200 CHILD PROTECTIVE SERVICES

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200.2 Philosophy of Child Protective Services Investigations

Child Protective Services (CPS) caseworkers are guided by Practice Model Principles and Skills to keep children safe and strengthen families. CPS caseworkers actively engage with families in an effort to effectively assess safety and risk. CPS caseworkers make every effort to keep children safe in their own homes or with family through interventions and/or safety planning. Children are only removed when they cannot safely remain in their home.

201 Reports of Child Abuse and Neglect

201.1 Intake

Major objectives:
The Division of Child and Family Services (DCFS) will maintain a child welfare management information system (SAFE) for receiving referrals or reports about child abuse, neglect, or dependency when there is reasonable cause to believe that abuse, neglect, or dependency occurred.

Applicable Law
Utah Code Ann. §80-5-601 Harboring a runaway – Reporting requirements – Division to provide assistance – Affirmative defense – Providing shelter after notice.
Utah Code Ann. §80-2-1001 Management Information System -- Contents -- Classification of records -- Access.
Administrative Rule R512-200. Child Protective Services, Intake Services.

Practice Guidelines
If DCFS receives a report concerning a runaway child, the Intake worker will gather information to determine if there is an allegation of abuse, neglect, or dependency that requires a CPS referral or refer the caller to contact the Youth Services Agency.

201.2 Receiving and Researching the Referral

Major objectives:
Each call received by DCFS regarding concerns of possible abuse, neglect, or dependency involving a child will be considered a potential referral and will be documented by Intake in SAFE. The Intake worker will research all available additional sources to gather more pertinent complete information to help establish the validity, credibility, necessity, and priority of the referral information.

Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines
The minimum required information for a referral in any form (e.g., online reporting, letter, or email) should include:

A. A narrative description of a specific occurrence or allegation of abuse, neglect, or dependency, which falls into at least one of the defined categories in Major objectives Section 201.11.

B. A means of identifying an alleged victim under the age of 18 years for each allegation. If the reported concerns involve an unborn child and there are no threats to the safety of the other children in the home, a child must be born before a case can be opened.

C. A means of locating the alleged victim.

D. Every referral requires a query of SAFE and EREP. If there is currently an open, ongoing case, email the CANR to the assigned caseworker and supervisor and document in SAFE that they were notified.

E. Where possible, the following information is preferred in addition to the minimum required information:
   1. Where the abuse, neglect, or dependency occurred.
   2. When the incident occurred.
   3. Any witness to the incident.
   4. Physical evidence.
   5. Alleged victim name, address, phone number, birth date, and primary language.
   6. Parent name, address, phone number, birth date, and primary language of the parent.
   7. Alleged perpetrator name, address, phone number, and birth date. Include sex offender registry information if the allegations are related to Sexual Abuse.
   8. Referent name, address, and phone number.

9. Every known member of the alleged victim's immediate family/household. All siblings should be identified on the referral, regardless of whether or not they reside in the same home as the alleged victim.
10. Accessibility of the alleged perpetrator to the alleged victim.
11. School/child care information for the alleged victim and where the alleged victim can be located.
12. Employment information and schedule for the parents.
13. How the referent obtained the information regarding the allegation.
14. Willingness of the referent to testify.
15. Special circumstances/precautions recommended for investigation.
16. Third-party/collateral contacts.
17. History or occurrence of domestic violence.
18. Indicate whether or not the family has had prior DCFS involvement. If there is currently an open case, document the type of service and the caseworker assigned.

Revision Date: October 2025

201.3 Research of Information

(THIS SECTION HAS BEEN COMBINED WITH SECTION 201.2)

201.4 Disposition of the Referral

Major objectives:
The CPS Intake process will be completed by or staffed with a licensed social worker, MSW, CSW, or equivalent, with the exception of "information only" contacts.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The CPS Intake process will consist of all actions taken by an Intake worker from the time contact is made with DCFS Intake until the information received is determined to be one of the following:

A. Accepted referral: An accepted referral is one in which the minimum information required for a referral is obtained and opened for investigation. Law enforcement will be notified of accepted referrals.

B. Unaccepted referral: A referral is unaccepted in situations including, but not limited to, any of the following:
   1. The child is not yet born.
   2. The minimum required information for accepting a referral is not available.
      a. A narrative description of a specific occurrence or allegation of abuse, neglect, or dependency.

b. A means of identifying an alleged victim under the age of 18 years for each allegation, or to the age of 21 years if DCFS has been assigned custody by a court.
c. A means of locating the alleged victim.

3. The allegations do not amount to abuse or neglect.
4. As a result of research, the information is found not credible or reliable.
5. The specific incidence or allegation has been previously investigated, and no new information is gathered.
6. The specific incidence occurred out of the geographic jurisdiction, and the referent was referred to the proper child welfare jurisdiction.

With respect to unaccepted referrals, the Intake worker may offer community resource information and/or referral.

Information received in an unaccepted referral will still be documented, and this history can be used to establish a pattern of concern.

C. Additional information or allegation:

1. When there is an open CPS case involving children of the same household and/or who have the same parent or guardian, an additional information referral will be added to the open CPS case.
   a. If the additional information meets the definition for an allegation not previously assigned to the open case, any new allegation(s), victim(s), and/or perpetrator(s) will be added to the CPS case by the Intake worker, as well as a new priority timeframe.
   b. If the additional information referral meets the criteria for a Priority 1 or 2 response time:
      (1) The Intake worker will call the worker assigned to the case. If the assigned worker does not respond, the Intake worker will call the worker's supervisor. If the worker's supervisor does not respond, the Intake worker will call the Child Welfare Administrator (CWA). If the CWA does not respond, the Intake worker will call the associate region director.
      (2) If the call comes in after hours, the Intake worker will call the on-call worker to respond.
2. If the additional information involves victims and/or perpetrators not of the same household, where there is no blood or legal relation to any parties involved with the case, a new CPS case will be opened.

D. An "Information Only" contact is a call which does not meet the criteria of an Accepted, Unaccepted, or Additional Information referral. (Practice Guidelines Section 201.4 A, B, and C.)

1. These calls will be documented by the Intake worker as an Information Only referral in SAFE and will include the duration of the call. The Information Only referral will be entered into SAFE immediately after the call is completed.

E. Conflict of Interest and Related Parties Investigation cases:
   1. A case that involves allegations of child abuse, neglect, or dependency of a child in state custody will be forwarded to the contracted independent CPS agency or individual regardless of whether or not the alleged perpetrator is the out-of-home caregiver (see Practice Guidelines Section 207).
   2. Where a DCFS employee, volunteer, or contractor of the Utah Department of Health Human Services (DHHS) has a relationship with the alleged victim, alleged perpetrator, or another person named in the investigation such that there is or might be a conflict of interest, the appearance of a conflict of interest, impropriety, or the appearance of impropriety if CPS or DCFS performed the investigation, will be forwarded to the Division of Continuous Quality and Improvement, Office of Services Review, for a Related Parties Investigation (see Practice Guidelines Section 207).

F. Licensed daycare provider: When the allegation occurs at a licensed daycare provider facility, the Intake worker will notify the DHHS Division of Licensing and Background Checks and document the name and phone number of the contact person in the narrative of the CANR.

G. The Intake worker will call and email the region director and the associate region director for referrals involving any of the following:
   1. Domestic Violence homicide/suicide.
   2. Alleged abuse or neglect related child fatality/near fatality.
   3. Involves or is likely to involve the media.
   4. Any Conflict of Interest or Related Parties investigation involving the associate region director or region director's region.

H. When receiving a referral involving serious injuries to a non-verbal child, Intake will staff the referral with an administrator or with someone at the administrative level.

201.5 Priority of the Referral

Major objectives:
The priority of the referral will be based upon the information received at Intake and will be determined prior to the face-to-face contact with a child. The priority determines the time allotted for Intake to complete the referral process and for the assigned CPS caseworker to make face-to-face contact with the child.

Applicable Law
Administrative Rule R512-200. Child Protective Services, Intake Services.

Practice Guidelines

DCFS will prioritize referrals as follows:

A. A priority 1 response will be assigned only if there is an imminent threat to the child's safety as determined by the Intake checklist. Do not use priority 1 when:

1. The police are present and able to provide protection to the alleged victim; or if
2. The child is in a facility (such as a hospital) where it is reasonable to assume there are responsible adults providing protection and there are no immediate threats to the child's safety.

Intake has no more than 30 minutes from the completion of the initial contact from the referent to gather additional information, staff the referral to determine the priority, notify law enforcement, and assign to the CPS caseworker. Intake will provide the CPS caseworker with information concerning prior investigations in SAFE. The CPS caseworker has a maximum of 60 minutes from the moment Intake notifies the caseworker to make the face-to-face contact with an alleged victim. For a priority 1R (rural) referral, a CPS caseworker has a maximum of three hours if the alleged victim is more than 40 miles from the investigator who is assigned to make the face-to-face contact.

B. A priority 2 response will be assigned when the following conditions exist: the child is likely to experience further abuse, neglect, or dependency, or the child has immediate protection and safety needs, as determined by the Intake checklist. Intake has no more than 60 minutes from the completion of the initial contact from the referent to gather additional information, staff the referral to determine the priority, assign the referral to the CPS caseworker, and notify law enforcement. Intake will give verbal notification to the assigned CPS caseworker. Intake will also provide the CPS caseworker with information concerning prior investigations on SAFE. The CPS caseworker has 24 hours from the moment Intake notifies the caseworker to make the face-to-face contact with the alleged victim. Intake may assign a priority 2 response with more urgent time frames when:

1. The police are present and there is an allegation of abuse, neglect, or dependency and they are asking for immediate assistance.
2. The child is in a facility (such as a hospital or school) and there is an allegation of abuse or neglect that requires a more immediate response.

C. A priority 3 response will be assigned when there is an allegation of abuse or neglect that does not require an immediate response as listed in Section 201.5. The Intake worker has no more than 24 hours from the completion of the initial contact from the referent to gather additional information, research data sources, staff the referral as necessary, determine the priority, complete documentation including data entry, disposition to CPS, and notify law enforcement. The CPS caseworker has until midnight of the third working day from the moment Intake assigns the case to make the face-to-face contact with the alleged victim.

D. Intake has until midnight of the fifth working day to enter unaccepted referrals into SAFE.

E. Intake has 24 hours to enter an additional information referral into SAFE.

201.6 Out-Of-State Abuse or Neglect Report

Major objectives:
DCFS will take reasonable steps to ensure that reports of abuse or neglect are referred for investigation to the appropriate out-of-state agency and will take reasonable steps to adequately protect children in Utah who were victims of abuse in another state or country from the alleged perpetrator.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. When a referent identifies an incident of abuse or neglect that occurred in a different state, and the child is not in Utah at the time of the referral, the Intake worker will:
   1. Inform the referent that the out-of-state allegations should be referred to the child welfare agency in the other state and complete the steps identified below:
      a. Determine if the referent is willing to make a report to the child welfare agency in the state where the incident occurred. If the referent is willing to make a report, the Intake worker will also:
         i. Assist the referent by providing the name and phone number of the agency where the report can be made;
         ii. Document the unaccepted referral.
      b. If the referent is unable or unwilling to make a report to the other state child welfare agency and it cannot be determined that any failure to protect or other child protection issues are present in the state of Utah, the Intake worker will:
         i. Obtain all relevant information on the incident of abuse or neglect and make the referral to the child welfare agency in the state where the incident occurred;
         ii. Document the unaccepted referral.

B. When the referent identifies an incident of abuse or neglect that occurred outside Utah, but the child is in Utah at the time of the referral, the CPS caseworker will:
   1. Obtain all the information needed to complete a referral.
   2. Determine whether the child is at risk of abuse or neglect from the alleged perpetrator.
   3. Contact the child protective service agency in the state where the incident of abuse occurred and complete the referral process of that state.

4. When requested by the other state, assign the referral to a CPS caseworker for a courtesy interview and coordination with the other state's investigation. Courtesy interventions should be opened as an IHS case if there is no allegation of abuse, neglect, or dependency occurring in the state of Utah.
5. In domestic violence related child abuse cases, recognize another state's protective order (recognized by full faith and credit).
6. If the other state refuses to open an investigation and the child needs services or there are ongoing safety concerns, the referral will be assigned as an IHS case to facilitate an assessment of service needs.

C. When a referent identifies an incident of abuse or neglect that occurred in Utah, and the child is not in Utah at the time of the referral, the Intake worker will:
1. Obtain all the information needed to complete a referral.
2. Determine the location of the child and the length of time the child will be at their current location. If the child will be outside the state of Utah longer than 30 days, a request for courtesy casework will be made in the state where the child is currently located.
3. If the child is determined to be at risk, a request will be made for courtesy casework within the Intake priority time frame. [*See*: Section 201.5 for priority time frames.]

201.7 Case Assignment Based on Child Location

Major objectives:
The Intake worker will assign the referral to the appropriate office/ supervisor/ worker for a CPS investigation within the established time frame. [*See:* Section 201.5.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
A. Child in a permanent location: The DCFS office serving the geographical area in which a child is physically located will be responsible to investigate an allegation of abuse, neglect, or dependency, unless the child's location is temporary (such as family-time with a non-custodial parent or placement in a short-term program).

B. Child in a temporary location: If the child's location is temporary and the child will be moving to a known location during the 30-day investigation period, the DCFS office serving the geographical area in which the child's parent or guardian resides will be responsible for completing the investigation. The CPS caseworker may request courtesy assistance from another CPS caseworker in the area where the child is initially located to complete the investigative functions related to the child. If a priority 1, 1R, or 2 referral is received in the geographical area where the child is located but the parent or guardian resides elsewhere, the receiving office will make the face-to-face contact, determine immediate protection needs, and transfer the case to the area where the child's parent or

guardian resides for completion of the investigation.

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201.8 Courtesy Casework Request from an Out-Of-State Agency

Major objectives:
DCFS will respond to requests from an out-of-state child welfare agency, law enforcement, or other official investigative agencies to assist in the protection of children.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
If a request is made for casework activities by an out-of-state child welfare agency, law enforcement, or other official investigative agency, Intake will process the request by completing the following:

A. Intake will obtain the child's name, address, and all information relative to the request for courtesy casework activities.

B. The courtesy casework activities requested will be assigned by Intake to the appropriate geographical DCFS supervisor or caseworker.

C. The case will be opened as an IHS case, and all courtesy casework activities will be documented.

201.9 Allegation Categories for Abuse, Neglect, or Dependency

(THIS SECTION HAS BEEN REMOVED AND IS ADDRESSED IN THE DEFINITIONS SECTION.)

201.10 Missed Priority Time Frames

Major objectives:
The appropriate Missed Priority Time Frame form/SAFE documentation will be completed when the Intake worker is unable to meet Intake priority time frames established by major objectives. The Intake worker will forward the Missed Priority Time Frame form or documentation along with the reasons the time frame was missed to the Intake supervisor, region director, or designee for review and approval. The approval or non-approval will be documented.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The Intake worker will notify their supervisor and the Intake Program Administrator of the missed priority and the reason it was missed.

201.11 Referral of Abuse, Neglect, or Dependency in Licensed Child Care Providers and Out-Of-Home Care Providers

Major objectives:
The DHHS Child Care Licensing unit and/or the Office of Licensing and appropriate DCFS staff will be notified by Intake when DCFS receives a referral for an allegation of child abuse, neglect, or dependency against a licensed childcare provider, an out-of-home care provider, or a household member residing in a licensed home or facility. The referral will be forwarded to Division of Continuous Quality and Improvement, Office of Services Review (OSR) for a related parties investigation when the allegation involves a child living in substitute care while in protective custody or temporary custody of DCFS and may be forwarded OSR for a related parties investigation when the allegation involves a biological or adopted child of a DCFS employee/provider.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines

A. Intake procedure for childcare providers: CPS investigation requirements for childcare providers will be the same as for other referrals investigated by DCFS. Time frames are the same as for other referrals.

B. Intake procedure for Out-of-Home Care Related Parties Investigations:
   1. Upon receipt of an allegation of child abuse, neglect, or dependency, Intake workers will staff the referral with the Division of Continuous Quality and Improvement, Office of Services Review (OSR) manager or the manager's designee to determine whether there is a conflict of interest. The OSR manager will determine whether there is a conflict of interest and will notify the CPS Intake worker of the decision. Intake retains the following duties:
      a. Receipt of the referral.
      b. Research.
      c. Disposition of the referral.
      d. Establish priority of the referral.
      e. Establish allegation categories.

(1) A child adopted from foster care in need of services that cannot be met by their parents will be referred to post adoption for services. DCFS may not:
   (a) File a petition for removal from the child's home.
   (b) File a petition for a child protective order.
   (c) Make a supported finding.
   (d) Seek a substantiated finding.
   (e) File a petition alleging a child is abused, neglected, dependent, or abandoned.
   (f) File a petition for termination of parental rights.

(2) The child may be removed and categorized as Dependent only if the parents expressly request the child be removed.

(3) The CPS caseworker will assess during the investigation whether the circumstances require allegations of abuse or neglect be added to the Child Abuse Neglect Report.

f. SAFE forms for child abuse, neglect, or dependency reporting, including any forms relating to out-of-home abuse.

g. Intake Checklist.

h. Mandatory report form to local law enforcement.

i. Notify the DHHS Office of Licensing.

2. Case assignment, when a contracted related parties investigator is not involved:
   a. Notify the law enforcement agency in the area where the incident occurred and request assistance with the investigation; if the law enforcement agency agrees to assist with the investigation, the referral will be assigned according to Major objectives Section 201.8, either to the area in which the child is located if the child is in a permanent location (permanent location being that the child is expected to remain at the current location for at least the next 30 days) or to the area in which the child's parent or guardian resides if the child is in a temporary location; if the alleged victim is a child in foster care, the CPS caseworker is considered the guardian.
   b. The CPS caseworker assigned to the case will then coordinate with the law enforcement agency to complete the investigation as defined in Major objectives Section 201.8; the only exceptions to the above procedures are referrals with allegations of sexual abuse, which are always assigned to the area that the incident occurred if known.
   c. If the law enforcement agency refuses for any reason to assist in the investigation, Intake will contact another region in order that the referral be assigned for a related parties investigation.
3. A DCFS investigator may assist the related parties investigator as a secondary worker.
4. The related parties investigator will determine whether the allegations are supported, unsupported, without merit, or false. The related parties investigator will report the findings to the appropriate DCFS employee to ensure that the

findings are entered into the Licensing or Management Information System (SAFE) and that the appropriate Notices of Agency Action are issued.

5. Record-keeping: Intake will retain the original copy of all documentation gathered during the investigation, and will maintain those documents for case closure, unless otherwise directed by the OSR manager or investigator.

a

201.12 72-Hour Hold by a Physician

(THIS SECTION HAS BEEN REPLACED BY SECTION 205.5.)

201.13 Protocol for IHS Cases Involving Youth in Out-Of-Home Care Age 18 and Older Who Are Identified as Victims of Abuse or Neglect

Practice Guidelines

A. Case acceptance and assignment responsibilities:

1. Intake will report the case to Adult Protective Services (APS). If the case is accepted for investigation, an IHS case will not be opened by DCFS. The Intake worker will provide APS with the out-of-home care caseworker's contact information for communication and coordination purposes.
2. If the case is not accepted by APS for investigation, an IHS case will be opened and assigned to a CPS caseworker. Intake will inform the associate region director of the IHS case. The associate region director will be responsible for case assignment of the IHS case to the appropriate CPS caseworker.

B. IHS assessment responsibilities:

1. The CPS caseworker will contact law enforcement to investigate in conjunction with the IHS assessment.
2. The CPS caseworker will inform the out-of-home care caseworker of the open IHS assessment. The CPS caseworker will communicate with the out-of-home care caseworker throughout the IHS assessment and coordinate with them when necessary. The CPS caseworker will inform the out-of-home care caseworker of any identified safety concerns as well as the outcome of their assessment.
3. The CPS caseworker will interview the foster child.
4. The CPS caseworker will interview the alleged perpetrator.
5. The CPS caseworker will interview any appropriate collateral contacts with information regarding the concerns.
6. The CPS caseworker will document all case activities in the IHS case and copy the information into the out-of-home care case prior to closing the IHS case.
7. If concerns are identified:
    a. The Office of Licensing will be contacted by the CPS caseworker. They will also contact the region contract specialist and resource family consultant, if applicable.
    b. The out-of-home care caseworker will make appropriate safety arrangements, placement changes, etc.

201.14 Missing, Runaway, and Abducted Child During a CPS Case – Human Trafficking

Major objectives:
Children who are missing, have run away, or have been abducted from state's custody are at an increased risk for exploitation and trauma due to having to meet their own needs in ways that may be unsafe. Every effort must be taken to find missing children and to prevent children from running or being abducted. It is imperative to locate children who are missing. Once located, the children should be assessed for human trafficking, and provided holistic services that meet their needs, including addressing any trauma that may have occurred during the missing, runaway, or abduction period.

Since 2012, there has been an increase in the awareness and prevalence of runaway and homeless children, particularly children involved in child welfare systems. Increased awareness includes the Commercial Sexual Exploitation of Children (CSEC), known as human trafficking. These guidelines are intended to help caseworkers incorporate best practices for working with runaway or missing children, homeless children, and children who are victims of CSEC.

Applicable Laws
Federal Law: 42 U.S.C. 671(a)(35)(B)
Federal Law: 22 U.S.C. 7102
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §76-5-307 to 310.1. Definitions and human trafficking for labor, sexual exploitation, and penalties.
Utah Code Ann. §76-10-1302. Prostitution.
Utah Code Ann. §76-10-1315. Safe harbor for children as victims in commercial sex or sexual solicitation.

Practice Guidelines

A. Definitions:
   1. Commercial Sexual Exploitation of Children (CSEC): Occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking of persons, which is sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act on account of which anything of value is given to or received by any person.
   2. Runaway: A minor, other than an emancipated minor, who is absent from the home or lawfully prescribed residence of the parent or legal guardian of the minor without the permission of the parent or legal guardian.
   3. Homeless: An individual who lacks housing.

4. Missing: Federal law (34 U.S.C. §11292) a "missing child" is "any individual less than 18 years of age whose whereabouts are unknown to such individual's parent" or legal guardian. This broad definition includes "children who may have (1) been abducted by a non-family member; (2) wrongfully taken or retained by a person related to them; (3) wandered away from a safe environment and become lost; (4) been displaced by disaster; (5) run away from a home, foster home, or state care facility; or (6) otherwise gone missing for any reason at all."
5. Abducted: Utah Code Ann. §78b-16-102: "the wrongful removal or wrongful retention of a child." For the purpose of this guideline, this term also includes Child Kidnapped in Utah Code §76-5-301.1 and Kidnapping in Utah Code §76-5-301.
6. Child Kidnapped: Utah Code Ann. §76-5-301.1: "An actor commits child kidnapping if the actor intentionally or knowingly, without authority of law, and by any means and in any manner, seizes, confines, detains, or transports a child under the age of 14 without the consent of the victim's parent or guardian, or the consent of a person acting in loco parentis."
7. Kidnapping: Utah Code Ann. §76-5-301: "An actor commits kidnapping if the actor intentionally or knowingly, without authority of law, and against the will of the victim:
    a. detains or restrains the victim for any substantial period of time.
    b. detains or restrains the victim in circumstances exposing the victim to risk of bodily injury.
    c. holds the victim in involuntary servitude.
    d. detains or restrains a minor without the consent of the minor's parent or legal guardian or the consent of a person acting in place of the parents, if the minor is 14 years of age or older but younger than 18 years of age; or
    e. moves the victim any substantial distance or across a state line."

B. If at any point during the CPS investigation, the caseworker determines the child is being trafficked or is at risk of being trafficked, the caseworker will continue to follow the appropriate CPS guidelines for their investigation and will also include the following in the case process:
1. The caseworker will share information regarding services that are available to individuals that are being trafficked or at risk of being trafficked.
    a. Provide the caregiver and the child with information for the National Runaway Safeline to call or live chat at 1-800-runaway or www.1800runaway.org.
    b. Identify a safe place for the child to go if they run (www.nationalsafeplace.org).
    c. Refer to https://www.missingkids.org/ for information regarding missing and exploited children.
    d. Refer to 211 resources.
2. Provide specific treatment and therapy available to individuals being trafficked.
3. Safety plan with the caregiver to address the trafficking concerns if there is no concern with trafficking for individuals in the home.

4. If the caregiver is the alleged perpetrator, the caseworker must:
    a. Staff the case with their supervisor immediately to determine the next course of action.
    b. Staff with the AAG.
    c. Contact law enforcement if they are not already aware of the circumstance.

C. Response if the child is missing, has run away, or has been abducted during the investigation:

1. The caseworker will staff the case with their supervisor and the child's caregiver to determine if the child is missing, has run away, or has been abducted. The caseworker will strive to make this determination within two hours of receiving notification.
2. If it is determined that the child is missing, has run away, or has been abducted, the caseworker will work with the caregiver to file a Missing Persons Report immediately with the law enforcement agency where the child resides and supply the law enforcement agency with any necessary information that will promote the safe return of the child.
    a. The caseworker will work with law enforcement to determine if an Amber Alert should be issued.
    b. The caseworker will obtain a case record (police report and number) from the law enforcement agency and request that law enforcement place the child on the National Crime Information Center (NCIC).
3. The caseworker will work with the caregiver to report the child as missing to the National Center for Missing and Exploited Children by going to https://cmfc.missingkids.org/reportit within 24 hours of it being known that the child is missing, has run away, or has been abducted and follow the directions online to create a user account. The caseworker will gather case information and relevant materials before starting the report process. Basic information the person filing the report will be asked to provide includes:
    a. Child's full name.
    b. Child's date of birth.
    c. Date child went missing.
    d. City and state from where child went missing.
    e. Guardian information including agency name, and telephone; and
    f. Law enforcement information including agency name and telephone.
    g. A photo of the child.
    h. A description of the child's physical features, such as:
        (1) height.
        (2) weight.
        (3) gender.
        (4) ethnicity/race.
        (5) hair color.
        (6) eye color.
    i. Endangerment information such as:

(1) pregnancy status.
(2) prescription medications.
(3) suicidal tendencies.
(4) vulnerability to being sex trafficked.
(5) other health and risk factors.

j. Circumstances surrounding the incident.
k. Description of any person who may be with the child.

D. Once the child is located, and the CPS case is still open, the caseworker will:

1. Determine the primary factors that caused or contributed to the child's absence from their home and continue the investigation as outlined in practice guidelines.
2. Remove or assist the caregiver in removing the child from the National Center for Missing & Exploited Children website (https://cmfc.missingkids.org/reportit/).
3. Request to interview the child to assess if the child is a victim of trafficking. This interview will most likely occur at a CJC. If not, the caseworker will use the forensic interviewing model when interviewing the child.
4. The caseworker will assess for the items listed below during the interview: "While your whereabouts were unknown:
   a. did someone control, supervise, or monitor your work/actions?"
   b. could you leave your job or work situation if you want to?"\
   c. was your communication ever restricted or monitored?"\
   d. were you able to access medical care?"
   e. were you ever allowed to leave the place you were living/working?"
   f. under what conditions?"
   g. was your movement outside of your residence/workplace ever monitored or controlled?"
   h. what did you think would have happened if you left the situation?"
   i. was there ever a time when you wanted to leave, but felt that you could not?"
   j. what do you think would have happened if you left without telling anyone?"
   k. did you feel it was your only option to stay in the situation?"
   l. did anyone ever force you to do something physically or sexually that you didn't feel comfortable doing?"
   m. were you ever physically abused (shoved, slapped, hit, kicked, scratched, punched, burned, etc.) by anyone?"
   n. were you ever sexually abused (sexual assault/unwanted touching, rape, sexual exploitation, etc.) by anyone?"
   o. did anyone ever introduce you to or provide you with drugs, alcohol, or medications?"

   Resources: "Screening Tool for Victims of Human Trafficking," U.S. Department of Health and Human Services, http://www.justice.gov/usao/ian/htrt/health_screen_questions.pdf.
5. If during the interview, the child discloses that CSEC or other human trafficking has occurred and the interview is not being recorded at a CJC, discontinue the

interview, explaining to the child the importance of the information they are sharing and the need to change the venue for the interview. Schedule an interview at the CJC.

6. If the child reports that they may be victims of trafficking, the caseworker will access the appropriate resources to address the child's needs. This includes:
   a. Informing the caregiver that the child may be a victim of trafficking.
   b. Reporting to law enforcement within 24 hours that the child may be a victim of CSEC or human trafficking and assisting in the investigation.
   c. Accessing the appropriate mental health care, preferably providing a therapist that specializes in treating victims of CSEC.
   d. Referring to resources listed in Section B, above.

E. If as the time approaches for case closure the child is still missing, has run away, or has been abducted, the caseworker will staff the case with their supervisor and AAG, if needed, to determine if all resources have been exhausted in locating the child and to determine if the case will be closed. This may include, but is not limited to, working with law enforcement, family, out-of-state resources, and other entities involved with the youth. The caseworker will also assess if there is a safety concern in the home they would be returning to and how to address the safety concerns, if the child does return home. The caseworker will document all efforts in the case.

F. If the caseworker is notified that the child has been located after the CPS case has closed, the caseworker will staff the case with the supervisor to determine if the prior case should be reopened, or if human trafficking is suspected, if a new case should be initiated through Intake.

202 Immediate Assessment and Safety

202.1 CPS Investigation and Assessment

Major objectives:
The CPS caseworker will assess the threats to safety and the risk of harm to a child. Once contact has been made on a CPS case, the case cannot be reversed as unaccepted. All requirements must be completed for the case. The CPS caseworker will make a finding at case closure based on facts gathered during the investigation.

Applicable Law
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.
Administrative Rule R512-201. Child Protective Services, Investigation Services.

Practice Guidelines
A. A CPS investigation will include (but is not limited to) the following:

1. Interviews.
2. Assessments, including the SDM Safety Assessment and the SDM Risk Assessment.
3. A home visit.
4. Team consultations/staffings.
5. Service coordination.
6. Additional Information report added to the case by Intake.
7. Documentation of all contacts and information received.
8. Case closure.

B. A CPS investigation cannot be reversed to unaccepted once contact has been made with anyone other than the referent on the case. Documentation must exist to show any involvement or contact by DCFS. If a case is found to be a duplicate, the CPS and Intake supervisor will determine which case will be reversed to unaccepted. Any information in the reversed case will be transferred to the case that remains. The duplicate case will be added as additional information to the active case.

202.2 CPS Investigation of a Case Receiving Services from the Division of Child and Family Services

Major objectives:
When DCFS receives information regarding a new incident of abuse, neglect, or dependency on a family or child receiving ongoing services, a new referral will be generated, and a CPS caseworker will conduct the investigation. The CPS caseworker and ongoing worker, including post adoption, will collaborate to ensure that the investigation is conducted in the best interest of the child.

The CPS caseworker will notify the Attorney General's Office and the Guardian ad Litem when the case is under the jurisdiction of the court.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
1. The CPS caseworker may request that the ongoing caseworker complete some of the requirements of the investigation.
2. The CPS caseworker will notify the ongoing caseworker, AAG, and GAL at the conclusion of the case of any safety issues identified and of the case findings.

202.3 Review of Prior Records

Major objectives:
The CPS caseworker will take preliminary steps to prepare for conducting the investigation and family assessment, including reviewing prior DCFS records concerning the alleged child victim, the child's parents, alleged perpetrator, and other adults residing in the home; and interviewing the referent to verify or obtain clarification regarding information in the allegation narrative and to explore additional information the referent might have on the maltreatment incident or about the child's family functioning.

Applicable Law
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines

A. Preliminary steps prepare the CPS caseworker for conducting the CPS investigation and family assessment. The CPS caseworker:
   1. obtains, reviews, and analyzes available information prior to initiating contact with the family, and
   2. develops a plan for the initial contact, including specific information to be collected.

B. The CPS caseworker obtains and reviews as much information as possible before the initial contact, considering the urgency for response. For example, when law enforcement needs CPS on the scene quickly, the short-term response expectation limits the CPS caseworker's ability to gather historical information prior to making contact with the family.

C. When essential review activities cannot be completed prior to the initial contact, the CPS caseworker will complete a comprehensive record review as soon as possible, and prior to conducting further investigative activities.

D. The CPS caseworker needs to be aware when an order of protection is in place, and if so, assesses how it can be part of the safety plan. Both victim and worker safety concerns are assessed, and additional information is obtained, to the extent possible, regarding the alleged perpetrator’s compliance or non-compliance with prior or current orders.

E. Obtaining and Reviewing History:

   1. The CPS caseworker reviews SAFE for any records involving:
      a. The alleged child victim.
      b. The child's parents.
      c. Other children or adults residing in the home where the alleged abuse and neglect occurred.

d. Alleged perpetrators.

2. The review includes the following information:
   a. The current allegation narrative and parties involved.
   b. All prior reports and investigation summaries.

3. The CPS caseworker seeks to identify the following through the review process:
   a. Overall patterns, such as repeated or related family or case circumstances, concerns, allegations, relationships, dynamics, or law enforcement involvement, even across large gaps in time and if unsupported findings are included, (e.g., claims or evidence of substance use in multiple cases for the family, even if unsupported).
   b. Patterns of maltreatment types, alleged victims, alleged perpetrators, and investigative outcomes.
   c. Patterns of escalating maltreatment over time (i.e., increased frequency of reports or severity of maltreatment).
      (1) Elapsed time between alleged maltreatment incidents (e.g., reports occurring more frequently over the past 12 months).
      (2) Injuries to a child victim that require hospitalization, medical treatment, or trauma therapy.
      (3) Prior DCFS interventions (e.g., voluntary or court-ordered services, safety plans, judicial involvement, etc.).
   d. Change in household or family composition.
   e. Patterns of pervasive individual or family conditions that have been unmanaged in the past (i.e., domestic violence, parental substance abuse, and unmanaged medical or mental health condition of a household member, etc.).
   f. Services the family has been offered or participated in, the outcomes of these services (types, participation, progress, and completion), how these services addressed the identified safety threats and risks, and whether the services were successful.
   g. Reasons for significant time gaps between cases (e.g., is gap due to child not being in the parent's custody or perpetrator not having care of the child versus gap due to child being in the home with no safety concerns).
   h. Prior cases that were unable to be completed, that may need to be re-addressed.

4. The CPS caseworker uses the information obtained during the history review to support their work in a variety of ways, such as:
   a. To better understand the context for the family and the situation they are entering.
   b. To have more knowledge about what information needs to be obtained or relevant follow up from a prior case.
   c. To recognize the child’s ongoing safety concerns and the family's ongoing issues or needs for services.

d. To prepare for the caseworker's own safety.

5. The CPS caseworker consults with their supervisor or child welfare administrator to address questions and concerns about the history review or if unsure of what the history is showing and how that information will be used.

6. A summary of key events and pertinent information from the history review are documented in activity logs.

F. As part of case preparation, the CPS caseworker also determines:

1. Whether additional sources need to be contacted for information, such as school or medical personnel, law enforcement, relatives, and other persons with knowledge about the allegations.

2. Whether additional information should be obtained, such as law enforcement records, medical records, school records, mental health records, and other relevant records, or if other processes may be needed, such as obtaining a warrant.

G. If information is obtained that an allegation of child abuse or neglect may have been made in another state or jurisdiction for a family residing in Utah, the CPS caseworker contacts the state or jurisdiction to obtain the outcome of any investigation of the allegation.

If history exists, records are requested from the state or jurisdiction to incorporate into the current investigation. If a family has lived in another state or jurisdiction, the CPS caseworker consults with their supervisor to determine if contact with the other state or jurisdiction will occur.

H. Referent Contact

1. The CPS caseworker contacts the referent to verify or obtain clarification regarding information in the allegation narrative and to explore additional information the referent might have on the maltreatment incident or about the child's family functioning, unless the report was made anonymously. This includes referents for all additional information allegations.

2. Contact with the referent occurs prior to the initial contact with the family, except when a concern for child safety or the need for expediency warrants a post-initial response contact, as in the following circumstances.
   a. An immediate response is needed based on assigned priority.
   b. Contact with the referent may increase the risk of harm to the child or adult household member (e.g., referent is a subject of the report or resides in the same home as the family and attempted contact may inadvertently alert the alleged perpetrator of the investigation, etc.).

3. The CPS caseworker contacts the referent as soon as practical after the initial response is completed when circumstances precluded contacting a referent prior to initial contact with the family or an attempted contact was unsuccessful.

4. When the referent is law enforcement, an interview with law enforcement may not be necessary if DCFS has a copy of the police report; however, law enforcement's referral source will be contacted.

5. Referent interviews are documented in activity logs.

Acknowledgement: The content for this section is largely based on policy developed by ACTION for Child Protection (https://action4cp.org/).

Revision date: June 2025

202.4 Priority Response Time and Face-to-Face Contact

Major objectives:
The priority response time will be based upon the information received at Intake and determined prior to the face-to-face contact with a child. The priority determines the time allotted for the CPS caseworker to make face-to-face contact with the alleged victim to assess safety. In cases involving multiple alleged victims, the allegation driving the highest priority determines the overall priority response time for the referral. All alleged victims on the case need to be seen during the priority time frame that is associated with the specific allegation(s) of each victim. If an additional information referral results in a new allegation, all victims associated with the new allegation(s) will be seen within the new priority time frame, as driven by the new allegation(s).

The purpose of the face-to-face contact is to assess immediate protection and safety needs of the child. The CPS caseworker must gather enough information from the child, parents/guardians, and/or other collateral contacts to identify immediate threats to the safety of the child and what actions and/or interventions are necessary to protect the child from the identified threats.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The priority response time for the face-to-face contact begins when Intake assigns the referral to the CPS caseworker. An investigative interview is not required at the initial contact, but all information required to make an initial safety decision will be gathered and considered.
   1. A priority 1 response will be assigned when the child is in need of immediate protection as determined by the Intake worker:

a. The CPS caseworker has a maximum of 60 minutes from the moment of notification by Intake to make the face-to-face contact with an alleged victim;
b. In a priority 1R (rural), the CPS caseworker has a maximum of three hours to make the face-to-face contact if the alleged victim is more than 40 miles from the caseworker. The 40-mile factor must be documented.

2. A priority 2 response will be assigned when physical evidence is at risk of being lost or the child may experience further abuse, neglect, or dependency, but the circumstances do not meet the criteria for a Priority 1 response:
   a. The CPS caseworker has a maximum of 24 hours from the moment of notification by Intake to make face-to-face contact with an alleged victim, and more urgent time frames may be assigned by Intake based on child safety circumstances.
   b. Assignment to the CPS caseworker of a priority 2 referral that is received outside of normal working hours (8:00 a.m. to 5:00 p.m.) will occur by no later than 9:00 a.m. the following morning. This would include a referral of a drug-exposed newborn, as there may not be any immediate threats of harm while hospitalized, but the situation needs to be assessed prior to the child's release to determine if any additional interventions are necessary.
3. A priority 3 response will be assigned when potential for further harm to the child or the loss of physical evidence is low as determined by the Intake worker:
   a. The CPS caseworker has until midnight of the third working day from the moment Intake assigns the case to complete the face-to-face contact with an alleged victim.

B. In order to meet the face-to-face requirement, workers are required to thoroughly assess the child by completing the following:
1. Non-verbal Children Under the Age of Five Years: The CPS caseworker will assess any non-verbal child under the age of five years in conjunction with the person currently caring for the child. The assessment will include a review of the Centers for Disease Control (CDC) Developmental Milestone checklist, which corresponds with the current age of the child (http://www.cdc.gov/ncbddd/actearly/milestones).
   a. The child must be awake for the CPS caseworker to satisfy the face-to-face requirement. This must be clearly documented.
   b. The CPS caseworker will observe and document any alleged injuries or other physical conditions (such as rashes) by following the Practice Guidelines for Visual Assessment of a Child (Section 203.1b).
   c. If developmental concerns are identified with children under 36 months of age and the case will not be supported, the CPS caseworker will provide the parents/guardians with information about Baby Watch Early Intervention Program (BWEIP).
2. Verbal Children: The CPS caseworker will interview a verbal child at the time of the initial face-to-face contact whenever possible as outlined in Section 203.1. If an interview is not possible, the CPS caseworker will gather information from

parents/guardians or other collateral contacts who would have sufficient information about the safety of the child.

C. A documented reason for failing to meet the priority response time frame for face-to-face contact must be entered into a SAFE activity log and must include at least one of the following:
   1. Reliable collateral information is received that indicates that the family or child is going to be gone for more than three working days (for example, on vacation, camp, or relative visit) and can not be reached by the caseworker or a caseworker in another region.
   2. The caregiver/parent is refusing to allow the CPS caseworker to have contact with the child, and
      a. The caseworker has contacted the police for assistance, but the police have been unsuccessful in attempts to assist the caseworker in seeing the child, and
      b. The caseworker contacted an Assistant Attorney General to discuss the legal options for gaining access to the child.
   3. The only alleged victim is deceased.
   4. The child is out of state and a request for courtesy casework is made and declined by the out-of-state child welfare agency and law enforcement in the area and/or the courtesy caseworker/officer cannot complete a face-to-face contact.
   5. The child cannot be located despite reasonable efforts. Reasonable efforts include (but are not limited to):
      a. Trying to meet priority at least twice during business hours. Visiting the home at least twice at times other than normal DCFS business hours (Mon-Fri 7 a.m.-6 p.m.).
      b. Contacting local schools for contact information.
      c. Contacting local and county law enforcement agencies for additional contact information.
      d. Checking public assistance records for additional contact information.
      e. Checking with the referent for additional contact information.
      f. Searching telephone directories (books and online) for additional contact information.
      g. Contacting the CLEAR license holder in the region to search for additional address information for the family.

D. All missed priorities will be staffed with the supervisor. For more information regarding the process see the Missed Priority Response Workflow document

202.4a Face-to-Face Requirement

(THIS SECTION HAS BEEN REMOVED AND IS ADDRESSED IN SECTION 202.4.)

202.5 Missed Priority Time Frames

(THIS SECTION HAS BEEN REMOVED AND IS ADDRESSED IN SECTION 202.4.)

202.6 Structured Decision Making (SDM) Safety Assessment

Major objectives:
The SDM Safety Assessment is used to identify possible threats to a child's safety and interventions necessary to protect a child from threats to their safety. It guides the CPS caseworker through the information gathering and safety decision making process in order to make the most appropriate safety decision. The final outcome of the SDM Safety Assessment helps to guide the decision about the need for ongoing intervention with the family.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §63G-2-304. Controlled records. [The Domestic Violence Safety Plan is a protected record.]

Practice Guidelines
The caseworker will complete the SDM Safety Assessment on all CPS investigations, including out-of-home perpetrator investigations.

The initial SDM Safety Assessment is required DURING the first face-to-face contact with the child victim. In the event the child cannot be seen and/or the caseworker is denied access to the child, the Safety Assessment is completed based on initial face-to-face contacts with the caregiver(s) or other contacts if the family refuses. The Safety Assessment will be recorded in SAFE by the end of the fifth business day.

The caseworker will complete an SDM Safety Plan for all children in the household when any threat to safety has been identified and it is determined a child can be kept safe through effective safety planning.

If the child is Safe with a Plan and the CPS case is closed and additional agency services will not be provided, case documentation will specify how all identified threats to safety were resolved.

If the investigation results in an ongoing case, the CPS caseworker will indicate whether the SDM Safety Plan and interventions are still applicable as part of the case transfer.

202.7 Structured Decision Making (SDM) Risk Assessment

Major objectives:
The SDM Risk Assessment is a research-informed tool that identifies the likelihood a child will experience abuse or neglect in the next 12 to 18 months. The result of the SDM Risk Assessment is part of the consideration for whether or not the agency will offer ongoing services.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §63G-2-304. Controlled records. [The Domestic Violence Safety Plan is a protected record.]

Practice Guidelines
The SDM Risk Assessment will be completed on all CPS investigations of child abuse or neglect, including new investigations on existing cases except the following:

A. Cases with a finding of Unable to Locate.

B. Cases with a finding of Unable to Complete.

C. Cases with a finding of False Report.

The caseworker assigned to the CPS investigation will complete the SDM Risk Assessment.

Discretionary overrides of the risk level will be reviewed and approved by the caseworker's supervisor.

The SDM Risk Assessment will be completed on all CPS cases prior to case closure after the CPS caseworker has reached a finding regarding the allegation (supported, unsupported, or without merit) AND prior to a decision to open a case for services or close without further services.

The SDM Risk Assessment identifies the level of risk of future maltreatment. The risk level guides the decision to close a referral or open an ongoing case.

Final Risk Level	Recommendation
Low	Do Not Open*
Moderate	Do Not Open*
High	Open

*Low and moderate risk cases should be opened if the most recent SDM Safety Assessment finding was Safe with a Plan or Unsafe. If the planned action differs from the recommended action, the decision will be staffed with the supervisor or designee and clearly documented in the SDM Risk Assessment.

For cases opened for ongoing services following the investigation, the risk level is used to determine the contact requirements for the case (service level).

The SDM Risk Assessment is completed on households. A household includes all persons who have a familial or intimate relationship with any person in the home and who have significant in-home contact with the child, excluding employees.

A. Only one household can be assessed on the risk assessment form.

B. Always assess the household in which the child abuse/neglect/dependency incident is alleged.

C. A second SDM Risk Assessment will be completed for any non-custodial parents who will receive reunification services.

Sources of information used to determine the caseworker's score of the item may include statements by the child, caregiver, or collateral persons; caseworker observations; or reports.

The caseworker will refer to the SDM Risk Assessment Definitions to determine the score for each item.

202.8 Medical Examination of the Child

Major objectives:
DCFS staff will ensure timely medical attention to a child when there has been trauma caused from severe maltreatment, serious physical injury, recent sexual abuse, fetal addiction, medical neglect, or any exposure to a hazardous environment, including those involving illegal drug/chemical production.

Applicable Law
Utah Code Ann. §80-2-702. Division post-removal investigation -- Supported or unsupported reports -- Convening of child protection team -- Cooperation with law enforcement -- Close of investigation.

Practice Guidelines

A. DCFS staff will obtain all pertinent medical information needed to provide proper medical care for the child. This would include the child's current medical diagnosis, allergies, medications, and primary care providers. CPS caseworkers will request from the caregiver the child's medical history and where all prior medical attention has been received.

B. When necessary and indicated, a medical examination will be completed within 24 hours in a priority 1 and 1R investigation, and in a timely manner in priority 2, and 3 investigations.

C. Timely medical attention by a qualified health care provider will be ensured by DCFS staff when there is:

1. Any inadequately explained serious physical injury, especially in a child under the age of two years.
2. Serious untreated physical injury regardless of the known cause in children of all ages.
3. Recent sexual abuse (within 72 hours) where there is an indication of physical trauma to the child and/or a need to gather evidence.
4. Fetal addiction.
5. Medical neglect involving serious medical conditions.
6. Exposure to any hazardous environment, including illegal drug production.
7. In cases involving a serious physical injury, the date of a medical examination related to the injury will be entered into SAFE prior to case closure. The examination date may be prior to the case open date as long as it was related to the injury.

The DCFS Child Protective Services Preliminary Exam Checklist may be used and can serve as a guide for the CPS caseworker.

D. If a child has been treated for health concerns related to allegations of abuse or neglect or if a child has been removed and has received medical treatment including surgeries, laboratory testing, x-ray studies, and/or hospitalizations within the last seven days or is receiving medications, the CPS caseworker must contact the child's health care provider within 24 hours. If the child has a serious condition, the health care provider should be contacted immediately. The CPS caseworker should be persistent in contacting the health care provider.

E. The Health Care Team may assist in collecting medical information.

F. Past history—The CPS caseworker should obtain the following medical information:

1. Prior medical condition for which the child has received medical attention now or in the past.
2. Nature of the condition and symptoms.
3. Name of treating physician or clinic.
4. Medications (name, strength, frequency, prescribing physician). Bring the medication container with the client, if available.
5. Allergies, including foods, medications, and environmental allergens.

G. Date the child was last seen by any health care provider.

1. Nature of visit.
2. Required follow-up.

H. Name and location of all health care providers.

I. The CPS caseworker will notify the child's health care provider of the following:

1. The child's caregiver contact number.
2. The CPS caseworker contact number.
3. The Health Care Coordinator contact number.
4. The child's legal guardian or custodian.

J. Medications and treatments including, but not limited to:
   1. Prescribed medications.
   2. Inhalers, eye drops, dental, or hearing appliances.
   3. Over-the-counter medications.
   4. Herbal or homeopathic treatments.
   5. Illegal drugs.

K. Other:
   1. Immunization record.
   2. High risk behavioral concerns such as:
      a. Sleepwalking.
      b. Self-mutilation.

L. Medical Neglect Recommendations: When a parent/guardian does not agree with a medical recommendation, they can request, at their cost, a second medical opinion by a licensed medical professional practitioner. The recommendations from the second opinion will be included in staffing the outcome and services for the case. When a parent requests a second medical opinion, but the parent is indigent and cannot pay, DCFS will pay, by court order and with prior administrative approval, for the second opinion. [*See:* Utah Code Ann. §80-3-304.]

Authorization for Medical Procedures

The CPS caseworker will consult with a health care provider to determine whether specialized medical tests (i.e., CAT scan, skeletal x-rays, MRI [Magnetic Resonance Imaging], Sonogram, Ultrasound, etc.) are needed. The health care provider may order the specialized medical tests as needed. The cost of any test(s) required by DCFS may be the responsibility of DCFS to pay. Therefore, if tests are recommended, advanced authorization for payment should be provided by regional administration.

Serious Medical Neglect and Emergency Court Ordered Medical Treatment

A. Procedure for investigation of serious medical neglect:
   1. When Intake receives a referral for serious medical neglect, the Intake worker determines if the medical situation is an emergency requiring immediate action and assigns priority accordingly. The caseworker should determine from a health care provider if death or significant permanent physical or mental damage is the likely outcome of refusal to follow treatment.
   2. The CPS caseworker will contact the treating medical doctor, verify the referral information, explain the investigation and court process, verify the parents' refusal to obtain treatment, and establish self as the contact for the doctor. They will also verify that treatment of the child's condition will not be seriously

jeopardized while awaiting a court hearing, and they will request immediate notification in the event the child's situation deteriorates.

3. The CPS caseworker will meet with the parents, attempt to negotiate voluntary compliance with medical treatment pending or in lieu of court involvement, and assess and document the parents' reasons for refusal to treat.
4. The CPS caseworker will inform the parents that they have the right to request a second opinion from a licensed professional medical practitioner and that the parent retains responsibility for payment. If the second opinion is requested but the child needs medical treatment sooner than the second opinion can be obtained, the CPS caseworker will move to step 5.
5. The CPS caseworker will initiate court action by contacting the Attorney General when parents fail to voluntarily comply and medical treatment is necessary.
6. In cases where the consequence of the parents' failure to follow treatment may be death or significant permanent physical or mental damage, the CPS caseworker will take steps to initiate emergency court proceedings by contacting an Attorney General immediately and will not attempt to resolve the situation through voluntary services alone.
7. The CPS caseworker will attend all court proceedings related to court orders for medical treatment and will implement any court orders giving DCFS responsibility to ensure the child receives necessary medical care until such time as the case is transferred to an in-home caseworker or is closed.
8. The CPS and ongoing caseworker will hold a Child and Family Team Meeting to involve the family in planning and decision-making.

B. Criteria for court-ordered medical treatment of a minor:

1. The outcome of failure to treat is death, permanent loss of a body function, or significant physical or mental impairment.
2. The parent or guardian has been fully informed of the probable consequences if the condition is left untreated, the alternative treatments available, the consequences of each treatment, the risks of each treatment, and the probability of each alternative outcome.
3. In non-emergent situations, the parent or guardian has been given the opportunity to obtain a second opinion.
4. The treatment is well established and well accepted by the medical profession.
5. A reasonable parent or guardian would not refuse treatment for the child yet treatment is refused.
6. Delay in treatment increases the probability of harm.
7. The probability that the treatment will be successful and that it will provide the child a good quality of life outweigh possible negative consequences and side effects.
8. No alternative treatment will meet the child's medical needs.

<u>Triage Procedures for Medical Care</u>

A. Always call 911 in an emergency.

1. When there is a question, please consult with a health care provider or Primary Children's Medical Center (PCMC).
2. If the following are present, a health care provider should see the child as soon as possible:
    a. Any child who appears acutely ill.
    b. Suicidal ideation and/or threat with lethal plan and with or without means.
    c. Need for forensic evidence collection for rape kit (sexual contact within 72 hours).
    d. Acute vaginal or rectal bleeding, vaginal or rectal pain, and/or genital or anal trauma (includes blood found on diaper or underwear).
    e. If a drug-facilitated rape is suspected, within 96 hours of "drugging" the collection of blood and urine specimens should be considered.
    f. Fever above 100.4 degrees in an infant less than three months of age.
    g. Fever accompanied with seizures or other concerning behavior if over three months.
    h. Infant with bruising suggestive of fractures.
    i. Difficulty walking or moving normally.
    j. Child or youth appears severely neglected, malnourished, deprived of food, or dehydrated.
    k. Vaginal or penile discharge and the possibility of sexually transmitted disease or a history suggestive for sexually transmitted disease(s) (vaginal or penile discharge may not cause any symptoms but may be noticed by a caregiver on the diaper or underwear; other concerns for sexually transmitted disease include any history of genital ulcers or blisters, or any unusual rash in the genital area).
    l. Severe dental conditions and/or complaints of pain.
    m. Exposure to environmental toxins, with a need to collect urine and hair specimens for forensic purposes (e.g. Methamphetamine lab).
3. Photo documentation:
    a. Medical attention takes priority.
    b. Take photos for forensic use after medical attention has been initiated.
    c. Photos may be taken by:
        i. Law enforcement.
        ii. Medical facility.
        iii. DCFS.

B. Non-urgent care:
1. Non-urgent medical attention:
    a. Well-child examination (five days following removal).
    b. Possible failure to thrive without medical compromise.
    c. Rash, not associated with fever or an allergic reaction.
    d. Skeletal survey needed to determine fractures (only in children below the age of three years as medically indicated).
    e. Medical neglect not involving serious medical conditions (requires medical examination 30 days before or after disposition of referral).

2. Exams conducted in a non-emergency room setting can reduce the anxiety surrounding sexual abuse investigations.

202.8a Medical Consultation Protocol When There is Reasonable Suspicion of Severe Abuse

Major objectives:
An investigation involving reasonable suspicion of severe child abuse requires a medical examination of the primary victim. Caseworkers will investigate all children of the household as a Sibling or Child at Risk when the injuries on the primary victim are suspected to be severe abuse and there are concerns related to the caregivers in that household. All non-verbal children in the household will also be required to receive a medical examination.

Practice Guidelines

A. Cases involving reasonable suspicion of Severe Abuse will include the following activities:
   1. Caseworkers will investigate all children of the household as a Sibling or Child at Risk when the injuries on the primary victim are suspected to be non-accidental and there are concerns related to the caregivers in that household.
      a. As in all cases, caseworkers will list all children of the household in SAFE.
      b. Allegations of Sibling at Risk will be added, with each child of the household listed as a victim.
      c. Caseworkers will request a medical examination for all non-verbal children of the household from the legal guardians.
      d. Caseworkers will document outcomes of medical examination or barriers to medical examination of children of the household (lack of insurance, lack of transportation, lack of time, refusal by medical providers, refusal by caregivers), including steps taken by the caseworker to help the family overcome those barriers.
      e. Caseworkers will give consulting medical providers information regarding potential abuse exposure and of the potential for unsuspected physical abuse findings.
   2. Caseworkers will provide caregivers information regarding the potential mental health consequences of witnessing abuse and provide referrals to caregivers.
   3. In all cases involving non-verbal children with severe and/or unexplained injuries, CPS caseworkers will consult with an independent licensed medical provider with expertise in the evaluation of child physical abuse regarding those injuries prior to case closure.

202.9 On-Call Intake and CPS (Non-Business Hours)

Major objectives:
DCFS is required to provide a response to reports of child abuse, neglect, or dependency 24 hours a day, seven days a week. To ensure the appropriate response, CPS on-call is assigned to qualified DCFS child welfare staff to obtain information from the referent, fulfill all responsibilities as outlined in major objectives for Intake, and, as necessary, respond within appropriate time frames to priority 1, 1R and 2 cases. All time requirements are applicable to on-call responses. [*See:* Major objectives Section 202.4.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The on-call or CPS caseworker assigned to the case will complete the following:

A. Obtain information from the referent and determine the disposition of the referral (i.e., information only contact, additional information, accepted, unaccepted).

B. Complete the Intake Checklist on priority 1, 1R, and 2 referrals.

C. A case involving an alleged victim residing in a domestic violence shelter with a non-offending caretaker should not automatically be assumed to be a priority 3. The case should be screened based on risk and safety factors for the child.

D. Ensure face-to-face contact with the child within priority time frames.

E. Conduct a personal interview with or observation of the child, as appropriate.

F. If the child requests a support person, the CPS caseworker will make reasonable efforts to arrange for the support person, who meets the criteria outlined in Section 203.1, to be present for the interview.

G. Ensure that the parent/guardian receives notification of the investigation and the interview with the child. [*See:* Major objectives Section 203.1.]

H. If an investigative interview takes place with a child who is able to communicate, and after the child is taken into protective custody, all investigative interviews will be audio and/or videotaped prior to the adjudication hearing.

I. A child under the age of five years will be personally interviewed by the CPS caseworker if the child is verbal. All investigative interviews will be audio and/or videotaped prior to the adjudication hearing. If the child is non-verbal, the CPS caseworker will follow the protocol outlined in Section 202.4.

J. Complete an SDM Safety Assessment that includes all children in the household.

K. If the safety decision indicates that the child is Safe with a Plan, complete an SDM Safety Plan as defined in Section 202.6.

L. Complete staffings per major objectives. [See: Major objectives Section 204.2.]

M. Complete all actions to ensure safety and protection for alleged victims and siblings, as appropriate.

N. Ensure that medical and/or mental health evaluations are completed when appropriate as required by statute and major objectives for physical injury, severe physical abuse, medical neglect, or recent sexual abuse. [See: Major objectives Section 202.8.]

O. Ensure that the short-term placement provider has all relevant medical, social, mental health, and educational information on the child within 24 hours.

P. Complete required documentation in SAFE for Intake and CPS.

Q. Complete removal paperwork, as appropriate.

R. Deliver removal paperwork to the parent/guardian.

S. Complete a personal 48-hour removal visit.

T. Deliver all information to CPS Intake no later than 9:00 a.m. of the following business day.

U. Attend the 24-hour multidisciplinary team consultation.

V. Attend the Shelter Care Hearing.

W. Attend all other court hearings, as notified by the Attorney General's Office.

202.10 Court Report Request on Protective Orders

Major objectives:
DCFS receives requests from both the juvenile and district courts when parties request protective orders on behalf of children. DCFS will need to respond to these requests by filing a report with the court and attending court if requested or subpoenaed.

Applicable Laws
Utah Code Ann. §78B-7-202. Abuse or danger of abuse -- Child protective orders -- Ex parte child protective orders -- Guardian ad litem -- Referral to division.

Practice Guidelines
DCFS receives notification from both the juvenile and district courts when a protective order has been filed on behalf of a child, a hearing has been scheduled, and the court asks or orders DCFS to provide a report or appear in person at the hearing to report on DCFS' involvement with the family.

A. If the request from the court asks DCFS to complete an investigation and there is no current investigation, Intake will need to be notified. Intake will open a case if it meets the criteria for an investigation.

B. The CPS caseworker will staff the request with the supervisor and discuss the current involvement with the family and what should be included in the report to the court.
   a. The supervisor and CPS caseworker may staff the case with an AAG if necessary.
   b. If the CPS caseworker is no longer with DCFS, the response will be handled by the supervisor or designee.
   c. If DCFS has no current involvement or history with the family, DCFS will report that fact to the court.
   3. The CPS caseworker will:
      a. Complete SAFE form CPS34.
      b. Review the report with the supervisor and sign the report along with the supervisor.
      c. Upload the report into Content Manager.
      d. If there is not a current CPS case, the report will be uploaded into the most recent CPS case or unaccepted referral.
   4. If DCFS has received sufficient notification, the CPS caseworker will make reasonable efforts to submit the report to the court within five days of the hearing, or as soon as practicable, and to the AAG if appropriate.
   5. The CPS caseworker will attend the hearing if requested by the court.

202.11 Not Used

202.12 Independent Home Study

Major objectives:
When receiving an Independent Home Study (IHS) case, the CPS caseworker will assess for child safety, determine services or resources that may be needed by the family, and provide the family with information needed to access services or resources.

DCFS does not conduct court-ordered home evaluations regarding child custody issues.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. An IHS case will include the following:
   1. Contact with at least one biological parent and/or legal guardian within five business days of the case being opened.
   2. Interview the child with consent of the parent.
   3. The CPS caseworker will make no collateral contacts without obtaining consent from a parent/guardian.
   4. Offer resource information and additional services if deemed appropriate.
   5. All CPS caseworker activities will be logged in SAFE.
   6. An IHS case will be open for no more than 60 days unless approved by the region director or designee.

B. If during the IHS case abuse or neglect is identified, the CPS caseworker will call Intake and a CPS case will be opened.

203 Initial Interviews and Home Visits

203.1 Interviews

Major objectives:
The CPS caseworker will utilize interviews as part of the investigation.

Applicable Law
Utah Code Ann. §80-2-704. Division interview of a child -- Support person for the child -- Notice -- Recording.

Practice Guidelines
Interviews are to follow the statutory requirements indicated below:

A. Referent: The CPS caseworker will interview the referent who reported the abuse or neglect as specified in Section 202.3.

B. Child: Any child identified as an alleged victim having the ability to communicate verbally or through another reliable means (i.e., communication board, American Sign Language, writing, etc.) will be interviewed. Any other children residing in the home or cared for by the same caretaker that are reasonably likely to have also been subjected to similar abuse/neglect based on the specific shared circumstances, or are reasonably likely to be subjected to abuse/neglect having the ability to communicate verbally or through another reliable means (i.e., communication board, American Sign Language, writing, etc.) will be interviewed to assess risk, protection, and safety needs. [*See:* Utah Administrative Rule R512-201.]

If the child requires a translator for the interview, the CPS caseworker will make reasonable efforts to have one available. An infant or child who is non-verbal will be observed and assessed according to Section 202.4. The child must be awake for the CPS caseworker to satisfy the face-to-face requirement. This must be clearly documented. A CPS caseworker will not conduct an interview with a child by telephonic means (i.e., e-mail, telephone, etc.). The interview will take place outside the presence of the alleged perpetrator. The CPS caseworker may request a courtesy caseworker conduct a personal interview or to observe the child if the caseworker would have to travel an unreasonable distance to see the child.

1. Support person:
   a. The CPS caseworker will assess the child's level of comfort with the interview and will make reasonable efforts to ensure the child is comfortable.
      (1) The CPS caseworker will ask if the child is comfortable being alone in the interview with the interviewer.
      (2) If the child is not comfortable being alone in the interview, the CPS caseworker shall conduct the interview with a support person of the child's choice.
      (3) The CPS caseworker will make reasonable efforts to arrange for the support person to be present for the interview.
      (4) The CPS caseworker will capture this conversation as part of their recording.
      (5) If the CPS caseworker is assisting law enforcement in the context of a criminal investigation, law enforcement will make the decision whether or not to allow the child to have a support person present during the law enforcement interview.
   b. The support person will:
      (1) be an adult over the age of 18 years;
      (2) be reasonably available;
      (3) be willing and able to be present in the interview without influencing the child through statements or reactions; and

(4) not sit in line of sight of the child during the interview.

c. The support person may include, but is not limited to:
   (1) school teacher or administrator;
   (2) guidance counselor;
   (3) child care provider;
   (4) family member;
   (5) family advocate; or
   (6) clergy.

d. The support person may not be a person:
   (1) who is alleged to be, or potentially may be, the alleged perpetrator; or
   (2) is protective of the perpetrator or unsupportive of the child.

e. The CPS caseworker will provide a CPS05 Support Person Form for the support person to sign. This document will be maintained in the CPS record.

d. If the non-offending parent serves as the support person, they do not need to sign the support person confidentiality statement.

2. Parent notification of child interview:

a. If a child's parent, stepparent, or parent's paramour has been identified as the alleged perpetrator, the CPS caseworker need not notify a parent prior to the initial interview with the child. In all other instances where the alleged perpetrator is known, the parent or guardian must be notified prior to the initial interview with the child.

b. If the alleged perpetrator is unknown or if the alleged perpetrator's relationship to the child's family is unknown, the CPS caseworker may conduct a minimal interview, not to exceed 15 minutes from the time the interview begins with the child prior to notification of the interview to the child's parent. This is designed to allow the CPS caseworker to determine whether or not the parent, stepparent, or parent's paramour is the alleged perpetrator. If the initial disclosure made by the child implicates a parent, stepparent, or parent's paramour, the interview is not limited in duration. Notification may take the form of a phone call documented in activity records and does not mean permission or approval. The information imparted to the parent/guardian will include the specific allegations and the time and place of the interview with the child. If criminal activity is disclosed, the CPS caseworker will coordinate with law enforcement prior to notification of the parents so as not to impede the criminal investigation.

c. The CPS caseworker will notify the parent as soon as practicable after the child has been interviewed, but in no case later than 24 hours after the interview has taken place.

d. The parent will be notified prior to any subsequent interviews of the child.

e. Exceptions to notification prior to interview may include:
   i. Notice to the parent would threaten the safety of a non-offending parent, the children, or other involved individuals;

ii. A parent is incarcerated or there are other legal barriers to notification (such as court orders, police requests, etc.);
iii. If the child is in foster care at the time of the interview;
iv. A new allegation or incident involving the parent, stepparent, or parent's paramour where they have been identified as the alleged perpetrator.

3. Disclosure of criminal activity: If the disclosure made by the child gives reasonable cause to believe that the child has been the alleged victim of criminal activity, the CPS caseworker will immediately contact law enforcement.
4. Suicidal ideation: Refer to Section 700 if concerns regarding suicide are identified in the referral or during an interview.

C. Parent/guardian:
1. The child's natural parents or other guardian will be personally interviewed regardless of residence, unless their whereabouts are unknown. If the child's natural parents or other guardian are incarcerated at the time of the investigation, they do not need to be personally interviewed. This interview maybe conducted with only one parent. Investigation and interview exceptions are as follows:
   a. Parent(s)/guardian(s) are incarcerated.
   b. Caseworker is unable to locate parent(s) or guardian(s).
   c. Parent(s)/guardian(s) are non-cooperative.

   Documentation of reasons for not interviewing a parent are required.
2. Each specific allegation will be discussed. Admissions or denials will be documented in the activity recording.
3. The parents will be asked about the child's eligibility for or membership in a Native American tribe.

D. Third party/collateral contacts:
1. Third party/collateral contacts having had direct association with the child, or who are otherwise knowledgeable about the child's safety and family's functioning, will be interviewed.
2. If a third party or collateral contact is identified as an eyewitness or has first-hand knowledge of the child's safety and family's functioning, an interview will be conducted, including siblings. If the third party can only speak to the allegations, the CPS caseworker must speak to others who know about the family's functioning.
3. If the third party is a professional (i.e., medical, therapist, school, law enforcement) who has provided the CPS caseworker with a report and the report clearly details the third parties' involvement with the child/family, the report will be sufficient and an interview need not be conducted. The CPS caseworker will upload the report into content management. If the report is not sufficient or there are additional questions that need to be asked of the third party, an interview shall be conducted.
4. For cases where it is verified the alleged perpetrator does not/will not have access to the child and there is no identified third party/collateral contact that can provide

additional information regarding the case or safety of the child, a third party contact is not needed.

E. Alleged perpetrator:

1. The alleged perpetrator will be interviewed by the CPS caseworker.
2. When the alleged perpetrator resides in the home of the child or has access to the child, and when law enforcement has requested that the CPS caseworker not conduct an interview regarding the allegations, the alleged perpetrator will not be interviewed by the CPS caseworker until the interview is cleared by law enforcement.
3. The CPS caseworker will not be obligated to conduct an interview when:
    a. Law enforcement requests the CPS caseworker not conduct an interview due to a pending criminal investigation in these cases. CPS will communicate with law enforcement the need to have law enforcement interview within CPS investigation time frames.
    b. The alleged perpetrator's identity or location is unknown.
    c. The safety of the child or the CPS caseworker is a concern, or in domestic violence cases when the safety of the non-offending parent is a concern, as determined by the reasonable request of the non-offending parent.
    d. The alleged perpetrator is incarcerated during the course of the CPS investigation.
4. If the alleged perpetrator is a juvenile:
    a. The CPS caseworker will seek the permission of the juvenile's parent or guardian prior to the interview.
    b. Whether CPS or law enforcement is conducting the interview, all requests for interviews of children in the custody of DCFS will be referred to the Guardian ad Litem assigned to the child. If there is no Guardian ad Litem appointed for the child, the CPS caseworker will refer the request to region administration. If the interview is part of a criminal investigation or could become part of a criminal investigation, either interviewer would need to seek the permission of the Guardian ad Litem prior to conducting an interview of a minor in custody who is an alleged perpetrator. If the Guardian ad Litem does not consent to the interview, the CPS caseworker will contact the Assistant Attorney General. [*See:* Practice Guidelines Section 306.7.]
    c. The CPS caseworker will interview a parent or guardian of the juvenile perpetrator for the purpose of gathering additional information.
    d. The CPS caseworker will not be obligated to conduct an interview with the juvenile perpetrator or their family when law enforcement conducts these interviews and provides CPS with enough information to complete the significant risk assessment and determine whether or not any safety concerns exist.
    e. At the conclusion of the investigation, assess the past victimization of the juvenile perpetrator and refer for appropriate treatment.

F. Interview exceptions: The CPS caseworker may rely on a written report of a prior interview rather than conducting an additional interview if:

1. Law enforcement has previously conducted a timely and thorough investigation regarding the alleged abuse, neglect, or dependency and has produced a written report. When law enforcement requests that CPS conduct no interview, the CPS caseworker may review the case with a supervisor for evaluation and determination of the next step.
2. The investigation included one or more of the interviews required by Utah Code Ann. §80-2-702.
3. It is determined that an additional interview is not in the best interest of the child.

G. Additional victims revealed: If during the course of an interview a child reveals the possibility of another alleged victim of abuse or neglect, the CPS caseworker will do the following:

1. The CPS caseworker will ask the child for further clarification regarding the identity of the additional alleged victim.
2. If the CPS caseworker is able to identify the additional alleged victim or a means for locating this alleged victim, and the victim is identified as a child residing outside the home of the primary victim, the CPS caseworker will contact the Intake office to determine if the allegations meet the criteria for opening a new case.
3. If the CPS caseworker is able to identify the additional alleged victim or a means for locating this alleged victim, and the victim is a sibling residing in the same home as the primary victim, the new victim will be added to the existing CPS case if the allegation meets the criteria for investigation.
4. If the child does not reveal the name of the additional alleged victim or does not provide a means for locating this alleged victim, the CPS caseworker will make efforts to try to identify the additional alleged victim with the limited information acquired. This may include talking with a collateral contact, parent, or relative that may know the identity of the additional alleged victim.
5. If the CPS caseworker is unable to identify the additional alleged victim mentioned in the interview, the CPS caseworker will contact the Intake office to provide the information that is available.
6. The Intake worker will determine if there is additional information available through data inquiries that may assist in identifying the additional alleged victim.
7. If the Intake worker is able to identify the identity of the additional alleged victim and the information meets the criteria for investigation, Intake will open the case.
8. If the Intake worker is unable to identify the additional alleged victim, the Intake worker will notify the CPS caseworker calling in the referral that the case has been unaccepted so that the referring CPS caseworker can document this information in the case logs.

Revision date: June 2025

203.1a Recording Interviews

Major objectives:
DCFS will make an accurate recording of interviews conducted with children during an investigation into allegations of child abuse or neglect. Information gathered during the interview will be documented in SAFE.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. All investigative interviews of children involving allegations of sexual abuse and/or serious physical abuse are to be videotaped and/or audio recorded. This does not apply to initial or minimal interviews. The videotaping requirements are as follows:
   1. The child and the interviewer will be simultaneously videotaped.
   2. Videotaping will be continuous and will log the date, place, and time.
   3. Videotaping must be for the duration of the interview.
   4. Interviews are to be conducted in a Children's Justice Center (CJC) if possible, or, if necessary, a soft (non-threatening) interview room.
   5. If videotape equipment and a soft (non-threatening) interview room are unavailable, the interview will be audio taped in accordance to sections B and C.
   6. Even if videotaping, an audio file compliant with the SAFE system must be created for every DCFS-conducted interview. If the interview location creating the video does not have the ability to provide DCFS with a correctly formatted digital audio of the interview, the caseworker should simultaneously audio record the interview for download into the SAFE system.

B. All other interviews will be audio recorded by DCFS in a SAFE compliant digital format unless there are exceptions as noted in sections D and E.

C. Information to be recorded at the beginning of each interview is as follows:
   1. The name of the caseworker conducting the interview.
   2. The place of the interview.
   3. The time and date of the interview.
   4. The full name and age of the child being interviewed.
   5. All other persons present in the interview and their roles during the interview (i.e., support person, police officer, caseworker, etc.).

D. The recording will be continuous unless:
   1. At some point in the interview the child requests that the recording device be turned off or refuses to be recorded.
   2. There are circumstances that require the interview to be interrupted or terminated.

E. If the child refuses to be recorded, the caseworker is to complete the following steps:

1. Explain that the recording helps the caseworker remember what was said, assures accurate information, and takes the place of notes.
2. If necessary, ask the child if they would feel more comfortable being recorded if a support person was in the room with them.
3. If the child still refuses to be recorded, and:
    a. The child is over age 9, the caseworker will attempt to get the child's refusal on the digital audio recording and/or will document in the activity logs the child's reasons why they do not want to be recorded, and then continue with the interview, without recording, to assess the child's safety. The caseworker will document all pertinent information regarding safety from the interview in the activity logs.
    b. If the child is under the age of 9, the caseworker will make reasonable efforts to put the child at ease with being recorded and continue the interview, as suggested in section E. If the child again refuses to have the interview taped, the caseworker will attempt to get the child's refusal on the digital audio recording, will discontinue the interview, and:
        (1) Discuss with the child who they can talk to if they feel unsafe in the future, and
        (2) Document the refusal and the concerns in the activity log.

F. Activity Recording documentation:
1. If the allegation involved sexual or serious physical abuse and was not videotaped at the CJC, the caseworker will document the alternate soft (non-threatening) location where the interview occurred and why it could not occur at the CJC.
2. The caseworker will document in the Activity Recordings the information listed in section C and a brief description of the evidence or information gathered during the interview that would provide support, if any, to the allegation.
3. If for any reason the interview recording is not continuous or complete, the caseworker will document the reasons why the interruption and/or non-completion occurred.
4. All DCFS conducted victim's interview will include a digital audio recording that will be uploaded into SAFE.

G. The audio and video recordings and any interview information can be shared and/or copied for police officers and detectives that are investigating child abuse or neglect.

H. Audio and video recordings made at any Children's Justice Center cannot be distributed, released, or displayed to anyone without a court order as defined in Utah Code Ann. §77-37-4. All requests for recordings must go through the Government Records and Management Act (GRAMA) specialist.

203.1b Visual Assessment of a Child

Major objectives:
When physical abuse, sexual abuse, or neglect with an injury or other physical manifestation is alleged, the child's body will be observed or examined for evidence of the alleged manifestation or injury (physical trauma, such as bruises, welts, or burns; or physical condition, such as bug or rodent bites, rashes, malnutrition, body dirt, or sexual abuse) in a way that is sensitive to the child's age, gender, and emotional well-being. Examination/observation for sexual abuse allegations is to be conducted by a medical professional only.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. When a visual assessment of the child is necessary, the child's body will be observed in the least intrusive manner, and the documentation will be conducted in a way that is sensitive to that child's age and gender according to the standards below.
   1. If a child has injuries or manifestations that need immediate medical attention, notify the non-offending parent/guardian and assess their willingness to transport the child for an immediate medical assessment.
   2. If the child does not need immediate medical care and the injury or physical manifestation can be readily seen on the child without repositioning clothing, move ahead with photographing and/or documenting the injuries. If the child refuses to allow photographs, refer to section B.
   3. If the injury or physical manifestation is on non-private areas of the body that can be accessed by minimal repositioning of the clothing:
      a. If the child is under the age of three years and/or is non-verbal, ask the parent or caregiver to reveal the place of alleged abuse on the child's body for photographing and/or documentation.
      b. If the child is verbal and/or over the age of three years, ask the child if they are comfortable displaying the injury and, if the child agrees, photograph and/or document the injury or manifestation.
      c. If the child refuses to display the injuries, refer to section B.
   4. If the injury or physical manifestation occurred on the buttock or stomach **area** of the child's body and the child has disclosed that the abuse occurred and/or the child or another person has seen the injury or manifestation:
      a. Have another adult present (i.e., another professional or caregiver) when possible, and
      b. Ask the child if they are comfortable showing the area or a partial area of the abuse to be photographed and/or documented, and document if the child agrees.
      c. If the child refuses to display any part of the injury, refer to section B.
   5. If the injury or physical manifestation occurred in a private area of the child's body and the child has disclosed the abuse and possible injury is indicated, refer

the non-offending parent/guardian to obtain a medical exam for the child. If the parent refuses, staff the case with a supervisor and Assistant Attorney General to determine whether the allegation circumstances require that a warrant or investigative subpoena should be pursued to ensure the child's safety.

6. If there is alleged sexual abuse with a possible injury or physical evidence indicated, arrange for a sexual abuse exam where a qualified medical professional can conduct an exam and determine whether there is evidence of sexual abuse and/or injury. If there has already been a sexual abuse exam conducted by a qualified professional, use the results of that exam and do not require another exam. If the parent refuses, staff the case with a supervisor and Assistant Attorney General to determine whether the allegation circumstances require that a warrant or investigative subpoena should be pursued to ensure the child's safety.

B. If the child refuses to display the injuries or manifestations:
   1. Offer to have a non-offending parent/guardian or another adult support person of the child's choice present.
   2. If the child continues to refuse and/or the parent/guardian or support person refuses to allow the injury or manifestation to be displayed, contact law enforcement to refer the case and gather evidence. Obtain a copy of this evidence for the CPS record.
   3. If law enforcement refuses the case, contact the supervisor and staff with an Assistant Attorney General to determine whether the allegation circumstances require that a warrant or investigative subpoena should be pursued to ensure the child's safety.

C. The taking of photographs is an accepted practice in documenting evidence of physical abuse or neglect. The taking of photographs is subject to the same restrictions listed above for visual assessment. Photographs of children that involve abuse to the genitalia or female breast area may only be taken by a qualified medical professional during a medical examination.

203.1c Images of Child Pornography Obtained by DCFS

Practice Guidelines

When images of a child are obtained by DCFS staff as part of their regular job function which meet the definition of child pornography (Utah Code Ann. §76-5b-103), the images will be immediately reported to the Internet Crimes Against Children investigative unit through the Office of the Attorney General. Any image meeting the definition of child pornography will not be uploaded in SAFE.

203.2 Home Visits

Major objectives:
The CPS caseworker will complete a home visit during the course of each investigation in order to make a thorough assessment of the family. The caseworker will assess for safety, risk, health, and well-being of the child and family.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Unscheduled Home Visits
CPS caseworkers will complete unscheduled home visits in cases with allegations involving Domestic Violence, Child Endangerment (when there are concerns of drug use or drug activity in the home), Environmental Neglect, Non-Supervision, and Physical Neglect. Unscheduled home visits will occur on cases involving other allegation types when the information gathered would indicate a need for an unscheduled visit to the home.

Scheduled Home Visits
A scheduled home visit will be completed on all cases where an unscheduled home visit is not required. If the alleged perpetrator is a parent or guardian of the victim, the scheduled home visit will occur in the household of the alleged perpetrator. If the alleged perpetrator is not a parent or guardian of the victim but has or is likely to have access to the victim, the scheduled home visit will be completed where the child primarily resides.

Exceptions to Completing an Unscheduled or Scheduled Home Visit

A. The family has moved out of state and the child currently resides with the family in another state.

B. The child has been placed in foster care prior to the closure of the CPS case.

C. The parent/guardian refuses access to the home or is unwilling to make an appointment for a visit to occur.

D. If during the investigation it is verified the alleged perpetrator does not have access to any home where the child may reside and is not anticipated to have access at any time in the future to any home where the child may reside and the caregiver is making efforts to protect the child to best of their ability from contact with the alleged perpetrator.

Practice Guidelines

A. An unscheduled or scheduled home visit may take place anytime during the course of the investigation.

B. The CPS caseworker may request to observe, in the company of the parent/guardian, areas of the residence where the child has access to or sleeps, plays, and spends time.

The CPS caseworker will discuss any conditions observed that impact the health or safety of the child. [See: CPS Practice Guidelines Section 204.5a.]

C. The CPS caseworker will document the observations made as to the conditions of the home and of any health and/or safety issues identified. It is not required for the CPS caseworker to observe the contents of the following, unless the allegations give specific need to ensure availability of food and/or clothing, or to ensure that conditions do not pose a threat to the child's safety:
   1. Cupboards and drawers.
   2. Refrigerator and/or freezer.
   3. Areas of the home usually closed to the view of visitors.

   The CPS caseworker will obtain the parents' consent prior to looking in the areas mentioned above.

D. If, after trying to engage with the family, access to the home or the child is denied, and if there is credible evidence of conditions that must be investigated, the CPS caseworker will staff the case with the supervisor to determine whether or not the case should be reviewed with the Attorney General's Office.

E. If the CPS caseworker makes an unscheduled home visit but does not locate anyone home, the CPS caseworker will continue to return at times when families are normally found to be at home. If the CPS caseworker is unsuccessful, the CPS caseworker may leave a business card or other written information at the time of the second visit that requests the parent or guardian to contact the CPS caseworker.

203.3 Entry into the Child's Home

Major objectives:
CPS caseworkers have authority to enter upon public or private premises, using appropriate legal processes, to investigate reports of alleged child abuse, neglect, or dependency.

Applicable Law
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines
A. The CPS caseworker may enter the residence under the following circumstances:
   1. When invited by the parent or guardian.
   2. If the parent or guardian is not at home: The CPS caseworker may enter the home if invited by a child or temporary caregiver to assess immediate threats to safety by asking for basic information about the whereabouts of the parent or guardian, appropriateness of arrangements for care of children, etc. A child or temporary

caregiver does not normally have authority to consent to a search or examination of the home.

B. If the CPS caseworker is denied entry into the home and entry into the home is necessary to ensure the safety of a child, the caseworker may:
   1. In an emergency, summon law enforcement to the home.
   2. Consult with an Assistant Attorney General about options to gain entry into the home or access to a child.

203.4 Assessment of Safe Sleep for Children 12 Months and Under

Major objectives:
Safe Sleep Assessments are utilized to promote child safety and prevent unsafe sleep fatalities. Sleeping arrangements for any child 12 months and under should be discussed with every caregiver regarding places where the child may sleep.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The caseworker may request to observe, in the company of the parent/guardian, areas of the residence where the child sleeps. The caseworker will discuss any conditions observed that impact the potential for an unsafe sleep environment.

A. Complete a safe sleep assessment when the following conditions exist:
   1. You have a case involving a mother who is pregnant or there is a child 12 months old or under in the home.
   2. The child will not/does not have a place of their own to sleep (discovered after viewing the home or having a discussion with the parent/caregiver about where the infant sleeps/will sleep).

B. Assessment of safe sleep:
   1. Discuss where the child will be sleeping, both at nighttime and for napping.
   2. Visually confirm that the child has a safe sleep area.
   3. Discuss concerns about co-sleeping, even for naps.
      a. If the case involves substances use, even legally prescribed medications, discuss how these can lead to unintentional injury related to co-sleeping.
      b. If the child has a medical condition or disability, discuss any special circumstances regarding safe sleep as per their physician.

C. Resources: The caseworker will:
   1. Provide the parent/caregiver with information regarding local resources available for parents/guardians with infants.

2. Provide and discuss the **Safe Sleep and Your Baby** pamphlet with the parent/caregiver and make sure to discuss:
   a. Place baby on their back to sleep.
   b. Sleep on firm surface.
   c. All soft objects out of crib.
   d. Sleep in the same room but not same bed as baby.
3. Explore possible funds available to purchase items such as cribs, playpens, or other approved safe sleep options based on the need of the family.

D. Documentation: The assessment of the existence/non-existence of a safe sleep environment for all children 12 months and younger will be documented in SAFE. The caseworker will select the Safe Sleep Environment policy button to indicate this assessment was completed.

204 The Investigation: Assessment and Making Informed Decisions

The purpose of assessment is to assist the CPS caseworker during the investigation to determine the immediate protection, safety, risk, and services needed by the child and family. The CPS caseworker will consider the issues of enduring safety and permanency (long-term view) in making these decisions and providing all parties with due process of the law.

204.1 Assessments and Investigation Tools

Major objectives:

A. The following assessment tools will be used by the CPS caseworker to determine the immediate threats to safety and risk of future harm:
   1. SDM Safety Assessment.
   2. SDM Risk Assessment.

B. In cases involving alleged juvenile perpetrators, the following assessment tools may be used:
   1. Significant Risk Assessment.
      For use in cases involving supported allegations of:
      - Sexual Abuse;
      - Sexual Exploitation;
      - Lewdness;
      - Inappropriate Sexual Conduct.
   2. Serious Physical Abuse Assessment.

Applicable Law

Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines

A. SDM Safety Assessment: The CPS caseworker will complete this assessment tool on every case during the face-to-face contact and enter the information into SAFE by the end of the fifth business day.

B. SDM Risk Assessment:
   1. The SDM Risk Assessment will be completed on all initial CPS investigations of child abuse or neglect. [*See:* Section 202.7.] The finding of the SDM Risk Assessment will be used in formulating an ongoing service plan for supported cases or cases determined to need other child welfare services beyond CPS.
   2. Each allegation identified at Intake and any discovered during the investigation will be assessed for each alleged victim.

C. The final safety determination of the SDM Safety Assessment and the final risk level of the SDM Risk Assessment will be used in determining whether the family needs further involvement with DCFS.

D. Significant Risk Assessment: When there is a supported finding of sexual abuse, sexual exploitation, lewdness, or inappropriate sexual conduct involving a juvenile perpetrator, the CPS caseworker will complete the Significant Risk Assessment to determine whether a juvenile is a significant risk to other children or the community.
   1. The assessment is not to be used to determine whether the investigation is supported or unsupported; a juvenile does not need to be found a significant risk in order for the case finding to be supported.
   2. The assessment must be based upon the facts of the case that are present during the investigation, not after the minor has been removed from the home or any other intervention that has occurred.
   3. The juvenile's age alone is not a reason for determining the juvenile is not a significant risk.

E. Serious Physical Abuse Assessment: When there is a supported finding of serious physical abuse involving a juvenile perpetrator, the CPS caseworker will complete the Serious Physical Abuse Assessment to determine whether a juvenile is a significant risk to other children or the community.

F. When an Administrative Hearing is requested on a supported case or a case that was substantiated prior to May 6, 2002, involving a juvenile perpetrator or an adult who was a juvenile at the time of the incident, and the Significant Risk Assessment or the Serious Physical Abuse Assessment was not completed,
DCFS will be responsible for completing the appropriate assessment based on the facts at the time of the investigation.

204.2 Case Staffings

Major objectives:
The CPS caseworker will obtain direction and support to identify needed interventions, services, and resources for the child and family and for assistance in making casework decisions.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The CPS caseworker will staff with a DCFS supervisor in addition to or in conjunction with other professionals when any of the following apply:
   1. When the SDM Safety Assessment indicates that the child is Safe with a Plan or Unsafe.
   2. Unless it jeopardizes the safety of a child, the DCFS caseworker will staff with a DCFS supervisor prior to removal.
   3. If the child, family, or alleged perpetrator is receiving services from DCFS, the case staffing will include the assigned DCFS in-home, post adoption, out-of-home, or domestic violence specialist.
   4. If the family receives assistance in the form of TANF, the case staffing may include the Department of Workforce Services employment counselor or self-sufficiency caseworker.
   5. When there are concerns related to domestic violence, the DCFS supervisor will determine if a staffing with a domestic violence specialist is necessary.
   6. When the child is identified as Native American and the case may be screened for court involvement, the CPS caseworker will review the case with the DCFS supervisor and the Indian Child Welfare state specialist or region ICWA specialist.
   7. When an infant has been exposed to or is dependent upon harmful substances as a result of the mother's use of illegal substances or abuse of prescribed medications during pregnancy, the CPS caseworker will staff the case with an Assistant Attorney General.
   8. When there is a fatality or near fatality that is the result of non-accidental trauma or the manner of death is undetermined by law enforcement or medical professionals and there are surviving siblings, the case will be staffed jointly with a DCFS supervisor, region director, and an Assistant Attorney General within 24 hours of first knowledge of the incident. This review does not change the priority time frame of the investigation.
   9. When there is a need to coordinate the efforts of several investigators, agencies, or others toward the common goal of protection of the child.
   10. When there is a supported finding of chronic/severe physical, sexual or emotional abuse, or chronic/severe neglect or medical neglect resulting in death, disability, or somber illness the CPS caseworker will staff with a DCFS supervisor and an Assistant Attorney General.

11. When there has been a prior adjudicated finding of child abuse, neglect, or dependency relevant to new supported findings of abuse, neglect, or dependency, the CPS caseworker will staff with a DCFS supervisor. The CPS caseworker and supervisor will make a safety decision based on the information gathered. If the safety decision made identifies that there is a threat to safety and that court involvement is necessary, the CPS caseworker will staff the case with an Assistant Attorney General.
12. When there is a supported finding of drug production or manufacturing, the CPS caseworker may staff with a DCFS supervisor as described in 10 above. If a safety decision is made that requires law enforcement and/or an Assistant Attorney General, the CPS caseworker will discuss with them the safety decision made to determine what needs to occur to ensure enduring safety and permanency for the child.
13. When there are siblings in the same home where a removal is considered, the CPS caseworker will staff with a DCFS supervisor to discuss threats to safety and whether court involvement is necessary. If there is an imminent threat to safety that cannot be mitigated through a safety plan, the CPS caseworker will staff the safety decision with an Assistant Attorney General to determine the next steps.
14. If the need for services has been identified through safety and risk assessment, and the family refuses to accept services, the CPS caseworker will staff the case with an Assistant Attorney General.
15. When the referral involves an adopted child whose parents are not able to meet the child's needs, post adoption will be brought into the staffing to help determine if services could defer the child coming into custody.
16. When the CPS caseworker needs legal advice concerning the sufficiency of the evidence to make a supported finding or to pursue a substantiated finding, the CPS caseworker will staff with a DCFS supervisor and Assistant Attorney General.
17. If during the investigation the caseworker determines the child may come into foster care and the primary reason for care is to address the minor's ungovernable or other behavior, mental health, or disability, they will do the following:
    a. Contact their supervisor and request to staff the case with the local multi-agency committee.
    b. Staff the case with the multi-agency committee and ensure all local resources have been considered prior to considering removal of the child.
    c. If the child may still come into foster care, contact the supervisor and request to staff the case with the DHS Integrated Services Team.
    d. Staff the case with the DHS Integrated Services Team and ensure all state-level resources have been considered prior to considering removal of the child.
    e. Obtain a final determination from the DHS Integrated Services Team.
    f. The caseworker will continue their assessment and will make a finding based on the assessment. A supported finding may be abuse, neglect, and/or dependency. The assessment and finding is independent of the final determination from the DHS Integrated Services Team. Once the

assessment and determination is completed and DCFS is in agreement that foster care is the least restrictive option to meet the child's need, the child may be placed in foster care.

204.3 Sibling or Child at Risk

Major objectives:
The CPS caseworker will assess the other siblings/children in a household when a child in the same household has been a victim of abuse, neglect, or dependency. Assessment and documentation must be specific for each child.

Applicable Law
Utah Code Ann. §80-3-204. Protective custody of a child after a petition is filed -- Grounds.

Practice Guidelines

A. In cases where the mother is pregnant and delivers the newborn and the newborn's siblings are in custody, or have been determined to be abused, neglected, or dependent, the CPS caseworker will complete a new SDM Safety Assessment.

B. The CPS caseworker will complete the following with each sibling or child to determine if the sibling or child requires immediate protection or services:
   1. Complete the SDM Safety Assessment.
   2. Conduct a face-to-face interview with each child having verbal or other communication skills or observe non-verbal children.
   3. If law enforcement objects to a DCFS investigation (for example, in a child fatality investigation), the CPS caseworker will review the case with the Attorney General's Office to determine legal options to ensure the safety of other siblings.

204.4 Coordination with Law Enforcement

Major objectives:
DCFS will coordinate with law enforcement to protect children and families when abuse, neglect, or dependency is alleged. This coordination will also serve to protect CPS caseworkers and keep the peace throughout the investigation.

Applicable Law
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines
The CPS caseworker will coordinate with law enforcement in the following ways:

A. Notification: If, during the course of the investigation, the CPS caseworker becomes aware of criminal activity, law enforcement will be notified.

B. Child placed into protective custody: When a child is to be taken into protective custody, the CPS caseworker will be accompanied by law enforcement if a peace officer is reasonably available.

C. Entry into the child's home: Neither law enforcement officers nor CPS caseworkers can enter a home uninvited without a search warrant issued by a court unless there is an emergency requiring entry be made without a warrant. If the CPS caseworker is denied entry into the child's home by the parent or caregiver, a request will be made to law enforcement to accompany the CPS caseworker to the home in an attempt to gain entry. Should the parent continue to deny entry, the CPS caseworker will coordinate efforts with law enforcement and the Attorney General's Office to secure a search warrant. [*See:* Major objectives Section 203.3.]

204.5 Domestic Violence Related Child Abuse

Major objectives:
When children have witnessed domestic violence, DCFS will assess the safety needs of the family and provide interventions and education to the family. CPS caseworkers will respect and support the role of the non-offending caregiver to protect themselves and the child who witnessed domestic violence between the caregiver and abuser.

Cases involving Domestic Violence Related Child Abuse will be reviewed with a DCFS supervisor and if the supervisor deems it necessary by a domestic violence specialist.

The Domestic Violence Related Safety Plan information and Risk of Danger information for the non-offending adult/caregiver as well as the child are protected records under Utah Code Ann. §63G-2-305 and will not be released when CPS records are requested because such release may pose a danger to the child and/or non-offending caregiver.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
Upon the identification of Domestic Violence Related Child Abuse, the CPS caseworker or DCFS domestic violence caseworker will proceed as follows:

A. Investigation: Identify and document in the case record the services, assessments, and education given to the family. These will include:

1. Assisting the non-offending adult/caregiver by providing them with a list of available resources and supports, educating them on the domestic violence cycle, safety planning with the client, and holding a Risk of Danger discussion to determine the level of lethal risk. Resources should include information on protective orders, domestic violence advocates, financial assistance such as CVR, shelters, crisis nursery, counseling or support groups, etc.
2. Assisting the offending partner by holding a Risk of Danger discussion, finding support systems, giving treatment resources, safety planning, and educating them on the domestic violence cycle.
3. Safety planning with child, if appropriate. A safety plan cannot rely on a child alone.
4. Explaining to each caregiver that:
    a. Immediate and long-range harm may result from exposing a child to domestic violence.
    b. According to Utah State law, a person is criminally liable for committing domestic abuse in the presence of a child.
    c. Domestic abuse in the presence of a child is "child abuse" and therefore such conduct may result in juvenile court intervention and an abuse record in the DCFS database.

B. Protective Order: If the non-offending caregiver has obtained a protective order:
1. Notify the Assistant Attorney General of the protective order and request a bifurcated hearing in juvenile court.
2. Do not conduct conjoint mediation, Child and Family Team Meetings, treatment planning, service planning, safety planning, or assessments between the protected party and the abuser.

C. Domestic Violence Shelter: If the caseworker has knowledge that the child and non-offending caregiver have relocated to a domestic violence shelter, explain to the non-offending caregiver and the domestic violence shelter staff that it is the caregiver's responsibility to immediately contact the caseworker if they leave the domestic violence shelter.

D. Failure to Protect: When the CPS caseworker and DCFS domestic violence program administrator staff a case and agree to make a finding of Failure to Protect against the non-offending caregiver, the CPS caseworker will document in the case record the reasons for that finding.

E. Notice of Agency Action (NAA) Letter: This letter will be sent to the offending partner in all supported CPS cases within agency timelines (Practice Guideline Section 204.15). The NAA Letter involving domestic violence related child abuse allegations will be sent to the perpetrator of the abuse in the same manner that all other agency action letters are sent. Before an NAA Letter is sent, individual safety planning to the non-offending partner, children, and offending partner will be provided in preparation for the receipt of

this letter, due to the possible significant risk placed on the non-offending parent and child. The CPS caseworker will:

1. Notify the non-offending caregiver that the letter will be sent and review safety measures.
2. Document this notification in the case record.

F. Case Requirement and Documentation Exceptions: A CPS caseworker may make an exception to CPS requirements for documentation when it is determined to be a safety concern (such as unscheduled home visits, priority timeframes on the face-to-face contact with the adult victim or child, etc.). Prior to making that decision, staff with a DCFS supervisor and domestic violence caseworker for agreement that those requirements could pose a potential threat of harm to the child or non-offending caregiver. Documentation of staffing and approval are required.

G. Family/Friend Disturbance: An altercation between extended family members or other non-related adults in the presence of a child may be considered emotional abuse and not domestic violence, if it is determined to have:

1. Elements that meet the definition of Emotional Abuse.
2. Does not involve a pattern of domestic violence power and control.

H. Homicide/Suicide: DCFS will respond to situations in which there has been a homicide and/or suicide as a result of domestic violence when either party has children that were living with them at the time, whether or not the children witnessed or were present during the incident. These referrals will be assigned and conducted as a DVS or CPS case according to Section 201.4.

204.5a Environmental Neglect

Major objectives:
DCFS will respond to concerns about the child's home environment when there is reason to believe that there is a threat to a child's physical health or safety due to possible neglect or abuse. The DCFS caseworker will respond to these allegations using positive engagement skills and a solution-focused view.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
These Practice Guidelines provide parameters for the CPS caseworker to follow in the various circumstances possible when there are concerns related to the child's environment. The assessment will determine whether the environment poses a threat to the physical health or safety of the child. The CPS caseworker may contact other community resources and/or evaluators to determine if and to what degree the environment poses a safety threat to the child. If necessary,

the CPS caseworker will provide assistance and education for enhancing safety and preventing the reoccurrence of the neglect. The assessment will include the following.

A. The CPS caseworker will use positive engagement skills with the family and complete an unscheduled home visit to assess the environment.

B. The CPS caseworker will assess whether the environment is safe for the children involved, considering:
   1. Threats to safety:
      a. Duration or length of the situation (chronic).
      b. Volume, quantity, or toxicity of the potential hazard.
      c. Severity of the threat to the child.
      d. Child's access to the potential hazards.
      e. The age of the child.
      f. The developmental level of the child.
      g. The medical condition of the child.
      h. Other expert opinions (health department, pharmacist, doctor, zoning, fire department, etc.).
      i. The extent to which the child's extended family may provide needed protection.

C. The CPS caseworker will assess whether the environment poses safety concerns. The CPS caseworker will team with the family to access services or interventions that will address the safety issues.

D. Service and education resources and/or on-site assessment contacts may include, but are not limited to, the following:

Concerns	Agency/Resources	Assessment, Education, or Services
Pest infestation, sewage/ water issues, urine/ feces	Health & Human Services	Pest infestation, repair/ cleanup/ health
Heat issues, safe heat sources, carbon monoxide	Gas Company	Gas/ carbon monoxide issues, HEAT program assistance
Fire/ electrical dangers	Fire Department	Fire/ electrical dangers and safety code
Sewage/ water issues, lack of access to water	Water Department	Water/ sewage issues
Issues that exacerbate medical conditions (mold, smoke, effects of dangers/ hygiene on medical condition)	Physician or Medical Assistance	Environmental impact on medical condition
Lack of access to food	Food Assistance Program	Subsidizing or providing education on food and nutrition
Poisonous/ toxic chemicals	Poison Control	Exposure to toxic/ poisonous chemicals
Only spoiled foods are available, choking hazards, hygiene, nurturing, housecleaning issues	Parent Education and Advocacy	Safe and healthy parenting
Health and safety issues regarding animals or dangerous animal issues	Animal Control	Containment of excessive or dangerous animals
Drugs, paraphernalia, drug labs	Law Enforcement	Cleanup of drugs, drug labs, or paraphernalia
Access to firearms/ ammunition, danger of firearms issues	Firearm Safety Education	Firearm safety
Dangerous structural issues, construction, code violations	Health & Human Services and Zoning	Dangerous structural, construction, code violation
Cleanup assistance, respite, safety plan monitoring, provisions, financial assistance	Kin, church, neighbors, crisis nursery, or other community agencies	Formal and informal supports

The CPS caseworker may find services and/or agencies by calling 211 or accessing the United Way website at http://www.uw.org/211/.

204.6 False Allegations of Child Abuse or Neglect

Major objectives:
If DCFS determines that an individual has knowingly submitted a false report of child abuse or neglect, the CPS caseworker will consult with law enforcement.

Applicable Law
Utah Code Ann. §80-2-611. False reports -- Investigation -- Notice of Penalty.

Practice Guidelines

A. At the conclusion of a CPS investigation, the CPS caseworker will determine (after consultation with the Attorney General's Office, if needed):
   1. Whether the referent's allegation of child abuse or neglect was false.
   2. Whether it is more likely than not that the referent knew, at the time of making the allegation, that the allegation was false.
   3. Whether the referent's address is known or reasonably available.

B. If the CPS caseworker finds that the referent probably knew, at the time of making the allegation, that the allegation was false, the CPS caseworker shall inform and consult with law enforcement regarding the false allegations made by the referent and determine:
   1. What information should be given to the alleged perpetrator relating to the false report.
   2. Whether good cause exists for not informing an alleged perpetrator about the false report.

C. If the CPS caseworker finds that the referent probably knew, at the time of making the allegation, that the allegation was false, and if the referent's address is available, the CPS caseworker will send the referent a certified letter that informs the referent that:
   1. The CPS caseworker has investigated the referent's allegation of abuse or neglect and has determined that the allegation was false and that the referent probably knew that the allegation was false at the time of making the allegation.
   2. Utah Code Ann. §76-8-506 and other laws impose criminal and civil penalties for knowingly making a false allegation of abuse or neglect.
   3. CPS has a statutory obligation to inform law enforcement and the alleged perpetrator.

D. A copy of the letter will be uploaded into SAFE Content Manager.

Revision date: May 2025

204.7 Child Fatalities and Near Fatalities

Major objectives:
Upon report of a child fatality, the CPS caseworker will notify law enforcement, DCFS administration and DHHS administration and take necessary steps to ensure that any other children in the household are safe. Upon report of a near fatality, the CPS caseworker will notify the Safe and Healthy Families Team at Primary Children's Medical Center.

Applicable Law
Utah Code Ann. §80-2-604. Death of child reporting requirements.
Utah Code Ann. §26B-1-5. Fatality Review.

Practice Guidelines

A. The CPS caseworker will immediately notify law enforcement, the DCFS director or designee, and the Fatality Review Coordinator when a client on an open CPS case dies:
   1. All notifications will occur within 24 hours of first knowledge of a death and may be accomplished through phone calls, e-mail, or written communication and will be documented in the activity recording.
   2. A Deceased Client/Employee Report form will be completed by the CPS caseworker, and a notice will be sent to the DCFS director and Fatality Review Coordinator within three days of knowledge of the fatality.

B. Upon a report made to DCFS on a child death determined to be a result of child abuse or neglect or when the cause of death is undetermined and wherein there are surviving siblings, the CPS caseworker will also immediately notify the region director or designee. Notification may be accomplished through phone calls, e-mail, or written communication and will be included in the activity recording. The CPS caseworker will assess siblings and children in the household or other children the alleged perpetrator may have access to.

C. Within seven days of the date that a report is made to DCFS of the death of a child whose family has received any child welfare services within the year preceding the date of the death, the caseworker will fill out the Deceased Client /Employee Report found in SAFE. The caseworker will submit the report to the region director or designee, and the region director or designee will submit the information to the DHHS child fatality review coordinator within those same seven days.

204.8 Extension Granted to a CPS Investigation

Major objectives:
If an investigation cannot be completed within 30 days from the disposition of the case to CPS, the CPS caseworker will make a request for an extension prior to expiration of the initial 30-day period.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The supervisor or designee may grant one extension of up to 30 days when more information is needed to make a thorough and accurate assessment.

B. An extension will not be granted for overdue documentation.

C. An additional extension of 30 days may be requested where extenuating circumstances exist.

204.9 Unable to Locate Within the State of Utah

Major objectives:
A CPS caseworker will close an investigation as Unable to Locate after reasonable efforts have been made by the caseworker to locate the child and family members.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
A finding of unable to locate can be made only when reasonable efforts have been completed.

A. Reasonable efforts include (but are not limited to):
   1. Visiting the home at least twice at times other than normal work hours.
   2. Contacting local schools for additional contact and address information
   3. Contacting local and county law enforcement agencies to gain any additional address information.
   4. Checking public assistance records for additional address or contact information.
   5. Checking with the referent for additional address information.
   6. Send the name and any other information regarding the family to the CLEAR (kin locator) license holder in the region for an internet search for additional address information

B. Prior to making a finding of Unable to Locate, the caseworker will document and follow up on any new information from the above sources regarding the whereabouts of the

child and family. If additional address information is found, the CPS caseworker will make visits to that address in order to find the child.

C. No face-to-face contact can be conducted on an Unable to Locate case. If the caseworker has completed a face-to-face on the case and cannot subsequently locate the family, see practice guideline 204.9a, Unable to Complete.

204.9a Unable to Complete

Major objectives:
The CPS caseworker will close an investigation as Unable to Complete only if reasonable efforts have been made to pursue the assessment and there is insufficient information to make a finding.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines
Reasonable efforts have been made if one of the following situations exists:

A. Face-to-face may or may not have occurred, and all of the following apply:
   1. Whereabouts of the child and family are known but the parent/guardian refuses to allow the child to be seen and/or interviewed.
   2. The caseworker has contacted the police for assistance, but the police have been unsuccessful in attempts to assist the caseworker in seeing the child.
   3. The caseworker has contacted an Assistant Attorney General to staff whether a warrant or petition can be obtained with the information available, but it was determined that a warrant or petition was not appropriate.
   4. There is insufficient information to make a finding.

B. No face-to-face has occurred, and the following apply:
   1. The child and/or family move outside the state, whereabouts known (note: if whereabouts of the child and family are unknown, fulfill the requirements of practice guideline 204.9, Unable to Locate, and close the case as unable to locate).
   2. A request for courtesy work is requested and declined.
   3. The caseworker cannot complete the assessment through telephone or other contact with the family or collaterals.
   4. There is insufficient information to make a finding.

C. A face-to-face has occurred, and one of the following apply:
   1. The child and family moved out-of-state, whereabouts known:
      a. A request for courtesy work is requested and declined.

b. The caseworker cannot complete the assessment through telephone or other contact with the family or collaterals.
c. There is insufficient information to make a finding.

2. The child and family moved, whereabouts unknown:
   a. The child and/or family have moved.
   b. The whereabouts of the child and/or family are unknown.
   c. The caseworker has fulfilled the requirements of practice guideline 204.9, Unable to locate.
   d. There is insufficient information to make a finding.

204.10 Case Findings

Major objectives:
At the conclusion of a CPS investigation, a finding will be made for each allegation identified at the time of Intake or identified during the investigation. Each alleged victim in the case will be linked to a specific allegation or allegations and to an alleged perpetrator or alleged perpetrators.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. Acceptable findings include:
   1. Supported.
   2. Unsupported.
   3. Without Merit.
   4. Unable to Locate.
   5. Unable to Complete Investigation.
   6. False Report.

B. Case findings are determined as follows:
   1. A case finding of Supported will be used when there is reasonable basis to conclude that abuse, neglect, or dependency occurred, even if the alleged perpetrator is unknown.
      a. A finding of chronic/severe will be considered when a child was taken into protective custody or protective action was pursued through the juvenile court or any time the circumstances meet the definition of chronic/severe abuse or neglect.
      b. An adopted child in need of services that cannot be met by their parents will be categorized as Dependency. The CPS caseworker will assess during the investigation whether the circumstances require allegations of abuse or neglect to be added to the Child Abuse Neglect Report.
   2. A case finding of Unsupported will be used when there is insufficient evidence to conclude that abuse, neglect, or dependency occurred.

3. A case finding of Without Merit will be used when there is evidence that abuse, neglect, or dependency did not occur or that the alleged perpetrator was not responsible.
4. A case finding of Unable to Locate will be used in the following two situations: a) The CPS caseworker was unable to complete the face-to-face contact with the alleged victim and b) The CPS caseworker made all reasonable efforts to locate the child and was unable to do so.
5. A case finding of Unable to Complete Investigation will be made when the child and/or family move outside the state and a request for courtesy work is requested and declined and there is insufficient information to make a finding, or when the child and/or family move outside the state after the face-to-face contact is made with the child and there is insufficient information to make a finding because the whereabouts of the child and/or family are unknown, or when the child and/or family move within the state, the face-to-face with the child was made but there is insufficient information to make a finding and the whereabouts of the child and/or family are unknown.
6. A case finding of False Report will be made when the DCFS caseworker finds that the report of abuse, neglect, or dependency was made by a referent who "more likely than not knew that the report was false at the time the person submitted the report."

C. The case finding decision may be based on the child's statements alone; corroborating evidence will not be required in all cases.

D. If the case is supported, a summary of the facts that met the definition for abuse, neglect, or dependency that led to the supported finding will be documented in the activity record. Ensure the incident date listed on the case is accurate.
   a. If the referent or child reports multiple incidents over time, use the most recent date.
   b. If the child does not remember when the abuse/neglect occurred, use an approximate date, as close to the child's description as possible. Remember to ask third parties or a non-offending parent for precision on the incident date. If the child does not remember the time of year, use 01/01/year.
   c. If the child is in foster care when they report past abuse (abuse/neglect that occurred prior to the child's removal) and they do not remember when, use a date prior to the removal date.

E. The opinion of the alleged victim's primary care physician, a licensed physician or physician's assistant, or nurse practitioner working under the direction of a physician will be requested in situations outlined in Section 202.8.

F. If the case is supported, the CPS caseworker will provide a certified Notice of Agency Action letter and other relevant forms to the alleged perpetrator once the case is closed. If law enforcement is involved with the investigation, DCFS will notify law enforcement when a case will be closed and that the Notice of Agency Action letter will be sent out if

a supported finding is being made. If law enforcement asks DCFS to hold onto the Notice of Agency Action letter, the CPS caseworker may request their supervisor extend the case until the letter can be sent. If the case has reached its maximum extensions, the CPS caseworker will notify law enforcement, close the case, and send the letter.

G. The CPS caseworker will provide a Notice of Agency Action letter to the perpetrator or legal guardian if the perpetrator is a juvenile through personal service by a third party not involved in the action (documenting date, time, manner, and location of service) if a supported finding of one of the following exists: sexual abuse, lewdness, sexual exploitation, chronic/severe abuse or chronic/severe neglect or abandonment. [*See:* Utah Rules of Civil Procedure Rule 4.]

H. A case finding of Unsupported will not be made solely because the CPS caseworker was unable to identify the alleged perpetrator when the evidence shows that abuse, neglect, or dependency occurred.

I. The determination of acceptable findings will be based on the facts of the case obtained at the time of the investigation.

J. An allegation will not be considered Unsupported or Without Merit because the family corrected the conditions that caused the abuse, neglect, or dependency while the investigation was pending.

K. The conclusions of the health care professional regarding an abusive injury, sexual abuse, or medical neglect will be considered by the CPS caseworker in making case findings. DCFS and the family may obtain a second opinion. If the family requests a second opinion, they must do so at their own expense.

L. Chronic/severe child abuse or neglect in Section 204.11(A) does not include a person's conduct that:

1. Is justified under Utah Code Ann. §76-2-401 regarding the use of reasonable and necessary physical restraint or force by an educator.
2. Constitutes the use of reasonable and necessary physical restraint or force in self-defense or otherwise appropriate to the circumstances to obtain possession of a weapon or other dangerous object in the possession or under the control of a child or to protect the child or another person from physical injury.

204.11 Court Findings

Major objectives:
The juvenile court has the authority to Substantiate a DCFS Supported finding.

Applicable Law
Utah Code Ann. §80-3-404. Finding of severe child abuse or neglect -- Order delivered to division -- Court records.

Practice Guidelines

A. The juvenile court may Substantiate a DCFS Supported finding.

B. The court order will be given to the region administrative hearing tracker by the caseworker or supervisor. The administrative hearing tracker will enter the Substantiated finding and date it was ordered by the court in the coinciding allegation(s) section in SAFE and import a copy of the court order into content manager.

C. Any appeal of the Substantiated finding will have to be made through the juvenile court.

204.12 Changing a Finding on a Closed Case

Major objectives:
A previously closed CPS case will be amended to reflect the current finding.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. If an Unsupported finding is amended to Supported, the Administrative Hearing tracker or designee will:
   1. Document the new information and all consultations held on the case in the activity recording.
   2. Enter the amended finding into SAFE. [*See:* Section 204.15.]
   3. Send a Notice of Agency Action letter to the perpetrator.

B. If the previous finding is amended from Supported to Unsupported, the Administrative Hearing tracker or designee will:
   1. Document the new information and consultations held on the case in the activity recording.
   2. Send a letter that outlines or states the newly obtained information for which an amendment of the original case finding is being made.
   3. Ensure that a GRAMA request is provided to the alleged perpetrator.
   4. Enter the amended finding into SAFE.

204.13 Documentation of Investigation

Major objectives:
The CPS caseworker will record all casework activities and information obtained on a CPS case.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
CPS documentation will include, but is not limited to, the following:

A. The date, time, place, and type of casework activity being completed. The specific source of information will be documented.

B. A complete description of all casework activities and the rationale for conclusions made, which may include the following unless an exception applies and is documented:
   1. Review of information contained in all prior DCFS records.
   2. Review of any Additional Information reports added to the case by Intake. Any new allegations will be added to the case.
   3. Results of the SDM Safety Assessment and Risk Assessment, including the details of the Safety Plan, if applicable.
   4. Unscheduled and scheduled home visits, including documentation of the conditions of the residence and/or the specific areas of the home the CPS caseworker observed.
   5. The identity of any support person participating in the interview.
   6. Face-to-face contact with the alleged victim, including incidents when face-to-face contact was not completed within the priority time frame or was not possible.
   7. Interviews with the child that include statements made regarding the specific allegations or incidents of abuse, neglect, or dependency, and any other information regarding the assessment of child safety, risk, and family functioning.
   8. Interview of the alleged perpetrator(s) and any admissions or denials to the allegations.
   9. Interview with the parents or guardian regarding the specific allegations or incidents of abuse, neglect, or dependency and any other information regarding the assessment of child safety, risk, and family functioning.
   10. All collateral or third-party contacts, including the referent if they have first-hand knowledge of the child's safety, risk, and/or family functioning.
   11. All case staffings, the identity of persons participating in the staffing, and any decisions made.
   12. Extensions granted with documentation regarding the need for the extension.
   13. The appropriate closure notification provided to the referent, which includes law enforcement.
   14. Notice of Agency Action sent or served to the alleged perpetrator that includes the appropriate blank forms for a GRAMA Request and Request for Administrative Hearing.

15. The caseworker will document all case activities in the activity logs. All other information and/or correspondence associated with the CPS case will be uploaded into SAFE, including Safety Plans.

204.14 Determination of a CPS Case for Ongoing Services

Major objectives:
Every child and family with protection or safety needs, or who are at continued risk, will be considered for ongoing services through DCFS or community partners. SDM Safety and Risk Assessments help inform the decision to open a case for ongoing services.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Administrative Rule R512-100. In-Home Services.

Practice Guidelines
The SDM Risk Assessment identifies the level of risk of future maltreatment. The risk level helps guide the decision to close a referral or open an ongoing case.

Final Risk Level	Recommendation
Low	Do Not Open*
Moderate	Do Not Open*
High	Open

*The SDM Safety and Risk Assessments used in combination will recommend an ongoing case if any of the following conditions exist:
-The SDM Safety Assessment final safety decision is Unsafe. This would likely result in a removal.
-The SDM Safety Assessment final safety decision is Safe with a Plan.
-If the final safety decision is Safe, but the SDM Risk Assessment concludes the risk is High.

For cases opened for ongoing services following the investigation, the risk level is used to determine the contact requirements for the case (service level).

After calculating the scored risk level, determine if any overrides apply.

Mandatory overrides. Mandatory overrides reflect the seriousness of the incident and concerns of child vulnerability and have been determined by DCFS to be cases that warrant the highest level of service regardless of the scored risk level. If the scored risk level is low or moderate, review the mandatory override conditions to see if any apply. Mark any mandatory override reasons that are present. The final risk level is then increased to high.

- Sexual abuse victims in this case AND perpetrator is likely to have access to child. One or more of the children in this household are victims of sexual abuse and actions by the caregivers indicate that the perpetrator is likely to have access to the child, resulting in danger to the child.

- Non-accidental injury to a child younger than 36 months old. Any child under the age of 36 months in the household has a physical injury resulting from the actions or inactions of a caregiver.
- Serious non-accidental injury. Any child in the household has a serious physical injury resulting from the action or inaction of the caregiver. The caregiver caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts; and the child requires medical treatment.
- Previous termination of parental rights. The court has terminated parental rights for either caregiver due to abuse or neglect at any time in the past.
- Caregiver(s) action or inaction resulted in death of a child due to abuse or neglect (previous or current). Any child in the household has died as a result of actions or inactions by the caregiver. This child death may be in the current incident or investigation or may have occurred at any time in the past.

Discretionary override: A discretionary override is applied by the social worker to increase the risk level in any case where the social worker believes the scored risk level is too low. This should represent a unique situation not considered elsewhere on the risk assessment that increases the likelihood of a future incident of child maltreatment in this household. Discretionary overrides may only increase the risk level by one level (e.g., from low to moderate, or moderate to high, but NOT low to high). Use of a discretionary override means there is a clinical judgment that the likelihood of future harm is higher than scored, and requires a reason, supervisory consultation, and approval. Supervisor approval of the discretionary override is indicated when the supervisor reviews and approves the risk assessment.

Planned Action: If the planned action to open or not open an ongoing case differs from the SDM recommended action, provide a clear and detailed explanation in the SDM Risk Assessment.

204.14a Case Transfer Process

Requirements for All Case Transfers from CPS

A. An ongoing worker will be identified to work with the family within five business days of the referral from a Child Protective Services (CPS) case.

B. The CPS worker is responsible for following up to ensure the safety plan is followed and/or to meet any contact standards defined by SDM until the case is opened to the ongoing worker.

C. The first face-to-face contact with the family will be done by both the CPS and ongoing worker and will be completed within ten business days of the ongoing worker being identified.
   1. Members of the Child and Family Team will be identified during this contact, and the meeting will be scheduled with the family. The CPS case will remain open until this first contact has been completed.

D. The ongoing worker will take over meeting the SDM contact standards and/or other case requirements at the time of case transfer.

E. A Child and Family Team Meeting will be held with both the CPS and ongoing workers within 15 business days of case assignment to the ongoing worker. The purpose of the meeting is to discuss the safety and risk factors identified during the CPS case, as well as the items in the UFACET.

Protective Supervision Collaborative

A. The PSC case will not be opened and assigned to the ongoing worker until after the first contact with the family is made.

B. The case needs to be opened for PSC within two business days after the first contact with the family was made. The start date of the PSC case will be the date the first contact with the family occurred.

C. If the family chooses not to participate in PSC services at the time of the first visit, a PSC case will not be opened. The CPS worker will maintain an open CPS case and staff the case with a supervisor regarding the necessity of a PSS petition or other course of action. If it is decided a PSS petition is warranted, the CPS worker will contact an AAG. The CPS worker is responsible for ensuring the safety plan is being followed and/or will meet any contact standards defined by SDM until the PSS petition has gone to court and orders have been made.
   1. If orders are made by the court, a PSS case will be opened to the ongoing worker within two business days and will be responsible for meeting the recommended SDM contact standards.
   2. The CPS and ongoing worker are both responsible for attending court hearings and/or mediation until the petition has been adjudicated.

D. If the family chooses not to participate in PSC any time after the first visit but within 14 days of case creation, the CPS worker is responsible for staffing the case with a supervisor and the AAG for a PSS petition, or other course of action, based upon a current safety assessment of the child. This staffing will include the CPS and ongoing workers.

E. If the family chooses not to participate in PSC after 14 days of case creation, the ongoing worker is responsible for staffing the case with the supervisors and the AAG for a PSS petition, or other course of action, based upon a current safety assessment of the child. This staffing should include the CPS and ongoing workers. The PSC case will be closed.

Protective Supervision Services

A. The CPS worker is responsible for following up to ensure the safety plan is being followed and to meet any contact standards defined by SDM until the PSC/PSS case is opened to the ongoing worker.

B. The individual that will be listed as primary on the case will be the individual that is listed as the primary caregiver on the SDM, or

C. If no services are provided to the primary caregiver on the SDM, the case will be open to the primary caregiver in the home where services are ordered, or

D. If there are children in multiple homes and services are needed in each of the homes, consider the need for multiple cases.

E. If the family is willing to begin services prior to the petition being heard, then a PSC case shall be opened (follow the PSC guidelines).

F. The CPS case will remain open until the PSC case is opened or the court orders interim PSC or PSS.

Out-of-Home (SCF)

A. CPS will complete all required visits with the child in their placement (48 hour visit, weekly visits) until the case has been transferred. After case transfer, the ongoing worker will be responsible for completing the visits.

B. The CPS and ongoing workers are both responsible for attending court hearings and/or mediation until the petition has been adjudicated.

C. The removing worker will ensure a SCF case is opened and the current placement information for the child is entered within 24 hours of the removal.

Kinship

A. CPS to PSS placement where the child is in the temporary custody of a relative while DCFS works on reunification services with the parent(s).
   1. If possible, prior to placement, options and resources to the family will be explained by the CPS worker and/or a kinship specialist.
   2. The ongoing worker or designee will record the Kinship Placement in SAFE. (Kinship Caregiver KR, Kinship Child KC). [*See:* Kinship Practice Guidelines Section 510.]
   3. The ongoing worker and/or kinship specialists will link the relative caregiver to resources in the community, such as DWS and Grandfamilies.

B. CPS to SCF cases where the child was placed with a relative or friend in a preliminary placement and DCFS was given temporary custody.
   1. Before the kinship placement is made the CPS worker will ensure that:
      a. All adults and juveniles in the home have approved background checks. If needed, the Region Background Screening Committee will convene to review applicant's background.
      b. A Limited Home Inspection KBS16 will be completed.

c. The CPS worker will have the parent sign the Parent/Guardian Agreement KBS03. If the parent refuses to sign, the worker will document refusal.
d. The CPS worker will have the kin caregiver sign the Kinship Caregiver Agreement KBS04. This must be signed by the kin caregiver.

2. If an emergency kinship placement is made (before shelter), the CPS worker or Kinship worker will provide the Placement Report KBS21 to the court at the Shelter Hearing.
3. A kinship specialist will attend the initial CFTM to explore kinship options and resources.
4. Efforts to identify, locate, and engage all possible kin for placement or connection will take place within 30 days of removal, and ongoing efforts will be documented in activity logs in SAFE by the current worker assigned to the case using the policy button "Efforts Made to Locate Possible Kinship Placements."
5. Kin Locate information, including KBS12 letters to relatives and friends who are present at the CFTM, will be gathered by the CPS worker or kinship specialist and returned to the Kin Locator.
6. The caseworkers and kinship specialist will go over timeframes and requirements for reunification and the kinship process with the kin caregiver.
7. The CPS worker or the ongoing worker (if case has been transferred) will complete a Request from Worker for Kinship Support Services (KBSO9).
8. If the child has been placed with a friend, the CPS or kinship worker will educate the placement regarding timelines for friends to be licensed.
9. If a new preliminary placement is made or there is a change from one preliminary placement to another, the assigned worker will provide notice to the court using the Court Notification of Preliminary Placement or Preliminary Placement Change (KBS07) form.

204.15 Case Closure

Major objectives:
A CPS case will be closed no later than 30 days from disposition of the case by Intake to CPS. [*See:* Section 204.8, Extension Granted To A CPS Investigation.]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The CPS caseworker will complete the following prior to case closure:

A. Complete activity recording and documentation in SAFE.

B. Finalize all SDM Safety Assessments and SDM Risk Assessments.

C. Ensure supporting documents such as safety plans and agreements, letters, forms, law enforcement reports, medical reports, etc. are uploaded to SAFE content manager.

D. Determine the case finding and clearly document the rationale for the finding. If the case is being unsupported, document if there are any concerns that may exist even though the case is being unsupported. If the case is supported, the following will be documented in the activity recording and closure statement:

1. The facts, evidence, and rationale that support the findings of the case.
2. A summary of the initial threats to safety and if/how any have changed by the end of the case. Use multiple SDM Safety Assessments to document the change. If threats to safety were identified in the SDM Safety Assessment, document the Safety Plan put in place to address them.
3. Ensure the incident date listed on the case is accurate.
   a. If the referent or child reports multiple incidents over time, use the most recent date.
   b. If the child does not remember when the abuse/neglect occurred, use an approximate date, as close to the child's description as possible. Remember to ask third parties or a non-offending parent for precision on the incident date. If the child does not remember the time of year, use 01/01/year.
   c. If the child is in foster care when they report past abuse (abuse/neglect that occurred prior to the child's removal) and they do not remember when, use a date prior to the removal date.

E. In conjunction with the Child Abuse Prevention and Treatment Act (CAPTA) requirements (Public Law 108-446, Section 637(a)(6)), any child 34 months or younger, with a supported finding of abuse or neglect, will be automatically referred to the DHHS's Baby Watch Early Intervention Program (BWEIP). SAFE will send a list of all children meeting these criteria to BWEIP. A letter will be automatically generated and sent to the parents or guardians of the child to inform them of the referral.

(1) The CPS caseworker will ensure all parent/guardian information is current in SAFE, including name, address, and contact information.

F. If the case is supported for sexual abuse, lewdness, sexual exploitation, chronic/severe physical abuse, chronic/severe emotional abuse, chronic/severe neglect or medical neglect resulting in death, disability, or serious illness, staff with an Assistant Attorney General and determine if a petition should be filed in juvenile court to request a substantiated finding.

G. Except as required in H. below, provide written or verbal notification of the case closure to the referent, unless anonymous, within five working days of the case closure and document in SAFE that this was completed.

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H. If the referent is a physician or a nurse or physician's assistant reporting on behalf of the physician, the CPS caseworker will complete the Referent Letter for Medical Professionals (CPS11D) accessed through SAFE and send it to the physician from whom

abuse or neglect was reported, as authorized by Utah Code Section 80-2-1005(1)(b). The letter will be sent within five working days of the case closure. The letter and the information it contains may only be released to the physician from whom the report of abuse or neglect was reported and is not authorized for other professionals or members of the general public. Because of the confidential nature of the information in the letter, the caseworker should email the letter to the physician rather than send it through regular mail.

I. If the case is supported, send or initiate service of the Notice of Agency Action and other relevant forms to the alleged perpetrator once the case is closed. If law enforcement is involved with the investigation, DCFS will notify law enforcement when a case will be closed and that the Notice of Agency Action letter will be sent out if a supported finding is being made. If law enforcement asks DCFS to hold onto the Notice of Agency Action letter, the CPS caseworker may request their supervisor extend the case until the letter can be sent. If the case has reached its maximum extensions, the CPS caseworker will notify law enforcement, close the case, and send the letter.

Revision date: August 2025

204.16 Amending CPS Cases

Practice Guidelines

Cases will not be closed prior to all the work on the case being completed and documented. In the event changes to the case are necessary after the case has been closed, the following procedures will be followed.

A. Fixing Errors. When fixing errors to logs in a closed CPS case, the case will not be reopened. A new log will be added to make note of the error and add the correct information. The date of the log will reflect the date the new log was created.

B. Adding Information. When adding information or completing items on a closed CPS case, a log will be added to document the information. The date of the log will reflect the date the new log was created. The date the item was actually completed can be documented in the log if it is different than the date the log was entered.

C. Items Needing to be Completed. If additional work needs to be completed on a closed CPS case, the case should be reopened and the appropriate items completed. If possible, the case will be extended until the work is completed and appropriately documented. If an extension is not possible, the items needing to be completed will be completed and appropriately documented as quickly as possible. The reason the case was reopened will be clearly documented. The case will be closed with the original closure date.

D. Changing Allegation Findings (Section 204.12). If additional information is brought forward after a case has been closed, which would change the finding(s) of the allegations, the allegations will be amended. This would not include allegation changes

due to new information or as result of an Internal Review, Administrative Hearing, Judicial Review, or an approved expungement.

1. The finding will be changed by the Administrative Hearing tracker or designee by selecting the Review button for the specific allegation that is being changed.
    a. A log will be added to provide an explanation for the change to the allegation(s). The explanation will include the new information that led to the change being made.
    b. The Allegation Description Text will be updated to reflect the changed allegation and the information that led to the change being made. The updated information will be added to the Review section to explain the reason for the change.
    c. The case will be re-closed with the original date of closure.
    d. If the finding is changed to Supported, a NAA letter will be sent to the perpetrator.
    e. If the finding is changed to Unsupported or expunged, a letter will be sent to the alleged perpetrator to notify them of the change.

204.17 Failure to Report by a Professional

Major objectives:
Child and family services will file a complaint with the appropriate agency when there are grounds to believe suspected abuse and neglect was not reported by specific professionals

Applicable Laws
Utah Code Ann. §80-2-609. Failure to report -- Threats and intimidation -- Penalty.

A. If DCFS has substantial grounds to believe that an individual has knowingly failed to report suspected abuse, neglect, fetal alcohol syndrome, or fetal drug dependency, DCFS shall file a complaint with:
    1. The Division of Occupational and Professional Licensing if the individual is a health care provider or mental health therapist (https://dopl.utah.gov/).
    2. The appropriate law enforcement agency if the individual is a law enforcement officer.
    3. The State Board of Education if the individual is an educator. The complaint will be sent to the UPPAC executive secretary at uppac@schools.utah.gov.

B. The caseworker will need to staff with their supervisor and AAG prior to filing a formal complaint with the respective agency. If it is determined a complaint needs to be filed, the CPS caseworker and supervisor will draft a formal complaint with the AAG. DCFS may provide information deemed necessary to the specific agency in regard to the complaint. The CPS caseworker will submit the letter to the CPS program administrator, and the CPS program administrator will file the complaint with the appropriate agency.

205 Removals: Safety and Permanency Considerations

This section provides guidance for CPS caseworkers who must remove a child from their home.

205.1 Grounds for Removal/Placement of a Child into Protective Custody

Major objectives:
The DCFS caseworker will obtain a warrant from a court of competent jurisdiction to facilitate the removal and subsequent placement of a child into protective custody, unless there are exigent circumstances that demonstrate a substantial, immediate threat to the health or safety of a child, unless a court order to remove is already in place, or unless a parent gives consent for removal. A caseworker will consult the Office of the Attorney General for all removals.

The CPS caseworker will use the SDM Safety Assessment to determine if the child is unsafe. If the child is determined to be unsafe, then the DCFS CPS caseworker will review the reasons for removal and other available options with a supervisor or other personnel designated by the region director and an Assistant Attorney General. [*See*: Section 208.1 for ICWA procedures]

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.
Utah Code Ann. §80-2a-202. Removal of a child by a peace officer or child welfare caseworker -- Search warrants -- Protective custody and temporary care of a child.

Practice Guidelines
The following have authority to place a child into protective custody:

A. A court of competent jurisdiction issuing a warrant.

B. A DCFS caseworker, without a warrant, in accordance with the exigent circumstance requirements of Utah Code Ann. §80-2a-202.

C. A law enforcement/peace officer.

D. A physician or person in charge of a medical facility may place the child on a medical hold for up to 72 hours.

A child may be removed from the custody of parents or guardians without a warrant from a court of competent jurisdiction and placed into protective custody when one or more of the following circumstances exist:

A. A parent or guardian consents to the removal of the child.

1. Consent removals do not require a written agreement or written consent from a parent. Verbal consent is sufficient.
   a. The verbal consent must be documented in activity logs.
2. Consent removals are not voluntary. [*Refer to:* Section 704.2 for information on voluntary placements.] A parent may not withdraw consent once a child is removed. Once a child is removed based on consent, the child remains removed until a court orders something different.
   a. Consent removals trigger juvenile court action and require 24-hour meetings, notice, and shelter hearings.

B. There is imminent danger to the physical health or safety of the minor, and the health or safety of the minor may not be protected without removing the minor from the custody of the minor's parent or guardian.

C. There is substantial risk to the minor of being physically or sexually abused by a parent, guardian, or another person known to the parent or guardian.

D. The parent or guardian is unwilling to have physical custody of the minor.

E. The minor has been abandoned without provision for the minor's support.

F. The parent or guardian has been incarcerated or institutionalized and has not arranged or cannot arrange for safe and appropriate care for the child.

G. A relative or other adult custodian with whom the parent or guardian has left the child is unwilling or unable to provide care or support for the child, and the whereabouts of the parent or guardian are unknown, and reasonable efforts to locate the parent or guardian have been unsuccessful.

H. An infant has been abandoned, as defined in Utah Code Ann. §80-4-203.

Warrant Request

A warrant may be requested by DCFS in the following circumstances:

A. If a child has previously been adjudicated as abused, neglected, or dependent, and a subsequent incident of abuse, neglect, or dependency has occurred involving the same alleged abuser or under similar circumstance as the previous abuse, that fact constitutes prima facie evidence that the child cannot safely remain in the custody of the child's parent.

B. A parent or guardian engages in or threatens a child with unreasonable conduct that could be expected to cause the child to suffer emotional damage.

C. A child/sibling at risk of being abused or neglected because another child in the same home or with the same caregiver has been or is being abused or neglected.

D. If a parent or guardian has received actual notice that abuse and neglect by a person known to the parent has occurred, and there is evidence that the parent or guardian failed to protect the child by allowing the child to be in the physical presence of the alleged abuser, that fact constitutes prima facie evidence that the child is at substantial risk of being abused or neglected.

E. The child is in immediate need of urgent medical care.

F. A parent or guardian's actions, omissions, or habitual action create an environment that poses a threat to the child's health or safety.

G. A parent or guardian's action in leaving a child unattended would reasonably pose a threat to the child's health or safety.

H. The parent, guardian, or an adult residing in the same household as the parent or guardian, has been charged or arrested pursuant to the Clandestine Drug Lab Act or any clandestine laboratory operation was located in the residence or on the property where the child resided. If it is determined that the child is in imminent danger, the DCFS caseworker may remove without a warrant.

I. There is imminent danger to the physical health or safety of the child and the child's physical health, or safety may not be protected without removing the child.

J. The child's welfare is otherwise endangered.

K. When the parents of a child adopted from foster care indicate they can no longer meet the needs of the child and request the child be removed, unless there are indications of abuse or neglect, the case will be supported as Dependency.

DCFS caseworkers request a warrant from a court of competent jurisdiction through the Assistant Attorney General's Office.

A child may not be removed from the child's home or taken into custody solely on the basis of mental illness or poverty of the parent or guardian or educational neglect, truancy, or failure to comply with a court order to attend school or parents of a child adopted from foster care are requesting services or interventions.

A child may also not be removed solely based on a parent's agreement or disagreement with a minor child's assertion that their gender identity is different from the child's biological sex or practice of having or expressing a different gender identity than the child's biological sex.

A DCFS caseworker may not take a child into protective custody when motivated solely by intent to seize or obtain evidence unrelated to the potential abuse or neglect allegation.

A child removed from the custody of the child's parent or guardian may not be placed or kept in a secure detention facility pending further court proceedings unless the child can be detained based on procedures set forth by the Division of Youth Corrections.

205.2 Actions Required upon Removal of a Child

Major objectives:
Upon removal of a child from the custody of their parent/guardian, the DCFS caseworker will make reasonable efforts to receive and provide appropriate procedural, court, and child information to the parent/guardian and placement and to provide comforting measures for the child through contact, family-time where appropriate, and information.

Applicable Law
Utah Code Ann. §80-2a-203. Notice upon removal of a child -- Locating noncustodial parent -- Information provided to parent, guardian, or responsible adult.

Practice Guidelines
The DCFS caseworker will take diligent steps to:

A. Notify both parents, if their whereabouts are known (including a putative father and non-custodial parent), and any legal guardian within 24 hours of removal informing them of the reasons for removal and placement into protective custody.

B. Give the parents/caregivers the following information:
   1. Notice of Removal and a telephone number where the parents may access further information.
   2. Parents' procedural rights.
   3. Information pamphlet entitled, "What Happens When Your Child Is Removed From Your Care" (available in SAFE).

C. Make reasonable efforts to obtain information essential to the safety and well-being of the child using Form CPS23 and give this information to the provider within 24 hours of the child's placement into protective custody. This information should follow the child to their first assessment. If the child is an infant, include the birth hospital and the birth weight if this information is available.

D. Audio/videotape investigative interviews initiated by DCFS with children following placement into protective custody and prior to adjudication.

E. Visit the child in their placement by midnight of the second day after the date of removal from the child's parents/guardians. The caseworker will assess the child's adjustment to the placement and their well-being. If the case has been assigned to an ongoing caseworker, the ongoing caseworker or RN assigned to the case can complete the visit for the CPS caseworker. The CPS caseworker is responsible for ensuring this visit is

completed, and the CPS caseworker and ongoing or RN caseworker need to consult on the visit within 24 hours of the visit.

F. Open a new SCF case and enter the placement of the child within 24 hours of the removal.

G. Purposeful and frequent family-time with parents and siblings is a child's right, not a privilege or something to be earned or denied based on behavior of the child or the parent. Supervised family time will only occur in situations where safety or emotional well-being of the child is in question and will be conducted by caseworkers, kin, or out-of-home caregivers, trained assistants, or other qualified individuals. Offer the parents/guardians family-time with the child within three working days of removal, if appropriate.

H. After the first visit in placement is completed, the CPS caseworker will visit the child in their placement once a week until the case is transferred to an ongoing caseworker. Once the case has been transferred, the ongoing caseworker will be responsible for any further visits.

I. Record all of the above actions in SAFE with the date that they were accomplished.

Revision Date: September 2024

205.3 Removal of a Child from a Home where Methamphetamine or Other Illicit Drugs Are Manufactured

Major objectives:
Children/youth located where there is manufacturing of methamphetamines and/or other illicit drugs will be taken into protective custody where law enforcement determines the child is present and is at risk due to exposure or access to chemicals or other substances used in the production, manufacture, or distribution of these drugs. This may include situations in which the child has been exposed to a contaminated environment.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
For removal of children from homes where methamphetamine or other illicit drugs have been manufactured, the following will apply:

A. Intake receives the information, staffs the referral with a supervisor, and assigns the case as a priority 1, 1R, or 2 to a CPS caseworker.

B. The CPS caseworker will contact the officer in charge. The officer in charge determines if it is safe for entry. If not safe, the officer in charge will bring the child out to the CPS caseworker.

C. The CPS caseworker will document, or assure that law enforcement will document, the following, preferably by photographs:
   1. The height of each child.
   2. Safety hazards, such as:
      a. Counter height where chemicals/drugs are observed.
      b. Areas where children have access to chemicals/drugs.
      c. Proximity of food, toys, or clothing to chemicals, needles, etc.
   3. Safety attempts, such as door locks/devices utilized to prevent access to chemicals/drugs.
   4. Play area.
   5. Each room:
      a. Include walls, floors, ceiling, and objects within each room.
      b. Describe odors associated with each photograph.

D. Obtain a checklist of chemicals/drugs at the scene as identified by law enforcement.

E. Specifically for methamphetamine cases: The CPS caseworker should consult with the officer in charge regarding removal of possessions (including medication) or clothing from the residence. Removal of possessions or clothing from the residence is prohibited except for prescription medications that are clearly labeled as a medication for the child. Any medication taken from the scene should be placed and secured in a plastic bag.
   1. The CPS caseworker will call the prescribing doctor as soon as possible.
   2. The CPS caseworker will inform the physician of the child's exposure to chemicals and placement into protective custody and will request that the medications prescribed be re-prescribed to the child.
   3. The CPS caseworker will request instructions from law enforcement on how to dispose of the exposed medication.
   4. The CPS caseworker will ensure that the new prescriptions will be picked up from the pharmacy and delivered to the child.

F. Specifically for methamphetamine cases: Determine with law enforcement if gross contamination of the child exists. If gross contamination exists, the CPS caseworker will coordinate with law enforcement to ensure that the child is decontaminated. The child will then be transported to a medical facility for evaluation.

G. The CPS caseworker will notify the foster care provider of the specific circumstances of the removal and any medical needs of the child.

H. Complete the required paperwork. Provide the law enforcement officer in charge of the case a copy of the DCFS paperwork.

205.4 CPS Caseworker Safety When Exposed to a Methamphetamine Lab

Major objectives:
CPS caseworkers will take actions to reduce potential exposure to chemicals or drugs when intervening to assess the safety of children in situations where methamphetamines may have been manufactured.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. CPS caseworkers responding to situations where exposure to harmful chemicals or drugs may be present will take the following precautions:
   1. Wear clothing that can be laundered and avoid wearing open-toe shoes.
   2. Contact law enforcement if there is a suspicion that methamphetamines are being manufactured in a home.
   3. Immediately leave the home if there is any observation of indicators that an active methamphetamine lab may be in operation and call 911 for assistance.
   4. Coordinate child safety with the responding officer(s).

B. CPS caseworkers will use the following appropriate methods to avoid further exposure when intervening in situations that involve exposure to harmful chemicals or drugs:
   1. Whenever possible, a child will be wrapped in a clean blanket or, if necessary, changed into clothing that has not been contaminated.
      a. CPS caseworkers should not take any clothing, blankets, or other items for a child from a home that is suspected to be contaminated.
      b. Wrapping a child in a clean blanket or dressing them in new clothes obtained from somewhere other than the residence provides adequate protection to the caseworker and vehicle.
   2. When preparing to leave the scene, whenever possible CPS caseworkers will place plastic or another covering on the seat of the car.
   3. CPS caseworkers will take off clothes/shoes worn at the scene and launder the clothing separately in a washing machine using hot water and laundry detergent, then dry the clothing in a clothes dryer.
   4. CPS caseworkers will shower using mild soap, ensuring that the entire body and hair are thoroughly washed.
   5. CPS caseworkers will apply fresh clothing.
      a. CPS caseworkers should not attempt to clean themselves (or a child) with baby wipes, as it adds moisture and may cause toxins to be absorbed into the skin.

C. CPS caseworkers should immediately contact their supervisor if there is a suspicion that they have been exposed to methamphetamines.

D. When a CPS caseworker has been exposed to methamphetamines, regardless of the appearance of symptoms, they should contact their local Human Resource (HR) technician as soon as possible. The HR technician will gather required information from the CPS caseworker and complete the on-line Employer's First Report of Injury or Illness form, which is submitted directly to Workers Compensation Fund on the employee's behalf. The HR technician will then send both an email and a hard copy of the report to the CPS caseworker and the HR specialist assigned to DCFS.

E. If a CPS caseworker experiences any symptoms from possible exposure (acute exposure: shortness of breath, cough, chest pain, dizziness, lack of coordination, chemical irritation, or burns to skin, eyes, nose, and mouth; less severe exposure: headache, nausea, fatigue, lethargy, and dizziness), they will immediately go to the nearest hospital to seek medical attention.

205.5 72-Hour Hold by a Physician

Major objectives:
A physician has the legal authority to place a child on a 72-hour hold in a medical facility. Upon notification of a 72-hour hold on a child, the CPS caseworker will respond within a priority 1, 1R, or 2 response time frame based upon the protection factors identified in the case.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The CPS caseworker will:

A. Immediately open an investigation of the circumstances surrounding the 72-hour hold and coordinate with the medical facility and the assigned Assistant Attorney General.

B. Obtain all relevant medical information on the child.

C. Obtain all relevant information on the child's parents or guardians and the circumstances that required the physician to invoke the 72-hour hold.

D. Provide any written instructions for inclusion in the child's medical chart, including the name of the CPS caseworker and a way to contact the caseworker.

205.6 Shelter Hearing

Major objectives:
A juvenile court shelter hearing will be held within 72 hours after removal of the child from his or her home, excluding weekends and holidays.

Applicable Law
Utah Code Ann. §80-3-301. Shelter hearing -- Court considerations.
Utah Code Ann.§80-3-306. Outstanding arrest warrant check before return of custody.

Practice Guidelines

A. If the child is in protective custody of DCFS, a petition will be filed with the juvenile court, which will include the following information:
   1. The reasons why the child was removed from the custody of the parents or guardian including the threats of harm, the child's vulnerabilities, and the protective capacities of the caregiver, or,
   2. The reasons the child would have been removed if the parent had not accessed a domestic violence shelter at the request of DCFS. [*See:* Section 204.5.]
   3. Reasonable efforts provided to the child and his or her family to prevent removal.
   4. The need, if any, for continued custody.
   5. The available services that could facilitate the return of the child to the custody of his or her parents or guardian.
   6. Whether the child has any relatives who may be able and willing to take temporary custody.

B. Prior to the shelter hearing, the caseworker will consult with the supervisor, Child and Family Team, and Assistant Attorney General about relevant evidence regarding harm the child has suffered or will suffer due to separation or continued separation from the child's parent or guardian, in preparation for consideration by the court in accordance with §80-3-301.

C. The child will be present at the shelter hearing, unless the Guardian ad Litem determines it would be detrimental for the child. Kin identified as emergency kinship placement will also be present at the shelter hearing, if possible.

D. In cases where sexual abuse, human trafficking, abandonment, chronic/severe physical abuse, chronic/severe neglect, torture, medical neglect resulting in death, disability, or serious illness are involved or when the child has been previously removed from the same caregiver, DCFS may recommend to the court that reunification services not be provided to the parents.

E. DCFS is required by Utah Code Ann. §80-3-306 to conduct a felony warrant check through the National Crime Information Center (NCIC) prior to recommending that a child be returned to a parent or guardian. This includes when DCFS is recommending a child be returned to a guardian that we have removed from or a noncustodial or non-

offending parent. If DCFS will be recommending that the child be returned to a parent or guardian at the shelter hearing, the following process will need to be complete before the recommendation is provided to the court:

1. The DCFS caseworker will complete and submit the "DCFS Parent/Guardian Felony Warrant Check Request" form as soon as the determination is made to provide the recommendation to the court to return the child to a parent/guardian. The form may be found at https://docs.google.com/forms/d/e/1FAIpQLScXndX7K_nnREa9M5F0rAWBPWkawNOIHYGcpONOl1ZMqrWKFQ/viewform?usp=sf_link.
2. The Background Screening Coordinator at the DCFS state office will complete the felony warrant check. The results will be emailed to both the Assistant Attorney General (AAG) and the caseworker assigned to the case. The AAG will file the results with the court.

Revision date: May 2025

205.7 24-Hour Multi-Disciplinary Staffing

Major objectives:
A multi-disciplinary team staffing will be convened within 24 hours after placing a child into protective custody, or requesting a shelter hearing, excluding weekends and holidays. The staffing team members will review the circumstances regarding removal of the child from their home and prepare the testimony and evidence that will be required of DCFS at the shelter hearing in accordance with Utah Code Ann. §80-3-301. In addition, the CPS caseworker will discuss family support systems, and possible kinship placements.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines

A. The multi-disciplinary team staffing will be chaired by DCFS. Members of the team will include, but not be limited to, the following:
   1. The CPS caseworker assigned to the case and the CPS caseworker who made the decision to remove the child, if not the same person.
   2. A representative of the school or school district in which the child attends school.
   3. The peace officer who removed the child from the home.
   4. A representative of the appropriate Children's Justice Center if one is established within the county where the child resides.
   5. Local mental health provider or therapist, or a therapist or counselor who is familiar with the child's circumstances, if known.
   6. A member of the Health Care Team.
   7. Any other individual as determined to be appropriate and necessary by the team coordinator and chair, such as DCFS clinical staff, health care provider, , domestic violence specialist, etc.

8. Consider inviting family members when legal circumstances permit.
9. The caseworker must verify that a Guardian ad Litem has been appointed by the court before consulting or inviting a Guardian ad Litem to any meetings about the case. The caseworker can verify this information via court order in CARE, or by asking their AAG.

B. DCFS, when possible, will have available for review and consideration the complete CPS and foster care history of the child and the child's parents and siblings and also the current safety plan and time frames of the safety plan.

C. The team will determine if there are services that may be made available to the family to enable the child to return home.

D. The team will develop a short-term case plan and assign responsibilities for completion if the family is present.

E. The team will consider the possibility of placing the child with a non-custodial parent or in a kinship placement after checking the SAFE database and BCI.

F. The team will consider whether the facts of the case meet the criteria for not offering reunification. [*See:* Utah Code Ann. §80-3-406.]

G. The team will collect available educational and health information on the child.

H. The team will determine if the child may be immediately returned to the custody of a parent or legal guardian due to a change in circumstances or new information that changes the threats to safety that has become available since the decision was made to take protective custody. Notification to the court will still be required even if the child is returned home.

205.8 Safe Relinquishment of a Newborn Child

A. A parent or a parent's designee may safely relinquish a newborn child at a hospital in accordance with the requirements of Utah Code Ann. §80-4-502 and retain complete anonymity, as long as the newborn child has not been subjected to abuse or neglect. Safe relinquishment of a newborn child, who has not otherwise been subjected to abuse or neglect, will not, in and of itself, constitute neglect [Utah Code Ann. §80-1-102], and the newborn child will not be considered a neglected child as long as the relinquishment has been made in substantial compliance with the guidelines of that section, which provides that: (a) a newborn child is defined by the statute as a child who is approximately 90 days of age or younger, as determined within a reasonable degree of medical certainty; and (b) the child is to be relinquished at a general acute hospital, which is equipped with an emergency room, is open 24 hours a day and seven days a week, and employs full time health care professionals who have emergency medical services training.

B. Statutory responsibilities of DCFS following the safe relinquishment of a newborn child are as follows: Immediately upon notice from the hospital, DCFS will assume care and custody of a relinquished newborn child.

1. As long as DCFS determines there is no abuse or neglect of the newborn child, neither the newborn child nor the child's parents are to be subjected to the provisions contained in Utah Code Ann. §80-2-701, or the provisions of Utah Code Ann. §80-3.
2. Unless identifying information relating to the non-relinquishing parent of the newborn child has been provided, DCFS will work with local law enforcement and the Bureau of Criminal Identification within the Department of Public Safety in an effort to ensure that the newborn child has not been identified as a missing child.
3. Unless identifying information relating to the non-relinquishing parent of the newborn child has been provided, DCFS will immediately place or contract for placement of the newborn child in a potential adoptive home and, within 10 days after the day on which the child is received, file a petition for termination of parental rights. [*See*: Utah Code Ann. §80-4-203.]
4. Unless identifying information relating to the non-relinquishing parent of the newborn child has been provided, DCFS will direct the Office of Vital Records and Statistics within the DHHS to: (1) conduct a search for a birth certificate for the newborn child; and (2) conduct an Initiation of Proceedings to Establish Paternity Registry for unmarried biological fathers in the registry maintained by the Office of Vital Records and Statistics [*See:* Utah Code Ann. §80-5, Part 4.] DCFS will then provide notice to each potential father identified on the registry described in Subsection (5)(a)(iii) in accordance with Utah Code Ann. §80-5, Part 4.
5. If no individual has affirmatively identified himself within two weeks after the day on which notice under Subsection (5)(a)(iv) is complete and established paternity by scientific testing within as expeditious a time frame as practicable, a hearing on the petition for termination of parental rights will be scheduled and notice provided in accordance with Utah Code Ann. §80-4.
6. If a non-relinquishing parent is not identified, relinquishment of a newborn child pursuant to the provisions of this part shall be considered grounds for termination of parental rights of both the relinquishing and non-relinquishing parents under Utah Code Ann. §80-4.

Revision date: May 2025

206 Kinship: Safety and Permanency

206.1 Kinship

Major objectives:
When a child is placed into protective custody, the CPS caseworker will initiate the kinship process. The CPS caseworker will consider kinship options that include a non-custodial parent, the putative father, and/or other relatives as defined by statute. The CPS caseworker will also consider kinship under ICWA when appropriate. The CPS caseworker will provide information obtained about possible kinship placements to the court at the time of the shelter hearing.

Applicable Law
Utah Code Ann. §80-2a-301. Division's emergency placement of a child -- Background checks.

Practice Guidelines
At the shelter hearing the CPS caseworker will request that the child's parents provide names, addresses, and phone numbers of all possible kinship placements within five days. [*See:* Utah Code Ann. §80-3-302.]

[*See:* Utah Code Ann. §80-3-301.] [*See also:* Section 703 ICPC (Interstate Compact for the Placement of Children) Major objectives and Procedures, and Section 500 Kinship Major objectives.]

206.2 Emergency Kinship Placement

Major objectives:
Prior to placing a child in a foster home placement, the CPS caseworker may place a child in a temporary emergency kinship placement (referred to in Practice Guidelines Section 500 as a Preliminary Kinship Placement. Safety, health, and best interest of the child should drive this decision.

Applicable Law
[*See*: Section 206.1.]

Refer to Kinship Practice Guidelines for Preliminary Placement in Section 502.

207 Conflict of Interest and Related Parties Investigations

(PLEASE SEE ADMINISTRATIVE GUIDELINES SECTION 020.13 FOR APPROPRIATE PROTOCOL.)

This section provides guidance for DCFS when a child in the custody of the state is alleged to have been the victim of abuse, neglect, or dependency (Conflict of Interest case); or when the case involves a DCFS employee or employee's child (Related Parties case).

207.1 Investigation Involving a Licensed Out-Of-Home Provider or Child and Family Services Employee

(THIS SECTION HAS BEEN REPLACED WITH ADMINISTRATIVE GUIDELINES SECTION 020.13.)

207.2 Investigation Involving a Child Care Provider or Child Care Center

Major objectives:
CPS will investigate reports of abuse, neglect, or dependency that occur in licensed childcare facilities.

Applicable Law
Utah Code Ann. §80-2-701. Division preremoval investigation -- Supported or unsupported reports -- Convening of child protection team -- Coordination with law enforcement -- Consultation with child protection team before close of investigation.

Practice Guidelines

A. The DHHS, Child Care Licensing unit will be contacted by the CPS caseworker.

B. The CPS caseworker will coordinate with the DHHS regarding licensing violations.

C. CPS investigation requirements for childcare providers will be the same as for other referrals investigated by DCFS.

207.3 Information Sharing with the Department of Health and Human Services Licensing

Major objectives:
When concerns arise involving incidents of abuse, neglect, or child fatalities at licensed facilities, DCFS will make contact with Licensing in order to facilitate collaboration regarding each other's respective investigations and make the most appropriate finding. Information shared will also assist Licensing in understanding the best course of action for them regarding any actions that may need to be taken against the facility. Information shared needs to be pertinent to the respective investigations.

Applicable Laws
Utah Code Ann. §80-2-1005. Classification of reports of alleged abuse or neglect -- Confidential identity of a person who reports -- Access -- Admitting reports into evidence -- Unlawful release and use -- Penalty.
Utah Code Ann. §80-2-1002. Licensing Information System -- Contents – Access -- Unlawful release -- Penalty.
Utah Code Ann. §63G-2-202. Access to private, controlled, and protected documents.
Records associated with Child Protective Services (CPS) are "private, protected, or controlled" under the provisions of GRAMA and "may only be made available" to certain individuals and organizations under specific conditions". Specific restrictions are placed on the sharing of CPS records gathered and stored in the MIS/LIS database.

Applicable DHHS Policy
Policy: 06-10
This policy serves as the executive director's approval on a need-to-know basis for records sharing within the department where the director's approval is required.

Practice Guidelines

A. Once there is an identified case involving abuse or neglect at a licensed care facility, the CPS caseworker will reach out to Licensing to collaborate with them on the investigation.
   1. Licensing may be able to provide/assist the CPS caseworker with:
      a. The agency's contract and guidelines to help the CPS caseworker understand if any guidelines or policies were not followed.
      b. Identifying the individual responsible for the abuse or neglect, whether that be a staff member, supervisor, director, or the agency.
      c. Communicating with the facility if the facility is unwilling to communicate with DCFS or cooperate with the investigation.
   2. DCFS can share pertinent information with Licensing to assist in understanding the concerns of the case so they can take action to assist or sanction the facility.

B. If there is question about who should be listed as the perpetrator (director, workers, agency, or unknown), the CPS caseworker and supervisor will staff the case with legal and the state office for guidance.

208 Indian Child Welfare Act (ICWA)

208.1 Placement of a Native American Child into Protective Custody

Major objectives:
A CPS investigation will be completed in compliance with ICWA procedures in order to show deference to the cultural needs of Native American families in Utah. CPS investigations will be completed in compliance with ICWA standards. The CPS caseworker will determine whether the child and family are Native American, complete an investigation that respects the cultural standard of the tribe, and notify the tribe immediately of any legal action taken during the investigation.

With regard to an Native American child who resides on a reservation but is temporarily located off the reservation from his or her parent or Native American custodian, nothing will prevent the emergency removal of a Native American child or the emergency placement of such child in a foster home or institution under applicable state law in order to prevent imminent physical injury or harm to the child. The state authority, official, or agency involved will ensure that the emergency removal or placement terminates immediately when removal or placement is no longer necessary to prevent imminent physical injury or harm to the child.

During the initial contact with all families under investigation, the CPS caseworker will ask if there is any Native American lineage that might make the child eligible for membership in any Native American Tribe.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
Found in Section 705, ICWA.

209 Case Transfers and Courtesy Services

This section provides guidance regarding CPS case transfers and courtesy services for another state or agency.

209.1 Request for Courtesy Casework within the State of Utah

Major objectives:
A CPS caseworker may request courtesy assistance for completion of investigative activities on an open CPS case when the child or other individual related to the case is not accessible to the assigned CPS caseworker.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
When a courtesy casework request within the state of Utah is made, the requesting CPS caseworker will complete the following:

A. Notify their supervisor or designee of the need for courtesy casework. The supervisor of the requesting CPS caseworker will ask the receiving supervisor to assign a courtesy CPS caseworker.
   1. The requesting CPS caseworker will staff with the receiving CPS caseworker to coordinate investigative activities and give as much notice as possible for completion of the courtesy activity.
   2. The requesting CPS caseworker will maintain responsibility for the case and for decisions made on the case, such as determination as to the case finding.
   3. The courtesy caseworker will be assigned as a secondary caseworker to complete the case activity requested.

B. Within five days of completing the courtesy activity, the receiving CPS caseworker will enter the activity logs in SAFE.

209.2 Transfer of a Case When a Child Has Moved Within the State of Utah

Major objectives:
DCFS offices will cooperate to ensure that a CPS investigation is not interrupted, and children are not placed in danger when an alleged victim has moved within the State of Utah.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The following procedures will be used to determine when a case will be transferred to a different office when it has been determined that the child has moved:

A. If the child and family moved within the same regional boundaries during the course of the investigation, the CPS caseworker originally assigned to the case will complete all remaining investigative activities and ensure that the case is closed per major objectives. If distance makes continuation and/or completion of the investigation impractical, the case may be transferred to the office where the child resides. The transferring and receiving supervisors must coordinate the transfer.

B. If the child and the family moved within the state of Utah but outside of the regional boundaries, the case may be transferred to the new region, or a request may be made for courtesy casework.

C. If the child and family moved after the CPS caseworker has made the face-to-face contact with the alleged victim and the whereabouts of the child and family are unknown, the CPS caseworker will make reasonable efforts to locate the family in order to complete the investigation. Once reasonable efforts have been made, the case may be closed as "Unable to Complete Investigation."

209.3 Request for Courtesy Casework from Another State

Major objectives:
CPS may respond to another state's request for courtesy assistance to complete investigative activities when the child or other individual related to the case is in Utah.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
When a CPS caseworker is assigned a request for courtesy casework from another state, the CPS caseworker will keep a record of all activities and will forward another copy of the information to the requesting agency within the time frames identified by the requesting source.

209.4 Transfer of a Case When a Child Has Moved Out of Utah

Major objectives:
DCFS will make reasonable efforts to ensure that a CPS investigation is not interrupted when an alleged victim has moved out of the state.

Applicable Law
Utah Code Ann. §80-2-301. Division responsibilities.

Practice Guidelines
The following steps will be used when the child and family can no longer be located within the state of Utah.

A. If the child and family move outside the state of Utah before the CPS caseworker is able to make the face-to-face contact with the child and the new location of the child and family is known, the CPS caseworker will contact the state child welfare agency where the family has moved and request courtesy casework. The CPS caseworker may also contact law enforcement in the state where the child has moved to complete investigative interviews. If the state child welfare agency where the family has moved refuses to complete courtesy casework and law enforcement is unable or unwilling to complete interviews, the case will be closed "unable to complete investigation". If the receiving state child welfare agency agrees to complete the courtesy casework, the CPS caseworker will make the appropriate finding based on information from the receiving state. If a finding of supported is made against one or both of the parents/caregivers, upon case closure a Notice of Agency Action will be sent to the address of family in the current state of residence.

B. If the child and family move outside the state of Utah after the CPS caseworker has made the face-to-face contact with the alleged victim and the whereabouts of the child and family are known, the CPS caseworker will contact the state child welfare agency where the family has moved and will make a request for courtesy casework, providing the information that was obtained in the investigation. The CPS caseworker may also contact law enforcement in the state where the child has moved to complete investigative interviews. If the state child welfare agency where the family has moved refuses to complete courtesy casework and law enforcement is unable or unwilling to complete the interviews, the case will be closed as “unable to complete investigation.” If the receiving state child welfare agency agrees to complete the courtesy casework, the CPS caseworker will make the appropriate finding based on information from the receiving state and casework completed in Utah. If a finding of supported is made against one or both of the

parents/caregivers, upon case closure a Notice of Agency Action will be sent to the address of family in the current state of residence.

C. If the child and family move out of the state of Utah after the CPS caseworker has made the face-to-face contact with the alleged victim and the whereabouts of the child and family are unknown, the CPS caseworker will make reasonable efforts to locate the family in order to make a request for courtesy casework from the state child welfare agency where the family now resides. If the receiving state child welfare agency is not able to find the location of the child, the CPS caseworker will close the investigation "unable to complete investigation".

D. If the child and family move out of the state of Utah, the CPS caseworker has not made the face-to-face contact with the alleged victim, and the whereabouts of the child and family are unknown, the CPS caseworker will make reasonable efforts to locate the family in order to make a request for courtesy casework from the state child welfare agency where the family now resides. If the receiving state child welfare agency is not able to find the location of the child, the CPS caseworker will close the investigation "unable to locate".

If the facts of the investigation establish reason to suspect the child is in imminent danger, the CPS caseworker will make appropriate referrals to CPS and law enforcement in the other state and screen the case with the Assistant Attorney General.

210 Child Protective Services Records: Confidentiality and Rights to Review

This section provides guidance to CPS caseworkers who must maintain the confidentiality of records and advise clients or others of their rights and restrictions concerning confidential records.

210.1 Confidentiality of CPS Records

Major objectives:
Reports of child abuse, neglect, or dependency, as well as any other information in the possession of DCFS, obtained as the result of a report of child abuse, neglect, or dependency, is confidential and may only be made available in accordance with Utah Code Ann. §80-2-1001.

Applicable Law
Utah Code Ann. §80-2-1001. Management Information System -- Contents -- Classification of records -- Access.
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Practice Guidelines

A. Under Utah Code Ann. §80-2-1001, reports of child abuse, neglect, or dependency and all information related to the report will only be available to:

1. A police or law enforcement agency investigating a report of known or suspected child abuse, neglect, or dependency.
2. A physician who reasonably believes that a child may be the subject of abuse, neglect, or dependency.
3. An agency that has the responsibility or authority to care for, treat, or supervise a child who is the subject of a report.
4. A contract provider that has a written contract with DCFS to render services to a child who is the subject of a report.
5. Any subject of the report, the natural parents of the minor, the Office of Guardian ad Litem, and CASA.
6. A court, upon a finding that access to the records may be necessary for the determination of an issue before it, provided that in a divorce, custody, or related proceeding between private parties the record alone is:
   a. Limited to objective or undisputed facts that were verified at the time of the investigation.
   b. Devoid of conclusions drawn by DCFS or any of its social workers on the ultimate issue of whether or not a person's acts or omissions constituted any level of abuse, neglect, or dependency of another person.
7. An office of the public prosecutor or its deputies in performing an official duty.
8. A person authorized by a Children's Justice Center for the purposes described in Utah Code Ann. §67-5b-102.
9. A person engaged in bona fide research, when approved by the director of DCFS, if the information does not include names and addresses.
10. The state Office of Education, acting on behalf of itself or on behalf of a school district, for the purpose of evaluating whether an individual should be permitted to obtain or retain a license as an educator or serve as an employee or volunteer in a school, limited to information with substantiated findings involving an alleged sexual offense, an alleged felony or class A misdemeanor drug offense, or any alleged offense against the person under Title 76, Chapter 5, Offenses Against the Person, and with the understanding that the office must provide the subject of a report received under Subsection (1)(k) with an opportunity to respond to the report before making a decision concerning licensure or employment.
11. Any person identified in the report as an alleged perpetrator or possible perpetrator of child abuse, neglect, or dependency after being advised of the screening prohibition.

B. No person, unless listed above, may request another person to obtain or release a report or any other information in the possession of DCFS obtained as a result of the report that is available under Subsection (1)(k) to screen for potential perpetrators of child abuse, neglect, or dependency.

C. A person who requests information knowing that it is a violation of Subsection (2)(e) to do so is subject to the criminal penalty in Subsection (4).

D. Except as provided in Utah Code Ann. §80-2-1005 DCFS and law enforcement officials will ensure the anonymity of the person or persons making the initial report and any others involved in its subsequent investigation.

E. Any person who willfully permits or aides and abets the release of data or information obtained as a result of this part, in the possession of DCFS, or contained on any part of the management information system, in violation of this part or Utah Code Ann. §80-2-1005, is guilty of a class C misdemeanor.

F. The physician/patient privilege is not grounds for excluding evidence regarding a child's injuries or the cause of those injuries in any proceeding resulting from a report made in good faith pursuant to this part.

210.2 Request for CPS Records

Major objectives:
Individuals or agencies identified by Utah Code Ann. §80-2-1001 may request a copy of the CPS record, excluding third party information. This copy must first be edited according to GRAMA regulations. Exceptions to GRAMA may be found in Utah Code Ann.§80-2-1001.

Applicable Law
[*See:* Section 210.1.]

Practice Guidelines
A. The individual making the request will complete a GRAMA request form, a Request for Administrative Hearing form, or provide a request in another written form.

C. The records will be released in accordance with Utah Code Ann. §63G-2-202.

210.3 Process for Internal Agency Review of Case Findings

Major objectives:
Internal Agency Reviews of case findings will be conducted when a request is made by an identified perpetrator for the sole purpose of reviewing the finding. The Internal Agency Review will not be used to make determinations related to employment, child placement, or licensure. The review process will be determined per Utah statute and DCFS Practice Guidelines.

Applicable Law
Utah Code Ann. §80-2-707. Supported finding of child abuse or neglect after division investigation -- Notice to alleged perpetrator -- Rights of alleged perpetrator -- Administrative review -- Joinder in juvenile court.

Utah Code Ann. §80-2-708. Supported finding of a severe type of child abuse or neglect after division investigation -- Notation in Licensing Information System -- Juvenile court petition or notice to alleged perpetrator -- Rights of alleged perpetrator.
Utah Code Ann. §80-3-504. Petition for substantiation – Court findings -- Expedited hearing -- Records of an appeal.

Practice Guidelines

Based upon applicable law, a perpetrator may request an Internal Agency Review, an Administrative Hearing, or both unless there has been a court determination upholding the DCFS' findings. If the juvenile court has previously made a determination on a DCFS' finding, the requestor will be directed to pursue an appeal through the juvenile court, if available. The deadlines for pursuing these avenues of review are specified below.

A. Internal Agency Reviews will be conducted by an Internal Review Panel.
   1. The agency Internal Review Panel will be comprised of the following:
      a. CPS caseworker who completed the investigation, if still employed by DCFS,
      b. Supervisor at the time of the investigation, if still employed by DCFS,
      c. Designated Child Welfare Administrator (CWA),
      d. Assistant Attorney General (AAG), when applicable and/or available,
      e. Administrative hearing tracker, when applicable and/or needed,
      f. Any other agency staff the region deems appropriate and/or necessary.
   2. All decisions made by the Internal Review Panel will be documented in a log in the identified CPS case in SAFE. Documentation will include the final decision reached by the panel, as well as how the Internal Review Panel reached their decision.
   3. The decision of the Internal Review Panel will be recorded under the Administrative Hearing Tab of the identified CPS case.
   4. Internal Agency Reviews will be conducted at the written request of a perpetrator who makes a request within the specified time frames, but can also be conducted if the agency determines an Internal Agency Review is necessary.
   5. The Division of Continuous Quality and Improvement, Office of Services Review, will conduct requested related parties investigations for all cases that have been identified as having a conflict of interest for DCFS.

B. For all cases in which the perpetrator is listed on the Licensing Information System:

Findings Prior to May 6, 2002:
If there has been no prior court finding or plea, the Internal Review Panel can make one of the following determinations:
   1. Uphold the finding. The finding will remain Supported or Substantiated in the Management Information System and the Licensing Information System.
      a. If the identified perpetrator disagrees with the decision of the Internal Review Panel, they will be redirected to pursue recourse through the juvenile court.

b. If appropriate, a petition for substantiation should be filed by DCFS with the juvenile court. The petition should be filed within 14 days of the decision of the Internal Review Panel.

2. Uphold the finding in the Management Information System but remove the perpetrator from the Licensing Information System for the identified case. The finding will remain Supported or Substantiated in the Management Information System, but the perpetrator will no longer appear in the Licensing Information System for the identified case. This can be done only when the Internal Review Panel determines whether the abuse or neglect was not severe or chronic, or there is not enough information to uphold severe/chronic findings.
   a. If the identified perpetrator disagrees with the decision of the Internal Review Panel, they will be directed to pursue recourse through the Office of Administrative Hearings.
3. Amend the finding to Unsupported.

Findings From May 6, 2002 to May 6, 2025:

The requestor has one year from the notification of the Severe/Chronic finding to file a request for an Internal Agency Review or petition the Juvenile Court. If neither of these requests are made within one year, the finding will remain on the Licensing Information System.

1. If the case qualifies as a Severe/Chronic type of abuse or neglect and if the court has previously made a finding on an allegation, the requestor will be redirected to pursue recourse through the juvenile court.
2. If there has been no prior court finding, the Internal Review Panel may make one of the following determinations:
   a. Change the finding to Unsupported.
   b. File a petition for substantiation.
   c. To uphold the finding in the Management Information System but remove the case from the Licensing Information System on the basis that it does not qualify as Severe/Chronic and direct the requestor to pursue an Administrative Hearing to amend the finding to Unsupported.
   d. Maintain the finding in both the Management Information System and the Licensing Information System. Direct the requestor to pursue recourse through the juvenile court.

Findings After May 6, 2025:

The requestor has 30 days from the notification of the Severe/Chronic finding to file a request for an internal agency review or petition the Juvenile Court. If neither of these requests are made within 30 days, the finding will remain on the Licensing Information System.

1. If the case qualifies as a Severe/Chronic type of abuse or neglect and if the court has previously made a finding on an allegation, the requestor will be redirected to pursue recourse through the juvenile court.
2. If there has been no prior court finding, the Internal Review Panel may make one of the following determinations:

a. Change the finding to Unsupported.
b. File a petition for substantiation.
c. To uphold the finding in the Management Information System but remove the case from the Licensing Information System on the basis that it does not qualify as Severe/Chronic and direct the requestor to pursue an Administrative Hearing to amend the finding to Unsupported.
d. Maintain the finding in both the Management Information System and the Licensing Information System. Direct the requestor to pursue recourse through the juvenile court.

C. For ALL cases with a Non-Severe/Non-Chronic finding, the Internal Review Panel can determine one of the following:
1. To uphold the finding, thus requiring the requestor to pursue an amendment through the Office of Administrative Hearings, or
2. To amend the finding, generally from Supported or Substantiated to Unsupported.

D. If the requestor disagrees with an Internal Review Panel amended finding, they may request that another review be completed or pursue an Administrative Hearing unless the amended finding was Severe/Chronic, then the requestor would need to pursue recourse through the juvenile court.

E. In addition to the procedures outlined above, if the requestor was a juvenile at the time a Supported or Substantiated finding was made against them, they can follow the procedures outlined in Utah Code Ann. §80-6-1004 to make a request through the Juvenile Court for their case(s) to be expunged.

F. Other interested parties involved with a CPS case are not entitled to an Internal Agency Review, but can follow the process outlined in Administrative Guidelines Section 010.5 if they have concerns regarding the finding made during the course of a CPS investigation.

G. An individual may submit a written request to expunge an allegation in which they are identified as a perpetrator or alleged perpetrator in the Management Information System (MIS) and the Licensing Information System (LIS). The criteria, processes, and procedures for expungement can be found in Administrative Rule R512-76 Expungement of DCFS Allegations.

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