

<p>Introduction</p>	<p>County departments are required to have a protocol for handling after – hour situations (i.e., emergency/non-emergency). This protocol will define DHR requirements when responding to calls from citizens or community partners.</p> <p>For purposes of this policy, “after hours” is defined as services delivered after a county department’s normal working hours.</p> <p>This policy is developed to insure consistency of application of after hour service delivery among the sixty-seven (67) county departments. The goal is to insure county departments adequately receive, respond to and follow-up with all after – hours situations.</p> <p>Child welfare staff must contact the on-call Supervisor for consultation prior to responding to an emergency situation.</p> <p>Note: <i>After Hours On Call Procedures</i> is not an extension of <i>CA/N</i> policy (i.e., policy requirements may differ).</p>
<p>General Requirements</p>	<p>All county departments shall have in place an after hours protocol which shall address the following:</p> <ul style="list-style-type: none"> • in-house procedures (i.e. written protocol) on handling after hours situations past normal working hours and during weekends and holidays; • development of an on-call schedule (i.e., monthly, semi-annually) to be provided to foster parents, law enforcement and other community partners as needed; • insuring that on-call child welfare staff have access to appropriate equipment that is available and material to include but not limited to cell phone, camera, contact numbers (i.e., DHR supervisors, LEAs, Judges); and DHR forms (i.e., Safety Plan, Person Responsible for Protection, etc.). needed when performing on-call duties; • procedure for insuring that appropriate CPS

	<p>forms (i.e., log sheets), FACTS data entry is completed; and</p> <ul style="list-style-type: none"> • procedure for staffing on-call situations with supervisory staff (i.e., morning of the next working day).
<p>After Hours Calls</p>	<p>When receiving after hour calls, child welfare staff shall respond promptly.</p> <p>After hours child welfare staff shall utilize active listening skills and interview skills to obtain after hours information. The information collection process should address the following:</p> <ul style="list-style-type: none"> • encourage reporters to provide detailed information about the alleged abuse/neglect; • collect essential identifying information on the children, parents, primary caregivers, other household members, person allegedly responsible for abuse/neglect, and other individuals who may have information about the child/family situation; • collect identifying information on the reporter, how the person became aware of the child/family situation (eye witness or hearsay, and reasons for contacting DHR now. • advise the reporter that their identity is kept confidential insofar as possible, can only be released according to State law, and may be released if the information is sent to the District Attorney (DA) or a law enforcement agency (LEA), or if the court becomes involved. <p>Based upon the cumulative responses, child welfare staff will utilize critical decision making skills to determine if there is a safety threat and utilize professional judgment as to the appropriate action that is needed.</p> <p>In determining safety threats, child welfare staff shall consider the following factors:</p> <ul style="list-style-type: none"> • <u>Severity</u> – The threat is consistent with harm

	<p>that can result in significant pain, serious injury, disablement, grave or debilitating physical health or physical conditions, acute or grievous suffering, terror, impairment, or death.</p> <ul style="list-style-type: none"> • <u>Vulnerability</u> – Child’s dependence upon others for protection is based on an assessment of a child’s age, as well as his or her physical and mental health. • <u>Out-of-Control</u> - Family conditions are such that nothing within the family can manage the behavior, emotion, or situation causing the safety threat. • <u>Specific Time Frame</u> – A belief that threats to child safety are present or likely to become active soon; a certainty about occurrence within the immediate to near future that could have severe effects on a child. • <u>Observable and Specific</u> – <u>Facts</u> obtained indicate that the danger to the child is real. <p>Child welfare staff will determine if there are dependency issues that need to be addressed and take appropriate action. No later than the next business day, child welfare staff will determine if the report constitutes a CA/N, CPS Prevention, or an I & R (Information and Referral).</p> <p>Note: It is recommended that on after hour calls received from law enforcement or hospital requesting DHR assistance (i.e., law enforcement at the scene of an operational meth lab and children are present) that an immediate response be made.</p>

<p>Emergency Situations Threat of Serious Harm</p>	<p>An emergency situation is typically one that involves “threat of serious harm” and will require an “immediate response.”</p> <p>Threat of serious harm is defined as “when on-call information received indicates serious harm will likely occur within twenty four (24) hours to the children identified in the report as allegedly abused or neglected.”</p> <p>In cases where threat of serious harm is identified on-call staff will immediately consult with a Supervisor to determine appropriate response time.</p> <p>Situations which suggest that children may be at threat of serious harm and may require an immediate response include, but are not limited to the following:</p> <ul style="list-style-type: none"> • child death report is received with alleged abuse/neglect as the cause, and there are other vulnerable children in the home; • child is under age six (6) years and the alleged abuse/neglect is attributed to the parents’ or primary caregivers’ substance abuse, mental illness, intellectual disabilities, or family violence; • child is being hit, beaten, severely deprived <u>now</u>; • child is unsupervised or alone <u>now</u>; • child is in life threatening arrangements <u>now</u>; • serious allegations have been reported and a child is accessible to the person allegedly responsible for abuse/neglect or accessibility to the person is unknown; • serious allegations have been reported and the child/family situation may or will change quickly; • allegations involve failure to thrive; • allegations involve medical neglect of handicapped infants; • parents/primary caregivers are failing to seek medical care for a health problem which, if left untreated, could cause serious harm; • parents/primary caregivers have been
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	<p>reported as being under the influence of substances now;</p> <ul style="list-style-type: none"> • parents'/primary caregivers' whereabouts are unknown; or • there is a history of CA/N reports which suggest the children may be at threat of serious harm now. <p>Note: Per December 1, 2016 Memo, <i>Amended Timely Response to Intake Calls</i>, child welfare staff must respond immediately to the following situations:</p> <p>1. "If a hospital or physician (physician's office staff) calls and makes a report (whether it is a prevention or CA/N; or gives information about a child that could or has impacted a child's health and or safety and or well-being) concerning a child/children, you are to respond and go to the hospital or any other location to see this child <u>immediately</u>. In addition, follow the applicable policy on preventions or child abuse and neglect reports."</p> <p>2. "If a parent/ any other legal guardian/custodian calls and states they want to relinquish their child, then a worker should go to the location where the caller is located <u>immediately</u>; talk to and assess the caller and situation; and see the child/children <u>immediately</u>. In addition, follow the applicable policy on preventions or child abuse and neglect reports."</p>
<p>Safety Plans</p>	<p>Safety plans are developed to control safety threats on a short term basis. In-Home or Out-of-Home (Non-Foster Care), safety plans shall be used in after hour situations in accordance with the following:</p> <ul style="list-style-type: none"> • Child welfare staff shall assess the need for implementation of a safety plan when present or impending danger threats are identified and documented. • Supervisory approval for the use of all safety plans is required. Child welfare staff must consult with the on-call supervisor for

	<p>concurrency prior to implementing an In-Home or Out-of-Home (Non-Foster Care) safety plan.</p> <ul style="list-style-type: none"> • The “In-Home” or “Out-of-Home (non-foster care)” safety plan must be documented on form (DHR-FCS-2110). All participants (i.e., parents, person responsible for protection, etc.) agreeing to perform an activity in the safety plan must sign the Safety Plan Form (DHR-FCS-2110). • The Person(s) Responsible For Protecting The Children form (DHR-FCS-2110A) must be completed with “In-home” and “Out-of-Home (non-foster care)” safety plans to assess the appropriateness of person(s) responsible for protection. All sections of the DHR-FCS-2110A must be assessed, completed, signed and dated, and attached to the corresponding Safety Plan. • Child welfare staff must make a home visit to the home of person/persons responsible for protection as part of the safety plan approval process. If the plan must be implemented in emergency or after-hour situations, the home visit shall be conducted no later than the next calendar day, unless a supervisor makes the determination, based on the individual case, that a home visit can be delayed until the next working day. • Child welfare staff must clear the person responsible for protection through the Central Registry. If access to the Central Registry is not immediately available (i.e., safety plan implemented after regular working hours) clearance should be conducted by the next working day. <p>Note: Safety Plans developed on-call must be staffed promptly the next working day with appropriate CA/N or Protective Service supervisor.</p>
<p>Foster Care</p>	<p>Child welfare staff will consult with the on-call Supervisor for approval, prior to removal of the child and placement in foster care. Placement in Foster</p>

	<p>Care shall be considered when an assessment reveals the following:</p> <ul style="list-style-type: none"> • there are present/impending danger threats that cannot be controlled in the child’s current living situation and the child(ren) are at threat of serious harm; • the parents or primary caregivers are unwilling or unable to provide protection; • it is not possible to protect the children from imminent, serious harm through (1) the provision of services, including intensive in-home services; or (2) use of an out-of-home (non-foster care) safety plan; or (3) use of an Agreement For Foster Care, and • removal of the child and placement in foster care is the only way to ensure child safety. <p>The assigned on-call worker must staff the case immediately the next working day with the appropriate supervisor(s).</p>
<p>Staffing of After Hour Cases (Next Working Day)</p>	<p>After hour cases must be staffed the next working day with a Supervisor. If the supervisor responsible for staffing cases is not available staff the case with an available CPS supervisor within the office. County offices will determine how staffing is conducted.</p> <p>If an after hour case is determined to be a CA/N, Prevention or an I & R (Information and Referral), it must be entered in FACTS within three (3) working days.</p>