PRIORITY RESPONSE GUIDELINES

The following Priority Response Guidelines establish requirements for evaluating safety issues within CFS mandates and determining the immediacy of the response timeframes required.

TERMS

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

Child(ren) of Concern
A child(ren) of concern is the child(ren) identified in the referral as the victim of abuse, neglect, or abandonment.

Child(ren) Participants on a Presenting Issue
Child(ren) Participants on a presenting issue (PI) are all other children who are not identified as the victim(s) of abuse or abandonment which reside in or visit the home.

CFS Social Worker
Child and Family Services (CFS) social workers are direct service personnel in the regional CFS offices including central intake workers, safety assessors, case managers, permanency/adoption workers, and licensing staff. CFS staff also includes individuals with whom the regional CFS programs have contracts to provide services.

Initial Response
Initial response includes any earnest and persistent documented effort to place in motion actions to assess the allegations of a referral and/or protect the child in question. Response timeframes begin upon receipt of referral information by any CFS social worker.

Reasonable Efforts to Locate
Reasonable efforts to locate a family and see a child include:

- Re-contacting the referral source to verify the address;
- Contacting the family after regular office hours through the assistance of an on-call social worker; and
- Checking with landlords and/or neighbors, utility companies, a family's Self Reliance Specialist, Child Support's parent locator service, local schools and law enforcement for a current address or any knowledge of the family's whereabouts.

Before a case is closed because a family cannot be located, the case must be reviewed by the social worker's supervisor and/or team.

IMPLEMENTING THE PRIORITY GUIDELINES

CFS does not respond to every referral which is received. Since CFS-initiated contact with families may be intrusive, there must be reason to believe that the information in the referral meets the definitions of the Child Protective Act and requires CFS service in order to initiate a safety assessment.

In cases where the information received is questionable or unclear, it is appropriate to consider information presented by the referent and corroborate that information with other sources prior to making a decision about whether CFS should initiate direct contact with the family.

Although these guidelines establish a response protocol, **a referral may be considered a higher or lower priority due to additional available information**. Reasons for making a referral a lower priority than suggested by the guidelines must be documented in the case record by the supervisor as a variance.

Seeing the Child(ren)
Contact with the child(ren) by the assigned CFS social worker must be face-to-face, and may occur in the family home or in another location. Timeframes for seeing the child(ren) of concern and all other child(ren) participants on a PI, begins upon receipt of referral information by any CFS social worker. A child(ren) of concern shall be seen within timeframes established by the priority response guidlines. All other child(ren) participants on a PI should be seen in a reasonable amount of time as your safety assessment would indicate, but must be seen within fourteen (14) calendar days.

I. Priority I

A referral is a Priority I when a child is in immediate danger involving a life-threatening and/or emergency situation; CFS shall respond immediately. Law enforcement must be notified and requested to respond or to accompany the CFS social worker. Every attempt should be made to coordinate the CFS assessment with law enforcement's investigation. The child(ren) of concern must be seen by a CFS social worker immediately. The child(ren) of concern shall be seen by medical personnel when deemed appropriate by law enforcement and/or CFS social worker.

Immediately notify your supervisor of all Priority I cases.

A. Circumstances determined as a Priority I

(1) Death of a Child

When death of a child is alleged to be due to physical abuse or neglect by the child's parents, guardian, or caregiver and information and the referral

indicates there may be safety threats to any minor siblings remaining in the family home CFS, will assess the safety of the other children in the home. Law enforcement may also request CFS assistance in assessing the safety of the minor children remaining in the family home.

Issues to consider when determining the response are:

- Prior history with the family;
- Circumstances of child's death; and
- Credible information regarding the current safety of the remaining children in the family home.

(2) Safety Threat Involving Physical Harm due to Mental Illness

Referrals involving immediate life threatening danger of children to self or others due to mental illness and/or grave disability should be made to Children's Mental Health for immediate response. The CFS response should be a process that will reduce safety threats by assisting parents with appropriate referrals. However, the CFS social worker may need to call 911 if the situation presents immediate life threatening danger to a child and medical attention is necessary, such as a situation where a child has ingested an overdose of medication.

(3) Life Threatening Physical Abuse

Life threatening physical abuse includes severely physically abused children with observable injuries or symptoms that are, or could be, life threatening. Some examples of severe injuries or situations include, but are not limited to:

- head injury with loss of consciousness or vomiting;
- unusual or severe bleeding;
- multiple injuries (battering);
- fractures in non-ambulatory child (usually an infant or toddler); and
- Shaken Baby Syndrome.

All allegations of physical abuse of age six (6) and under should be considered a priority one unless there is reason to believe that the child is not in immediate danger.

(4) Life Threatening Medical Neglect

Life threatening medical neglect is defined as physically ill children who are medically neglected in a way that is life-threatening. This includes abrupt and significant (10%) weight loss in a child less than three (3) years of age.

(5) Life Threatening Physical Neglect

Life threatening physical neglect is defined as children who appear to be in immediate danger because the caregivers are physically absent and/or are unable to provide adequate care.

(6) Withholding Medically Indicated Treatment in Severely Disabled Infants with Life Threatening Conditions

For guidance on how to respond to allegations of withholding medically indicated treatment in severely disabled infants with life threatening conditions, please see the Idaho Health and Welfare Guide to Policy and Procedures for Assessment and Disposition of Medical Neglect of Handicapped Infants. This information is located at Central Office.

(7) Infants Testing Positive for Drugs at Birth

When an infant tests positive for drugs at birth, CFS will assess the safety of the infant and the family's ability to care for the needs of the infant. CFS response should be an evaluation process that will assess the health and safety of the child and/or increase the parents' protective capacities by assisting the parents with appropriate referrals.

(8) Mothers who Test Positive for Drugs at the Birth of their Baby

In situations when the mother tests positive for illegal drugs but the baby either tests negative or was not tested for illegal drugs, CFS will respond to assess the safety of the infant by determining how the use of an illegal substance may impact the parent's ability to care for the needs of the newborn child.

(9) 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 safety of the infant and the family's ability to care for the needs of the infant.

(10) Preservation of Information/ Threat of Family Leaving Area

Abuse or neglect cases in which critical information is likely to be lost if not gathered immediately or there is a history of the family leaving the area to avoid intervention, warrant an immediate response.

(11) Sexual Abuse

Children who are in immediate danger of being sexually abused by parents or other caregivers, or situations in which abuse occurred because of lack of protection on the part of the caregivers from the alleged abuser. A referral is considered a Priority I response if the alleged offender has immediate unrestricted access to the child.

(12) Rule 16 Expansions

When the Department receives information indicating a youth is being placed in DHW custody via an Order Expanding Juvenile Corrections Act Proceeding to a Child Protective Act Proceeding the referral will be treated as a Priority I, regardless of whether the youth is in detention or is being released from DJC custody.

II. Priority II

A referral is a Priority II when a child is not in immediate danger, but allegations of abuse, or serious physical or medical neglect, are clearly defined in the referral; intial response shall be within twenty-four (24) hours. The child(ren) of concern must be seen by a CFS social worker within forty-eight (48) hours of CFS's receipt of the referral unless written local protocol agreements direct otherwise. The child(ren) of concern shall be seen by medical personnel when deemed appropriate by law enforcement and/or the CFS social worker. If possible, attempts should be made to coordinate the Department's assessment with law enforcement's investigation.

Law enforcement must be notified within twenty-four (24) hours of receipt of all Priority II referrals which involve issues of abuse or neglect.

A. Circumstances determined as a Priority II

(1) Non-Life-Threatening Physical Abuse

Non-life-threatening physical abuse that is physical abuse of a child over age six (6) with observable, non life-threatening injuries is a Priority II. All allegations of physical abuse of a child through age 6 should be considered under Priority I unless there is reason to believe that the child is not in immediate danger.

Bruises on children often occur as a result of child play. Before being assigned for safety assessment, a referral should contain reason to believe that physical abuse has occurred. Consideration should be given to the following factors:

- Age and developmental stage of the child;
- Location and size/shape of the bruise;
- Plausibility of the explanation of the bruise;
- Disclosure of the child; and
- Witness.

Corporal punishment is not considered physical abuse as long as the spanking or hitting does not leave marks or bruises.

(2) Non-Life-Threatening Physical or Medical Neglect

This category includes physical or medical neglect that is dangerous and poses health hazards to the child and that may result in physical injury or impairment of bodily function, but is not life-threatening. This includes growth rate below the third percentile or chronic untreated infections.

(3) Sexual Abuse

This category includes children whose immediate safety needs are currently addressed, but where the children were allegedly sexually abused by parents or other caregivers or situations in which abuse occurred because of lack of protection on the part of the caregiver(s) from the alleged abuser and the children are not in immediate danger.

(4) Disabilities

Children who are severely disabled and/or unable to communicate are generally more vulnerable for abuse and/or neglect. When receiving a referral regarding a child with a severe disability, CFS social workers should consult with persons knowledgeable about disability issues. They should ensure that services are in place that will ensure the child's safety and promote family preservation.

III. Priority III

A referral is a Priority III when a child is not in immediate danger, but allegations of abuse or neglect are clearly defined in the referral as a result of the parent or caregiver failing to meet the age appropriate needs of the child. CFS shall respond within seventy-two (72) hours. The child(ren) of concern must be seen by the CFS social worker within one hundred and twenty (120) hours of CFS's receipt of the referral. 120 hours is equivalent to five 24-hour periods. Reasons for variances must be documented and approved by the social worker's supervisor in the case record.

A. Circumstances determined as Priority III

(1) Inadequate Supervision

If children are unsupervised, issues to determine the response include:

- Age of the child;
- Is the child developmentally delayed or disabled;
- How long has the child been alone;
- What happens as a result;
- Have prior arrangements and commitments been made for others to help in an emergency;
- Are there factors which interfere with a parent's ability to supervise a child (i.e., substance abuse, mental illness, etc.);
- Has there been a pattern of lack of supervision;

If the parent/caregiver arranges for a sibling or another child to baby sit, the CFS social worker should consider the babysitter's ability to provide care. Some factors to review include:

- Age of the babysitter;
- Age of the children he/she is required to watch;
- Number of children; and
- Maturity of the babysitter.

A presenting issue should be assigned for a safety assessment depending on the age and developmental level of the child, how long the child has been alone, and failure of the parent/caregiver to plan for the child's care.

(2) Home Health and Safety

This category is defined as a physical environment that is a health or a safety hazard which may directly affect the health of a child. If there are no health and safety factors as they relate to the children in the home, CFS will not be involved.

Issues to consider in determining the response are:

- Weight loss as a result of the caregiver not providing food or drink to the child for prolonged periods;
- No housing or emergency shelter;
- Harsh weather or other conditions exist that place child in danger;
- Exposed wiring or other safety hazards;
- Evidence of human or animal waste throughout the home;
- Perishable food that has rotted and may cause illness; and
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist.

Home environments that are cluttered or do not meet community standards of cleanliness are not considered for Priority III assignment unless health and safety factors are clearly identified in the referral. Referrals regarding head lice and lack of immunizations are not considered safety issues and will not be assigned for safety assessment.

(3) Moderate Medical Neglect

Moderate medical neglect occurs when a caregiver does not seek treatment for child's moderate medical condition(s) or does not follow prescribed treatment for such condition. It may also include a pattern of excessive medical care.

Issues to determine response include verification, by medical personnel, of the medical condition and required treatment prior to assigning the presenting issue for further assessment.

(4) Court Ordered Investigations

When CFS receives an order from the court directing CFS to complete an assessment with a family for purposes of providing information in determining custody or other legal matters; CFS will determine this to be a priority III. If the court order contains information related to current safety threats or requires a reporting date which would indicate the need for an urgent response, CFS may determine a higher priority.

(5) 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.

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 are encouraged to send reports of excessive absences to the county prosecutor for further consideration. CFS encourages school districts to work with their school resource officers and local prosecutors around issues of truancy.

IV. Other Circumstances

A. Circumstances to consider when determining a Priority Response

(1) Domestic Violence

A caregiver may be a victim of family violence which affects the caregiver's ability to care for and/or protect child(ren) from immediate harm.

Issues to consider in determining a response are:

- Child has been injured during an episode of domestic violence.

- Child has been used as a shield during an episode of domestic violence; and
- Child's basic needs have been seriously neglected because adult victim was incapacitated by domestic violence.

Situations that may impact a child's safety include:

- Batterer has used or threatened to use a weapon during domestic violence assault;
- Batterer has continued a pattern of partner abuse after a criminal no contact order or civil protection order;
- Batterer has stalked partner and/or children;
- Batterer has caused injuries serious enough to require medical attention or hospitalization;
- Batterer has threatened homicide or suicide; and
- Frequency and/or type of violence have been escalating.

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 physical safety. 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.

(2) Sexual Exploration Between Children

When reviewing referrals involving allegations of sexual exploration, it is important to consider factors such as age, cognitive abilities and the extent or severity of the sexual activity as this information may warrant assigning a priority response.

Refer to Understanding Children's Sexual Behaviors by Toni Cavanagh Johnson for guidance as to what sexual behaviors are considered normal for the actual developmental age of the child(ren). This document is available on the Child Welfare SharePoint site at:

http://hwteamsites/facs/cw/Social_Worker_Resources/Behaviors%20Related%20to%20Sex%20and%20Sexuality%20in%20Preschool%20Children.pdf

In reports of normal sexual exploration, parents will be encouraged to supervise their children more closely. If the children are under eighteen (18) years of age these reports do not warrant a priority response.

In reports of sexual behavior outside of what is considered developmentally normal, the parent/caregivers will be asked what their plan is to protect the child(ren) from future harm. **If the parent/caregiver lacks a reasonable plan to**

protect the child(ren) from harm and/or the extent or severity of the behavior indicates a serious safety threat to the child(ren), the report should be considered for a prioritized response.

(3) Substance Abuse

CFS will respond only to referrals involving substance abuse where the use of drugs or alcohol seriously affects the caregiver's ability to supervise, protect, or care for their child(ren).

Issues to consider in determining a response are referrals alleging:

- Child has been exposed to parent/caregiver manufacturing drugs;
- Child's basic needs for adequate clothing, food, shelter, supervision or medical care have been neglected while caregiver may have been obtaining and/or using drugs/alcohol;
- Child has found and ingested drugs/alcohol while unsupervised; and
- Parent/caregiver or alleged offender may have given drugs (not prescribed for the child by a physician) or alcohol to infants or young children to sedate them or control their behavior.

If the referent cannot define or describe how the use of drugs or alcohol is posing a safety issue for children, the referral will be entered into iCARE as information only and will not be assigned for safety assessment.

(4) Historic Reports of Physical Abuse or Neglect

CFS will not respond to referrals of physical abuse or neglect where the situation has been resolved or physical evidence is no longer available. Examples may include:

- Report of bruising or marks that may have been observed in the past but are no longer present; and
- A landlord reporting unsanitary conditions in his/her rental after the family has moved to another house.

Exceptions may be made in cases of infants or small children. For example, a referral would be assigned with a report of a caregiver shaking or hitting an infant, even though no medical or physical evidence has initially been established.

(5) History of Referrals

Issues to consider in determining a response:

- What is the frequency of referrals? How much time has passed with the family having no referrals;
- What is the disposition of past referrals;
- Who is making the referrals; and

- Is it the same referent with issues that have been explored but not validated?

(6) Multiple Reports Involving Issues of Child Custody

Issues to consider in determining a response:

- Have the issues been explored in a previous safety assessment containing the same or similar referral reasons;
- Has the parent filed a protection order on behalf of the child; and
- Has the case been staffed with the multidisciplinary team? What is the direction of law enforcement and the prosecutor?

(7) Reports of Child Abuse or Neglect by a Day Care Provider or Others in a Day Care Setting

A referral of child maltreatment in a day care setting does not warrant a priority response if the parents of the child(ren) of concern are protecting the child(ren). All information contained in the referral will be forwarded to law enforcement with notification that CFS will not be responding to the report.

If the day care provider is licensed by IDHW, Department staff must follow-up with law enforcement to determine if the results of their investigation would affect the status of the day care's license.

If the referral alleges that parents are not protecting their child from maltreatment, it must be prioritized according to the Priority Response Guidelines and the Department must conduct a safety assessment.

Reports of concerns related to day care providers that do not fall within the definitions of child abuse or neglect in the Child Protective Act should be referred to 211 Idaho Careline where they will be connected with local health districts, fire departments, or other agencies, as indicated. Examples of this type of report would be an inadequate staff to child ratio or unsafe well water.

(8) 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.

(9) 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

V. New Presenting Issues on the Same Family

Prioritization of a referral 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.

VI. Variances

A child of concern and a child participant on a PI may not be seen within designated response timeframes due to circumstances that warrant a variance. A variance allows for a delay in seeing the child, it does not allow for a delay in responding to the referral. **The**

rationale behind the delay must be thoroughly documented in the case record and approved by the supervisor. Supervisors will review the variance and check the variance approval checkbox on the safety assessment profile screen in iCARE if the variance is warranted. Variances are not warranted if the delay is due to high workload or insufficient CFS capacity. While a variance allows for a CFS worker to respond outside the required timeframe for a specific priority level, it does not warrant an indefinite delayed response. The child must be seen as soon as possible given the specific circumstances of the case.

Circumstances that may warrant a variance include:

- Geographical constraints;
- Weather hazard;
- Good practice decisions or professional judgment;
- Law enforcement has already declared the child in imminent danger;
- Worker safety;
- Law enforcement is unable to accompany the CFS social worker and worker safety issues are identified in the referral; and
- Due to insufficient information needed to respond
- Other (child has left the area, unable to locate, etc.)