

Access Response Time Pilot

Critical Thinking Guide

Reminder: Only screened-in CPS reports require a response time decision. The considerations in this document should only be used to determine response time. Refer to <u>CPS Access and</u> <u>Initial Assessment Standards</u> for information regarding screening criteria and decision-making.

24-Hour Response Criteria

Results in 24-hour response time if no mitigating factors are present

A. Report of sexual abuse and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown

- Is there a parent/caregiver or another adult in the home aware and protecting the child? For example, is the family aware and taking steps to prevent further abuse from occurring again in the immediate future? If so, consider M1 below (results in 5-day response).
- Here and elsewhere in the tool, assessing the child's potential contact with the alleged maltreater is intended to consider if the child could experience abuse again and how soon.

B. Child needs immediate medical attention for a potentially life-threatening condition and needed treatment is not being received

- What will happen if the child doesn't receive the needed medical attention?
- "Life-threatening condition" is intended to reflect the status of the situation now circumstances that have already become or are escalating quickly to the point of becoming life-threatening. This is not intended to include conditions that would only become life-threatening if treatment isn't received over a longer period of time.
- The degree to which a parent/caregiver's actions contributed to the child's condition and/or lack of care is a matter to be considered at the point of screening (i.e., determining whether the report relates to child maltreatment) and decision-making during the Initial Assessment process (e.g., substantiation, safety determination, protective planning).

The focus for the response time decision is whether the immediate medical need has been resolved, regardless of what led to the situation. 24-hour response is only needed if there continues to be an urgent, unmet medical need for a potentially life-threatening condition.



C. Child has a severe physical injury that appears to be non-accidental, unexplained, or explanation appears inconsistent with injury, and the child is likely to have direct contact with the alleged maltreater in the next 24 hours or exposure to the alleged maltreater is unknown.

- A severe physical injury is more than minor cuts, scrapes, and bruising. Examples of severe physical injuries include broken bones, skull fractures, brain bleeds, etc.
- An injury to the head or face is not inherently severe (i.e., scratch above the eye, bloody nose). If there are multiple physical injuries, take into account the totality of injuries when considering if the child has been severely injured.
- What is the parent/caregiver's explanation of the injury?
- Consider how both your own and the reporter's personal biases and view of the family may be impacting the reported information. Pay attention to your emotional and physiological response to the reported information. Are the circumstances incongruent with your or the reporter's beliefs about how children should be raised? Was a child disciplined in a way that is unfamiliar or feels uncomfortable? Consider how these factors and biases may be influencing reactions, thought processes, and decision-making about response time.

D. There is no parent/caregiver providing essential care or immediate supervision and this poses imminent potential of serious physical harm to the child based on their age, ability, or developmental status

- This is not intended to include a family's challenges to secure housing, nutritious food, or other basic needs.
- Examples of essential care that could result in serious physical harm if not provided include consistently feeding an infant (e.g., could result in failure to thrive), administering medication to a medically fragile child, etc.
- The phrase "poses imminent potential of serious physical harm" is intended to be read as plain language and is not referring to any specific definition, statute, or concept within the current safety model.
- This is not intended to include situations where the immediate need has been resolved (i.e., child found wandering alone and parent has since been located) or when a different caregiver is temporarily meeting the child's needs (i.e., parent's whereabouts are unknown, but family member is willing to keep the child for the time being).



E. Child's immediate and direct access to drugs could be lethal and parent/caregivers are not taking necessary steps based on the child's age and development to prevent access

- This is not intended to include every situation when a household member is using drugs or whenever drugs are located in the home.
- Consider whether steps are being taken to keep the potentially dangerous substances out of the child's immediate environment. For example, are items left out on a coffee table where a toddler is playing, or are they tucked away in a closet or nightstand in the parent's bedroom?
- "Could be lethal" refers to when the child ingesting the substance or having physical contact with the substance (e.g., fentanyl) could result in death.

F. Child is directly, physically involved in domestic violence that could be lethal or involves a dangerous weapon, and the alleged perpetrator's location and access to the family indicates the child may experience violence again in the next 24 hours

- Being "directly, physically involved" is more than being exposed to, witnessing, or being in the same home where domestic violence is occurring. Examples include a child intervening in a physical altercation, an infant being held by a parent/caregiver being physically attacked, a gun being pointed at the family, erratic driving with children in the vehicle, etc.
- "Could be lethal" refers to domestic violence that is extremely dangerous and could cause death to the adult victim and/or child(ren), such as asphyxiation, physical altercation while driving, threatening use of a deadly weapon, etc.

Mitigating Factors

Consider mitigating factors whenever 24-hour response criteria (A-F) are selected. If a mitigating factor is selected, this results in a 5-day response time.

M1. Parent/caregiver or another adult in the home is demonstrating protective action

 Recognizing protective action does not require assessing for Parental Protective Capacities (PPCs) and does not need to include a guarantee or formal commitment by any person (such as occurs with a protective plan). This mitigating factor is meant to simply recognize when a family/household is naturally taking actions or precautions intended to keep the child safe in the immediate future.

M2. Child is in an alternative safe environment

M3. Alleged maltreater will not have contact with the child in the next 5 business days

M4. Other reason 24-hour response is not needed: ____



The following is intended for agencies to document their discretion to select 24-hour response when the tool didn't return that result (no A-F 24-hour response criteria are present):

Discretionary 24-Hour Response

X. Discretionary 24-Hour Response – Explain: _____