

Assignment of a Report Response Priority

Requirements

The Public Children Services Agency (PCSA) shall determine the immediacy of the need for an agency response to ensure child safety within 24 hours from receipt of the referral information for all screened in reports categorized as Abuse, Neglect, Dependency, or Family In Need of Services.

The response priority is based on the information received from the referent and the child protective services records regarding the principals of the report.

The PCSA must determine if the information requires an emergency response for initiation or a non-emergency response for initiation by the PCSA.

The assignment of an emergency priority response requires an attempt of face-to-face contact with the alleged child victim (ACV) within one hour from the time the referral was screened in as a report in order to assess child safety and interview the ACV.

The assignment of a non-emergency priority response requires the PCSA to attempt a face-to-face contact or complete a telephone contact within 24 hours from the time the referral was screened in, with either a principal of the report, or a collateral source who has knowledge of the alleged child victim's current condition, and can provide current information about the child's safety.

The PCSA shall document in the case record the date, time, and with whom the assessment/investigation was initiated.

Purpose

The primary responsibility of child protective services during the screening process is to identify children who are in need of protection or services and assure that unsafe children are protected. Gathering information regarding the safety and risk of the child from the referent during the intake process is crucial in assigning a response priority to a report. The information obtained is used to determine the screening decision and the immediacy of the initiation of the report.

The response priority assigned to a report identifies the amount of time a worker has to gather information to confirm the child's current safety status. This may be completed by having contact with the alleged child victim, a principal of the report, or with another person who has knowledge or and can provide information regarding the current safety of the child.

Reports assigned an emergency priority response contain information that indicates there are active safety threats that are not controlled or managed. The information

indicates that a child is not safe and immediate action needs to be taken by the agency in order to assess the safety of the child and determine the need for a safety plan.

Reports assigned with a non-emergency priority response contain information that safety threats, if present, are controlled or managed and immediate action to assess the safety of the child is not necessary. When a child is reported as being in a safe place the judgment about the timing of the response takes into account the location of the safe place, how long the child will be there, access that others have to the child at that location, and a plan to keep the child safe until CPS can respond.

Strategies for Accomplishing:

Assessment of Safety

Assess the child's current safety through the information provided and available in order to determine the appropriate response priority.



Safety:

A thorough description of the allegations; inclusive of current and past maltreatment allegations. The surrounding circumstances pertinent to the maltreatment as well as the intervention needed for the child will assist the PCSA in assigning a response priority.

- The extent, frequency, and duration of the maltreatment.
 - When (date and time) the child maltreatment occurred.
 - Where the child maltreatment occurred.
 - How often does the maltreatment occur to the child?
 - The identity of the alleged perpetrator and relationship to the child.

- The child's current location and degree of safety.
- The child's current physical condition and health.
- Identification of all children in the home and their **vulnerabilities**.
- Identification of all adults in the home and their **protective capacities**.
- The Alleged Perpetrator's access to the child.
- Active safety threats.

Assessment of Safety and the Identification of Present Danger:

Within the CAPMIS Safety Assessment there are 14 listed safety factors that must be assessed. The safety factors are comprised of signs of present danger, safety threats, and serious harm. Information obtained in relation to the safety factors during the intake process will assist in assigning an accurate response priority.

1) A child has received serious, inflicted, physical harm.

- Where is the child's current location?
- Does the child need medical care?
- Is it known who inflicted the harm to the child?
- If yes, where is this individual and what is his/her access to the child?
- Child has serious inflicted injuries: broken bones, dislocations, burns, internal injuries, head injuries, extensive bruising, and multiple bruises.

2) A caretaker has not, cannot, or will not protect the child from potential serious harm, including harm from other persons having familial access to the child.

- Does the caretaker have the ability to physically protect the child?
- Does the child's caretaker understand the need to protect the child?
- Was the caretaker present when the child was harmed? Why or why not?
- Is the child in the care of an adult who is protecting him?
- Has any action by the child's parent/guardian/custodian occurred to protect the child?

3) A caretaker or other person having access to the child has made a credible threat which would result in serious harm to the child.

- Has anyone in the home threatened to kill or seriously injure the child?
- Who made the credible threat?
- What makes the threat credible (i.e. past history with the family)?
- Is the individual making the threat emotionally stable?
- What access does the individual have to the child?

4) The behavior of any member of the family, or other person having access to the child, is violent and/or out of control.

- Are weapons (guns or knives) used in the home to control or threaten another individual?

- Does anyone have criminal history residing in the home?
- Do physical altercations occur in the home? Are the children involved?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)?
- Behaviors: impulsive, physically aggressive, temper outbursts, harmful reactions, bizarre and cruel punishment.

5) Acts of family violence pose an immediate and serious physical and/or emotional danger to the child.

- Do physical altercations occur in the home?
- Are there physical altercations in which choking occurs?
- Are physical altercations escalating in the home?
- Does the child interfere in any physical altercations occurring between the adults?
- Are weapons used in the home to control or threaten another individual?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)?

6) Drug and/or alcohol use by any member of the family, or other person having access to the child, suggests that the child is in immediate danger of serious harm.

- What type of drugs/alcohol is being used? How often?
- Are the children with the individual when he is using drugs/alcohol?
- Is the individual providing care for the child when high/intoxicated?
- How is the individual's ability to care for the child impacted by the drug/alcohol use?
- What is the harm that could occur to the child resulting from the individual's drug/alcohol use?

7) Behavior(s) of any member of the family, or any person having access to the child, is symptomatic of mental or physical illness or disability that suggests the child is in immediate danger of serious harm.

- Has an individual made a credible threat to harm the child?
- Are weapons used in the home to control or threaten another individual?
- Does anyone appear impaired emotionally, cognitively, or physically (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression)?
- Is the individual making the threat emotionally stable?
- Does the caretaker have the ability to physically protect the child?
- Does the child's caretaker understand the need to protect the child?
- Does the information provide a description of bizarre behaviors that impacts the child's safety (e.g., caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)?

- Has a mental health professional identified a need for the caretaker to receive treatment and identified concern for the child's safety if the caretaker is not treated?

8) A caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.

- Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of supervision?
 - Child playing in the middle of the road.
 - Infant, toddler, or child with special needs left home alone.
 - Does not interfere with a child playing with dangerous objects.
 - Infant/toddler has bleeding and or painful rash that is not being treated as a result of being left in soiled diapers for extended periods of time.
 - Child suffers from a skin condition, loss of hair, or loss of teeth due to poor hygiene.
- Has the child experienced serious harm, or is in danger of being seriously harmed, as a result of lack of food?
 - Does not provide food or water to the child for extended periods of time.
 - Hospitalization of the child as a result of starvation.
 - Child suffers from a skin condition, loss of hair, or loss of teeth due to lack of food.
- Has the child experienced serious harm as a result of lack of clothing (e.g., child has frost bite due to lack of adequate clothing in the winter)?
- Has the child experienced serious harm as a result of lack of shelter (e.g., child has frost bite due to lack of shelter)?
- Family resides outside where child is exposed to dangerous activity (e.g., family sleeps in alley where drug deals are regularly made).

9) Household environmental hazards suggest that the child is in immediate danger of serious harm.

- What is the serious harm that has, or will occur, to the child resulting from the environmental hazards reported?
- Is the child currently exposed to the environmental hazards?
- How long will the child be exposed to the environmental hazards?
- Excessive garbage or rotted food lying around the house impacting ability to move through the home.
- Room covered with feces and/or urine accessible to children.
- The physical structure of the house is decaying or falling down.
- Dangerous objects are accessible to the children in the home.

10) Any member of the family, or other person having access to the child, describes or acts toward the child in predominantly or extremely negative terms and/or has extremely unrealistic expectations of the

child.

- Has the child received serious harm by any member of the family?
- Is the child required to complete tasks that place the child in danger?
- Does the information provide a description of bizarre behaviors that impacts the child's safety? (caretaker reporting the child is the devil, caretaker having auditory or visual hallucinations)
- Does anyone appear unstable emotionally, cognitively, or physically? (i.e. threaten to kill others and self, cannot rationalize behaviors of others, cannot refrain from physical aggression) Do physical altercations occur in the home?
- Caretaker uses extreme gestures to intimidate the child.
- Caretaker's interaction with the child is to threaten or intimidate.
- Child is given responsibilities beyond his capabilities that are dangerous to the child.
- Child is consistently excluded from family activities.
- Child is blamed for everything negative and physically punished for events beyond the child's control.

11) The family refuses access to the child or there is reason to believe the family will flee.

- The family fleeing or refusing access to the child will result in the child continuing to be seriously harmed, or at risk of being seriously harmed.

* **Note:** *The agency's lack of access would need to be linked to another safety factor identifying how/why the child has been harmed, or is at risk of being harmed.*

12) A caretaker has an unconvincing or insufficient explanation for the child's serious injury or physical condition.

- A child has received a serious injury and:
 - The caretaker cannot identify who harmed the child.
 - The caretaker cannot describe how the child was harmed.
- The caretaker may have seriously harmed or permitted the child to be seriously harmed by another individual.

13) A caretaker is unwilling or unable to meet the child's immediate and serious physical or mental health needs.

- The child has received serious harm resulting from a lack of care for his mental health or physical needs.
- A mental health or medical professional has identified a need for the child to receive medical treatment.
- The mental health or medical professional has identified the serious injury that has, or could occur, if the child is not treated.
- The caretaker is unwilling or unable to seek treatment.
- The child is actively suicidal/homicidal and the caretaker is refusing

treatment.

- Care is not provided for a medical condition that could cause permanent disability if not treated.
- Emergency medical treatment is not provided for a potentially life-threatening condition.
- There is an unreasonable delay in obtaining medical services.

14) Child sexual abuse/sexual exploitation is suspected and circumstances suggest that child may be in immediate danger of serious harm.

- The child is in the direct care of the individual who has sexually abused/exploitation the child?
- The child requires immediate medical/psychological attention a result of sexual abuse/exploitation.
- The caretaker makes no effort to prevent child from being sexually abused.
- The caretaker forces the child to engage in sexual behaviors.

Things to Consider

Vulnerability of the Child

Assessing a child's vulnerability is an integral part of case decision-making. How does this vulnerability impact the child's ability to avoid or modify safety threats? What type of intervention or services will address this vulnerability? How can the child's strengths be used to mitigate potential harm? How does the child's vulnerability impact the parents' reactions or protective capacity?

- Ability to protect self
- Age
- Ability to communicate
- Likelihood of serious harm
- Provocativeness of the child/s behavior or temperament
- Special needs: behavioral, emotional, or physical
- Access to individuals who can protect the child
- Family composition
- Role in the family
- Physical appearance, size, and robustness
- Resilience and problem-solving skills
- Prior victimization
- Ability to recognize and report abuse/neglect

Protective Capacities of the Adult

The purpose is to identify family strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Simply put, **how can they keep the child safe?** It is critical when assessing protective capacity that we take the time necessary to fully review the family's capacity to protect the child.

Cognitive: Intellect, knowledge, understanding, and perception used to assist in protecting a child

Cognitive abilities include recognizing a child's needs (such as the basic needs of food, shelter, and clothing, social needs, psychological needs, and the need for protection from harm), personal responses to various stimuli, awareness of threatening family circumstances within their family system and understanding the parent's responsibility to protect. Other examples include: being reality oriented; having an accurate perception of the child and his vulnerabilities.

Behavioral: Specific action and activity to assist in protecting a child

This category refers to specific action and activity to assist in protecting a child. Behavioral abilities include an individual's physical capacity to intervene to protect a child; the ability to defer one's own needs in favor of the child; and the skills associated with meeting the child's safety related needs. Other examples include being adaptive, assertive and responsive, taking action, and using impulse control.

Emotional: Specific feelings, attitudes, and motivations that are directly associated with child protection

This category refers to specific feelings, attitudes, and motivations that are directly associated with child protection. Emotional abilities include a willingness and desire to protect, emotional stability, resiliency, the behaviors in which love is expressed and reciprocated and the nature of the parent-child attachment. Also included is how effectively the parent meets his/her own emotional needs.

What happens if the assessment is wrong?

- A child may suffer more maltreatment due to lack of intervention.
- Intervening too quickly or too severely may cause the family and the child additional and unnecessary trauma.
- Failure to intervene at an appropriate level to meet the need may result in the child being maltreated again.

Resources

Applicable Ohio Administrative Code Rules and Guidelines:

5101:2-36-01 Intake and screening procedures for child abuse, neglect, dependency and family in need of services reports; and information and/or referral intakes.

5101:2-36-03 PCSA requirements for intra-familial child abuse and/or neglect assessment/investigations.

5101:2-36-04 PCSA requirements for conducting a specialized assessment/investigation.

5101:2-36-05 PCSA requirements for conducting stranger danger investigations.

5101:2-36-07 PCSA requirement for conducting an assessment/investigation of the alleged withholding of medically indicated treatment from a disabled infant with life-threatening conditions.

5101:2-36-09 Requirements for dependent child assessments.

<http://emanuals.odjfs.state.oh.us/emanuals>

Ohio Revised Code:

2151.421 Reporting child abuse or neglect.

2151.3516 Persons authorized to take possession of deserted child.

2151.3518 Duties of public children services agency upon receiving notice of deserted child.

5153.16 Duties of agency.

<http://codes.ohio.gov/orc>

Other Information and Resources:

- Ohio Child Welfare Training Program @ www.ocwtp.net/CAPMIS/capmishome.html
- CAPMIS Toolkit @ <http://www.ocwtp.net/CAPMIS/capmistoolkit.html>
- *Assessing Safety at the Screening Decision* Developed by IHS for the Ohio Child Welfare Training Program, June 2011 @ <http://www.ocwtp.net/CAPMIS/capmistoolkit.html>
- Standards for Effective Practice PCSAO© 1996, The Public Children Services Association of Ohio (PCSAO) Revised March 2010
 - [Child Services Intake Screening Tool](#)
- ACTION for Child Protection <http://www.actionchildprotection.org>
- Child Protective Services Access and Initial Assessment Standards Bureau of Programs and Policies Division of Children and Family Services Wisconsin Department of Health and Family Services. *Child Protective Services: A Guide for Caseworkers*
- ODJFS Screening Guidelines @ <http://emanuals.odjfs.state.oh.us/emanuals>