

PRIORITY GUIDELINES

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

TERMS

CFS Social Worker

Child and Family Services (CFS) social workers are direct service personnel in the regional CFS offices including 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 the referral by CFS.

Reasonable Efforts to Locate

Reasonable efforts to locate a family and see a child may 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.

Seeing the Child

Contact with the child 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 begins upon receipt of the referral by CFS.

Third Party

Third party refers to someone outside the parental home who is not a primary caregiver or legal custodian of the child and who no longer has access to the child.

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 may meet the definitions) of the Child Protective Act and requires CFS service in order to initiate the safety assessment process.

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.

NOTE: Although these guidelines establish a response protocol, **a referral may be considered a higher or lower priority than suggested 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.

PRIORITY I

A referral is a Priority 1 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 must be seen by a CFS social worker immediately unless written regional protocol agreements direct otherwise. The child shall be seen by medical personnel when deemed appropriate by law enforcement and/or CFS social worker.

Notify: Immediately notify your supervisor of all Priority I cases.

CIRCUMSTANCES DETERMINED AS PRIORITY I

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 the 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.

Dangerousness or Risk of 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. CFS response should be a process that will reduce risk 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.

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.

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

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 under three (3) years of age.

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. This would include neglect of children through age 6 unless there is reason to believe that the child is not in immediate danger.

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.

Infants Testing Positive for Drugs at Birth

When infants test positive for drugs at birth, CFS will assess the risk to 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 reduce the risk by assisting the parents with appropriate referrals.

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.

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 risk to the infant and the family's ability to care for the needs of the infant.

Preservation of Information/Risk 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.

Sexual Abuse

Children who are in immediate danger of being sexually abused by parents, guardians, relatives, 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 and circumstances indicate immediate response.

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; response shall be within twenty-four (24) hours. The child must be seen by a CFS social worker within forty-eight (48) hours of CFS's receipt of the referral unless written regional protocol agreements direct otherwise. The child 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.

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

CIRCUMSTANCES DETERMINED AS PRIORITY II

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.

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

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.

Sexual Abuse

This category includes children whose immediate safety needs are currently addressed, as verified, but where the children were allegedly sexually abused by parents, guardians, relatives, 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.

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 minimize risk to the child and promote family preservation.

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) 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 .**

CIRCUMSTANCES DETERMINED AS PRIORITY III

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/risk 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.

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 directly 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.

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.

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, and the youth remains safe in detention, the referral will be treated as a Priority III unless circumstances indicate a higher priority response. If a

youth does not have shelter because he/she cannot return home or is being discharged from detention or DJC custody immediately, the referral will be given a Priority 1.

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 private instruction through home schooling, CFS social workers will provide the family with referrals to educational programs and resources as appropriate. After providing referrals for resources, the CFS 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 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.

OTHER CIRCUMSTANCES TO CONSIDER IN DETERMINING A RESPONSE

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 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.

Sexual Exploration Between Children

In reports of sexual exploration, parents will be encouraged to supervise their children more closely. Referrals involving children under eighteen (18) years of age will not be considered sexual abuse unless the parent/caregiver is unable to ensure the child(ren)'s future safety. 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

When determining a response and the priority level of 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.

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 FOCUS as information only and will not be assigned for risk assessment.

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.

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?

Multiple Reports Involving Issues of Child Custody

Issues to consider in determining a response:

- Have the issues been explored in a previous risk 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?

THIRD PARTY REFERRALS

Third Party Abuse/Neglect (Recorded as Information and Referral – I &R)

Third party referrals are those referrals where:

- The child's parent/guardian has taken action to protect the child from abuse/neglect;
- The parent/guardian is not the alleged offender; and
- The alleged offender no longer has access to the child.

When all information indicates that the child is protected, the referral will be designated as Information and Referral and forwarded to law enforcement for investigation. Due to **limited capacity**, the CFS may not provide assistance to law enforcement in interviewing children involved in third party referrals.

Third Party Reports of Child Abuse or Neglect by a Day Care Provider or Others in a Day Care Setting

A referral of child abuse/neglect in a day care setting is considered to be a third party report if the parents of the child of concern are protecting the child. 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 DHW, Department staff must follow-up with law enforcement to determine if the results of their investigation would affect the status of the day care license.

If the referral alleges that parents are not protecting their child from abuse/neglect, the referral does not meet the definition of a third party referral. Such referrals 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 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.

NEW PRESENTING ISSUES ON THE SAME FAMILY

Presenting issues that are reported by different referents but within close time frames of each other (one week) and contain identical referral information shall be combined with the original presenting issue. The new referral will be documented as Information and Referral and will state the concerns are being addressed in “presenting issue number ____.” Verification must be made with the social worker assigned to the case that the information in the new referral was or will be assessed when the social worker sees or will see the child, the parent/caregiver, and the home.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into FOCUS and the social worker will respond according to the Department’s Priority Response Guidelines. See the CFS Intake/Screening Standard for more information regarding documenting presenting issues regarding the same family.

If a safety/risk assessment has been conducted, prior to assigning subsequent referrals containing the same referral reasons, it is recommended to staff the case with law enforcement and/or the prosecutor to avoid duplicating or contaminating the interview process. Subsequent referrals containing the same issue may be assigned only upon supervisory and/or regional management approval.

VARIANCES

A child 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 FOCUS 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 quickly as possible given the specific circumstances of the case.

Circumstances that might warrant a variance include:

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