



Effective: February 26, 2020	Practice Standards for Priority Guidelines in Responding to Allegations of Abuse, Neglect, or Abandonment
Policy Statement:	
Idaho will have established, consistent requirements for responding to allegations of abuse, neglect, or abandonment that fall under the Idaho Child Protective Act. These requirements outline the agency’s response protocol, including the immediacy of the timeframes for initial response and seeing all child(ren) of concern and child(ren) participants.	
Purpose:	
The purpose of this standard is to provide direction and guidance to Child and Family Services (CFS) program regarding the immediacy of the agency’s response to allegations of abuse, neglect, or abandonment. This standard is intended to achieve statewide consistency in assuring all screened in referrals are assessed primarily based on the determination of risk to the child in evaluating and determining the agency response and making face-to-face contact with all child(ren) of concern and child(ren) participants. This standard will also provide a measurement for program accountability.	
Practice and Policy Requirements:	
Centralized Intake Unit (CIU) Intake Report and Documentation Requirements	<ol style="list-style-type: none"> 1. The CIU worker will follow the Practice Standard for Intake Screening and Intake Processes. 2. The CIU worker will complete the Intake Report within the agency child welfare data base known as ESPI. 3. The Intake Report must include an analysis of information gathered including the incident, incident location, caretakers and children affected by the incident, the family’s child protection history, and any worker safety issues. 4. The Report must include per Idaho Code 16-1605(01) the criminal history if it is known or there is reason to know that an adult in the home has been convicted of Lewd and Lascivious Conduct or Felony Injury to a child, 5. The Report must per Public Law 114-198 include information regarding any caretaker or child’s use of or exposure to substances and if there is a substance affected infant. For Substance Affected Infants see Practice Standard for Substance Affected Infants. 6. CIU will clearly document their analysis of the intake information obtained through completing the Intake Assessment regarding the allegations of abuse, neglect, or abandonment. 7. Ensure a Secondary Review is completed by CIU leadership/designee for all reports that include the following circumstances: <ol style="list-style-type: none"> a. Staff on probation b. For an incident that happened in another state, and the child or children are now in Idaho. c. For an incident that happened in Idaho, and the child or children are now in another state. d. For all reports of sexual abuse. e. On all reports coded as Information and Referral. f. If a Child and Family Services (CFS) social worker calls in a report on a case with an open assessment.

Screening Priorities
and Response
Requirements

- g. When a CIU worker wants a second look at the screening decision and/or response priority.
- h. When CIU leadership requests individual workers to submit their reports for secondary review.
- 8. The CIU worker will ensure all appropriate internal and external partners are notified, i.e. law enforcement, tribes, military, licensing agency, navigation program, and behavioral health. Please see Intake Notifications processes for further information.

PRIORITY 1

A child is in immediate danger involving a life-threatening and/or emergency situation that requires immediate initial response by the agency. The CIU worker will ensure the appropriate region is notified immediately upon receipt of a referral that meets a priority 1 response.

CIRCUMSTANCES DETERMINED AS A PRIORITY I

(1) Death of A Child

When the death of a child is alleged to be due to abuse or neglect by the child's caretaker and information indicates there may be safety concerns to any child remaining in the family home.

Issues to consider include:

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

(2) Safety Threat Involving Physical Harm Due to Mental Health Issues

Referrals involving immediate life-threatening danger of children to self or others due to mental health concerns and/or grave disability should be made to Children's Mental Health for immediate response. Contacting emergency medical services may be appropriate 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

This includes severely physically abused children with observable injuries or symptoms that are, or could be, life threatening, for example

- head injury with loss of consciousness or vomiting;
- unusual or severe bleeding;
- multiple injuries (battering);
- fractures in non-ambulatory child (infant or toddler); and
- Abusive Head Trauma.
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(4) Non-Life-Threatening Physical Abuse of a Child Age 6 or Under

Physical abuse of a child age six (6) years old or under with observable, non-life-threatening injuries. Prior to being assigned for a safety assessment, a

referral should contain reason to believe that physical abuse has occurred. The following factors should be considered:

- Age and developmental stage of 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/hitting does not leave marks or bruises.

(5) Life Threatening Medical Neglect

Defined as medical neglect in a way that is life-threatening to a child. This includes abrupt and significant (10%) weight loss in a child less than three (3) years of age.

(6) Life Threatening Physical Neglect

Defined as children who appear to be in immediate danger because the caretakers are physically absent and/or are unable to provide adequate care.

(7) 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 & Welfare Guide to Policy & Procedures for Assessment and Disposition of Medical Neglect of Handicapped Infants located at Central Office.

(8) Mothers and/or Infants Who Test Positive for Drugs at Birth

In situations when a healthcare provider identifies an infant or mother tested positive and the infant was prenatally exposed to an illegal substance as defined in Idaho or to the unlawful use of a controlled substance by the mother. An immediate initial response is warranted to determine how the substance use may impact the caretaker's ability to care for and meet the needs of the newborn.

A report would not be a Priority 1 if one or more of the following circumstances apply:

- a. The infant and/or mother tests positive for a controlled substance that was prescribed to the mother and the mother is in compliance with the medication and treatment plan.
- b. The infant and/or mother tests positive at birth for prescribed medication provided to the mother during delivery. For further information, please see the [Practice Standard for Substance Affected Infants](#) and/or the [Intake/Screening CARA Decision Tree](#).

(9) Infants and Mothers Testing Positive for Alcohol

When infants are prenatally exposed to chronic or severe use of alcohol by the mother, test positive for alcohol at birth, and/or the 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 characteristic, growth restrictions, or other birth defects caused by prenatal alcohol use).

(10) Preservation of Information/Threat of Family Fleeing 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 fleeing/leaving the area to avoid intervention, warrant an immediate initial response.

(11) Sexual Abuse

Children who are in immediate danger of being sexually abused by caretakers, or situations in which abuse occurred because of the lack of protection on the part of the caretakers from the alleged abuser. An immediate initial response is warranted if the alleged offender has immediate unrestricted access to the child.

(12) Human Trafficking

Children who are reported to be victims of human trafficking and are in immediate danger. An immediate initial response is warranted if the alleged offender has immediate unrestricted access to the child. Please see the [Practice Standard for Reporting and Responding to Runaway Youth, Missing Youth, and Sex Trafficking Victims](#).

(13) Rule 16 Juvenile Court Act Proceeding Expanded to Child Protection Act Proceeding

A youth is being placed in DHW's custody via an Order Expanding the Juvenile Corrections Act Proceeding to a Child Protective Act Proceeding, an immediate initial response is warranted for purposes of assessment placement of child regardless of whether the youth is in detention or is being released from DJC's custody.

PRIORITY II

A referral is determined a priority when a child is not in immediate danger, but allegations of abuse, or serious physical or medial neglect, are clearly defined in the referral. The CIU worker will ensure the appropriate regional catcher is notified immediately upon receipt of report. In addition, law enforcement must be notified within twenty-four (24) hours of receipt of all priority II referrals involving issues of abuse and/or neglect.

CIRCUMSTANCES DETERMINED AS A PRIORITY II

(14) Non-Life-Threatening Physical Abuse

Physical abuse of a child over the age of six (6) years old with observable, non-life-threatening injuries. Prior to being assigned for a safety assessment, a referral should contain reason to believe that physical abuse has occurred. The following factors should be considered:

- Age and developmental stage of 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/hitting does not leave marks or bruises.

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

Physical or medical neglect that is dangerous and poses health hazards to the child that may result in physical injury or impairment of bodily function but is not life-threatening. This includes growth rate below the third percentile (3) or chronic untreated infections.

(16) Sexual Abuse

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 the abuse occurred as a result of lack of protection on the part of the caregiver(s) from the alleged abuser and the child(ren) are not in immediate danger; the offender does not have immediate access to the child(ren).

(17) Human Trafficking

Children who are reported to be victims of human trafficking and their current safety needs are being addressed; therefore, the child(ren) are not in immediate danger.

(18) Disabilities

Children who are severely disabled and/or unable to communicate are generally more vulnerable for abuse and/or neglect.

PRIORITY III

Referral when a child is not in immediate danger, but the allegations of abuse and/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.

CIRCUMSTANCES DETERMINED AS PRIORITY III

(1) Inadequate Supervision

In circumstances where there is information concerning the supervision of children, the following factors must be considered in assigning for response:

- Age of child;
- Developmentally on track, delayed, or disabled;
- Length of time the child has been alone;
- What happens as a result of the lack of supervision?
- Have prior arrangements and commitments been made for others to assist in an emergency;
- Factors that interfere with a parent’s ability to supervise a child (i.e. substance abuse, mental health issues, etc.); and
- Has there been a patter of lack of supervision?

If the parent/caregiver arranged for an older sibling or another child to babysit, considerations should include the following factors:

- Age of babysitter

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

(2) Health and Safety Hazards Within the Home

The physical environment of the child's residence presents with health or safety hazards which may directly affect the health of the child.

The following health and safety hazards should be considered in determining the response include:

- 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 the 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 the living conditions and these conditions still exist.

*Cluttered home environments or do not meet community standards of cleanliness are not considered for assignment unless the health and safety factors are clearly identified in the referral. Information regarding headlice and lack of immunizations are not considered safety issues, fall within the Child Protection Act, thus will not be assigned for response.

(3) Moderate Medical Neglect

A caregiver does not seek treatment for a child's moderate medical condition(s) or does not follow prescribed treatment for such condition. This may also include a pattern of excessive medical care.

(4) Court Ordered Investigations

An order from the court directing CFS to complete an assessment of a family for purposes of providing information in determining custody or other legal matters. If the information is related to current safety threats or requires a reporting date that indicates an urgent initial response, this may be determined to be a higher priority.

(5) Educational Neglect

Children who are seven (7) at the time school begins, but not yet sixteen (16) who are not enrolled in public school or an equivalent or receive private instruction through home schooling warrants an initial response.

Excessive absences, truancy, expulsions, or suspensions that do not include information regarding possible maltreatment will not be assigned for a response. Please see CFS's [Guidelines for Assessment of Claims of Educational Neglect](#).

(6) Lewd & Lascivious Conduct/Felony Injury to Child Conviction

If CFS is aware or has reason to believe that any adult in the home has been convicted of lewd and lascivious conduct or felony injury to a child in the past or that the child has been removed from the home for circumstances that resulted in conviction of lewd and lascivious conduct or felony injury to a child, warrants a response, Idaho Code 16-1605.

Additional circumstances to consider when determining the agency's 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. The following should be considered in determining a response:

- Child(ren) has been injured during an episode of domestic violence.
- Child(ren) 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(ren)'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.

Referrals will only be assigned a response if they involve a child's physical safety; allegations regarding the child witnessed their parent/caregiver being hurt will be forwarded to law enforcement. Additionally, CIU will provide referents with referrals to community resources.

(2) Sexual Exploration Between Children

When reviewing and assessing information regarding concerns of sexual exploration, the following factors must be taken into consideration: age, cognitive abilities and the extent or severity of the sexual activity as this may warrant a response.

*Refer to [Understanding of Children's Sexual Behaviors by Toni Cavanagh Johnson](#) for further guidance regarding normal sexual behaviors pertaining to developmental age of children.

Concerns that appear to be normal exploration, parents will be encouraged to supervise their children more closely. Concerns involving children under the age of eighteen (18) years of age do not warrant a response.

Concerns of sexual behavior outside of what is considered developmentally normal, the parents/caregivers should be asked what their plan is to protect the child(ren) from future harm. **If it is determined the parent/caregiver lacks a reasonable plan to protect the child(ren) from the harm and/or to the extent or severity of the behavior indicates a serious safety threat to the child(ren), the report warrants a response and should be prioritized accordingly.**

(3) Substance Abuse

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

Situations to consider in determining a response include:

- 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 the 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 information received does not define or describe how the use of drugs or alcohol is posing a safety threat/concern for the child(ren), the referral will not be assigned for response.

(4) Historical 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 based on the information obtained. For instance, a response may be warranted regarding concerns a caregiver/parent had shook or hit an infant, even though no medical or physical evidence was initially established.

(5) History of Referrals

Issues to consider in determining a response:

- The frequency of referrals received; i.e. how much time has passed with the family with no referrals;
- The disposition of past referrals; and
- Who the referent is, i.e. is it the same referent with issues that have already been explored but no validated?

(6) Multiple Reports Involving Child Custody Issues

Issues to consider in determining a response:

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

(7) Reports of Child Abuse/Neglect by A Daycare or Others in A Daycare Setting

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

CFS staff must follow-up with law enforcement to determine the results of their investigation for all concerns regarding IDHW licensed daycare providers to determine the impact or if it might impact the status of the daycare license. Concerns regarding daycare providers that do not fall within the definition of child abuse or neglect under the Child Protection Act will be referred to 211 Idaho Careline where they will be connected with local health districts, fire departments or other agencies, as indicated.

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 information regarding the allegation of abuse, neglect, and/or abandonment within 30 days of the original presenting issue will be documented in a new presenting issues 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 CIU supervisor or lead worker and request the new presenting issue priority to be changed to Information & Referral.

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

*Although the guidelines above establish a response protocol, **a referral may be considered a higher or lower priority due to additional available information.** Any changes to a referral with a designated priority response calculated by the Intake Assessment within ESPI must be completed through an override. An override should only occur upon a Secondary Review that concurs with the override. Reasons for making a referral a lower priority than suggested by the guidelines must be documented in the case record by the supervisor as an override.

Initial Comprehensive Safety Assessment

The CFS social worker assigned as the safety assessor is responsible for ensuring the initial response and all children within the household, child(ren) of concern and child(ren) participants, are seen within agency priority guidelines.

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 guidelines. All other child(ren) participants within the household must be seen within a reasonable amount of time, without much delay. The current information regarding the assessment of the allegations of abuse, neglect, or abandonments should inform this timeframe, which must not exceed fourteen (14) calendar days.

1. Priority I: The assigned social worker and all contractors will respond immediately when the CIU screens in a report for initial response/assessment as a Priority I. The child(ren) of concern must be seen by a CFS social worker

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 shall be seen by medical personnel when deemed appropriate by law enforcement and/or CFS social worker.

2. Priority II: The assigned social worker and all contractors will respond within 24 hours when the CIU screens in a report for initial response/assessment as a Priority II. Law enforcement must be notified within twenty-four (24) hours of receipt of referral. 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. 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.
3. Priority III: The assigned social worker and all contractors will respond within seventy-two (72) hours. The child(ren) of concern must be seen by CFS social worker within one hundred and twenty (120) hours of receipt of the referral. 120 hours is equivalent to five 24-hour periods.
4. The assigned social worker must make reasonable efforts to locate the family and see a child(ren) of concern and child(ren) participants. These reasonable efforts include:
 - a. Re-contacting the referent to verify the address
 - b. Contacting the family after regular office hours through the assistance of an on-call worker
 - c. Checking with landlords and/or neighbors, utility companies, a family's Self-Reliance Specialist, Child Support, Child Welfare Funding Team's family locate request service, local schools, probation and parole, family members, and law enforcement for a current address or any knowledge of the family's whereabouts.
5. All exceptions for face-to-face contact with child(ren) of concern and/or a child participant outside of priority guidelines must be immediately staffed with a supervisor to determine if a variance is warranted. Circumstances that may warrant a variance, must be outside the agency's control and may include: geographical constraints; hazardous weather conditions; good practice decisions or professional judgment; law enforcement has already declared the child(ren) in imminent danger; worker safety; law enforcement is unable to accompany the CFS social worker and worker safety issues are identified in the referral; due to insufficient information needed to respond; and/or other (child left the area, unable to locate, etc.)

Although a variance allows for the CFS social worker to respond outside the required timeframe for a specific priority level; it does not warrant an indefinite delayed initial response. Ongoing efforts to see the child as soon as possible must be made.
6. Human Trafficking: Please ensure initial response and assessment of child(ren) aligns with the requirements outlined in Idaho's [Practice Standard for Identifying, Documenting and Determining Appropriate Services for Child Victims of Human Trafficking](#).
7. The assigned worker and contractors will respond to subsequent new presenting issues on the same family that contain new information, not originally recorded

	<p>in the existing presenting issue, according to the assigned priority response guidelines.</p>
	<p>SPECIAL CIRCUMSTANCES</p> <p>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 resides 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 CIU. 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 include contacting the 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.</p> <p>Allegations Involving Military Personnel In accordance with the provisions of Section 811 of Public Law 99-145, all reports of possible child abuse, neglect, or abandonment involving an Armed Forces member or member’s spouse whether located on or off a military base, will be reported by the local regional office responsible for conducting the assessment, to the Mountain Home Air Force Base Family Advocacy Program representative. An Armed Forces member includes individuals who are active duty, guard, reserve, or retirees from any of the five military branches: Air Force, Army, Coast Guard, Marine Corps, and Navy. Child abuse, neglect, or abandonment of a child which occurs on a military base falls under federal jurisdiction and therefore the military representative will lead the assessment. However, in most instances the CFS social worker and the military representative will work together during the assessment, IDAPA 16.06.01.557.</p>
<p>Documentation Requirements for Assigned Cases</p>	<p>The assigned worker will assure that documentation is complete in iCARE/ESPI to reflect the date and time of their initial response and when the child(ren) of concern and child(ren) participants are seen. Additional documentation may be required for circumstances related to variances and because children/families are unable to be located.</p> <ol style="list-style-type: none"> a. The rationale behind the variance resulting in the delay must be approved by a CFS supervisor and thoroughly documented in the case record under the Narrative tab on the Presenting Issue profile.

	<ul style="list-style-type: none"> b. Supervisors will check the variance approval checkbox, select the reason, date and provide additional information on the <i>Child Seen/Reviewed</i> screen, the tab is located on the Presenting Issue profile screen. c. Reasonable Efforts to Locate: All efforts made by the worker must be documented in the Narrative tab on the Presenting Issue profile.
Monitoring and Quality Assurance Requirements	<ul style="list-style-type: none"> 1. The CFS Supervisor is responsible to ensure safety assessors are responding and seeing child(ren) of concern and child(ren) participants within priority guidelines, that the appropriate implementation & documentation of variances is occurring, and all practice requirements are met. <ul style="list-style-type: none"> a. Supervisors will provide consultation/guidance/approval regarding the use of a variances and review the documentation regarding the variance. b. Supervisors will review efforts and documentation on cases submitted for closure because a family cannot be located prior to case closure. 2. CFS will monitor the quality of the CIU process of collecting information regarding allegations of abuse, neglect, and/or abandonment and the application of the Priority Guidelines in assigning priority responses to all reports of maltreatment screened in for assignment through annual quality assurance reviews. 3. CFS will monitor the timeliness of initial response and contact with all child(ren) of concerns and child(ren) participants through the following tools: <ul style="list-style-type: none"> a. Field QA tools for the Assessment Case Consultation and Coaching process, b. Annual federal reporting that includes data specific to Idaho’s timeliness in responding and making face-to-face contact with all identified children of concern and children participants, including the use of variances. c. State Case Record Reviews
Training Requirements	<ul style="list-style-type: none"> 1. All CFS staff will complete training on Idaho’s Priority Guidelines Practice Standard and the process within nine months of employment or whenever there is legislation, practice standard, and/or process updates. 2. Additional training or coaching may be required based on results of Quality Assurance Reviews.
Data Reporting Requirements	<ul style="list-style-type: none"> 1. Through the Annual Progress and Services Report (APSR), CFS Central Office will report on CFS’s timeliness seeing all children of concern and children participants within Idaho’s Priority Response Guidelines. 2. Through regular annual case record reviews, CFS Central Office will report on Idaho’s Timeliness of Initiating Investigations of Reports of Maltreatment and seeing all children of concern and children participants within Idaho’s guidelines and the application of variances.
Resources/Forms	<p>Guidelines for Assessment of Claims of Educational Neglect</p> <p>Intake Processes</p> <p>Intake/Screening CARA Decision Tree</p> <p>Practice Standard for Identifying, Documenting and Determining Appropriate Services for Child Victims of Human Trafficking.</p> <p>Practice Standard for Intake Screening.</p> <p>Practice Standard for Substance Affected Infants</p> <p>Understanding of Children’s Sexual Behaviors by Toni Cavanagh Johnson</p>
Definitions	<p><i>Caretaker</i></p> <p>A caretaker is an adult responsible for the child’s care, supervision, and welfare. Caretakers can include the child’s parent, guardian, custodian, relative, foster parent, or other adult who provides care to the child.</p>

	<p><i>Child(ren) of Concern</i> A child(ren) of concern is the child(ren) identified in the referral as the victim of abuse, neglect, or abandonment.</p> <p><i>Child(ren) Participants on a Presenting Issue</i> 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.</p> <p><i>CFS Social Worker</i> 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.</p> <p><i>Human Trafficking</i> (1) sex trafficking in which a commercial sex act is induced by force, fraud or coercion, or in which the person induced to perform such act has not attained eighteen (18) years of age; or (2) the recruitment, harboring, transportation, or obtaining of a person for labor or services, through the use of force, fraud or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (I.C. 18-8602).</p> <p><i>Initial Response</i> 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.</p>
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