever a CORI investigation reveals an offense that is not included in the tables but appears to be similar in seriousness to an included offense. The Assistant Commissioner over foster care and adoption, the General Counsel and the Assistant Commissioner for Policy and Practice determine if it shall be treated as the similar included offense or if it needs to be added to the appropriate table through the regulatory process. The BRC Unit includes information regarding the finding and its actions in its electronic notification to the requester.

If the BRC unit is unable to determine from the CORI or fingerprint results what the outcome of the charge was, the CORI will be treated as an open charge and categorized in accordance with the tables below until the Department office working with the family can determine the final result. Based on documentation provided to the BRC Unit, the categorization for the individual and household may be modified to reflect the outcome.

Charges that show a result of guilty, plead guilty, guilty finding, house of correction, concurrent, consecutive, split sentence, probation longer than 9 months other than pre-trial probation, suspended sentence or committed will be treated as a conviction.

The CORI history of a child or young adult who is in Department care or custody and placed with or living with the family does not affect the family's approval, licensing or license renewal status, but the information is reviewed with the family as directed by administrative staff and is considered during service planning and decision-making.

### **Outstanding Warrants**

If the CORI indicates that a household member or frequent Visitor (other than a child in Department care or custody placed with the family) has an outstanding warrant for any crime, regardless of whether or not the crime is listed in Table A, B or C below, the home cannot be approved, licensed or re-approved, nor can the home's license be renewed until the warrant is resolved. After the warrant is resolved, the charge will be considered according to the table in which the charge and/or its disposition is listed, as applicable.

### **Crimes that Result in a Lifetime Disqualification**

A foster/pre-adoptive home will not be approved to provide care for a child in Department care or custody if any household member has been convicted of or has charges pending for one of the following felonies. Adjudicated Juvenile Delinquency charges do not result in a Lifetime Disqualification.

<b>LIFETIME DISQUALIFYING CRIMES</b>	<b>MGL</b>
ASSAULT AND BATTERY UPON A CHILD	c. 265, § 13J
ASSAULT WITH INTENT TO RAPE	c. 265, § 24

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ASSAULT WITH INTENT TO RAPE A CHILD	c. 265, §§ 23, 248
ENTICEMENT OF A CHILD UNDER 18 TO ENGAGE IN PROSTITUTION, HUMAN TRAFFICKING OR COMMERCIAL SEXUAL ACTIVITY	c. 265, § 260
HUMAN TRAFFICKING	c. 265, §§ 50-53
INCEST	c. 272, § 17
INDECENT ASSAULT AND BATTERY	c. 265, §§ 138, 13F, 13H
INDECENT ASSAULT AND BATTERY ON CHILD UNDER 14, AGGRAVATED	c. 265, § 1381/2
INDECENT ASSAULT AND BATTERY ON CHILD UNDER 14, AGGRAVATED, SUBSEQUENT OFFENSE	c. 265 § 138 %
INDUCING A MINOR INTO PROSTITUTION	c. 272, § 4A
MURDER	c. 265, § 1
CHILD PORNOGRAPHY RELATED OFFENSES	c. 272, § 29A, 298, 29C
PROSTITUTION, DERIVE SUPPORT FROM CHILD	c. 272, § 48
PROSTITUTION/SOLICITATION WITH PERSON UNDER 14	c. 272, § 23A
RAPE	c. 265, § 22
RAPE OF CHILD WITH FORCE	c. 265, § 22A
RAPE OF CHILD WITH FORCE, AGGRAVATED	c. 265, § 228
RAPE OF CHILD WITH FORCE, AGGRAVATED, SUBSEQUENT OFFENSE	c. 265, § 22C
RAPE AND ABUSE OF A CHILD AGGRAVATED BY AGE	c. 265, § 23A
RAPE AND ABUSE OF A CHILD BY PREVIOUS OFFENDERS	c. 265 § 238
SEXUAL CONDUCT WITH CHILD UNDER 14, PAY FOR OR FOR FEE	c. 272, § 53A(b)
UNNATURAL ACTS WITH A CHILD UNDER 16	c. 272, § 35A

**Table A: Crimes that Result in Presumptive Disqualification**

An individual will require written approval in accordance with the Department's procedures to be eligible to be a foster or pre-adoptive parent, if she/he or any household member (other than a child in Department care or custody placed with the family) has been convicted of or has charges pending or a default for any crime listed in Table A of this policy. Adjudicated Juvenile Delinquency charges will be treated the same as a conviction for the purpose of classifying the crime as a Table A, B or C crime and the required approval level, but do not result in a 5 year disqualification. . If the crime listed below identified with an "\*" has occurred within the past 5 years, the foster or pre-adoptive parent will not be eligible until 5 years has passed since the crime was committed. [NOTE: A pending charge can be identified on a CORI as a charge having an open (O) status.]

TABLE A	MGL / E(emony) M(isdemeanor)
A&B, DANGEROUS WEAPON, VICT 60+ *	c.265 § 15A(a) / F
A&B ON ELDER OR PERSON WITH DISABILITY *	C. 265 § 13K / F
A&B, INTIMIDATION, RACE/COLOR/RELIGION *	c. 265 §§ 39(a), 39(b) / F
A&B ON RETARDED PERSON *	c.265 § 13F I F
ABUSE OF PATIENT LONG TERM CARE FACILITY *	c. 265, § 38 / F

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<b>TABLE A</b>	<b>MGL / f(elony) M(isdemeanor)</b>
ADMINISTERING DRUGS/SEX	c.272 § 3 I F
AGGRAVATED ASSAULT*	c. 265, § 13A(6) I F
ARMED ASSAULT W/ INTENT TO MURDER OR ROB *	c.265 § 18(b) I F
ARMED ASSAULT W/ INTENT TO MURDER OR ROB, VICT 60 *	c.265 § 1B(a) / F
ARMED ASSAULT, DWELLING, W/ FELONY INTENT *	c.265 § 18A / F
ARMED CARJACKING	c.265 § 21A I F
ARMED CAREER CRIMINAL	c. 269 § 10G / F
ARMED ROBBERY	c.265 § 17 I F
ASSAULT BY DANGEROUS WEAPON, VICTIM 60 AND OLDER *	c. 265, § 15B(a) / F
ASSAULT W/ INTENT TO MURDER OR MAIM *	c.265 § 15 I F
ATTEMPT ESCAPE OR ESCAPE BY PRISONER OR SEX/DANG	c.268 § 16 I F
ATTEMPT TO MURDER	c.265 § 16 I F
BURNING DWELLING HOUSE	c.266 § 1 I F
CHILD ENTICEMENT	c. 265 § 26C / F
CIVIL RIGHTS VIOLATION, BODILY INJURY *	c. 265, § 37 / F
DISTRIBUTE CONTROLLED SUBSTAN, MINOR *	c.94C § 32F I F
ELDER/DISABLED, PERMIT ABUSE ON	c. 265 § 13K(A %) I F
EXHIBIT POSING CHILD	c.272 § 29A I F
EXTORTION	c.265 § 25 I F
FAILURE TO REGISTER AS A SEX OFFENDER	C 6, § 178H
FIREARM, ARMED CAREER CRIMINAL	c. 269 § 10G / F
HOME INVASION	c.265 § 18C I F
IDENTITY FRAUD	c.266 § 37E / M
INDECENT A&B ON DISABLED PERSON OVER 60 *	c. 265 § 13K / F
INDUCE MINOR TO DISTRIBUTE DRUGS	C 94C, § 32K / F
INTIMIDATION OF WITNESS	c.268 § 138 I F
KIDNAPPING	c.265 § 26 I F
LEWD CONDUCT WITH MINOR	c. 272, § 35A / F
MALICIOUS EXPLOSION	c.266 § 101 I F
MANSLAUGHTER, NEGLIGENCE (MINOR/CHILD)	c.265 § 13 I F
MANSLAUGHTER	c.265 § 13 I F
MAYHEM	c.265 § 14 I F
OBSCENE PICTURES, DISTRIBUTING	c. 272, §§ 28-29 / F
PERJURY	c.268 § 1 I F
PHOTOGRAPH UNSUSPECTING NUDE PERSON	c. 272 § 104(b) I F

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<b>TABLE A</b>	<b>MGL / E(elony) M(isdemeanor)</b>
PHOTOGRAPH OF UNSUSPECTING NUDE PERSON, DISSEMINATE	c. 272 § 104 (c) / M
PROSTITUTION, DERIVE SUPPORT FROM	c. 272, § 7 IF
PROSTITUTION, MAINTAIN HOUSE OF	c. 272, § 6 IF
SEXUAL INTERCOURSE, INDUCE MINOR	c. 272, § 4 IF
SEXUAL RELATIONS WITH INMATE BY EMPLOYEE CORRECTIONAL INSTITUTE	c. 268, § 21A/ F
TRAFFICKING IN COCAINE *	c.94C § 32E(b)(4) IF
TRAFFICKING IN HEROIN *	c.94C § 32E(c)(4) IF
TRAFFICKING IN MARIJUANA *	c.94C § 32E(a)(4) IF
WEAPON OF MASS DESTRUCTION	c. 266, § 102C
VISUAL MATERIAL OF CHILD IN STATE OF NUDITY OR SEXUAL CONDUCT, DISSEMINATION	c. 272, § 298 / F
VISUAL MATERIAL OF CHILD IN STATE OF NUDITY OR SEXUAL CONDUCT, POSSESSION	c. 272, § 29C IF
CONSPIRACY TO COMMIT ANY OF ABOVE OFFENSES	
ACCESSORY BEFORE ANY CRIME IN THIS CATEGORY	
ATTEMPTS TO COMMIT ANY CRIME IN THIS CATEGORY	

### **Table B: Crimes that Result in Discretionary Disqualification.**

An individual will require written approval in accordance with the Department's procedures to be eligible to be a foster or pre-adoptive parent, if she/he or any household member (other than a child in Department care or custody placed with the family) has been convicted of or has charges pending or a default for any crime listed in Table B below. Adjudicated Juvenile Delinquency charges will be treated the same as an adult conviction. If the crime listed below identified with an "\*\*\*" has occurred within the past 5 years, the foster or pre-adoptive parent will not be eligible until 5 years has passed since the crime was committed.

<b>TABLE B</b>	<b>MGL / f(elony) M(isdemeanor)</b>
A& B DANGEROUS WEAPON *	c.265 § 15A IF
ACCESSORY AFTER FACT(VARIABLE)	c.274 § 4 / F
AID ESCAPE FROM CUSTODY	c.268 § 17 IF
ASSAULT BY DANGEROUS WEAPON *	c.265 § 15B(b) IF
ATTEMPT TO BURN DWELLING HOUSE	c.266 § 5A IM
ATTEMPTED EXTORTION	c.265 § 25 IF
BOMB SCARE	c.269 § 14 IF
B&E DAY, INTENT COMM FELONY	c.266 § 18 IF
B&E DAY, INTEND COMM FELONY, FEAR	c.266 § 17 IF
B&E NIGHT, BLDG/SHIP/MN, INTEND COMM FELONY	c.266 § 16 IF



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<b>TABLE B</b>	<b>MGL / f.(elony) M(isdemeanor)</b>
B&E TRUCK, INTEND COMM FELONY	c.266 § 20A / F
BODY ARMOR USE IN COMMISSION OF FELONY	c.269, § 100 IF
BRIBERY OF A POLICE OFFICER	c.268 § 2 IM
BURGLARY, ARMED	c.266 § 14 IF
BURGLARY. UNARMED	c.266 § 15 IF
BURNING BUILDING	c.266 § 2 IF
BURNING MN OR PERSONAL PROPERTY	c.266 § 5 IF
BURNING TO DEFRAUD INSURANCE CO.	c.266 § 10 IF
CARJACKING	c.265, § 21A IF
CARRYING DANGEROUS WEAPON	c.269, § 10 IF
CARRYING DANGEROUS WEAPON, COMMITTING FELONY	c.269 § 10(b) IF
CARRYING DANGEROUS WEAPON, SUB OFFENSE	c.269 § 10(d) IF
CARRYING LOADED RIFLE/SHOTGUN, PUBLIC WAY	c.269 § 120 IM
COMPOUNDING FELONY	c.268 § 36 IF
CONTRIBUTE DELINQUENCY CHILD	c.119 § 63 IM
COUNTERFEITING RELATED CRIMES	c.267, §§10,12,13,17/ F
CRIMINAL HARASSMENT	C 265, §43A IF
DELIVER ARTICLES TO INMATE	c.268 § 31 IF
DELIVER DRUGS TO PRISONER *	c.268 § 28 IF
DRUG PARAPHENELIA *	c.94C § 321(a) IM
ENTER W/O BRK, BLDG/SHP/MN, INT FEL , FEAR	c.266 § 17 IF
ENTER W/O BRK, NIGHT, DWELL, INTEND COMM FELONY	c.266 § 18 IF
ENTICE FEMALE, SEX, INTERCOURSE	c.272 § 2 IF
ESCAPE, FURLOUGH	c.268 § 16 / F
ESCAPE BY PRISONER	c.268 § 16 IF
FALSE INFORMATION FOR GUN PERMIT	c.140 § 129 IM
FORGERY, ALTER PRESCRIPTION	c.94C § 33(b) IF
FUGITIVE FROM JUSTICE	c.276 § 20A / M
INVOLUNTARY MANSLAUGHTER	c.265 § 13 IF
KIDNAPPING MINOR BY RELATIVE	c.265 § 26A / F
KIDNAPPING MINOR BY RELATIVE, ENDANGER SAFETY	c.265 § 26A IF
LARCENY, BANK EMPLOYEE OR OFFICER	c.266 § 52 IF
LARCENY, CONTROLLED SUBSTANCE, FROM AUTHORIZED PERSON	c.94C § 37 IF
LARCENY FIREARM	c.266 § 30 IF
LARCENY, PERSON	c.266 § 25 IF

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<b>TABLE B</b>	<b>MGL / f(elony) M(isedemeanor)</b>
LARCENY, PERSON 65+	c.266 § 25 I F
MANUFACTURE/DISTRIBUTE CLASS A SUBSTANCE *	c.94C § 32 I F
MANUFACTURE/DISTRIBUTE CLASS B SUBSTANCE *	c.94C § 32A I F
MANUFACTURE/DISTRIBUTE CLASS C SUBSTANCE *	c.94C § 328 / F
MANUFACTURE/DISTRIBUTE CLASS D SUBSTANCE *	c.94C § 32C I F
MANUFACTURE/DISTRIBUTE/DISPENSE CLASS B SUBSTANCE *	c.94C § 32A I F
MFG/DIST/DISPENSE CL A W/IN 1000 FT SCHOOL *	c.94C § 32J I F
MFG/DIST/DISPENSE CL B W/IN 1000 FT SCHOOL *	c.94C § 32J I F
MN HOMICIDE, NEGLIGENT OPERATION	c.90 § 24G(b) I F
MN HOMICIDE, RECKLESS OPERATION	c.90 § 24G(b) I F
MN HOMICIDE, UNDER INFLUENCE DRUGS, NEGLIGENT OR RECKLESS *	c.90 § 24G(a) I F
MN HOMICIDE, UNDER INFLUENCE LIQUOR *	c.90 § 24G(b) I F
MN HOMICIDE, UNDER INFLUENCE LIQUOR, NEGLIGENT OR RECKLESS *	c.90 § 24G(b) I F
OPERATE MN UNDER INFLUENCE, SERIOUS INJURY	c.90 § 24(1)(a)(1) / M
OPERATE MN UNDER INFLUENCE, DRUGS, 3RD OFFENSE	c.90 § 24(1)(a)(1) / M
OPERATE MN UNDER INFLUENCE, LIQUOR, 3RD OFFENSE	c.90 § 24 / M
OPERATE MN UNDER INFLUENCE, (2 or more convictions)	c. 90 § 24 I M
POSSESS BURGLARIOUS TOOLS	c.266 § 49 I F
POSS CLA SUB W/INT TO DIST W/ INT 1000 FT SCHOOL *	c.94C § 32J I F
POSS CL B SUB W/INT TO DIST W/ INT 1000 FT SCHOOL *	c.94C § 32J I F
POSS CL B SUB W/INT TO DIST/MFG/CULT W/ INT 1000 FT SCHOOL *	c.94C § 32J I F
POSSESS CLASS A SUBSTANCE	c.94C § 34 I M
POSSESS CLASS A SUBSTANCE, INTENT TO DISTRIBUTE *	c.94C § 32(a) / F
POSSESS CLASS B SUBSTANCE	c.94C § 34 I M
POSSESS CLASS B SUBSTANCE, INTENT TO DISTRIBUTE *	c.94C § 32A(a) I F
POSSESS CLASS B SUBSTANCE, W/ INTENT DIST/MFG *	c.94C § 32A I F
POSSESS CLASS C SUBSTANCE, INTENT TO DISTRIBUTE *	c.94C § 32B(a) I F
POSSESS CLASS C SUBSTANCE, SUB OFFENSE	c.94C § 34 I M
POSSESS CLASS D SUBSTANCE, INTENT TO DISTRIBUTE *	c.94C § 32C(a) I F
POSSESS CLASS D SUBSTANCE, SUB OFFENSE	c.94C § 34 I M
POSS CLASS D SUB W/ INT TO DIST W/ INT 1000 FT SCHOOL *	c.94C § 32J I F
POSSESS CLASS E SUBSTANCE, INTENT TO DISTRIBUTE	c.94C § 320 I M
POSSESS CONTROLLED SUB W/ INTENT DISTRIB, SUB OFF *	c.94C § 32(b) / F
POSSESS FIREARM W/O LICENSE	c.269 § 10(h) I M
POSSESS FIREARM, SERIAL/ID NUM OBLIT	c.269 § 11C I F



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<b>TABLE B</b>	<b>MGL / f(elony) M(isdemeanor)</b>
POSSESS FIREARM, SERIAL/JD NUM OBLIT, COMM FELONY	c.269 § 11B /F
POSSESS INFERNAL MACHINE	c.266 § 102A IF
POSSESS MACHINE GUN W/O LICENSE	c.269 § 10C IM
POSSESS MACHINE GUN OR SAWED OFF SHOT GUN, SUB OFFENSE	c.269 § 10D IF
POSSESS MN MASTER KEY	c.266 § 49 IF
POSSESS MATTER HARMFUL MINOR	c.272 § 28 IF
POSSESS SHOTGUN, BARREL UND 18 "SAWED OFF"	c.269 § 10C IF
POSSESS SHOTGUN, BARREL UND 18 "SAWED OFF, SUB OFF	c.269 § 10D IF
RECEIVE/BUY STOLEN MN	c.266 § 28(a) /F
ROBBERY, BANK	c. 265, § 17 /F
SELL AMMUNITON W/O LICENSE	c.140 § 1228 IF
SELL OBSCENE LITERATURE, UNDER 18	c.272 § 28 IM
SELL FIREARM W/O LICENSE	c.140 § 128 IF
THROW EXPLOSIVES	c.266 § 102 IF
TRAFFICKING IN COCAINE W/ IN 1000 FT SCHOOL *	c.94C § 32J IF
TRAFFICKING IN HEROIN W/ IN 1000 FT SCHOOL *	c.94C § 32J IF
TRAFFICKING IN MARIJ W/ IN 1000 FT SCHOOL *	c.94C § 32J IF
UNARMED ASSAULT, INTENT TO ROB *	c.265 § 20 IF
UNARMED ROBBERY	c.265 § 19(b) IF
UNARMED ROBBERY, VICTIM 60	c.265 § 19(a) IF
UNLAWFULLY OBTAINED CONTROLLED SUBSTANCE	c. 94C § 33 IF
UNLAWFUL POSSESSION, BOMB	c.148 § 35 IM
UNLAWFUL POSSESSION, FIREARM, COMMISSION FELONY	c.265 § 188 IF
UNLAWFULLY PLACE EXPLOSIVES	c.266 § 102 IF
UNNATURAL ACTS	c.272 § 35 IF
UTTER FALSE PRESCRIPTION	c.94C § 33 IF
VANDALIZE CHURCH/SYNAGOGUE/CEMETERY	c.266 § 127A IF
VANDALIZE SCHOOL/CHURCH/EDUCATIONAL BLDG	c.266 § 98 IF
VIOLATE DOMESTIC PROTECTIVE ORDER	c.208 § 34C /M
VIOLATE STALKING LAW	c.265 § 43(a) IF
VIOLATION OF PROTECTIVE ORDER (209A)	c.209A § 7 IM
CONSPIRACY TO COMMIT ANY OF ABOVE OFFENSES	
ATTEMPTS TO COMMIT ANY CRIME IN THIS CATEGORY	
ACCESSORY BEFORE ANY CRIME IN THIS CATEGORY	

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### **Table C: Crimes that Result in Discretionary Disqualification**

An individual will require written approval in accordance with the Department's procedures to be eligible to be a foster or pre-adoptive parent, if she/he or any household member (other than a child in Department care or custody placed with the family):

1. has been convicted of or has charges pending or a default for any crime listed in Table C below. Adjudicated delinquency charges will be treated the same as adult convictions; or
2. has been convicted of any crime or civil infraction, other than those listed in the Tables A or B above or in Table C below, the nature of which in the Department's judgment demonstrates a potential risk to Department clients or bears adversely upon the person's ability to assume the responsibilities of a foster/pre-adoptive parent, or has had 3 separate arraignments that led to convictions regardless of the nature of the offenses; or
3. has been identified as a defendant in a protective order, i.e., a "209A"; or
4. has been charged with any offense listed in Table A, B or C, which was dismissed after one or more of the following dispositions :
  - court costs or other fines, but not including victim witness fees, attorney fees or remittance, and/or
  - restitution or community service.

<b>TABLE C</b>	<b>MGL / f(elony) M(isdemeanor)</b>
A&B	c.265 § 13A <b>IM</b>
A&B ON PUBLIC SERVANT	c.265 § 130 <b>IM</b>
A&B ON POLICE OFFICER	c.265 § 130 <b>IM</b>
A&B OR ASSAULT ON CORRECTIONAL OFFICER	c.127 § 388 / <b>M</b>
ABANDON W/O SUPPORT OF SPOUSE, OR MINOR CHILD	c.273 § 1(1) <b>IM</b>
ABANDON MN	c.90 § 228 <b>IM</b>
ACCOSTING	c.272 § 53 <b>IF</b>
ADULTERATION ALCOHOLIC BEVERAGE	c.138 § 16 <b>IM</b>
AFFRAY	c.272 § 53 <b>IM</b>
ALIEN IN POSSESS OF FIREARM	c.140 § 13H / <b>M</b>
ANNOYING PHONE CALLS	c.269 § 14A <b>IM</b>
ASSAULT	c.265 § 13A <b>IM</b>
ATTEMPT TO INJURE DEPOSITORY OF VALUABLES	c.266 § 16 <b>IF</b>
B&E, INTEND TO COMM MISDEMEANOR	c.266 § 16A <b>IM</b>
B&ERAILROAD CAR	c.266 § 19 <b>IF</b>
B&E RECOGNIZANCE VIOLATION	c.276 § 82A / <b>M</b>
BEING PRESENT WHERE HEROIN KEPT	c.94C § 35 <b>IM</b>
CIVIL RIGHTS VIOLATION, NO BODILY INJURY	c.265 § 37 <b>IM</b>
CREDIT CARD, LARCENY OF	c.266 § 378 / <b>M</b>
CRUELTY TO ANIMALS	c.272 § 77 <b>IM</b>
DISCHARGING FIREARM, 500FT	c.269 § 12E <b>IM</b>

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<b>TABLE C</b>	<b>MGL / f(elony) M(isdemeanor)</b>
DISCHARGING WEAPON NEAR HIGHWAY/DWELL , HUN	c.131 § 58 <i>IM</i>
DISPENSE CONTROLLED SUBSTANCE, NOT REGISTERED	c.94C § 25 <i>IM</i>
DISTRIBUTE CONTROLLED, SUBSTAN W/0 PRESCRIPTION	c.94C § 25(1) <i>IM</i>
ENGAGING IN SEX, PROSTITUTION, "JOHN"	c.272 § 53A <b>IM</b>
ENTER W/0 BRK, TRUCK, INTEND COMM FELONY	c.266 § 20A <b>I F</b>
FAIL TO KEEP RECORDS ON CONTROLLED SUBSTANCE	c.94C § 15 <i>IM</i>
GAMING, IMPLEMENTS FOUND PRESENT , MANAGER	c.271 § 17 <b>I M</b>
GAMING, IMPLEMENTS FOUND PRESENT, OWNER	c.271 § 17 <i>IM</i>
HOUSE OF ILL FAME	c.272 § 24 <i>IM</i>
ILLEGAL POSSESS CLASS C SUBSTANCE	c.94C § 34 <i>IM</i>
ILLEGAL POSSESS CLASS D SUBSTANCE	c.94C § 34 <i>IM</i>
ILLEGAL POSSESS CLASS E SUBSTANCE	c.94C § 34 <i>IM</i>
INDECENT EXPOSURE	c.272 § 53 <i>IM</i>
LARCENY BY CHECK	c.266 § 37 <b>I F</b>
LARCENY MORE	c.266 § 30 <b>I F</b>
LARCENY IN BLDG, SHIP, VESSEL, OR RR CAR	c.266 § 20 <b>I F</b>
LARCENY IN TRUCK/TRAILER	c.266 § 208 <b>I F</b>
LARCENY, MN OR TRAILER	c.266 § 28 <b>I F</b>
LEAVE COMM W/0 SUPPORT MINOR CHILD OUT OF WDLOCK	c.273 § 15 <i>IM</i>
LEAVE COMM W/0 SUPPORT OF SPOUSE & MINOR CHILD	c.273 § 1 <i>IM</i>
LEAVE SCENE AFTER PERSONAL INJURY, MN	c.90 § 24(2) (a1/2)(1) <b>I M</b>
LEWD & LASCIVIOUS SPEECH & BEHAVIOR	c.272 § 53 <i>IM</i>
LEWD & LASCIVIOUS COHABITATION	c. 272, § 16 <b>I F</b>
MALICIOUS DESTRUC, PERS/REAL PROP, OVER \$250	c.266 § 127 <b>I F</b>
MANUFACTURE/DISTRIBUTE CLASS E SUBSTANCE	c.94C § 32D(a) <i>IM</i>
MISUSE SEX OFFENDER REGISTRY	c. 6, § 178/
NONSUPPORT OF MINOR CHILD OUT OF WEDLOCK	c.273 § 15 <i>IM</i>
NONSUPPORT OF MINOR CHILD(REN)	c.273 § 1 <i>IM</i>
OBSCENE TELEPHONE CALLS	c.269 § 14A <i>IM</i>
OBSTRUCT JUSTICE	c.268 § 34 <i>IM</i>
OPEN & GROSS LEWDNESS	c.272 § 16 <b>I F</b>
OPERATE MNAFTER LICENSE REVOKED FOR DRUNK DRIVING	c.90 § 23 <i>IM</i>
OPERATE MN UNDER INFLUENCE, DRUGS	c.90 § 24(1)(a)(1)/ <b>IM</b>
OPERATE MN UNDER INFLUENCE, LIQUOR	c.90 § 24 <i>IM</i>

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<b>TABLE C</b>	<b>MGL / f(elony) M(isdemeanor)</b>
POSSESS ALTERED FID CARD	c.140 § 131 IF
POSSESS COUNTERFEIT SUBS W/ INTENT DISTRIBUTE	c.94C § 32G I F
POSSESS DANGEROUS WEAPON UNLAWFULLY	c.269 § 10(b) IF
POSSESS HYPODERMIC SYRINGE OR NEEDLE	c.94C § 27 IM
POSSESS OBSCENE "PORNOGRAPHI C" MATEIAL	c.272 § 29 I F
PROCURE LIQUOR FOR MINOR	c.138 § 34 IM
PROSTITUTION	c.272 § 53A /M
RECEIVE STOLEN PROPERTY, OVER 250	c.266 § 60 I F
REFUSE TO PROVIDE A DNA SAMPLE	c. 22E, § 11C /
RIOT	c.269 § 1 IM
SELL/DELIVER ALCOHOLIC BEVERAGES PERSON UNDER 21	c.138 § 34 IM
SOLICITING PROSTITUTE	c.272 § 8 IF
SHOPLIFTING, 3Ro OR SUB OFFENSE	c.266 § 30A /M
SODOMY	c.272 § 34 I F
TAKING MNW/O AUTHORITY, STEAL PARTS	c.266 § 28 IF
TELECOMMUNICATIONS FRAUD	c.166 § 42A IM
UNAUTHORIZED USE, CREDIT CARD, OVER \$250	c.266 § 37C / F
UNLAWFUL POSSESSION, SHOTGUN	c.140 § 129C IM
USE MN, COMMISSION OF FELONY	c.90 § 24(2)(a) I F
UTTER FORGED INSTRUMENT	c.267 § 5 IF
VIOLATE SUPPORT ORDER	c.273 § 1 IM
VIOLATE SUPPORT ORDER, MINOR CHILD OUT OF WDLOCK	c.273 § 15 IM
WANTON DESTRUCTION, PERS/REAL PROPERTY	c.272 § 73 IM
WILLFULLY & MALICIOUSLY VANDALISM TO BUILDING	c. 266, § 127 /F
WILLFULLY & MALICIOUSLY BURN MN	c.266 § 127 I F
WILLFULLY & MALICIOUSLY KILL BEAST	c.266 § 127 I F
CONSPIRACY TO COMMIT ANY OF ABOVE OFFENSES	
ATTEMPTS TO COMMIT ANY CRIME IN THIS CATEGORY	
ACCESSORY BEFORE ANY CRIME IN THIS CATEGORY	

### **Table D: Criminal Charges that Result in Discretionary Disqualification**

An individual will require written authorization in accordance with the Department's procedures to be eligible to be a foster or pre-adoptive parent, if she/he, or any household member (other than a child in Department care or custody placed with the family):

1. has been charged with any of the offenses specifically listed in Tables A, B or C, with the following dispositions:

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- dismissed,
- continued without a finding ,
- pre-trial probation or pre-trial intervention
- not guilty,
- vacated,
- filed,
- not processed; or

2. has requested the issuance of a protective order, i.e., a "209A," as either the plaintiff or the victim.

### **Eligible to Apply/Prequalified**

No approval is required if the CORI check finds that neither the prospective or current foster/pre-adoptive parent nor any household member has a disqualifying CORI finding.

### **FYI (For Your Information)**

If the CORI check finds that the prospective or current foster/pre-adoptive parent or a member of her/his household has criminal history information that is not disqualifying, this information should be reviewed with the family and considered during decision-making.

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BRC Information  
Revised: 2/3/2015

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Effective: 03/01/1994  
Revised: 02/17/1995  
Revised: 01/20/1997  
Revised: 12/01/2008  
Revised: 2/3/2015

### Appendix B

## Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information

When the Central Office Background Record Check (BRC) Unit determines that background record check information obtained regarding the household members of a prospective or current foster/pre-adoptive family results in disqualification under one of the categories identified in the policy, the Unit notifies the requestors. If determined to be in the child's best interests, a review and approval of the home with disqualifying BRC information may be requested. Such approvals are conducted in accordance with the procedures specified in policy and the guidelines for documentation and decision-making factors to be considered, described below. (See Policy Section, IV. Procedures: Foster/Pre-Adoptive Family BRC Outcomes and Approvals, "A. Department History Information Outcomes and Approval Procedures" and "B. CORI Outcomes and Approval Procedures")

### Guidelines Regarding Documentation to be Considered When Approving a Foster/Pre-Adoptive Family with Disqualifying BRC Information

Within 10 working days after receiving notification from the BRC Unit indicating disqualification, the Social Worker (or Family Resource Worker, as assigned) and/or the Supervisor, or the prospective or current foster/pre-adoptive family may submit a written request for review and approval despite the disqualifying BRC information. *[Please NOTE: A family/individual may have disqualifying information that is determined to be accurate but wish to challenge the relevancy of the information to the disqualification decision. In such a circumstance, the Social Worker (or Family Resource Worker, as assigned) and/or Supervisor assists the family/individual in completing a waiver request even if she/he does not agree that the family should be approved. The written statement prepared by the Social/Family Resource Worker and/or Supervisor will reflect her/his recommendation regarding the home.]* The request submitted on the family's behalf includes the following:

- *For all CORI, SOR/ and Department history waiver requests:* the printed CORI or SORI record, except if no CORI or SORI was found. *Please NOTE: The Area CORI Liaison will arrange for this to be added to the request.*
- *For all CORI, SOR/ and Department history requests:* a written statement from the recommending Social Worker and/or Supervisor that:
  - briefly identifies the CORI or SORI offenses and/or the Department history findings and describes the nature and circumstances under which they occurred;
  - if findings involved acts of violence, an offense against or involving a child, and/or substance abuse, explains how these circumstances will not affect the safety or well-being of any child placed with the family;
  - describes both the Social Worker's and the placement's perspectives on how safety and well-being of any child placed with the family will be maintained despite the CORI, SORI and/or Department history findings, including a description of what has been done to ameliorate past problems, what has been learned and why the person with the problem CORI, SORI does not pose an unacceptable risk of harm to any child who may be placed with the family;
  - for possible KINSHIP or CHILD-SPECIFIC placement(s), describes:
    - the child(ren)'s relationship(s) with the prospective KINSHIP or CHILD-SPECIFIC family (for an emergency KINSHIP placement, the statement is REQUIRED to specify the relationship between the child and the prospective KINSHIP family);

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when age appropriate, the child(ren)'s perspective(s) on the relationship(s) between the child(ren) and the prospective KINSHIP or CHILD-SPECIFIC family;

why placement with this family is in the best interests of the child(ren) to be placed, considering specifically each child's permanency plan goal;

for a BRC request being submitted during an Annual Reassessment, License Renewal Study or Limited Reassessment, describes the quality and duration of care the family has provided to placed children.

- **For all CORI, SOR/ and Department history approval requests: a copy of the most recently completed Family Resource Assessment/License Study, Annual Reassessment, License Renewal Study or Limited Reassessment, when applicable;**
- **For all CORI or SOR/ approval requests: a written statement from the individual/household member with the disqualifying CORI or SORI** that demonstrates what was done to ameliorate the problem(s), e.g., treatment, support groups, etc.
- **For all Category I approval requests and other approval requests as available: a copy of clinical review team results.**
- **As available: relevant treatment and rehabilitation documentation** such as:
  - drug screen results,
  - verification of participation in or completion of treatment (e.g., Alcoholics Anonymous, Narcotics Anonymous),
  - verification of participation in or completion of training,
  - employer references,
  - therapist or medical statements, and/or
  - descriptions of any treatment or training which will be undertaken with verification that arrangements have been made;
- **As available: any other supportive documentation** such as:
  - signed agreements pertaining to requirements that certain individuals leave the home; the supervision of children in the home; and/or excluding certain individuals from acting as caretakers;
  - verification of household member's change of address;
  - probation/parole reports,
  - police reports/information or copy of police report request (REQUIRED for review of Table B or C misdemeanors when obtainable within the standard decision-making time frame),
  - prosecutor report/information,
  - court report/information (including affidavits of plaintiffs when a 209A petition is involved), and/or
  - information from other criminal justice official(s).
- **For an EMERGENCY Table A CORI or SOR/ approval request to place a child with a current or prospective KINSHIP family: a written statement from the individual or household member with the disqualifying CORI** that she/he agrees to an assessment by a qualified mental health professional within 30 calendar days after the date of placement; **OR**  
  
**For a NON-EMERGENCY Table A CORI or SOR/ approval request to place a child with a current or prospective family: a written statement from the individual/household member's criminal justice official or an assessment (paid for by the Department) from a qualified mental health professional** stating that the individual/household member does not pose an unacceptable risk of harm to child(ren) placed in the home. (See related definitions in *Regulation 110 CMR 18.04*)



### **Factors to Consider in Decision-Making When BRC Checks Result in Disqualification**

In any of the above circumstances, the Department follows the procedures specified in policy and considers the following factors at a minimum to determine whether the BRC finding has a substantial effect on the prospective or current foster/pre-adoptive parent's ability to assume and carry out the responsibilities of a foster/pre-adoptive parent in a manner that maintains the rights of the child(ren) who may be placed with them to safety, well-being and permanence and is in each child's best interests:

- the time that has elapsed between the date of the offense and/or disqualifying Department history and the date of the Initial Eligibility Screening, License Study, Annual or Limited Reassessment or License Renewal Study;
- the seriousness and specific circumstances of the offense and/or disqualifying Department history;
- the number and nature of other offenses;
- the age of the household member at the time of the offense and/or disqualifying Department history;
- the findings and recommendations of the Social Worker/Family Resource Worker who has reviewed the facts surrounding the disqualifying offense/Department history;
- the recommendations of any references received by the Department on behalf of the family/individual;
- the current and future needs of the child to be placed and the probable effect that the disqualifying offense/Department history would have on the foster/pre-adoptive parent's ability to meet those needs;
- any reports or recommendations provided to the Department by the prospective or current foster/pre-adoptive family or requested by the Department on the family's behalf from the offender's parole or probation officer (if assigned), treating professional and/or other knowledgeable source, including police, courts and prosecuting attorneys;
- a copy of the police report pertaining to the offense, information from a police officer familiar with the facts surrounding the offense or a copy of the police report request (*REQUIRED for review of Table B or C misdemeanor when obtainable within the standard decision-making time frame*);
- discussions with the child to be placed regarding her/his current and past relationship with the prospective or current foster/pre-adoptive parent;
- the relationship of the background information to the situation of being a caretaker or household member in a Department foster/pre-adoptive family;
- the degree of satisfaction in meeting any conditions or parole or probation;
- any relevant evidence of rehabilitation or lack thereof;
- the length of any previous experience providing foster/pre-adoptive care;
- the quality of care provided previously to foster/pre-adoptive children (as relevant);
- evidence that the household member with problematic background check information has moved out;
- and/or the best interests of the particular child(ren) whose initial or continued placement with the prospective or current family resource is being considered.

When the decision involves review of a Table A CORI or SORI information regarding a prospective emergency KINSHIP placement, the Deputy Commissioner for Field Operations, General Counsel and Commissioner must find by clear and convincing evidence that:

1. The foster/pre-adoptive parent, or any household member, does not pose a risk of harm to the child, based on the existence of the criminal conviction;
2. The conviction did not involve a crime against a child or involving a child;
3. The foster/pre-adoptive parent has a pre-existing relationship and bond with the child;
4. The household member who committed the offense agrees to submit to an assessment by a qualified mental health professional prior to, or within 30 calendar days after, placement of the child; AND



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5. After full consideration of the factors related to the criminal conviction, it remains in the best interests of the child to be placed with the foster/pre-adoptive family.

### **Outcomes and Notifications**

The Department staff with final decision-making authority as specified in policy and above arranges for her/his decision to be documented in the family's record and in the child's record, when applicable, and for the family and the assigned Social Worker to be informed, in writing, of the outcome, the reasons for it and any specific stipulations.

### **Approval Requests for Subsequent BRC Findings**

If a subsequent BRC (e.g., one completed during an Annual or Limited Reassessment or License Renewal Study) finds the same information for which a request has previously been reviewed and approved and it is determined that the circumstances of the family have not changed, the home can be re-approved with or without stipulations, as applicable based on the previous submission. To initiate the process, the Family Resource Worker completes a written request to the appropriate approver at the Area/Regional or Central Office (as applicable), requesting the approval and certifying that the family's circumstances are unchanged. If a subsequent BRC reveals any new charges for a household member or frequent visitor, a new BRC approval request must be submitted through the process described above.

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Appendix C – Guidelines for Secure Management of CORI and SORI Data  
Revised : 2/3/2015

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Effective: 03/01/1994  
Revised: 02/17/1995  
Revised: 01/20/1997  
Revised: 12/01/2008  
Revised: 2/3/2015

## **Appendix C**

### **Guidelines for Secure Management of CORI and SORI Data**

To protect the confidentiality rights of individuals, the Department of Criminal Justice Information Services (DCJIS) exercises strict control over the CORI and SORI data it releases, including the information obtained as a result of the fingerprint based checks of the national crime data bases. The Department has agreed not to copy CORI or SORI data into its records, not to photocopy CORI or SORI records except for in-person release to the verified adult CORI or SORI subject or parent/guardian of the CORI or SORI subject under age 18, and to maintain the security of printed CORI and SORI records. CORI and SORI data may only be summarized in records by indicating the category of the findings obtained and the number and age of each. The following provides additional guidance for maintaining the security of CORI and SORI data.

#### **A. CORI Liaisons**

Directors of Areas identify one member of the Area Office's management team to serve as the Area Office Liaison to the Regional Office and to the Department's Central Office Background Record Check (BRC) Unit. The Area Office CORI Liaison provides the background record check information to the appropriate clinical staff who summarizes it in the relevant case and/or foster/pre-adoptive family record. The CORI Liaison is responsible for arranging for all printed CORI records received by the Area Office to be stored in a secure locked cabinet separate from case and foster/pre-adoptive family records or in the secure Electronic Document Management (EDM) system.

Regional Directors and Central Office Directors, where applicable, identify a Regional/Central Office CORI Liaison to assist staff in Area, Regional and Central Offices and contracted casework agencies in accessing, interpreting and making decisions based on background record check information. The Regional/Central Office CORI Liaison is also responsible for arranging for all printed CORI records received by the Regional/Central Office to be stored in a secure locked cabinet separate from case and foster/pre-adoptive family records or in the secure EDM system.

When a clinical case or a family resource record is transferred from one office to another, the printed CORI and SORI records should be transferred from the sending CORI Liaison to the receiving CORI Liaison.

#### **B. Sharing CORI and SORI Data**

Information learned from a CORI or SORI check may be useful in assisting Social Workers and Supervisors in assessing a foster care or adoption applicant and/or evaluating the risk which may exist for a child in a particular family setting. However, CORI and SORI data is highly personal and confidential information which should be shared only with those individuals who have a need to know.

A photocopy of the printed CORI record can be released only to the CORI subject age 18 years or older, upon submission of positive proof of identification, such as a driver's license or passport with photograph. When the CORI subject is under age 18, a photocopy of the printed CORI record can be released to her/his parent/guardian, upon submission of positive proof of identification and suitable documentation of the parent/guardian's relationship to the child. The individual receiving the printed CORI record is asked to

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sign a release indicating that she/he received it and the date. The Department staff who releases the printed CORI record photocopies the positive proof of identification submitted, files that photocopy and the receipt along with the printed CORI record and arranges for these steps to be documented in dictation.

The sharing of CORI data is carried out with regard for the individual's privacy and in accordance with the guidelines specified below.

Department Staff Person	With Whom?	Re:	Ability to Share
Area Office CORI Liaison Regional Office CORI Liaison Central Office CORI Liaison	Director of Areas/Regional Director/Designee Central Office Director/Designee Other Department Staff	Any CORI Subject	Can <b>share full detail</b> of CORI data (in writing and verbally).
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/D irector	CORI Subject	CORI Subject	Can <b>share full detail</b> of CORI data (in writing and verbally) with the individual who is the subject of the CORI data, regardless of her/his age.
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/ Director	Prospective Foster/Pre-Adoptive Parent	Spouse or Household Member Age 18+. CORI Subject of Any Age	Can <b>share full detail</b> regarding the CORI subject who is a spouse or another adult (age 18 years or older) household member <b>only with a signed authorization for release of the information from the CORI subject.</b>  Without signed authorization, can <b>verbally</b> inform (without referencing specific CORI , data) that the <b>reason a particular action is being taken</b> is because of information learned about the CORI subject.

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Department Staff Person	With Whom?	Re:	Ability to Share
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/ Director	Prospective Foster/Pre-Adoptive Parent	Household Member CORI Subject under Age 18	<p>Can <b>share full detail</b> regarding the CORI subject who is a household member under age 18 years <b>only with a signed authorization for release of the information from the child's parent or legal guardian.</b> <i>[Contact Legal staff if parent/guardian is not available.]</i></p> <p>Without a signed release of information authorization, can <b>verbally inform</b> (without referencing specific CORI data) the prospective foster/pre-adoptive parent that the <b>reason a particular action is being taken</b> is because of information learned about the CORI subject.</p>
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/ Director	Prospective Foster/Pre-Adoptive Parent	CORI Subject who is Child under Age 18 in Department Care or Custody being Considered for Placement	<p>Can <b>share full detail</b> regarding the CORI subject who is a child under age 18 in Department care or custody who is being considered for placement, <b>only with a signed authorization for release of the information from the child's parent or legal guardian.</b> <i>[Contact Legal staff if parent/guardian is not available.]</i></p> <p>Without a signed release of information authorization, can <b>verbally inform</b> (without referencing specific CORI data) the prospective or current foster/pre-adoptive parent of information learned about the CORI subject.</p>

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Department Staff Person	With Whom?	Re:	Ability to Share
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/APM	Current Foster/Pre-Adoptive Parent or Other Substitute Care Provider or Caretaker (e.g., residential care or	Spouse or Household Member CORI Subject of Any Age	See guidance above for "Prospective Foster/Pre-Adoptive Parent"
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/ APM	Current Foster/Pre-Adoptive Parent or Other Substitute Care Provider or Caretaker (e.g., residential care or child care provider)	CORI Subject under Age 18 who is in Department Care or Custody	Can <b>verbally share</b> with the child's caretaker <b>only the information</b> the caretaker needs to know to protect the child or other individuals residing in the home, as determined by the Social Worker and Supervisor.  Can <b>share full detail</b> regarding the CORI subject who is a child under age 18 years who is in Department care or custody <b>only with a signed authorization for release of the information from the child's parent or legal guardian.</b> <i>[Contact Legal staff if parent/guardian is not available.]</i>
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/APM	Parent Legal Guardian of CORI Subject under Age 18	CORI Subject under Age 18	No signed authorization to release information is necessary from a CORI subject, who is a child younger than age 18 years, to share <b>full detail</b> of CORI data with the child's parent or legal guardian.
Child's SW/Supervisor/APM Family Resource Worker/ Supervisor/APM Adoption or Recruitment SW/Supervisor/Director	Collateral Contact	CORI Subject (Adult Age 18+; Child under Age 18)	Can <b>verbally share</b> CORI information with a collateral contact <b>only with a signed release of information</b> from the adult CORI subject or from the parent or legal guardian of a CORI subject who is a child under age 18 years. <i>[Contact Legal staff if parent/guardian is not available.]</i>

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Appendix D – Contracted Provider Procedures: BRC Requests and Approvals for Foster/Pre-Adoptive  
Families with Disqualifying BRC Information  
Revised: 2/3/2015

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Revised: 12/01/2008

Revised: 2/3/2015

## **Appendix D**

### **BRC Request and Approval Procedures for Contracted Foster/Pre-Adoptive Families**

#### **A. Requesting Background Record Checks**

Foster/pre-adoptive families licensed for placement of children in Department care or custody by contracted providers must meet the same standards for eligibility to apply as those licensed by the Department. To determine whether the family meets the Department's standards regarding Department history and criminal conduct, the contracted provider must obtain background record check (BRC) findings-including Department and out-of-state child welfare history and Massachusetts and nationwide fingerprint-based Criminal Offense Record Information (CORI) and SORI-from the Department. (See *Policy #2006-01, Family Resource Policy*). Providers may identify other circumstances when BRCs are recommended or required. (See *Policy #86-014, Background Records Check Policy*) The procedures contracted providers follow to obtain BRC information are summarized below.

1. **Submitting Request for BRC:** Contracted providers with direct FamilyNet-Familynet access submit the request online. Contracted providers that do not have direct FamilyNet-Familynet access arrange with the Department to establish procedures for submitting BRC requests.
2. **Obtaining BRC Findings.** Contracted providers with direct FamilyNet access obtain information online regarding the Department's BRC Unit's outcome for each household member and the family as a unit based on Department history, CORI and SORI findings.

*NOTE: Whether or not the contracted provider with direct FamilyNet access is permitted to review the detail of an individual's Department history outcome is subject to the terms of the provider's contract with the Department.*

Contracted providers that do not have direct FamilyNet access obtain information from the designated Department individual, by email, telephone and/or in person, regarding the BRC Unit's outcome for each household member or frequent visitor and the family as a unit based on Department history and CORI findings.

*NOTE: For both contracted providers with FamilyNet access and those without, the printed CORI record remains with the designated Department CORI Liaison who arranges for it to be stored in a secure locked location separate from case and foster/pre-adoptive family records or in the secure Electronic Document Management (EDM) system.*

The designated Regional or Central Office staff provides to the contracted provider sufficient information regarding the details of the household members' individual and family BRC findings for the contracted provider to determine whether the family meets the Department's standards for eligibility to apply. The contracted provider notifies the family/individual, in writing, when the BRC findings indicate that the family/individual is disqualified, including information about their right to challenge the accuracy of the findings and/or the relevance of the findings to the disqualification decision. The contracted provider shares the information obtained with the family/individual in accordance with *Regulation 110 CMR 12.00 and 18.00* and Appendix C, "Guidelines for Secure Management of CORI Data." Jointly, the provider and family/individual determine whether to request a review and approval when the BRC findings indicate disqualification. A family wishing to seek a review and approval

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without the provider's support may do so; the provider includes its recommendations and the reasons for them in the written statement it provides to the Department with the review and approval request.

## **B. Submitting a BRC Review and Approval Request**

The information that must be submitted for review and decision in support of a request for an approval of a foster/pre-adoptive family with disqualifying BRC information is the same for a foster/pre-adoptive family/individual licensed by a contracted provider as for a Department licensed family/individual. (See Appendix B, "Documentation and Criteria for Approving Foster/Pre-Adoptive Families with Disqualifying BRC Information") The procedures to be followed in submitting the request are as follows:

1. **What is Submitted/To Whom.** Contracted provider submits the completed Background Record Check Approval Request (BRC-1) form and supporting documentation (excluding the printed CORI or SORI records for household members or frequent visitors) to the designated individual in the Department's Central or Regional Office, as applicable to the type of contract.
2. **Review for Completion/Obtaining the Printed CORI Record.** The designated individual in the Department's Central or Regional Office (as applicable) reviews the submission for completion, arranges for the printed CORI records for household members or frequent visitors who have disqualifying findings to be added to the packet of materials for review and forwards the packet to the appropriate first level reviewer.
3. **Review Authority/Outcome Notification.** The Department requires an approval be obtained when a household member of a potential or existing contracted foster/pre-adoptive family/individual has any of the following types of findings:
  - Table A CORI findings
  - Table B CORI findings
  - Table C CORI findings
  - Table D CORI findings
  - Category I Department History Exception findings
  - Category II Department History findings
  - Category III Department History findings
  - FYI findings

All approval requests are submitted to the appropriate first level reviewer for contracted provider agency requests as follows:

Contracted Foster Care: Director of Foster Care Support Services/designee

Contracted Adoption: Director of Adoption Support Services/designee

First level reviewers have final authority to approve all but:

- Category I Department History Exception findings waiver requests which require approval by the Assistant Commissioner over foster care and adoption or the Commissioner; and
- Table A CORI finding approval requests.

The Department's Deputy Commissioner for Field Operations, General Counsel and Commissioner must review/approve requests with Table A CORI or SORI findings and Category I findings involving a parent/household member, who has a disability that prevents her/him from being able to parent her/his child and who has a Department open case.



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The Department's Assistant Commissioner over foster care and adoption must review/approve requests to approve a home with a Category I Department History finding of a circumstance other than those specified in the policy.

If more than 30 calendar days have passed since the original BRC request was completed, the first level Central or Regional Office reviewer/designee (as applicable) submits a follow-up BRC request to determine that the findings remain unchanged. If the BRC request identifies additional findings that are not addressed in the approval request, the first level Central or Regional Office reviewer/designee (as applicable) contacts the contracted provider to determine what will be done regarding those findings.

The first level reviewer/designee arranges for the contracted provider to be notified of the review outcome, by telephone and in writing. The contracted provider notifies the family of the outcome, in writing.

4. **Approval Requests for Subsequent BRC Findings:** If a subsequent BRC (e.g., one completed during an Annual or Limited Reassessment or License Renewal Study) finds the same information for which a request has previously been reviewed and approved and it is determined that the circumstances of the family have not changed, the contracted family resource worker may request approval for the family based on the information in the previously approved request packet. To do this, she/he submits a written request to the Director of the Contracted Provider, requesting the approval and certifying that the family's circumstances are unchanged. If a subsequent BRC reveals any new charges for a household member or frequent visitor, a new BRC Review and Approval request must be submitted in accordance with this policy, including review and approval by the designated Central or Regional Office reviewer/designee (as applicable).