Structured Decision Making[®] Screening and Response Assessment Policy and Procedures Manual

PILOT

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Louisiana Office of Community Services



Children's Research Center 608-831-1180 www.nccd-crc.org

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LOUISIANA OFFICE OF COMMUNITY SERVICES SDM[®] SCREENING AND RESPONSE ASSESSMENT

ELEMENTS OF A CHILD ABUSE OR N				
(One or more items in each section must be selected to be accepted as a report of harm)				
Alleged Abuse or Neglect	Alleged Perpetrator	Time Limits for Reports		
Through firsthand observation or	Alleged perpetrator of the abuse or neglect is a	Report includes information that alleges the following:		
knowledge, reporter has conveyed cause to	caretaker or other adult member of the household			
believe one or more of the following:	by meeting the definition for one of the following:	□ Current abuse or neglect that resulted in harm or substantial risk of harm;		
\Box Abuse or neglect has already occurred,	□ Parent/legal guardian/legal custodian;			
and the child's physical, mental, or		\Box Previous severe physical abuse that occurred within the last		
emotional health and safety is or was	\Box Adult member of the alleged child victim's	12 months;		
seriously endangered;	household;	□ Less severe physical abuse that occurred within the last 3 months;		
\Box Substantial risk of harm to the child is	\Box Relative who is in the home on a regular			
present and the child's physical,	basis;	\Box Neglect that occurred within the last month;		
mental, or emotional health is seriously		□ Neglect that occurred more than 1 month ago AND		
endangered; or	□ Person with a dating or engagement	available information indicates a continuing pattern of		
Abuse or neglect was a contributing	relationship with the parent/legal guardian;	neglect;		
□ Abuse or neglect was a contributing factor in a child's death.	□ Foster parent;	□ Sexual abuse, victim remains a minor, and alleged		
factor in a child's death.		perpetrator has access;		
	□ Operator of a registered family child day care	Sexual abuse that occurred within the last 12 months;		
	home; owner/operator of a day care center; or,			
	restrictive care facility administrator	□ Current or former foster child was abused or neglected		
		within the past 12 months in a foster home, relative foster		
	\Box Employee of a child day care center;	home, or adoptive home;		
	registered family child day care home; or,	□ Current or former foster child was abused or neglected more		
	restrictive care facility	than 12 months ago in a foster home, relative home, or		
		adoptive home that is still certified and used as a placement.		
	\Box Other person providing residence for the			
	child.			

Recommended Screening Decision:

- □ At least one item in each column is marked. Call will be screened in and assigned for an investigation or assessment. Identify allegation types and response time and type.
- □ In Sections 1, 2, and/or 3, information gathered from reporter does not meet criteria as an allegation of child abuse or neglect. This call will not be investigated, nor assigned for an alternative response assessment. (No further SDM assessments.)

LOUISIANA OFFICE OF COMMUNITY SERVICES ELEMENTS OF A CHILD ABUSE OR NEGLECT REPORT DEFINITIONS

<u>Abuse</u> means any one of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child.

- The inflicting, attempted inflicting, or, as a result of inadequate supervision, the allowance of the inflicting or attempted inflicting of physical or mental injury upon the child by a parent or any other person.
- The exploitation or overwork of a child by a parent or any other person.
- The involvement of the child in any sexual act with a parent or any other person; the aiding or tolerance by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays; or any other involvement of a child in sexual activity constituting a crime under the laws of this state.

<u>Neglect</u> means that the child's physical, mental, or emotional health is substantially threatened or impaired due to the refusal or unreasonable failure of a caretaker to provide necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child. Neglect includes the following.

- Circumstances in which a child has been harmed or is at substantial risk of harm as a result of a caretaker's failure to exercise ordinary diligence.
- Prenatal neglect, defined as exposure to chronic or severe use of alcohol; the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed, which results in symptoms of withdrawal in the newborn or a positive toxicology screen of the newborn; or observable and harmful effects in the newborn's physical appearance or functioning.

Neglect does not include the following.

- The inability of a parent or caretaker to provide for a child due solely to inadequate financial resources.
- Situations in which, in lieu of medical care, a child is provided treatment in accordance with the tenets of a well-recognized religious method of healing which has a reasonable, proven record of success.
- Accidental injuries and risks.

SECTION 1: Alleged Abuse or Neglect

Through firsthand observation or knowledge, reporter has conveyed cause to believe one or more of the following.

- <u>Abuse or neglect has already occurred, and the child's physical, mental, or</u> <u>emotional health and safety is or was seriously endangered</u>.
 - The reporter has observed an injury or serious endangerment OR has firsthand knowledge of an injury or serious endangerment of a child. Examples of firsthand knowledge include but are not limited to personal observation of photographs that capture an abusive or neglectful circumstance, medical/police reports, or names of witnesses.

AND

- » This injury or endangerment is present due to the action or inaction of the caretaker **OR** because the culpability of the caretaker is unclear or unknown.
- <u>Substantial risk of harm to the child is present and the child's physical, mental, or</u> emotional health is seriously endangered.
 - » The reporter has observed a situation OR has firsthand knowledge of a situation that, if it continues, will allow or cause the child to experience physical, mental or emotional injury.

AND

- » The risk of harm to the child is present due to the action or inaction of the caretaker OR because the culpability of the caretaker is unclear or unknown.
- <u>Abuse or neglect was a contributing factor in a child's death.</u>

SECTION 2: Alleged Perpetrator

Alleged perpetrator of the abuse or neglect is a caretaker or other adult member of the household by meeting the definition for one of the following.

- <u>Parent/legal guardian/legal custodian</u>.
- <u>Adult member of the alleged child victim's household</u>, defined as any adult who lives in the same residence with the caretaker.
- <u>Relative who is in the home on a regular basis</u>, such as a grandparent, uncle, aunt, or adult sibling.

- <u>Person with a dating or engagement relationship with the parent/legal guardian</u>, whether or not he/she lives in the home of the parent/legal guardian.
- <u>Foster parent</u>.
- <u>Operator of a registered family child day care home; owner/operator of a day care center; or, restrictive care facility administrator.</u>
- <u>Employee of a child day care center; registered family child day care home; or restrictive care facility</u>.
- <u>Other person providing residence for the child</u>, including administrators and staff persons of restrictive care facilities.

SECTION 3: Time Limits for Reports

Report includes information that alleges the following.

Abuse/Neglect:

Current abuse or neglect that resulted in harm or substantial risk of harm.

Physical Abuse:

<u>Previous severe physical abuse that occurred within the last 12 months</u>. Severe physical abuse is defined as situations meeting at least one Level 1 physical abuse allegation or a child death alleged to be the result of abuse or neglect. If there is no current injury or harm, only an allegation of previous severe harm, the allegation of previous harm must meet criteria for a Level 1 physical abuse allegation. Report details should include specific injury to child; where the child was treated; or, if untreated, what leads the reporter to believe there are untreated injuries that would still be visible.

Less severe physical abuse that occurred within the last 3 months. Less severe physical abuse must be documented by medical records or physical evidence. Examples may include bruises, cuts, welts or scratches, burns, dislocations or sprains, eye injury, human bites, minor head/facial injuries, mouth/dental trauma, threatened harm, tying or confinement.

Neglect:

Neglect that occurred within the last month.

<u>Neglect that occurred more than 1 month ago AND available information indicates a</u> <u>continuing pattern of neglect</u>. Information may include credible statements from reporter of a continuing pattern of neglect, or the agency data check indicates a previous history of reports of neglect with the agency.

Sexual Abuse:

Sexual abuse, victim remains a minor, **and** alleged perpetrator has access - there is no time limit.

Sexual abuse that occurred within the last 12 months when perpetrator has no access to the victim.

Abuse/Neglect of Foster Children:

Within the last 12 months abuse/neglect occurred in a foster home, relative foster home, or adoptive home.

- » A current or former foster child who is still a minor is alleged to have been abused or neglected by his/her former caretaker, whether foster parents, relative foster parents, or adoptive parents.
- » A current or former foster child who is still a minor is alleged to have been abused or neglected, while in a former placement, by a family member or other person who was allowed access to the child by the foster, relative foster, or adoptive parent.
- » The alleged victim is in the OCS Young Adult Program (YAP), living in a foster home where there are one or more minor foster children also living in the home. These reports shall be accepted as a report on behalf of the YAP participant as well as the minor foster child(ren).

More than 12 months ago a current or former foster child was abused or neglected in a foster home, relative home, or adoptive home, and all three of the following criteria are met:

- » The home is still certified;
- » There are other foster children in the home, or there is the potential for other children to be placed in the home; and
- » There is a possibility due to the severity or nature of the allegations that the children placed in the home could be unsafe or at risk of harm.

LOUISIANA OFFICE OF COMMUNITY SERVICES ELEMENTS OF A CHILD ABUSE OR NEGLECT REPORT POLICY AND PROCEDURES

Louisiana statutes and Office of Community Services policy clearly state certain elements that must be present for a reported concern to be screened in as an allegation of child abuse or neglect. The purpose of this form is to ensure that calls alleging child abuse or neglect are first screened for criteria of a child abuse and neglect allegation. Screeners will then assess each screened-in call for allegation types and response time and type.

Which Referrals:	Every call alleging child abuse or neglect, or reporting concerning behavior that may meet criteria for child abuse or neglect.
When:	Immediately upon receipt of all available information pertaining to the report, but no later than within 24 hours of receipt of the report.
Who:	The assigned screening worker completes the elements of a child abuse or neglect report; the supervisor reviewing the intake approves it.
Decisions:	When the elements of a child abuse or neglect report exist, the presumptive decision is that the report will be assigned for an investigation or alternative response assessment. The screener will continue to complete the report documentation, including allegation type and response time and type.

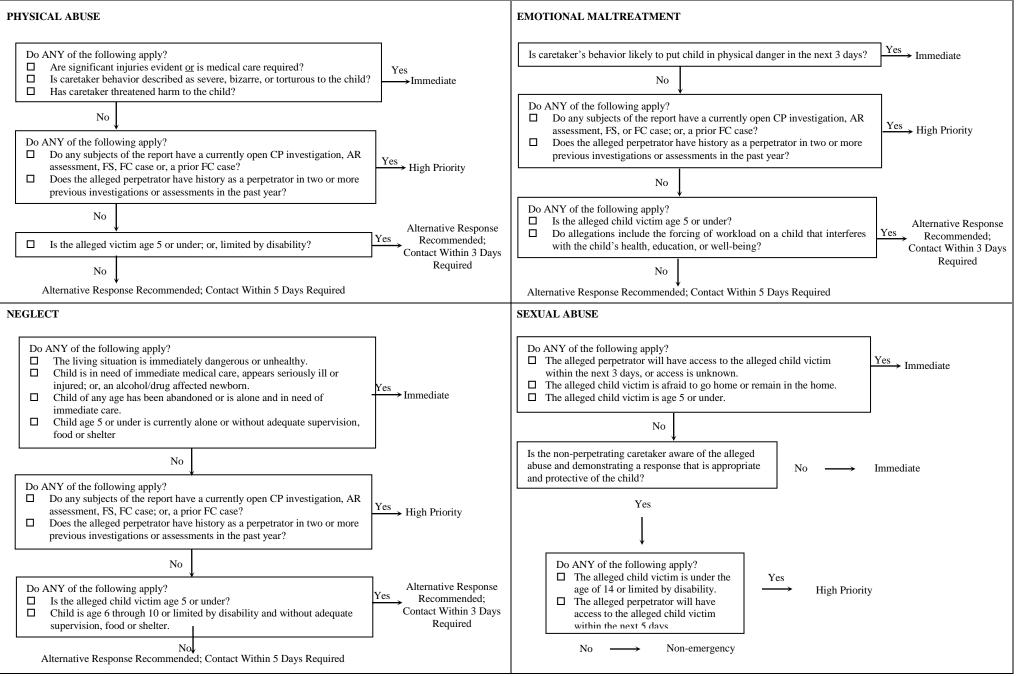
LOUISIANA OFFICE OF COMMUNITY SERVICES

MALTREATMENT TYPE				
PHYSICAL ABUSE	SEXUAL ABUSE	NEGLECT		
 Death of a child due to abuse Central nervous system/brain damage/ skull fracture Whiplash, shaken infant syndrome Subdural hematoma Bone fracture Dislocation or sprain of a joint Wounds Bruises, cuts, welts, or scratches. Burns Eye injury Mouth, dental trauma Minor head/facial injuries Factitious disorder by proxy/ 	 Child has HIV/AIDS/Hepatitis due to sexual contact with parent/caretaker/adult in the household Lack of adequate supervision resulted in sexual abuse Oral sex Passive sexual abuse Prostitution Sexual enticement Sexual exploitation, pornography Sexual intercourse Sexual manipulation or fondling Sexually transmitted disease Simulated intercourse 	 Suspicious death of a child due to neglect Abandonment Alcohol affect newborn Inadequate clothing Dependency Drug affected newborn Child's alcohol or drug abuse Signs/diagnosis of non-organic failure to thrive Malnutrition/Starvation Inadequate food Lack of adequate supervision Medical neglect Inadequate shelter 		
Factitious disorder by proxy/ Munchausen by proxy syndrome Human bites Internal injuries Poisoning or noxious substance ingestion Suffocation Torture Tying or confinement Threatened harm Passive physical abuse Unspecified physical abuse	 Unspecified sexual abuse OUT-OF-HOME CARE DEFICIENCY Denial of civil rights (foster home or restrictive care facility only) Failure to report child abuse/neglect (restrictive care facility only) Inappropriate restraint (foster home or restrictive care facility only) Other out-of-home care deficiencies (foster home, restrictive care, or daycare facility) Use of corporal punishment (foster home, restrictive care, or daycare facility) Violation of licensing requirements 	MALTREATMENT Emotional maltreatment Exploitation (other than sexual)		

SECTION 3. RESPONSE TIME DECISION

Part A. Response Time Decision Trees

Complete a decision tree for each maltreatment type reported. When the report contains multiple maltreatment types, the assigned response time is based on the highest level indicated for each maltreatment type.



Part B. Response Time Decision

Recommended Response Time		
Based on Decision Tree(s) (mark one):		Immediate investigation, within 24 hours from receipt of the report High priority investigation, within 3 calendar days from receipt of the report Non-emergency investigation, within 5 calendar days from receipt of the report
		Alternative response recommended, contact within 3 calendar days required Alternative response assessment, within 5 calendar days from receipt of report

OVERRIDES

□ Increase to Immediate Whenever:	Family may flee/child made unavailable Prior death of a child due to abuse/neglect in the household Forensic investigation would be compromised if investigation were delayed Law enforcement requests immediate response
Decrease to High Priority:	Child is in an alternative safe environment and is expected to remain there for at least 3 calendar days
□ Increase to High Priority:	Any allegation in out-of-home setting where decision trees led to a non-emergency investigation or alternative response assessment
□ Discretionary Increase by One Leve □ Discretionary Decrease by One Leve Describe:	

Final Assigned Response Time					
After Consideration of Overrides (mark one):	Immediate, within 24 hours of receipt of the report				
	High priority, within 3 calendar days of receipt of the report				
	Non-emergency, within 5 calendar days of receipt of the report				
	Alternate response assessment, contact within 3 calendar days required Alternate response assessment, within 5 calendar days of receipt of the report				
Screener:		Date:	/	/	
Supervisor:		Date:	/	/	

LOUISIANA OFFICE OF COMMUNITY SERVICES RESPONSE TIME DECISION DEFINITIONS

Part A. Response Time Decision Trees

PHYSICAL ABUSE

• Are significant injuries evident <u>or</u> is medical care required?

Significant injuries pose a danger of death, impairment, disability, or substantial pain. Examples include broken bones, burns, lacerations; injuries to the head or torso; injuries that suggest use of implements such as belts, boards, irons, or cigarettes; poisoning or suffocation; or injuries that suggest use of restraints. Also include bruises, welts, and abrasions that cover multiple body surfaces or appear to be in different stages of healing.

Medical care includes treatment and/or evaluation of an injury that is needed or currently in progress. It does not include medical examination solely for forensic purposes.

- **Is caretaker behavior described as severe, bizarre, or torturous to the child?** Examples include the following:
 - » Use of restraints, torture, or extremely age-inappropriate punishment;
 - » Behavior that is dangerous to the physical well-being of the child, such as holding child out an open window or over the edge of a balcony railing, immersing child under water as a form of discipline, or containing a child in a cage or kennel.

• Has caretaker threatened harm to the child?

Answer yes if current report includes allegation of threatened harm. This includes caretaker behavior that is threatening and/or violent and which a reasonable person would recognize as dangerous or likely to result in serious injury.

• Do any subjects of the report have a currently open CP investigation, AR assessment, *FS, FC case; or, a prior FC case?** Answer yes if any alleged child victim or alleged perpetrator is identified as a child victim, caretaker, or alleged perpetrator in a currently open CP investigation, AR assessment, *FS, FC case; or any child in the household was previously in foster care.**

• Does the alleged perpetrator have history as a perpetrator in two or more previous investigations or assessments in the past year? Using available information, including ACESS, TIPS, and credible information from

Using available information, including ACESS, TIPS, and credible information from reporter or other jurisdictions, determines if the alleged perpetrator has been identified as an alleged perpetrator in two or more reports accepted for investigation or assessment in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

- Is the alleged victim age 5 or under; or, limited by disability? Has the alleged victim not yet reached his/her sixth birthday?
 - » Does any child have a physical or developmental disability that increases his or her vulnerability? A developmental disability is defined as a severe chronic condition due to mental and/or physical impairments as diagnosed by a physician or mental health professional. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.

EMOTIONAL MALTREATMENT

- Is caretaker's behavior likely to put child in physical danger in the next 3 days? Caretaker behavior that is likely to put child in physical danger may include but is not limited to the following:
 - » Demonstrating an inability or unwillingness to respond to child behavior that is dangerous to self or others, which includes but is not limited to the following:
 - Suicidal or homicidal acts: intentions with a plan or ideations;
 - Cutting on self, head banging, or other intentionally injurious behavior;
 - Alcohol or illegal drug use by children under the age of 12.
 - » Allowing, encouraging, or mandating that child participate in illegal activities including theft, drug trafficking, or begging.
- Do any subjects of the report have a currently open CP investigation, AR assessment, *FS, FC case; or, a prior FC case?**
 Answer yes if any alleged child victim or alleged perpetrator is identified as a child victim, caretaker, or alleged perpetrator in a currently open CP investigation, AR assessment, *FS, FC case; or any child in the household was previously in foster care.**

• Does the alleged perpetrator have history as a perpetrator in two or more previous investigations or assessments in the past year? Using available information, including ACESS, TIPS, and credible information from reporter or other jurisdictions, determines if the alleged perpetrator has been identified as an alleged perpetrator in two or more reports accepted for investigation or assessment in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

• **Is the alleged child victim age 5 or under?** Youngest child victim has not yet reached his/her sixth birthday.

• Do allegations include the forcing of workload on a child that interferes with the child's health, education, or well-being?

- » Frequent and inappropriate expectations or demands on a child that emotionally or physically exhaust or weaken the child.
- » Exploitation of child's ability or resources, including labor and wage-earning capacity. Examples may include the following:
 - Routinely keeping older siblings home from school to provide child care;
 - Other workloads inside or outside the home that routinely and significantly interfere with child's health, education, or well-being.

NEGLECT

- The living situation is immediately dangerous or unhealthy. Based on the child's age and developmental status, the home situation is immediately dangerous or unhealthy. Examples include the following:
 - » Leaking gas from stove or heating unit;
 - » No food in the home, or indications that the child is not being fed;
 - » Substances or objects accessible to the child that may endanger health/safety;
 - » Lack of water or utilities (heat, electricity) and no safe, alternate provisions made;
 - » Open/broken/missing windows;
 - » Structural hazards, such as caving roof, holes in floor or walls, exposed electrical wires, etc.;
 - » Excessive garbage or rotted or spoiled food that threatens health;
 - » Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
 - » Insect or rodent infestation;
 - » Guns or other weapons are not locked.

Child is in need of immediate medical care, appears seriously ill or injured; *or an alcohol/drug affected newborn.**

This includes allegations of alcohol- or drug-affected newborn, failure to thrive, malnutrition/starvation; and lack of supervision that results in an injury to a child that requires medical care. *It also includes an allegation that the caretaker is not providing

for the care and safety of the child AND the child is in need of immediate care because of their age, disability, mental, physical needs, or current condition.

- Child of any age has been abandoned or is alone and in need of immediate care.
 - The current report includes an allegation of a child of any age being abandoned (the absence, disappearance, or desertion by a parent or caretaker, without providing for the child's well-being or needs under such circumstances and for a substantial period of time as to cause substantial risk of harm).
 - *Child is currently alone and without information about how to contact caretaker, neighbor, or other responsible adult; and/or is without access to a safe and secure place to be until his/her caretaker returns. This excludes latchkey situations.**
 - » The current report includes a Safe Haven relinquishment.
- Child age 5 or under is currently alone or without adequate supervision, ***food or shelter.****

Answer yes if a child who has not yet reached his/her sixth birthday ***

- » Is currently alone.
- » Is with a caretaker who is currently impaired by alcohol or other drugs;
 cognitively impaired; or has a mental or physical illness or disability to the extent that the caretaker is not providing for the child's needs for care and safety; *or
- » Is without adequate food. This includes but is not limted to reports that a family, with a child not yet six is without food on a regular basis;
- » Is without shelter that is minimally safe, healthy, sanitary and which protects the child from weather or elements. This may include conditions which present a serious and immediate health or safety hazard such as infestation of rodents, roaches, other animals or insects, animal or human feces and/or urine, rotten or spoiled food and/or garbage or environmental hazards in the home or on the property, and serious overcrowding to the extent of clear and immediate harm to the child.**

Do any subjects of the report have a currently open CP investigation, AR assessment, *FS, FC case; or, a prior FC case?**
 Answer yes if any alleged child victim or alleged perpetrator is identified as a child victim, caretaker, or alleged perpetrator in a currently open CP investigation, AR assessment, *FS, FC case; or any child in the household was previously in foster care.**

• Does the alleged perpetrator have history as a perpetrator in two or more previous investigations or assessments in the past year? Using available information, including ACESS, TIPS, and credible information from reporter or other jurisdictions, determines if the alleged perpetrator has been identified as

an alleged perpetrator in two or more reports accepted for investigation or assessment in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

• Is the alleged child victim age 5 or under?

Answer yes if the alleged child victim has not yet reached his/her sixth birthday.

 *Child is age 6 through 10, or limited by disability and without adequate supervision, food or shelter.**

Answer yes if youngest child victim has already reached his/her *sixth** birthday and *has not yet reached his/her eleventh birthday, or is limited by physical or mental disability** and the *caretaker*:

Is currently impaired by alcohol or other drugs; *****is cognitively or physically impaired** or mentally ill to the extent that he/she is not providing for the child's needs for care and safety, and this has resulted or is likely to result in injury, illness, or harm to the child.

- *Is without adequate food. This includes but is not limited to reports that a family, with a child not yet six is without food on a regular basis;
- » Is without shelter that is minimally safe, healthy, sanitary and which protects the child from weather or elements. This may include conditions which present a serious and immediate health or safety hazard such as infestation of rodents, roaches, other animals or insects, animal or human feces and/or urine, rotten or spoiled food and/or garbage or environmental hazards in the home or on the property, and serious overcrowding to the extent of clear and immediate harm to the child**.

AND

» No other adult is present who is able to provide for the child's protection and care.

SEXUAL ABUSE

- The alleged perpetrator will have access to the alleged child victim within the next 3 days, or access is unknown. The alleged perpetrator lives in the home or has immediate access to the child (e.g., a babysitter, coach, neighbor), or the perpetrator's access is unknown.
- The alleged child victim is afraid to go home or remain in the home.

The child is expressing fear of returning to or being in the home at this time. The child exhibits behavioral indicators of fear. For example, the child states that his or her caretaker has threatened harm if the child tells anyone about the home situation, or reports that the caretaker has retaliated against the child in the past.

- The alleged child victim is age 5 or under.
- Is the non-perpetrating caretaker aware of the alleged abuse and demonstrating a response that is appropriate and protective of the child? The non-perpetrating caretaker is aware that sexual abuse has been alleged, and is supporting the child's disclosure and demonstrating the ability to prevent the perpetrator from having access to the child; the non-perpetrating caretaker will not pressure the child to change his/her statement; the non-perpetrating caretaker will obtain or has obtained medical treatment for the child as needed.

• The alleged child victim is under the age of 14 or limited by disability.

- » The alleged child victim is under the age of 14 years. Does any child have a physical or developmental disability that increases his or her vulnerability? A developmental disability is defined as a severe chronic condition diagnosed by a physician or mental health professional due to mental and/or physical impairments. Examples include intellectual disability, autism spectrum disorders, and cerebral palsy.
- The alleged perpetrator will have access to the alleged child victim within the next 5 days.
 - » Based on information available from the reporter, it is likely the perpetrator will have access to the child in the next five days, regardless of non-offending caretaker's response.

Part B. Response Time Decision

OVERRIDES

An immediate response is required in the following circumstances:

- <u>Family may flee/child made unavailable</u>. Family is preparing to leave the jurisdiction to avoid investigation/assessment or has fled in the past, or the caretaker has done something to make the child unavailable.
- <u>Prior death of a child due to abuse/neglect in the household</u>. There is credible information (e.g., statements by reporter, verified information in ACESS, or police reports) that a current caretaker caused a child's death due to abuse or neglect prior to the current allegation.
- <u>Forensic investigation would be compromised if investigation were delayed</u>. Physical evidence may be lost or altered; or attempts are being made to alter statements, conceal evidence, or coordinate false statements.
- Law enforcement requests immediate response.

The response time may be decreased in the following situation:

• <u>Child is in an alternative safe environment and is expected to remain there for at least</u> <u>3 calendar days</u>. Child is no longer living where alleged abuse/neglect occurred, or is temporarily away and will not return within the next 3 days.

The response time must be increased from non-emergency or alternative response to high priority if:

• The decision trees lead to less intense response than high priority and the allegation occurred in an out-of-home care setting.

LOUISIANA OFFICE OF COMMUNITY SERVICES RESPONSE TIME DECISION POLICY AND PROCEDURES

The purpose of the response time assessment is to determine whether the report should be assigned for CP investigation, and if so, how quickly the investigation should be initiated; or if the screened-in report should be assigned for an alternative response assessment.

Which Referrals:	Every screened-in report of child abuse or neglect.		
When:	Immediately upon receipt of all available information pertaining to the report, but no later than within 24 hours of receipt of the report.		
Who:	The assigned screening worker completes the response time assessment; the supervisor assigning the intake approves it.		
Decisions:	When the screening decision is to screen in for investigation or assessment, the response time decision trees guides the decision about how quickly a field response must be initiated. Response times are as follows:		
	• Immediate, within 24 hours from receipt of the report		
	• High priority, within 3 calendar days from receipt of the report		
	• Alternative response recommended, contact within 3 days required		
	• Non-emergency, within 5 calendar days from receipt of the report		
	• Alternative response recommended, contact within 5 calendar days from receipt of the report.		

The assigned response time determines the timeframe within which face-to-face contact must be initiated.

Appropriate Completion:

Complete one decision tree for each type of alleged maltreatment. For each tree, begin at the first question and, using the definitions, determine whether "yes" or "no" is the most appropriate response for each decision, based on information provided by the reporter. If unable to determine the response to a question, respond in the most protective way.

Follow the branch of the tree determined by the yes/no response until reaching a termination point, and mark it. When there are multiple allegations, start with the decision tree that reflects the most serious maltreatment allegation. If an immediate response is indicated, it is not necessary to complete additional trees. Indicate the recommended response by marking the highest priority response time indicated by the decision trees.

Policy Overrides

Certain conditions have been determined to require an immediate response. Mark any of the policy override conditions that apply.

An immediate response is required in the following circumstances:

- Family may flee/child has been made unavailable;
- Prior death of a child due to abuse/neglect in the household;
- Forensic investigation would be compromised if investigation is delayed.

The response time may be **decreased** in the following situation:

• Child is in an alternate safe environment and is expected to remain there for the next 3 calendar days.

Discretionary Override

Occasionally there will be unique circumstances not captured within the questions and definitions of the decision trees. The worker may select a response time different from that indicated by the decision trees to provide a higher or lower response time. The worker should mark the discretionary override box and indicate the reason. Supervisor must review and approve.

Indicate the assigned response time by marking one answer. If an override was exercised, the assigned response time will differ from the recommended response. If no override was used, the assigned and recommended response time will be the same.