STANDARD FOR INTAKE/SCREENING

PURPOSE

The purpose of these standards is to provide direction and guidance to the Child and Family Services (CFS) program regarding Intake/Screening services. These standards are intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

During the Intake/Screening process, CFS social workers receive referrals, interview the referring party, determine if the referral falls within the mandate of the Child Protective Act for further assessment and services, and then determine the response priority. These services are provided during typical work hours, after- hours, weekends and holidays by social work staff or contractors who are licensed social workers. The quality and completeness of the information gathered during this initial stage directly impacts actions and decisions made by the agency. Additionally, the initial contact with the agency is critical in establishing credibility and trust between the referent and the agency. Establishing credibility by providing clear information about agency mandates and response procedures is good customer service and provides a foundation for future contact with the agency.

Obtaining complete and accurate intake information requires social workers to use advanced interviewing skills in order to gather pertinent information and support reporters. Making accurate intake decisions requires social workers to be skilled in organizing and analyzing information to determine what action should be taken.
Information provided by the reporter must be elicited and documented in detail. In addition, the reporter's fears and concerns should be acknowledged. Such concerns can range from fear the family will retaliate to fear of having to testify in court. It is important for social workers to recognize the referral is commonly made after giving much thought to the possible consequences of making or not making the referral. While gathering information from the reporter, the difference between facts and the reporter's perception or judgment is important. Gathering sufficient information from the reporter allows the agency to:

1. Identify and locate the child(ren), parents, or caretaker;
2. Determine if the report meets the statutory guidelines for child maltreatment;
3. Assess the child's safety and the seriousness of their situation;
4. Understand the relationship of the reporter to the family and the motivation of the reporter to make the referral; and
5. Determine the priority of response.

Support and encouragement is provided to the reporter by:

1. Addressing and acknowledging the fears and concerns of the reporter; and
2. Explaining the purpose and jurisdiction of CPS;
3. Emphasizing the importance of reporting and protecting children;
4. Explaining confidentiality in relation to making a child protection referral

TERMS

Abandonment
Failure to maintain a normal parental relationship with the child, without just cause for a period of one (1) year, constitutes prima facie evidence of abandonment I.C.§16-1602(2). Physical neglect or temporary lack of supervision is not considered abandonment.

Abuse
Abuse is action or inaction by a parent/caregiver which results in skin bruising, bleeding, malnutrition, burns, fracture of any bone, subdural hematoma, soft tissue swelling, failure to thrive or death. The abuse or death is not justifiably explained or the circumstances indicate that the abuse or death may not be the product of an accidental occurrence I.C.§ 16-1602(1)(a).

Caregiver/Caretaker
A caregiver/caretaker is an adult responsible for the child's care, supervision, and welfare. Caregivers/caretakers can include the child's parent, guardian, custodian, relative, foster parent, or other adult who provides care to the child.

Cumulative Threat
Cumulative threat is a measurement of potential threat to a child based on a series or pattern of child protection referrals. It is critical to assess the potential threat indicated by more than one referral even when previous referrals have been screened out or dispositioned as unsubstantiated. The assessment of each referral must consider previous referrals to determine whether the referral is assigned for safety assessment and a response priority given to the referral. A referral should be assigned for safety assessment when the history of referrals indicates potential threat to the child even when that referral would not, in and of itself, meet the standard for assignment.

Domestic Violence
Domestic violence is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

Information and Referral
Information and Referral (I&R) is the designation given to those referrals containing concerns regarding the welfare of a child that are screened out because they do not meet the agency's definition of abuse, neglect, or abandonment. Other examples include when all of the reported concerns had been previously assessed and no new information indicates further review. Referrals where the alleged maltreatment happened in the past and those concerns which have no evidentiary basis are designated as I&R (example: a child that had bruises resulting from being slapped and the incident occurred one year prior to the report and there is no current evidence indicative of abuse).

Intake
Intake refers to all the activities necessary to receive referrals regarding child maltreatment, assess whether a referral will be accepted as a report of child abuse, neglect, or abandonment and determine CFS's response and the priority of the response.

Medical Neglect
Medical neglect occurs when needed physical or dental health care is not provided for a child. However, it is not considered medical neglect if the tenants of the family's religion include healing by prayer or other spiritual means rather than conventional medical treatment. In cases where medical care is contrary to the spiritual beliefs of the family, emergency life-saving medical treatment can be administered by a judge's order not the signature of a Departmental employee I.C.§16-1602(25).

Neglect
A child who is neglected is without proper parental care and control, or subsistence, medical or other care or control necessary for his well-being because of the action or inaction of his parents or caregiver. This includes failure to discharge parental responsibilities to and for the child, placing a child for care or adoption in violation of law, and a child who is without proper education because of the failure to comply with I.C.§16-1602(25).

Service Need Only Referrals
When there is no allegation of child abuse, neglect, or abandonment, intake workers will refer these calls to the 211 Idaho Careline to obtain needed services in their local area.

Examples of "service need only" referrals are those referrals where the identified action by the agency is to utilize Emergency Assistance funds or assist a family who is experiencing a crisis due to conditions of poverty.

In "service needs only referrals, child maltreatment is not a component of the referral. Although an assessment of need is conducted, it is not a safety assessment for child abuse or neglect. Referrals that indicate concern regarding a threat of harm to children should be assigned a priority response and a safety assessment should be completed.

Sexual Abuse
Sexual conduct, including rape, molestation, incest, prostitution, obscene or pornographic photographing, filming or depiction for commercial purposes or other similar forms of sexual exploitation harming or threatening the child's health or welfare or mental injury to the child I.C.§16-1602(1)(b).

IMPLEMENTING THE STANDARD

I. Information Collection

Referrals are received by central intake staff by telephone, and in writing, 24 hours a day, 7 days a week. In-person referrals will be handled in the local office only after the referent has been offered a private area to call central intake. If the referent insists on speaking with someone in-person the local office will provide a social worker to take the information according to the Intake Standard. The social worker will then call central intake to report the information. The intake social worker gathers complete and accurate information from the referent. The quality of the information provided by the reporter determines the CPS intervention and the priority of the response. Information gathering should focus on demographic information about the child and family, information about the alleged maltreatment, and information about the child, the parents, other caretakers and the family.

A. Procedure for Information Collection

Social workers receiving a child protection referral will:

- Interview the reporting party in an effort to obtain accurate and complete information;
- Collect information in an objective, neutral, and understanding manner;
- Encourage the referring party to provide detailed information about the alleged abuse, neglect, abandonment, and other concerns;
- Collect pertinent identifying information about the children, parents, other caregivers, other household members, persons allegedly responsible for the maltreatment, and other individuals who may have information about the child and family;
- Collect identifying information on the referring party, how they became aware of the situation, and their reasons for contacting the agency at this time;
- Inquire as to the referring party's opinion of what they feel should occur in response to the referral and their interest in remaining involved;
- Provide the referring party with information about the agency's process of responding to child protection referrals and what the referring party can expect from the agency;
- Provide the referring party with information about agency and community resources, if indicated;
- Advise the referring party that information provided in the referral will be provided to law enforcement;
- Obtain and review all prior child protection referrals regardless of disposition;
- All critical information gathered will be summarized and documented in iCARE on the presenting issue narrative screen;

- When reviewing history in iCARE, intake workers need to know FCSIS history will not appear in iCARE unless it was key-changed during a file conversion. All FCSIS records were not converted, therefore intake workers need to look at the FCSIS screens for an accurate review of family history;
- Obtain information from law enforcement, child protection information from other states, etc. if there is reason to believe the child/family may be known by those agencies; and
- If information indicates that it would be unsafe for a social worker to visit the residence, intake workers will document in the PI the need for the assigned worker to contact law enforcement to accompany the social worker.

II. Analysis and Decision-Making

CFS central intake staff will analyze available intake information to determine whether the information supports that a child has been abused, neglected, or abandoned according to agency definitions.

A. Procedure for Analysis and Decision-Making

(1) Referrals are **ACCEPTED** for safety assessment when:

- A child(ren) under the age of 18 years has allegedly been abused, neglected, or abandoned; and
- The child's caregiver(s) is allegedly responsible for the abuse, neglect, or abandonment (includes failure to protect from the reported maltreatment); and
- The alleged incident or cumulative threat (see note below) meets the agency's definition of abuse, neglect, or abandonment and criteria of the agency's Priority Response Guidelines.

All previous referrals should be considered in making the decision (cumulative threat) to accept a referral for safety assessment. The central intake staff/supervisor should pay particular attention to multiple referral sources, the source of the referrals, the reason for the referral, the dispositions, and the period of time between referrals. Consideration should also be given to whether or not services have been previously provided and if the services were effective.

(2) Reports are **NOT ACCEPTED** for safety assessment (but documented in iCARE as I&R) when:

(a) <u>Access to Child and Protective Capacity of Parent</u>

- The alleged perpetrator is not a parent or caregiver for a child; **and**
- The alleged perpetrator no longer has access to the child; **and**
- The child's parent or caregiver is able to be protective of the child to prevent the child from further maltreatment.
- All allegations that a criminal act may have taken place must be forwarded to law enforcement;

(b) Age

- The alleged victim is under 18 years of age and is married;
- The alleged victim is unborn; or
- The alleged victim is 18 years of age or older at the time of the report even if the alleged abuse occurred when the individual was under 18 years of age; If the individual is over 18 years of age, but is vulnerable (physically or mentally disabled) all pertinent information should be forwarded to Adult Protective Services and law enforcement;

(c) No current evidence

There is no current evidence of physical abuse or neglect and/or the alleged abuse, neglect, or abandonment occurred in the past and there is no evidence to support the allegations;

(d) Domestic violence

Although CFS recognizes the emotional impact of domestic violence on children, due to capacity we can only respond to referrals of domestic violence that involve a child's safety. Please see the Priority Response Guidelines for more information regarding child safety in domestic violence situations. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be forwarded to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.

(e) Drug use

Allegations are that the child's parents or caregiver use drugs, but there is no reported connection between drug usage and specific maltreatment of the child. All allegations that a criminal act may have taken place must be forwarded to law enforcement;

(f) Parental lifestyle

Parental lifestyle concerns exist, but don't result in specific maltreatment of the child;

(g) Poverty

Allegations are that children are neglected as the result of poverty. These referrals should be assessed as potential service need cases.

(h) Head lice

Allegations are that children have untreated head lice without other medical concerns;

(i) Child custody

Child custody issues exist, but don't allege abuse or neglect or don't meet agency definitions of abuse or neglect;

(j) Duplicate referrals
More than one referral describing the identical issues or concerns as described in a previous referral. Multiple duplicate referrals made by the same referent should be staffed with the local county Multi-disciplinary Team for recommendations in planning a response.

III. New Presenting Issues on the Same Family

Prioritization of referrals may be adjusted when a referral has been prioritized with a designation other than Information & Referral and additional identical referrals are received on the same family within 30 days.

Presenting issues that are reported by different referents which contain identical referral information within 30 days of the original presenting issue will be documented in a new presenting issue and will be prioritized according to priority guidelines. If the regional supervisor believes the issue in the new referral should be included in the initial open presenting issue they may contact a central intake supervisor or lead worker and request the new presenting issue priority be changed to Information & Referral.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into iCARE and the social worker will respond according to the Department's Priority Response Guidelines.

IV. iCARE Documentation

A. Reports that contain concerns regarding the welfare of a child but do not meet the agency's definition of abuse, neglect or abandonment are entered in iCARE as information and referral (I & R).

B. Calls received by central intake which do not appear to be reporting a concern for the welfare of a child should be staffed with a intake supervisor to determine if the call should be documented.

V. Special Circumstances

A. Allegations involving Indian children

When a referral of possible abuse, neglect, or abandonment involves a child who is known or believed to be an Indian child and living on a reservation within the boundaries of Idaho, the referral must be reported to that tribe's law enforcement authorities by the region accepting the referral for assessment from central intake. Additionally, the allegations must be reported to the tribal social services director and the Indian Child Welfare Designated Agent. A state social worker will assist the tribe, if requested, or follow a written protocol established between the tribe and the state child welfare agency.

If the alleged abuse or neglect occurs to a child known or believed to be an Indian child living off a reservation, the Department will perform the immediate safety

assessment. Part of that assessment will be to contact tribal social services to determine if the child is known to the tribe, if the family is currently receiving services, or if the child is a ward of the tribal court. If the child lives on a reservation outside of Idaho, the referral will be forwarded to the out of state tribe as well as that state's CPS program or law enforcement. A record of any communication will be maintained in the case record.

Whenever a child who is known to be or believed to be an Indian child is removed from his/her home, the child's tribe must be notified according to the Indian Child Welfare Act and IDAPA 16.06.01.051.

B. Allegations involving military personnel

Reports of possible child abuse, neglect or abandonment involving a military family will be reported by the local field office accepting the referral for assessment from central intake, in accordance with the provisions of any agreement with the appropriate military family advocacy representative, in accordance with the provisions of Section 811 of Public Law 99-145. Child abuse, abandonment, or neglect of a child on a military base falls under federal jurisdiction. In most instances the IDWH social worker and the military representative will work together during the assessment. IDAPA 16.06.01.557

C. Referrals involving potential media attention

Central intake staff will immediately notify their supervisor or lead worker whenever they become aware of a situation involving potential or actual media attention to a case handled by the program. The central intake supervisor or lead worker will notify the designated staff or supervisor in the local field office who will then follow the CFS Critical Incident Protocol.

D. Infants and small children who are particularly vulnerable.

If CFS receives a referral that does not clearly fall within the child protection mandate, but indicates potential threat of harm to infants or children with special needs, the intake supervisor in collaboration with the region, has the discretion of assigning the referral for assessment. After an assessment, supportive services such as parent education, health services, or child care may be offered, as indicated by the assessment.

E. Infants and mothers testing positive for alcohol

When infants tests positive for alcohol at birth, and/or a mother tests positive for alcohol at the birth of her baby, **and** there are concerns the infant may meet the requirement for a Fetal Alcohol Spectrum Disorder (FASD) Diagnosis (facial characteristics, growth restriction, or other birth defects caused by prenatal alcohol use), CFS will assess the threat to the infant and the family's ability to care for the needs of the infant.

F. Collaboration with other community agencies

When a community partner such as school or medical provider is the referent and the presenting issue is screened out, it is best practice to inform the referent while on the phone the referral is being closed and the justification as to why. If the intake social worker knows, based on the information provided, that it is unlikely the referral will be assigned, then they may thank the referent for the information and inform them that based on the information provided the referral is likely to not be assigned, including the reasons why, and remind them to call if further information presents itself.

Whenever possible, CFS shall collaborate with domestic violence, substance abuse, and other community service agencies working with a family in intake, assessment, and service delivery.

G. Educational neglect (see Standard on Educational Neglect)

According to Idaho statute children who are seven (7) at the time school begins, but not yet sixteen (16), must be instructed in subjects commonly and usually taught in the Idaho school system. To accomplish this, the child must be enrolled in public school or an equivalent, or receive private instruction through home schooling.

When it is determined that children are not enrolled in public school or an equivalent, and are not receiving comparable private instruction through home schooling, CFS assigned social workers will provide the family with referrals to educational programs and resources as appropriate. After providing referrals for resources, the CFS assigned social worker will make additional follow-up contacts to ensure the parent or guardian has enrolled the child in school or has secured a means of providing private instruction. If the parent does not follow through, the assigned social worker will refer the case to the county prosecutor as indicated in Idaho Code 33-207, Proceedings Against Parents or Guardians.

It is not the role of the CFS social worker to evaluate the quality of the instructional materials selected by the child's parent or guardian above what is minimally required, but rather to encourage parents to enroll or provide comparable school instruction. Referrals regarding the quality of home schooling should be recorded for information and referral as long as it is evident that the child is receiving private instruction.

CFS response to educational neglect does not include reports of excessive absences, truancy, expulsions, or suspensions that do not also include information regarding possible maltreatment. School districts with referrals regarding poor attendance and truancy issues will be referred to the county prosecuting attorney for possible legal action. CFS encourages school districts to work with their school resource officers and local prosecutors around issues of truancy.

Referrals may be assigned a priority response for safety assessment when a child is believed to be missing school because the parent/caregiver is neglecting or abusing the child.

The following information can help those getting started with home education:

Idaho Home Education Organizations

Idaho State Department of Education Website
http://www.sde.idaho.gov/site/home_school/
The "Home School Packet" link at the bottom of that page opens up additional information and resources.

Idaho Coalition of Home Educators
PO Box 878
Eagle, ID 83616
www.iche-idaho.org
Email: listkeeper@iche-idaho.org

Christian Homeschoolers of Idaho State (CHOIS)
PO Box 45062
Boise, ID 83711-5062
www.chois.org

National Home School Organizations

Home School Legal Defense Association
PO Box 3000
Purcellville, VA 20134-9000
www.hslda.org
Telephone: (504) 338-5600
Fax: (540) 338-2733

National Home Education Research Institute
PO Box 13939
Salem, Oregon 97309
www.nheri.org
Telephone: (503) 364-1490
Fax: (503) 364-2827

National LDS Home School Association
10107 Palisade Lakes Dr.
Houston, TX
lds-nha.org
Email: information@lds-nha.org

V. Data Entry/Documentation

Central intake workers receiving child protection referrals shall document that information in sufficient detail to justify decision- making. If information is not available that should be documented. **(Intake Requirements for iCARE PI will be furnished from iCARE in the Proposed CFS/iCARE manual)**

A. Intake Supervisory Review, Approval and Assignment for Initial Safety Assessment

Supervisory consultation shall be an on-going part of the intake process. Intake social workers will submit all intake information for supervisory review and approval. The intake process is complete when all relevant information has been documented, the intake information has been reviewed and approved by the supervisor, and when the intake has been assigned for safety assessment or screened out.

(1) Procedures for Intake Supervisory Review, Approval and Assignment for Initial Safety Assessment

Central Intake workers and supervisors will review all information to determine:

- The intake information has been accurately and fully documented;
- The documented information is relevant and sufficient to make the required intake decisions;
- The intake supervisor concurs with any decisions made by the intake worker;
- The intake document contains all relevant supporting documentation such as prior referrals, police report, medical reports, etc;
- Supervisory approval indicates the supervisor has reviewed the intake information and agrees with any decision or action taken by the intake social worker; and
- The central intake worker and supervisor will assign a priority to the referral according to the agency's priority response guidelines or screen out as Information and Referral (I&R). If the referral is assigned a priority different than designated by the priority response guidelines or if the referral is screened out, the central intake supervisor will document their rationale in iCARE.
- New presenting issues are reviewed, assigned and/or closed by the designated regional staff or supervisor.
- Any dispute regarding the priority level given to a presenting issue will be discussed between a central intake supervisor or lead worker and the designated regional staff or supervisor to determine if a change in priority is warranted.

In all referrals prioritized as Priority I and II, copies of intake documents (iCARE – PI's) must be provided to law enforcement having jurisdiction for the area in which the reported abuse/neglect/abandonment took place. Local MDT or law enforcement protocols should be followed as applicable.

If any information is missing or incomplete, the supervisor will obtain an explanation from the central intake social worker or direct the central intake social worker to obtain and document the additional information.

V. Notification To The Referent

According to IDAPA 16.06.01.554.04, the IDHW, Child and Family Services, shall provide the reporting individual confirmation of the receipt of the referral within five (5) days of receiving the referral. This includes referrals entered as Information and Referral as well as referrals that are prioritized for safety assessment.

Central intake workers must mail a notification letter to the referent confirming the receipt of the referral. If a referent declines a notification letter, the worker will document the individual declined notification in the PI.

REFERENCES

CFS e-Manual. Child and Family Services Priority Response Guidelines
IDAPA 16.06.01.070 Standards for Safeguarding Information Concerning Applicants and Recipients of Service
IDAPA 16.06.01.551. Reporting Abuse, Neglect or Abandonment
IDAPA 16.06.01.552. Reporting System
IDAPA 16.06.01.553. Assigning Report for Risk Assessment
IDAPA 16.06.01.554. Response Priorities (including notification of referent)
IDAPA 16.06.01.556 Allegations Involving Indian Children
IDAPA 16.06.01.557 Allegations Involving Military Personnel

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.

INTAKE REPORT GUIDE

This is a guide to assist you in asking questions and is not intended to be all inclusive.
Use open ending questioning techniques and avoid asking leading questions whenever possible.

1.Who	Children's, Parent/Caretaker, Alleged Perpetrator, other Household members Name (include nicknames), Sex, Race, Age/Birth date, Relationships
2. What	What happened to the children in simple terms? Did you see any physical evidence of abuse or neglect? Is there anything that makes you believe the child is in immediate danger?
3. When	Approximately when did the incident occur? When was the last time you saw the child?
4. Where	Where did the alleged abuse or neglect take place? Where does the child attend school or day care? Current location of child(ren), parent/caretaker, alleged perpetrator
5. How	How do you know what happened with the family? How long has this been going on?
6. Strengths	What are the strengths of this family? How do family members usually solve this problem? What is important to know about this family's culture? Are the parents employed? Where? What supports are available- i.e. family, friends, and church? List Family, Relative, or other supports that could assist.
7. Safety Factors	Have the police been called to the home previously? Are you aware of any safety issues for a worker going to the home? If so, what? What do you think can be done to make the child safer? What prompted you to call today?
8. Physical Abuse	Where was child when abuse occurred? Describe the injury. What part of the body was injured? Any need for medical treatment? What are children, parent/caregivers explanation? Did anyone witness the event? Are any family members taking protective action? If the child is injured from discipline, please describe injuries and the instrument used.
9. Sexual Abuse	Where was the child when the abuse occurred? To whom did child disclose the abuse? What is alleged perpetrators access to the victim or other children? What is the relationship of the child to the alleged perpetrator? Has the child had a medical exam?

10. Neglect	What is it about the child's living environment that makes it unsafe? Does parent/caretaker provide adequate food, clothing, and shelter? Is parent/caretaker ensuring child receives proper medical? Basic education? What is the appearance of the child?
11. Educational Neglect	Is the child enrolled in public school or something like it? Tell me more about your concerns that the child is not being taught. How do you know? Does the caregiver use instructional materials or follow a curriculum? Does the caregiver need referrals to instructional materials? What information do you have that makes you believe the parent is unable to follow through with providing instruction or education to the child?
12. Abandonment (Physical Neglect)	How long has he parent/caretaker been gone? Did the parent/caretaker make arrangements with someone to care for the child?
13. Domestic Violence	Do you know of any of any violence in the home? Can you describe how the violence is affecting the child? Have the police ever been called to the house to stop assaults against either adults or children?
14.Substance Abuse	Are you concerned about a family member's drug/alcohol use? How does the substance use affect parent/caretaker ability to care for the child(ren)?
15. Supervision	Is the child left alone? If yes, how long is the child unsupervised what is age and does the child have any special needs? What is the child's ability to contact emergency personnel? Is the child caring for other children? How is the parent/caretaker's ability to provide supervision compromised?
16. Drug Exposed Infant	What is the present physical condition of the child? If the baby is in the hospital, is he/she scheduled to be released soon?

SAMPLE REFERENT LETTER

[Date]

[Referent Full Name]
[Referent Address]
[Referent City, State, Zip Code]

Dear _____:

The purpose of this letter is to acknowledge the Department of Health and Welfare's receipt of the child protection concerns on (date)___.

Upon receipt of allegations that a child has been abused, neglected, or abandoned, a Child and Family Services supervisor reviews all available information to determine if the concerns meet Idaho's definition of abuse, neglect, or abandonment. If that definition is met, the referral is assigned to a social worker and the social worker will meet with the child and the child's parent(s) to complete a safety assessment. You could be contacted by a social worker to verify information you provided or to request additional information.

If the situation does not meet Idaho's definition of abuse, neglect or abandonment, the information you provided will be entered into our information system for future reference and not assigned to a social worker.

Please contact us if you have new information or continued concerns.

Thank you for your referral.

Sincerely,

Family and Community Services, Child Welfare
Central Intake Unit