



Los Angeles County DCFS Hotline Model of Practice

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Foundation of the DCFS Practice Model: Mission, Values and Standards

Mission of DCFS

The Department of Children and Family Services, together with public, private, and community partners, provides quality child welfare services and supports so children can grow up safe, healthy, educated and with permanent families.

In order to succeed in our mission, we must build strong partnerships with families, communities, and other agencies. We need the entire community to help protect children and strengthen families. Creating and incorporating a uniform model of practice will allow for uniformity in approaches, place greater emphasis on evidenced based practice, and shape practice expectations. **Value driven practice** will ensure consistency of a positive experience by children and families, and ensure sustained improvement of outcomes.

The foundations of the DCFS practice model are the values, principles and standards that describe our approach to working with children and families.

Values are the elements that are an intrinsic guide for the way we work with children, families, the community, and each other.

Principles are the operationalized definition of our values. They are the fundamental code that guides our daily interactions.

Standards are the way in which we can measure the quality and effectiveness of our practice.

Why the Work of Intake is Critical to Child Protective Services

One of the most important concerns of any community is the health, safety and well being of its children and young people. While parents and caregivers are responsible for the safety and well being of children in their care, protecting children and young people from abuse and neglect is the responsibility of the whole community. Because of this the Hotline becomes the first and most strategic component of child welfare-community interface.

Child abuse and neglect can happen to any child or young person in any family and can have lasting, damaging effects. As such, it is the responsibility of the CSWs and supervisors of the DCFS Hotline to compile information from the reporter, make decisions regarding whether or not the information from the reporter meets the screen in criteria and if so, determine the timeframe for response.

Best Practice Tips

Hotline CSWs are the ambassador to the community for child protective services and we need to view ourselves accordingly.

Hotline CSWs become “the department” the moment they answer the phone—and as such our comments, approach and values must reflect those of the agency.

There is a standard of excellence that is employed within the Hotline—by all staff and supervisors. The quality in which we engage the reporter, ask focused follow up questions and evaluate the information through a critical thinking lens has a direct impact on the safety of children.

Hotline encompasses a standardized approach to decision making in order to minimize inconsistencies in how the agency brings families into the system—resulting in an increasing clarity in the community about the role of child protective services.

Courtesy and good customer service are the foundations in the Hotline CSW's ability to compile sufficient information to make accurate decisions.

As Hotline staff, we understand that there are many reasons why children are at risk of abuse and neglect. For example:

- ❖ their families do not have adequate support from relatives or the community and this impacts their ability to safely care for their children;
- ❖ their parents are experiencing a lot of stress such as unemployment, illness, isolation or loneliness and this impacts their ability to safely care for their children;
- ❖ their parents may not have experienced good parenting themselves and this directly impacts their parenting decisions;
- ❖ The parents may be alcohol or drug dependent or have mental health issues or there may be domestic violence in the household and this impacts their day to day parenting.

It is not our job to judge families, but to learn enough information in order to determine if our agency needs to respond by going to the home and assessing if children in the home are safe.

While there may be pressure within the community to “screen in” every referral, the clinical judgment of Hotline staff is required to ensure that the agency devotes its limited resources to protecting children who are in actual need of protection. The challenge of the Hotline CSW is to compile accurate information, in an efficient manner, and use this information to make sound decisions within condensed timeframes.

Additionally, because we may make decisions that the reporter disagrees with, a secondary role of the Hotline CSW is one of community education.

Efficient, standardized and consistent practice at the Hotline becomes institutionalized when there is:

- ✧ Common definitions and application of criteria;
- ✧ A common knowledge base –while CSWs may have different levels of experience they have all been trained and supervised in application of the criteria and sound decision making;
- ✧ Consistency in application of criteria by supervisors;
- ✧ Consistency in respect and courtesy when communicating with the reporter and in dealing with the public (courtesy);
- ✧ Timeliness of response balanced with quality/volume of information
- ✧ A common standard of accountability across the Hotline

The provision of effective hotline services requires a careful balance between prescriptive policy direction and allowing scope for the exercise of sound professional judgment.

Hotline Demands; A Unique and Exceptional Skill Set

This standardized decision making process recognizes screening as a "clinical practice" that requires thoughtful interviewing/listening skills, sound judgment, and clinical oversight and guidance. Because of the challenging nature of the work, it is imperative that hotline CSWs possess the following clinical skills:

The skill to help the reporter tell us what they are concerned about.

The patience to hear what the caller is saying in a way that honors the caller's intent to protect children.

The ability to skillfully refocus a caller, talk down an aggravated reporter, elicit information from a reluctant caller.

The skills to synthesize relevant and irrelevant information and make decisions based on guiding tools and supervisory support.

The skills to translate decisions into clear, concise and accurate documentation with consistent language that allows the reader to understand the decision making process.

The knowledge of technology and how to use this to enhance job performance.

Critical Thinking

Critical thinking is the foundation of effective work at the Hotline.

Critical thinking can be defined as "the intellectually disciplined process of actively analyzing, synthesizing, and/or evaluating information gathered from, or generated by effective listening and communication."¹ **Critical thinking demands that hotline staff are students of their profession—continually learning and improving and enhancing their skills.**

A well cultivated critical thinker:

-  Raises vital questions;
-  Gathers and assesses relevant information;
-  Comes to well-reasoned conclusions and solutions;

¹ Michael Scriven & Richard Paul. (February 2005). National Council for Excellence in Critical Thinking Instructions.

- 📌 Thinks open-mindedly within alternative systems of thought; and,
- 📌 Communicates effectively with others in figuring out solutions to complex problems.

When a social worker seeks to develop their critical thinking skills the following occurs:

- 📌 There is an increase accuracy of decisions;
- 📌 They avoid cognitive biases that can impact the accuracy of decisions;
- 📌 They recognize errors and mistakes as learning opportunities; and,
- 📌 They develop safety plans that effectively control and manage safety threats.

Bias and Decision Making

Hotline CSWs, just like all social workers in the field of child welfare, must watch for the way that bias influences decision making. For example, **Confirmation Bias** occurs when we selectively notice or focus upon evidence which tends to support the things we already believe or want to be true while ignoring that evidence which would serve to disconfirm those beliefs or ideas. Confirmation bias plays a stronger role when it comes to those beliefs which are based upon values, prejudice, faith, or tradition rather than on the information that is before us.

Our biases impact how we arrive at certain conclusions. Biases are troubling because in nearly all instances, they actively keep us from arriving at the truth. It is understandable why bias can exist in our work. Data which supports our beliefs is simply easier to deal with on a cognitive level — we can see and understand how it fits into the world as we understand it, while contradictory information that just doesn't "fit" can be set aside for later. One of the ways to combat the influence of bias is to ensure that staff within the Hotline are provided opportunities to explore how their world view impacts decision making.

Supervisors play a critical role in ensuring that workers do not come to premature conclusions by exploring the decision making process with social workers.

Impact of Sound Decision Making and Disproportionality

The term disproportionality has been used to define the high numbers of children of color in the child welfare system that is larger than their proportion in the general population. However, as we learn more the term disproportionality is being used to identify a broader concept of this problem. By contrast, disproportionality refers to a situation in which a particular racial/ethnic group of children are represented at a higher percentage than other racial/ethnic groups.

The numbers bear out the issue:

Families of African American children are more likely to be investigated for emotional maltreatment and neglect, fatal or serious injury, and perpetrator involvement with alcohol or drugs, and when maltreatment is recognized by mental health or social services professionals. Yet, when disadvantaging characteristics (low income, large family size, single-parent homes) are factored in, African American children are maltreated at lower rates than white children.

African American children, who comprised 15% of the U.S. child population in 1999, constituted 45% of the children in substitute care. Conversely, white children, who comprised 60% of the child population, accounted for 36% of children in out-of-home care (U.S. Census Bureau, 2000).

Of those requiring substitute care, most African American children (56%) are placed in foster care, while most white children (72%) receive in-home services (Annie E. Casey Foundation, 1999; HHS, 1999). African American children remain in foster care for longer periods of time (U.S. Children's Bureau, 1997).

Five major studies in four states between 1990 and 1999 revealed that white children are four times more likely than African American children to be reunified with their families, and they are reunited more quickly. Reunification rates in San Diego were lower among Hispanic children than for white children.

Disproportionate numbers of children who are reunified return to foster care, with "race of the child" identified as one of five strong variables in decision making.²

So while the data suggest that the overall maltreatment rates for African-American families are no greater than those for Caucasians, most research studies have found race to be an important factor in making reports to child protective services hotlines. Additionally, according to these same studies, both public and private hospitals have been found to over report abuse and neglect among African Americans while they underreport maltreatment among Caucasians. Most research studies suggest that race alone or interacting with other factors is strongly related to the decision to investigate a call made to the child protective services hotline.³

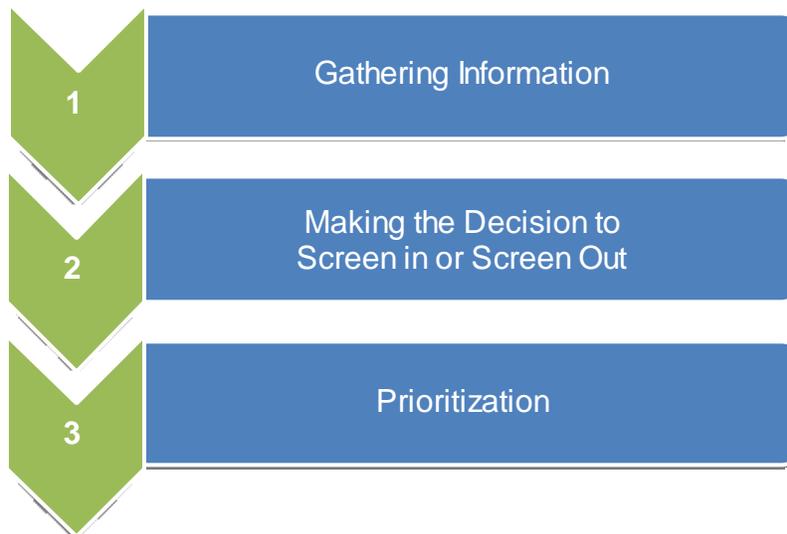
This information highlights the need for CSWs and supervisors at the Hotline to compile accurate and thorough information and apply standardized criteria in a consistent manner. Challenging assumptions by the reporter in an effort to compile more accurate information and a rigorous application of the decision making criteria can impact the disproportionate calls that are reported on families of color.

² Race Matters: The Overrepresentation of African Americans in the Child Welfare System,

³ Hill, R.B. (draft 2006). *Synthesis of Research on Disproportionality in Child Welfare: An Update*, draft prepared in May, 2006 for the Casey/Center for the Study of Social Policy Alliance for Racial Equity. Sedlak, A., & Schultz, D. (2001). Race Differences in Risk of Maltreatment in the General Child Population. In D. M. Derezotes, J. Poertner, & M. F. Testa, (Eds.). *Race Matters in Child Welfare: The Overrepresentation of African American Children in the System*. Washington, DC.: CWLA Press.

This document is intended to assist hotline staff as they continue to enhance and evolve their practice.

The flow of the content of the Hotline Practice Model Guide is as follows:

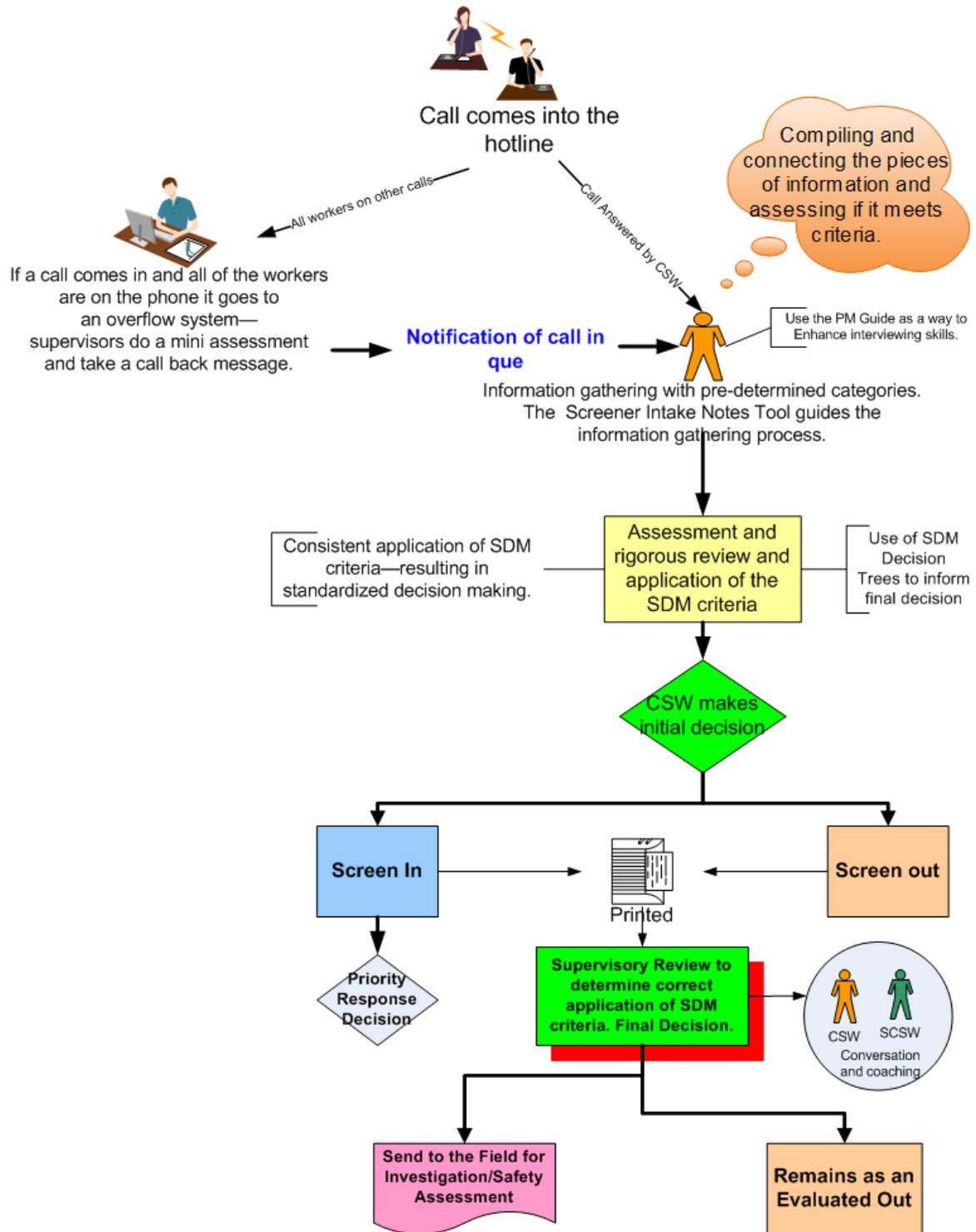


The following pages depict a visual of the flow of practice from the call to the decision about screen in or screen out.

Following the flow charts is a narrative that describes techniques, strategies and the critical thinking required to fully implement the four modules of the Hotline portion of the DCFS practice model. The narrative description is intended to supplement the flow chart, provide greater depth of information and to offer ideas that will support and enhance consistency in practice across the Hotline.

This narrative was written to support the day to day efforts of social workers in the field. It is intended to be user friendly, specific and provide concrete tools to assist in the critical thinking that is imperative in child welfare practice.

Flow of a Hotline Report



Gathering of Information

Embedded within the following pages is a tool to assist in the standardized gathering of information across all staff of the Hotline. This tool is organized by general information (who, what, when, where, how) and categories of report (Physical abuse, Emotional Abuse, Neglect and Sexual Abuse). While the style of each CSW is uniquely their own, the approach to gathering information, documentation and decision making must be standardized in order to ensure consistency.

Consistency and standardization of decision making comes from rigorous attention to the quality and comprehensive nature of the information gathering as well as from the rigorous application of criteria by staff and supervisors alike.

When the Hotline's information gathering and application of SDM criteria is uniformly applied, variances in decision making are minimized—creating greater clarity in the community.

The prompter questions included within this tool are designed to assist the Hotline staff in obtaining careful, detailed, and thorough information from the reporter, which lays the foundation for making well-informed screening decisions.

General information Compilation

Area of Information Gathering	
<p>WHO: Here the CSW is seeking to compile information about the reporter, and detailed information about the child, their parents and any other collateral contacts who may have credible information to share.</p>	
<p>Reporter:</p> <p><i>Name and Title</i></p> <p><i>Address</i></p> <p><i>Phone Number</i></p> <p><i>Agency (if applicable)</i></p> <p><i>Mandatory Reporter: __yes __No</i></p>	<p>Children:</p> <p><i>Name</i></p> <p><i>Age</i></p> <p><i>School Information</i></p> <p><i>Ethnicity</i></p> <p><i>Language</i></p> <p><i>Disability</i></p>
<p>Parent(s):</p> <p><i>Name</i></p> <p><i>Age</i></p> <p><i>Ethnicity</i></p> <p><i>Language</i></p> <p><i>Disability</i></p>	<p>Collateral(s):</p> <p><i>Name</i></p> <p><i>Language</i></p> <p><i>Address</i></p> <p><i>Phone Number</i></p>
<p>PRIOR HISTORY: Compile information from the CWS/CMS information system, the reporter and collateral contacts to learn if the family has previous DCFS history. Because history, chronicity and patterns are critical to determining if a report should be screened in careful attention to prior history is imperative.</p> <p><u>Notes:</u></p>	
<p>WHAT: <i>Please explain what makes you believe the child(ren)are abused or neglected?</i></p> <p>What happened to the child, in simple terms?</p> <p>Did you see physical evidence of the abuse or neglect? If yes, please describe.</p> <p>What did the parent/child say about how this happened?</p> <p>How does this affect the child?</p> <p>Is there anything that makes you believe the child is in danger right now?</p> <p>Does the child(ren) have any injuries? If so, is the child in need of immediate attention or has the child already received medical treatment for the injuries?</p> <p><u>Notes:</u></p>	

Area of Information Gathering

WHEN

When is the last time you saw the child? Were they in good condition?

If there was a specific incident, when did the incident occur?

Is this an ongoing pattern with the family?

Notes:

WHERE:

What is the specific location of the event (address, home, out of state, out of county)

If there are multiple incidents did they all occur in the same place?

If there are multiple perpetrators did they all occur in the same place?

Notes:

WHY NOW?

Has anything happened recently that prompted you to call today?

What do you think or hope that DCFS can do for the family?

Is there anything you can do to help the family?

Notes:

HOW: We need to understand how the reporter knows of the abuse or neglect

How did you learn about the incident or situation?

- If not you, who saw it? Can we get their information?

How long has this been going on?

Notes:

WHO ELSE was told or knows of this situation? Have these people witnessed the child abuse or neglect?

Notes:

Area of Information Gathering

CAREGIVER STRENGTHS AND PROTECTIVE CAPACITIES

Are there people or places the family turns to for help or support?

What positive interaction have you seen between the parents and child(ren)?

Is the family currently participating in or receiving supportive services?

Do the parents seem willing or able to keep their child(ren) safe?

What efforts have the parents made to correct this problem?

Notes:

SAFETY FACTORS

Are you aware of any safety problems with an ER CSW should be aware of prior to going to the home?

To your knowledge, are there guns or other weapons in the home?

Is anyone in the home likely to be violent or dangerous?

Are there large dogs or guard dogs in or around the home?

Are there any gates, codes, fences, isolated locations that prevent entry to the residence?

Notes:

Criteria for Physical Abuse	NOTES
	<p>CRUEL OR EXCESSIVE CORPORAL PUNISHMENT: It is not required that an injury have occurred.</p> <p>Caregiver used corporal punishment such as the following:</p> <ul style="list-style-type: none"> Direct physical contact with the child such as hitting or kicking; Exposing the child to physical elements or the environment as punishment: or Requiring physical activity as punishment <p>AND</p> <p>The specific actions were cruel or excessive, meaning that they reasonable could have caused significant physical harm to a child. It is not necessary that there is evidence that an injury has occurred. For example:</p> <ul style="list-style-type: none"> Hitting a child with enough force that it could cause a significant injury, such as a broken bone, concussion, significant bruising or lacerations, or internal injuries. Hitting a child with an object (like a belt buckle) that is difficult to control and could strike vulnerable parts like the eye. Shaking a young child with enough force to cause the head to flop back and forth. Child is locked out of the home and it's reasonable to expect that the child may be harmed due to weather or injured due to environment. The level of physical activity required of the child exceeds the child's ability to perform, and the child has or is likely to experience extreme pain, dehydration, or exhaustion. <p><i>Example: The reporter states that he saw the father kicking the child in the stomach.</i></p> <p><i>Example: The reporter stated that the Mother made the child hold arms in the air for over one hour because he had broken her favorite necklace.</i></p> <p><i>Example: The reporter states that the child is forced to stay outside all day and can only come inside for lunch, dinner and to use the restroom.</i></p> <p><u>Notes:</u></p>

Criteria for Physical Abuse	NOTES
<p>THREAT OF PHYSICAL ABUSE</p> <p>No event has occurred; however, the caregiver behaves in ways that create substantial likelihood that the child will be physically abused.</p> <p><u>Threats of physical harm.</u> The caregiver has made credible threats (they have a plan or a history and they have voiced it) to cause physical harm to the child. If threats are clearly for the sole purpose of emotional abuse, mark as emotional abuse. If purpose cannot be discerned, mark both threats of physical harm and emotional abuse.</p> <p><i>Example: Mother states that she is going to beat the child just like she did last time (and child sustained injuries last time).</i></p> <p><u>Dangerous behavior toward child or in immediate proximity of child.</u> The caregiver behaves in ways that are likely to result in injury to the child, including domestic violence incidents that occur while the child is present. Consider combination of child location, type of incident (e.g., pushing, throwing objects, use of firearm), and child vulnerability.</p> <p><i>Example: Father slammed mother against the wall and baby was in her arms.</i></p> <p><u>Prior death of a child due to abuse or neglect and new child in the home.</u> There is a prior <i>substantiated abuse or neglect incident that resulted in a child death, AND there is a new child now living in the home.</i></p> <p><i>Example: Mom gives birth in the hospital and Mom had a child die in her care due to substantiated abuse</i></p> <p><u>Notes:</u></p>	

Emotional Abuse

Criteria for Emotional Abuse	NOTES
<p>Caregiver actions have led to child’s severe anxiety, depression, withdrawal, or aggressive behavior toward self or others</p> <p>A child has been diagnosed with severe anxiety or depression or exhibits symptoms of severe anxiety, depression, withdrawal, or aggressive behavior toward self or others.</p> <p><i>Example: Therapist reports that a child feels constantly picked on, berated and humiliated by her Mother and brother and is at the point of wanting to hurt herself.</i></p> <p><u>Notes:</u></p>	

Threat of Emotional Abuse

Criteria for Emotional Abuse
<p>Threat of Emotional Abuse: Caregiver actions in one or more of the areas below are so persistent and/or severe that they are likely to result in the child’s severe anxiety, depression, withdrawal, or aggressive behavior. The child may or may not be symptomatic.</p> <p>Note: The following four areas constitute a threat of emotional abuse ONLY if the main definition (this paragraph) is also met.</p> <p><u>Domestic violence.</u> The child has witnessed or is otherwise aware of physical altercations between adults in the home on more than one occasion, or a single occasion that involved weapons or resulted in any injury to an adult.</p> <p><u>Bizarre or cruel behavior.</u> For example, the caregiver harms animals or threatens suicide or harm to family members (other than the child); confines the child in places such as closets or animal cages; consistently scapegoats the child; consistently berates, belittles, or shames the child.</p> <p><u>Caregiver’s mental health concerns.</u> The caregiver is exhibiting symptoms of mental illness.</p> <p><i>Example: Mother has a knife trying to cut her throat and the children are crying and watching.</i></p> <p><u>Caregiver’s substance abuse concerns.</u> The caregiver is abusing alcohol or other drugs.</p> <p><i>Example: Caregiver uses consistently and when she is high, she sobs uncontrollably and asks the child to take care of her and never leave her and that she is the only person who understands her.</i></p> <p><u>Notes:</u></p>

Severe Neglect

Criteria for Severe Neglect

Diagnosed malnutrition. The child has been diagnosed as being malnourished.

- *Example: the child is only fed chocolate milk and he is four years old. Teeth have not come in or are already rotting.*
- *Example: Mother is diluting formula and as such child is not gaining weight and has physical symptoms of malnutrition.*

Non-organic failure to thrive. The child has been diagnosed as having non-organic failure to thrive OR has indicators of failure to thrive.

- *Example: The reporter indicates that there is no medical reason for the child to continue to lose weight—but the child is now below the lowest acceptable weight for their age.*

Child's health/safety is endangered. The caregiver has willfully not provided adequate clothing, shelter, supervision, care, or medical care to the extent that the child has already suffered or is likely to suffer serious illness or injury.

- *Examples: A young child is left in a motor vehicle during extreme temperature conditions;*
- *Example: The reporter indicates that a caregiver drove under the influence with children in the car.*
- *Example: The reporter indicated that the child's clothing is so inappropriate for weather that the child suffered hypothermia or frostbite;*
- *Example: The reporter indicated that the caregiver is breastfeeding while using dangerous substances (type of substances and/or amount resulted in or is likely to result in serious injury/illness to child).*
- *Example: The reporter indicated that housing conditions result in lead poisoning, severely exacerbated asthma due to smoke exposure, and/or multiple bites from pest infestations;*
- *Example: A reporter indicates that the child is not supervised to the **extent that the child has been seriously injured or avoided serious injury only due to intervention by a third party (not all lack of supervision is severe neglect).***
- *Example: Medical care has not been provided for an acute or chronic condition and, as a result, the child has or is likely to require hospitalization or surgery; or the condition may worsen to the extent that unnecessary permanent disability, disfigurement, or death results.*

Notes:

General Neglect

Criteria for General Neglect

Consider age/developmental status of children. Minor or no injury or illness has occurred.

Inadequate food. The caregiver does not provide sufficient food to meet minimal requirements for the child to maintain health and growth.

The child experiences unmitigated hunger; lack of food has a negative impact on school performance. Caregiver's use of food stamps and/or food pantries as sources of food should not be considered failure to provide food.

Possible questions to engage caller around Inadequate Food:

- What makes you think the child is not getting enough food?
- You said the child only eats junk food...are the children fed everyday?
- Do you know the last time the child ate?
- Does the child attend a school where they get food?
- What food have you observed in the home?

Notes:

Inadequate clothing. The caregiver provides clothing that is inappropriate for weather and results in health or safety concerns for the child.

Example: Clothing is consistently so unclean or inappropriate for the situation where by the child experiences shame and/or ridicule.

Example: The reporter indicates that the child's hygiene is so poor that the child consistently smells and is so dirty that it is difficult to be around the child.

Notes:

Inadequate/hazardous shelter. The residence is unsanitary, such as a pervasive and/or chronic presence of rotting food, human/animal waste, or infestations.

Example: Reporter (who is a neighbor) calls due to foul odor in the home that is strong enough for others to smell from the outside.

The residence is dangerous, such as items (e.g., poisons, guns, drugs) within reach of child.

The residence lacks basic necessities such as utilities, plumbing, and/or sleeping facilities, AND these are necessary based on current conditions and the age/developmental status or special needs of the child.

Possible Question to engage the caller around inadequate/hazardous shelter:

Could you describe what "filthy" or "dirty" means to you?/when was the last time you were in the home and saw the conditions you describe?

Does the child have access to the safety hazards that you describe?

Notes:

Criteria for General Neglect

Inadequate supervision. The child is or has been left unsupervised for a period of time inappropriate to the child's age or developmental status.

Example: Reporter indicated that Mom leaves home each night to party with her boyfriend and leaves her young children alone to care for themselves.

The caregiver may be present but does not attend to the child (e.g., the child is playing with dangerous objects, running into the street, etc.).

Possible Questions to Engage the caller around inadequate supervision:

Is the child alone right now?

Do you know how to locate the parents?

Is the child responsible for caring for another child?

Do you know if the child has access to a phone and if they know how to call 911?

Did the parent arrange for another adult to check up on the child?

Are you aware of anything about the home environment that raises the level of concern (pool, gun, etc.)?

Does the child have any special needs that require constant supervision?

Notes:

Inadequate medical/mental health care. The child has a mild to moderate condition, and the caregiver is not seeking or following medical treatment; OR the child has a severe chronic condition and the caregiver's care is partial, but important components of the child's medical needs are unmet.

Example: Reporter indicated that the child has asthma, and caregiver does not allow immediate access to the nebulizer...waiting to see if the attack will pass.

Example: Reporter indicates that child with diabetes is not receiving consistent treatment.

Possible Questions to Engage Caller around Inadequate medical/mental health care:

Regarding lice, are the untreated or reoccurring head lice resulting in scabs, sores, or infections?

Is the child in need of immediate medical attention and has the parent tried to get medical care?

Does the child require ongoing medical supervision, medication, or treatment?

What will happen to the child if he does not receive this medical care, medication, intervention, etc?

Does the parent have a mental or physical limitation prohibiting them from seeking treatment for the child?

Notes:

Child has no parent or guardian capable of providing appropriate care.

Examples: Reporter indicates that there is inadequate care (belief that child is unsafe) or no provision for the care of the child while caregiver is gone.

Possible Questions to engage caller:

What makes you believe that the child is not safe in this home?

Criteria for General Neglect

Are the current caregivers willing and able to take this child?

Has the child been in this home before? Have they been safe in this home before?

Example: The caregiver's whereabouts are unknown, and it appears that the caregiver has no intention of returning.

(If caregiver absence does not appear permanent, mark as inadequate supervision. Permanent absence may be indicated by taking clothing or other belongings, quitting jobs, establishing another residence, or an absence that has exceeded planned return.)

Notes:

Failure to protect.

The child is left with an inappropriate caregiver (another child too young or developmentally incapable of supervising; a person known to neglect or abuse children; a person known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired); OR

The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical, sexual, emotional abuse, or neglect) by another person.

Example: Mother is not paying attention to the young child and the child goes outside and is wandering around.

Notes:

Involving child in criminal activity. The caregiver causes child to perform or participate in illegal acts that either:

- Create danger of serious physical or emotional harm to the child;
- Expose the child to being arrested; or
- Force a child to act against his/her wishes.

Example: Caregiver asks child to steal money or clothes from the store.

Notes:

Threat of Neglect

Criteria for Threat of Neglect	NOTES
	<p>No event has occurred; however, conditions exist that create a substantial likelihood that the child will be neglected. <u>Prior failed reunification or severe neglect, and new child in household.</u> There is credible information that a current caregiver had one or more children, for whom there was failed reunification as a result of child abuse or neglect, OR a current caregiver was previously substantiated for severe neglect; AND there is a new child now living in the home.</p> <p><i>Example: Hospital calls reporting the birth of a newborn who had siblings that were previously removed due to abuse or neglect. (Request newborn risk assessment and document your request and outcome.)</i></p> <p>Notes:</p>
	<p><u>Allowing child to use alcohol or other drugs.</u> The caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs to a child to the extent that it could endanger the child’s physical health or emotional well-being, or result in exposure to danger because the child’s thinking and/or behavior are impaired. Consider the child’s age and type of substance.</p> <p>For example:</p> <ul style="list-style-type: none">▪ Providing methamphetamine, heroin, cocaine, marijuana or similar drugs to a child of any age.▪ Providing enough alcohol to result in intoxication.▪ Providing alcohol over time so that the child is developing dependency.▪ Providing medications (includes prescription and over the counter) that are not prescribed for the child for the purpose of altering the child’s behavior or mood.▪ Providing glue or other inhalants to a child of any age.▪ Examples of substance use that should not be included are:<ul style="list-style-type: none">○ Use of small amounts of alcohol for religious ceremonies.○ An older child is permitted to try a small amount of alcohol at a family occasion that did not result in intoxication. <p>Notes:</p>

Criteria for Threat of Neglect	NOTES
	<p><u>Prenatal substance use.</u> There is a positive toxicology finding for a newborn infant or his/her mother OR other credible information that there was prenatal substance abuse by the mother(e.g., witnessed use, self-admission); AND there is indication that the mother will continue to use substances, rendering her unable to fulfill the basic needs of the infant upon discharge from the hospital. Indicators may include, but are not limited to, the type of drug (the more addictive the drug, the more likely there will be continued use), pattern of past use, behavior during hospitalization, statements by the mother or others regarding use, AND willingness/ability to care for infant, etc.</p> <p><i>Example: Reporter indicated that Mom gave birth to child who tested positive for marijuana.</i></p> <p><i>Notes:</i></p>
	<p><u>Other high risk birth.</u> No acts or omissions constituting neglect have yet occurred; however, conditions are present that suggest that only the external supports of the hospitalization or the limited time since birth are the reasons neglect has not occurred. Examples may include:</p> <ul style="list-style-type: none"> ▪ Sole caregiver or both caregivers have not attended to the newborn in the hospital. ▪ Teen mother with no support system whose maturity level suggests she will be unable to meet the newborn’s basic needs. ▪ A mother of any age with apparent physical, emotional, or cognitive limitations who has no support system and may be unable or unwilling to meet the newborn’s basic needs. ▪ A child was born with medical complications, and sole caregiver’s or both caregivers’ response suggest caregiver(s) will be unable to meet the child’s exceptional needs (e.g., does not participate in medical education to learn necessary care, indicates denial of diagnosis, etc.). <p><i>Notes:</i></p>

Sexual Abuse

Criteria for Sexual Abuse	NOTES
<p>Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator. Based on verbal or nonverbal disclosure, medical evidence, or credible witnessed act. <i>Example: Child tries to stick his penis in another child's anus.</i> If child knows that the perpetrator is not a household member, but does not know his/her identity, DO NOT MARK.</p> <p>Sexual act(s) among siblings or other children living in the home Children living in the home engage in sexual behavior that is outside of normal exploration and involves coercion or violence. <i>Example: Child six year old child goes up to another child and forces them to suck his penis....</i></p> <p>Sexual exploitation The caregiver involves the child in obscene acts or engages the child in prostitution or pornography.</p> <p>Possible Questions to Engage the Reporter Around Sexual Abuse:</p> <ul style="list-style-type: none"> ○ Does the parent know about the abuse? If so, what steps have they taken to protect the child? ○ Does the person who hurt the child have access to or contact with the child? ○ Does the person have access to other children? ○ What is the age and relationship of the person to the child? (relative, neighbor, stranger, minor children) ○ Has the child had a medical exam? ○ Did the child disclose where he/she learned these things? <p><u>Notes:</u></p>	
<p>Threat of sexual abuse No sexual act or exploitation has occurred; however, the caregiver behaves in ways that create substantial likelihood that the child will be sexually abused. <u>Known or highly suspected sexual abuse perpetrator lives with child.</u> An individual with a known or suspected record for sexual crimes lives in the same residence as the child.</p> <p><u>Notes:</u></p>	
<p><u>Severely inappropriate sexual boundaries.</u> Adults in the home allow children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status; AND this has resulted in the child exhibiting age-inappropriate sexual behavior OR emotional distress.</p> <p>Adult(s) exhibits behaviors suggesting the purpose is sexual gratification for the adult.</p> <p><u>Notes:</u></p>	

Making the Decision and Prioritizing Calls

The decision to screen a call in or out is made by carefully applying the information compiled to the criteria outlined within SDM. It is imperative that when CSWs are uncertain how to apply the criteria that they seek the counsel of their supervisor.

The chart below assists the CSW in applying the SDM criteria.

Report	Screen Out	Screen In
Abandonment	The parent(s) arranges for a substitute caregiver to provide appropriate care for the child(ren) along with stated or implied plan to resume care or custody of the child.	The parent(s) has made no arrangements for a substitute caregiver and deserts the child; or arrangements were made for a substitute caregiver who is no longer willing to care for the child and the parent(s) cannot be located.
Children With Special Needs	The school and/or counselors handle children with special educational needs or emotional disturbed behaviors.	There are allegations that the child has current medical or health needs that the caregiver is not addressing.
Domestic Violence	The child(ren)'s welfare is not at risk of harm. For example, the perpetrator is out of the home and will not be returning due to indefinite incarceration, death, etc.	There are few, if any situations that will not require an in person assessment when there is an incident of domestic violence whether or not the children were present. The domestic violence between adults in the home is persistent, resulting in child being continually fearful or anxious or involves weapons; physical injury requiring medical attention; sinister threats; increase in frequency and/or escalation into serious violence; the child(ren) has tried to intervene; and/or the child(ren) has been threatened or injured.
Drug House Meth Lab	Although illegal drug distribution will be handled by law enforcement the child(ren) 's welfare must not be at risk of harm.	There are allegations that young child(ren) have easy access to drugs; the caregiver provides drugs to child(ren); child(ren) are employed as part of the operation; child(ren) at risk due to raids and/or drug disputes; child(ren) have access to weapons; child(ren) exposed to a methamphetamine laboratory.

Report	Screen Out	Screen In
Emotional Abuse Mental Injury	The parents/caregiver is seeking professional help for their child(ren) who exhibit out-of-control behavioral or emotional problems, suicidal ideation, mental health symptoms, etc.	There are allegations that the parent/caregiver is the direct cause of the child's inability to function within his/her normal range of performance and behavior, i.e. has unrealistic expectations such as insisting a child carry out extreme tasks that are significantly beyond the child's capabilities, threatening and pointing weapons, consistently keeping the child awake all night to clean house, children being left outside in extreme temperature as a form of punishment etc.
Environmental: Clothing Issues	Poverty itself does not constitute abuse/neglect, thus it is not a reason to intervene. Families may be poor but can minimally provide for the child(ren).	The lack of clothing exposes the child(ren) to elements, the child(ren) is inadequately covered, has repeated illness due to exposure.
Environmental: Dirty House	A dirty house does not automatically mean an unsafe home. Generally, the safety of children is not at a substantial level and family, community agencies, landlords, etc can handle the issue.	The home is currently a health hazard due to excessive garbage, rotted food, human/animal waste, etc. that threatens the health of child(ren).
Environmental: Head Lice or Scabies	This is a non-threatening health issue handled by the health department, school nurse, etc.	The head lice have gone untreated for so long that the scalp is bleeding.
Environmental: Homelessness	Poverty itself does not constitute child abuse/neglect, thus it is not a reason to intervene. Families may be poor but can minimally provide for the child(ren). Handled by family, shelters, etc.	The current homelessness results in the basic needs of the child(ren) not being met (i.e. not being fed, being exposed to environmental elements/weather unsanitary conditions, insufficient food to meet minimal requirements for the child to maintain health and growth.)
Environmental: Poor Hygiene	Poor parenting practice that is not an indicator of abuse or neglect.	The child(ren) has become the object of constant ridicule due to the degree or duration of uncleanness and the parent refuses to address the issue; the child's health is affected.

Report	Screen Out	Screen In
Lack of Prenatal Care for Unborn Child or Fetus	An unborn child or fetus is not defined as a “child” under Title 10 and thus falls outside the scope of CPS. Handled by health professionals.	There are allegations of child abuse/neglect concerning other children living in the home. For example; due to the lack of pre-natal care there is a concern that other children in the home are at risk of abuse and/or neglect.
Lack of Supervision	While there is no statutory requirements regarding how old a child must be before he/she is left alone, the child must be old enough to care for themselves, and contact emergency personnel if needed. Latchkey children (i.e. children left unattended for 3 hours or less before or after school), who are 12 years of age or over and there is no report that the child(ren) are developmentally delayed, physically handicapped or has any special needs or medical needs. Additionally, there is no report that there is a chronic lack of supervision, drug or alcohol abuse, engaging in risky behavior or exhibiting destructive behavior	A child is left alone overnight, or alone for extended periods and no resources are available, unsupervised outside of the home or supervised by inappropriate caregiver, playing with dangerous objects, or is in dangerous places without supervision.
Medical Neglect	A parent choosing not to give their child(ren) ADHD medications or other behavioral-related medications, not taking the child(ren) to the doctor or dentist for minor ailments, etc., is not necessarily child neglect, however, the the child’s welfare must not be at risk of harm.	There are allegations that the parent/caregiver is withholding medical treatment or a prescription and this action will cause significantly harm to the child, i.e. not giving prescribed insulin to a diabetic child, or refusing to administer breathing treatments to a child with asthma, or refusing to seek medical treatment for child with severe asthma attacks, refusing to take a child with broken bones, etc. to emergency room. A parent choosing not to give their child(ren) ADHD medications or other behavioral-related medications, not taking the child(ren) to the doctor or dentist for minor ailments, etc., must be assess case by case.

Report	Screen Out	Screen In
Parent/Child Conflict	Counselors, family, friends or other support systems are available for non-physical conflict issues. Physical altercation initiated by a teenager toward a parent/caregiver, or physical altercation with a teenager resulting in the parent/care-giver inflicting minor harm (a slap), there is no prior history around physical abuse, is not considered child abuse.	There are allegations that the conflict includes physical altercation resulting in the parent/caregiver severely injuring a child.
Children With Special Needs	The school and/or counselors handle children with special educational needs or emotionally disturbed behaviors.	There are allegations that the child has current medical or health needs that the caregiver is not addressing.
Spanking or Corporal Punishment	Parents use reasonable and age appropriate force as a means of discipline, including spanking on the buttocks, but no bruises, welts or injuries are sustained.	A child has sustained an injury or injuries. A child is being hit with an object on the buttocks or other parts of the body regardless if the child has obvious marks or bruises.
Sexual Activity or Behavior – Age Inappropriate	Sexual curiosity is part of normal child development and is generally handled by the child’s parents. Refer to <i>Understanding Children’s Sexual Behaviors</i> by Toni Cavanagh Johnson for guidance as to what sexual behaviors are considered normal for the actual or developmental age of the child(ren).	There are allegations of sexual activity or behavior that is outside the norm. Refer to <i>Understanding Children’s Sexual Behaviors</i> by Toni Cavanagh Johnson for guidance as to what sexual behaviors are considered indicators of some type of abuse or neglect.
Sexual Abuse		There are allegations of sexual activity, including propositioning or acts committed or permitted, by the caregiver/parent, i.e. rape, sodomy, incest, lewd or indecent acts or proposals.
Sexual Exploitation		There are allegations that the parent/caregiver allowed or encourage the child(ren) to engage in sexual acts with others, prostitution, obscene photographing/filming, or deliberate exposure to adult sexuality.

Report	Screen Out	Screen In
Substance Abuse	The child(ren)'s welfare must not be at risk of serious neglect or physical danger.	The abuse of legal/illegal drugs or alcohol incapacitates or severely limits the caregiver in providing minimal basic care for a vulnerable child. (A vulnerable child is a child who relies on an adult for care and protection).
Child ages 0-3 years		Be mindful that these children are extremely vulnerable and can be victims of repeated injuries. Their injuries can be serious but go undetected until they become life threatening. Data reflects that these children are most likely to suffer serious injury and death.

Making the Decision and Prioritizing Calls ~ Overrides

Another part of sound decision making includes knowing when to deviate from the SDM tool. These deviations could include a faster or slower response. This may involve following local protocol when there are special or unusual circumstances. These situations will require an “override” to the screening tool. Some of the most common overrides are listed below.

Law enforcement is requesting immediate response. A law enforcement officer is requesting an immediate child protective services response.

Forensic considerations would be compromised by slower response. Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, OR there is reason to believe statements will be altered if interviews do not begin immediately.

There is reason to believe that the family may flee. The family has stated the intent to flee or is acting in ways that suggest the intent to flee, OR there is a history of the family fleeing to avoid investigation.

Child safety requires a strategically slower response. The child’s current location is such that initiating contact may create a threat to the child’s safety OR the value of coordinating a multi-agency response outweighs the need for immediate response.

The child is in an alternative safe environment. The child is no longer in the same place or with the caregiver who is the alleged perpetrator, and the child is not expected to return within the next ten (five days in Los Angeles).

Historical information only

A child is at least 10 years old AND

The alleged maltreatment occurred more than one year ago, **AND**

There were no reports of abuse or neglect since the alleged incident, **AND**

The conditions that contributed to the alleged incident are no longer present.

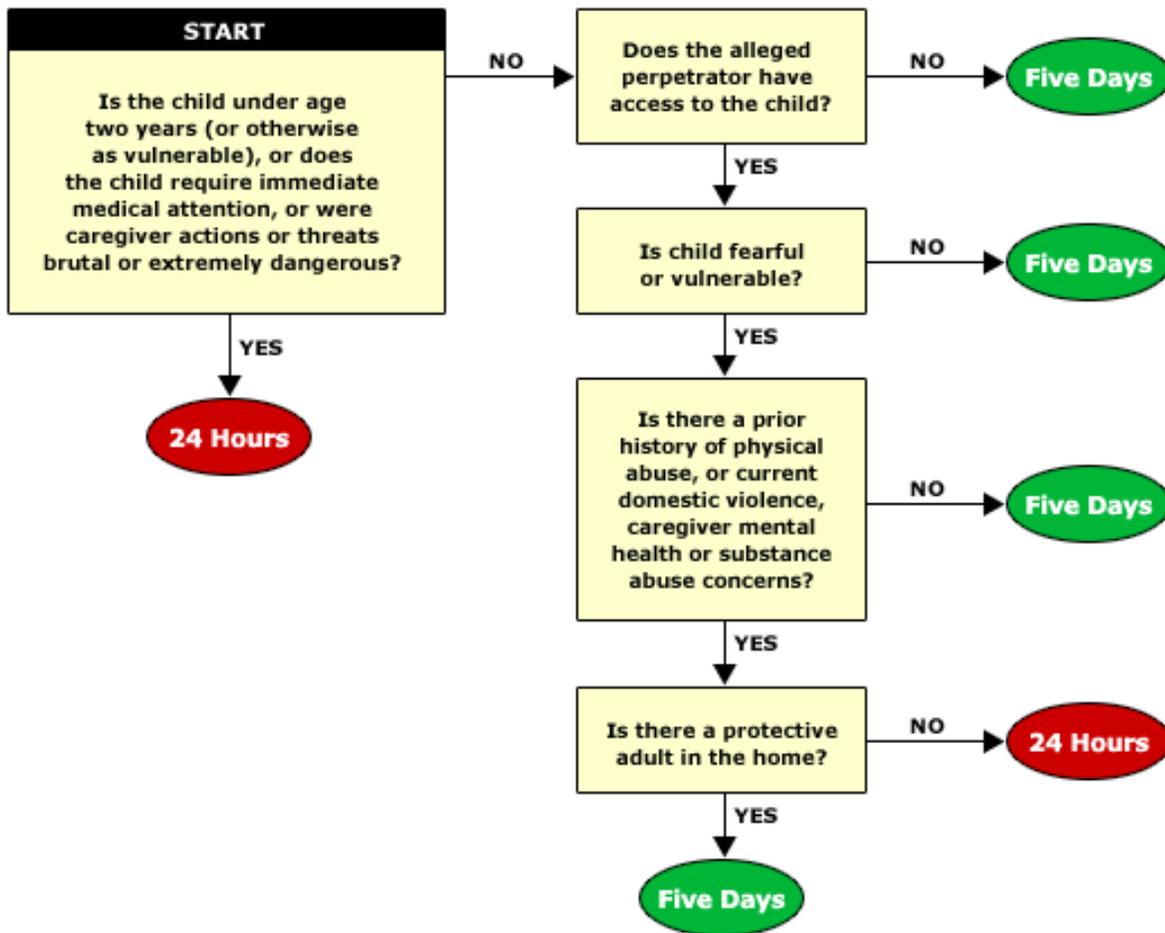
If reported incident is sexual abuse, all of the above criteria must apply **AND** the reported perpetrator must be an unidentifiable non-household member, or deceased.

Hotline Decision Trees

SECTION 2: RESPONSE PRIORITY

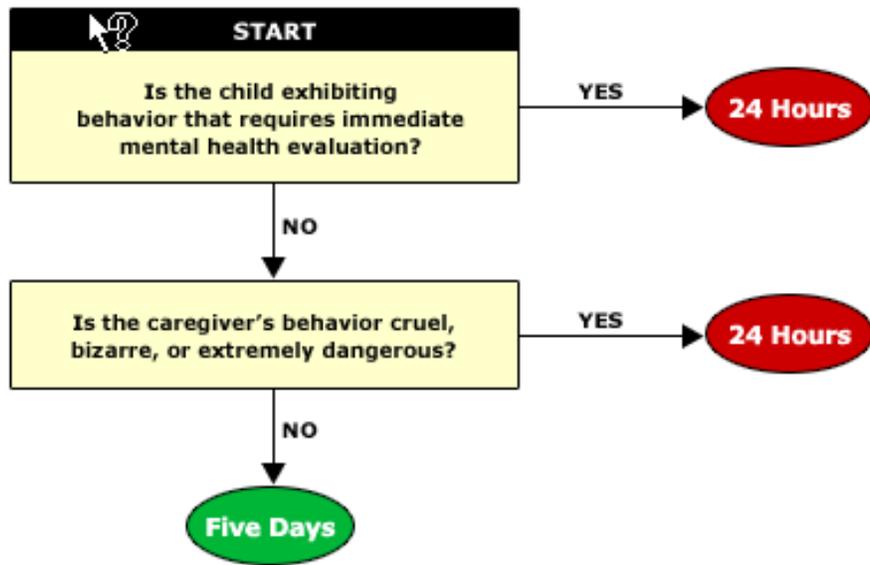
Child is already in custody

Physical Abuse Decision Tree



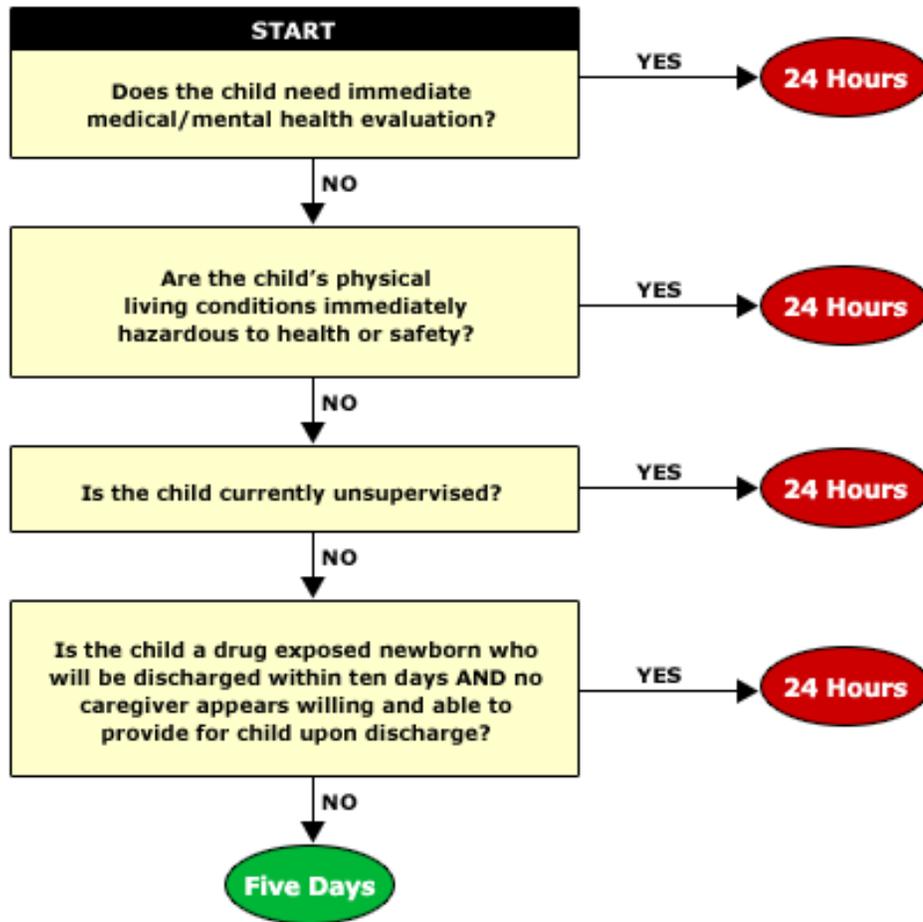
Clear This Tree

Emotional Abuse Decision Tree



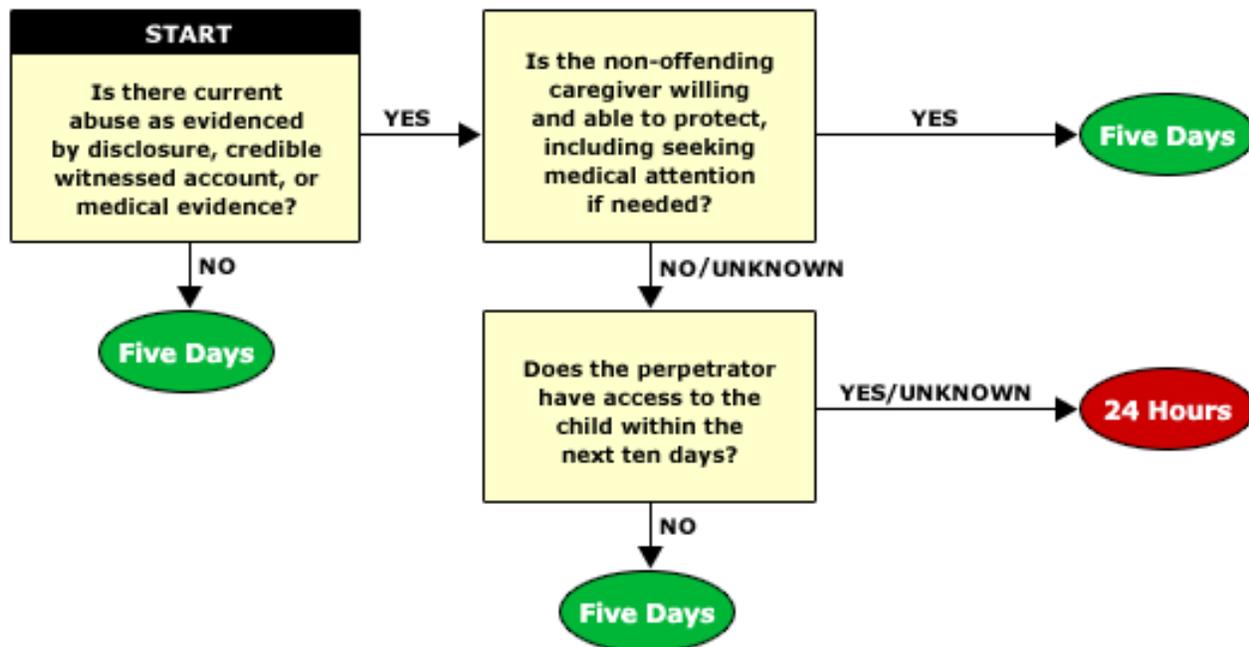
 Clear This Tree

Neglect Decision Tree



 Clear This Tree

Sexual Abuse Decision Tree



 Clear This Tree

Attachments

