



MTL # 0506-04282020
04/28/2020

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POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization:

- 0506 Intake Policy

This policy is/was effective: 04/28/2020

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # _____ - _____ Policy Name: _____
- This policy has been revised. Please see below for the type of revision:
 - This is a significant policy revision. Please review this policy in its entirety.
 - This is a minor policy revision: (List page number & summary of change):
 - A policy form has been revised: (List form, page number and summary of change):

NOTE:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address: <http://dcfs.nv.gov/Policies> Please check the table of contents on this page for the link to the chapter you are interested in.
- UNITY is pending several changes as a result of the work done for this Policy, which are:
 - Priority Response Time 1 has changed from 3 to 6 hours.
 - The Corporal Punishment windows priority response times need to be adjusted to reflect current P3 of 7 calendar days, substantiations should be reflected in the Central Registry and due process windows should initiate.
 - The Commercial Exploitation of Children (CSEC) windows to allow for a CSEC service only disposition.
 - The ability to assign new reports to currently open NIAs and use only one NIA to complete investigation, while recording in UNITY Priority Response Time and disposition assigned, Priority Response Time achieved (report detail window and UNITY Child Contact Case Note), and a Present Danger Assessment.

- While UNITY changes are pending, Agencies should:
 - Utilize PR1 Rural on all Priority 1 dispositions so UNITY will calculate 6 hours.
 - For CSEC and Corporal Punishment, assign and follow Priority Response Times utilizing the revised 0506 Intake and Priority Response Times Policy but continue the Agency's current practice within UNITY until the changes occur.
 - Outline a business practice the Agency will follow to assign new reports to currently open NIAs and use only one NIA to complete investigation. This process must be submitted to the Family Programs Office CPS Program Specialist at beverly.mason@dcfs.nv.gov for review and approval by June 1, 2020.
- An updated Instructional Memorandum will be issued when UNITY changes are completed.

0506 Intake and Priority Response Times

Policy Approval Clearance Record

<input checked="" type="checkbox"/> Statewide Policy	<input type="checkbox"/> New Policy
<input type="checkbox"/> Administrative Policy	<input checked="" type="checkbox"/> Modified Policy
<input type="checkbox"/> DCFS Rural Region Policy	<input type="checkbox"/> This policy supersedes:
Date Policy Effective:	04/24/2020
Attorney General Representative Review:	02/26/2020
DCFS Deputy Administrator Approval	3/27/2020
DMG Original Approval	05/05/2010
DMG Approved Revisions	04/24/2020

STATEMENT OF PURPOSE

Policy Statement and Purpose: The intake process is a standardized application of procedures for collecting consistent information to respond to reports of child abuse and/or neglect in a timely manner.

Intake decision-making is influenced by the information obtained from a reporting party. Structuring intake information collection contributes to more efficient practice and results in better quality of information to reach screening and response decisions.

The purpose of the Intake Assessment is to identify children who are in present and impending danger as well as children who have been victims of maltreatment. Objectives of the Intake Assessment:

1. Assisting individuals who are reporting their concerns to provide behaviorally specific, detailed information.
2. Determining if the reported concerns include the identification of child abuse or neglect as defined by the Nevada Child Abuse and Neglect Allegation System.
3. Determining if the reported concerns include the identification of present or impending danger and diminished caregiver protective capacities.
4. Determining Agency response time.
5. Identifying whether the concerns being reported must be referred to law enforcement.
6. Providing information to reporting parties about other community resources that are of assistance when the reported information indicates the children are not subjected to maltreatment and may need prevention service referrals.

AUTHORITY

Federal: [Child Abuse Prevention and Treatment Act, Reauthorized 2003-2010](#)

NRS: [432B.020](#), [432B.040](#), [432B.080](#), [432B.130](#), [432B.160](#), [432B.190](#), [432B.200](#), [432B.220](#), [432B.230](#), [432B.240](#), [432B.250](#), [432B.260](#), [432B.270](#), [432B.280](#), [432B.290](#), [432B.320](#), [432B.330](#); [432B.350](#); [432B.630](#), [392.281](#),

NAC: [432B.140](#), [432B.150](#), [432B.155](#), [432B.330](#), [432B.340](#), [432B.350](#)

Other: AB151 from the 80th session 2019

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DEFINITIONS

Abuse or Neglect of a child: “Abuse or neglect of a child” as defined in NRS432b.020:

1. “Abuse or neglect of a child” means, except as otherwise provided in subsection 2:
 - a. Physical or mental injury of a nonaccidental nature;
 - b. Sexual abuse or sexual exploitation; or
 - c. Negligent treatment or maltreatment as set forth in [NRS 432B.140](#), of a child cause or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.
2. A child is not abused or neglected, nor is the health or welfare of the child harmed or threatened for the sole reason that:
 - a. The parent of the child delivers the child to a provider of emergency services pursuant to [NRS 432B.630](#), if the parent complies with the requirements of paragraph (a) of subsection 3 of that section; or
 - b. The parent or guardian of the child, in good faith, selects and depends upon nonmedical remedial treatment for such child, if such treatment is recognized and permitted under the laws of this State in lieu of medical treatment. This paragraph does not limit the court in ensuring that a child receive a medical examination and treatment pursuant to [NRS 62E.280](#).
3. As used in this section, “allow” means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that a child is abused or neglected. (added to NRS by [1985.1368](#); [A 2001.1255](#); [2003.1149](#))

Agency which provides Child Welfare Services: In a county whose population is less than 100,000, the agency is a local office of the Division of Child and Family Services; or in a county whose population is 100,000 or more, the agency of the county, which provides or arranges for necessary child welfare services. May also be referred to as “Agency” or “Child Welfare Agency”.

Person Responsible for a Child’s Welfare: Any person responsible for a child’s welfare including the child’s parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution or facility where the child actually resides or is receiving child care outside of the home for a portion of the day (NRS 432B.130) *For the purposes of this policy this will be referred to as “caregiver.”*

CARA Plan of Care (CARA Plan): The Comprehensive Addiction and Recovery Act (CARA) of 2016 mandates a state to require the development of a CARA Plan of Care. This plan will address the safety, health and substance use disorder treatment needs of the infant an affected family member or caregiver through the interdisciplinary coordination of services to enhance the overall well-being of the infant and family/caregiver.

Caregiver Protective Capacities (CPC): A caregiver’s personal (individual) parenting characteristics, including behavioral, cognitive and emotional, specifically and directly associated with being protective of one’s child. Diminished CPC’s can contribute to a state of danger that a child is routinely exposed.

1. Behavioral- Specific action, activity, or performance resulting in parenting and protective guidance.
2. Cognitive- Specific intellect, knowledge, understanding and perception resulting in parenting and protective vigilance.
3. Emotional- Specific feelings, attitudes, identification with a child, and motivation resulting in parenting and protective vigilance.

Child: A person under the age of 18 years or, if in school, until graduation from high school. The term does not include a child who remains under the jurisdiction of the court pursuant to NRS 432B .594.

1. An Alleged Child Victim is a child identified on an Intake Assessment which has been “screened-in” for Investigation AND the child is alleged to be the victim of at least one specific allegation.

Child Fatality: The cessation of life, manifested in people by a loss of heart beat, absence of spontaneous breathing, and the permanent loss of brain function; loss of life.

Child Near Fatality: An act that places a child in serious or critical condition as verified orally or in writing by a physician, a registered nurse or other licensed provider of health care. Such verification may be given in person or by telephone, mail, electronic mail, or facsimile. (AB 261, 2007).

Child Welfare Services: As defined by NRS 432B.044, includes, without limitation:

1. Child Protective Services;
2. Foster care services as defined in NRS 432B.010; and
3. Services related to adoption

Community Based Service Provider (CBSP): A public or private nonprofit (including a church or religious entity) that provides community-based services accessible to individuals and families in specific geographic areas of a community. The staff of a CBSP identifies the natural supports of each person/family and uses a strengths-based approach in meeting human, educational, environmental, and/or public safety needs. This includes providing assessment and services described in NAC 432B.013 and AB151 from the 80th legislative session 2019.

Conflict of Interest: A conflict of interest is defined as “a real or seeming incompatibility between one’s private interests and one’s public or fiduciary duties.” Black’s Law Dictionary, Eight Edition.

Corporal Punishment: NRS 392.4633 defines and prohibits corporal punishment in public school for all pupils:

1. Corporal punishment must not be administered upon a pupil in any public school.
2. Subsection (1) does not prohibit any person from defending himself or herself if attacked by a pupil.
3. As used in this section, “corporal punishment” means the intentional infliction of physical pain upon or the physical restraint of a pupil for disciplinary purposes. The term does not include the use of reasonable and necessary force:
 - a. To quell a disturbance that threatens physical injury to any person or the destruction or property;
 - b. To obtain possession of a weapon or other dangerous object within a pupil’s control;
 - c. For the purpose of self-defense or the defense of another person; or
 - d. To escort a disruptive pupil who refuses to go voluntarily with the proper authorities.

NRS 394.366 defines corporal punishment in private schools: “Corporal punishment” means the intentional infliction of physical pain, including, without limitation, hitting, pinching, or striking. NRS 394.354 defines aversive intervention to include corporal punishment, and NRS 394.366 prohibits aversive interventions in private schools on a pupil with a disability.

CSEC: Depending on the context, CSEC refers to commercially exploited child(ren) or the commercial sexual exploitation of children. A variety of terms are used to address children who are sexually exploited, including victim, survivor, domestic minor who is sex trafficked (DMST) and CSEC. Victim is commonly used in referring to a child who has been abused and survivor is commonly used to refer to a child who was previously trafficked. However, sex trafficking survivors point out that current victims of exploitation are also survivors; their strength and determination to survive enable them to live another day despite violence and exploitation. DMST refers to those who are U.S. citizens or legal permanent residences. In this policy, the acronym, CSEC, will be used to as it addresses all minors in Nevada, whether domestic or foreign-born.

Face-to face contact: An in-person interaction between individuals that will allow the workers to observe and assess the child, parents and/or caregivers.

Household: Persons who live in the same home or dwelling as the child and may or may not be related to the child.

Incident: An act of the caregiver or circumstance of a child, reported to the Child Welfare Agency by the community, which if true would constitute abuse or neglect.

Impending Danger (Intake): This is based on information received at the time of intake assessment. Impending danger exists when a child is living in a state of danger. Impending danger is not always active

but can become active at any time or may become active because of specific stimulating events, circumstances, or influences. Impending danger is not necessarily obvious or occurring at the time of the report/Intake Assessment but may be identified and understood upon more fully evaluating and understanding individual and family conditions and functioning through the NIA. A child in impending danger without safety intervention reasonably could experience severe harm. As reported by a reliable source during the Intake Assessment, impending danger refers to family conditions, situations, behaviors, emotions, intentions, perceptions, and motives that are out of control; are imminent with respect to the certainty as a direct threat to a vulnerable child; can likely result in severe harm; and are specific, observable, and describable.

Information Collection Standard: Refers to the six critical areas that are used for assessing and analyzing family strengths, risk of maltreatment and child safety. These are:

1. Extent of the maltreatment;
2. Circumstances surrounding the maltreatment;
3. Child functioning on a daily basis;
4. Adult Functioning (primary caregivers) on a daily basis;
5. General parenting practices in the family; and
6. Disciplinary practices within the family

Intake Assessment (Intake): The Intake Assessment (IA) is the decision-making method concerned with evaluating reports of child abuse and/or neglect and threats to child safety in order to identify families that may be in need of intervention. Intake is a service with two objectives:

1. To provide the point of contact for the community to express its concerns about who may be in need of protection, and
2. To launch the safety intervention process whereby and families in need of CPS are identified and served.

Intake/Hotline Worker: The state/county child welfare agency worker or designee who completes the UNITY report.

Multiple Reports: Refers to more than one report, or a history of reports, regarding the same family.

Present Danger (Intake): Present danger is an immediate, significant, and clearly observable family condition that is actively occurring or in the process of occurring that is reported during the Intake Assessment and/or occurring at the point of contact with a family and will likely result in serious harm to a child. In process of occurring means it might have just happened (e.g., a child presents at the emergency room with a serious unexplained injury); is happening (e.g., a child is left unattended in a parked car); or happens all the time (e.g., young children were left alone last night and might be tonight).

1. Immediate: Has recently happened and there is no reconciliation of the facts or change in circumstance, is happening now; happens all the time.
2. Significant: The situation in the report, if true, describing what is or was going on will cause you to believe that it has, or could, result in severe harm.
3. Clearly Observable: Describable information consistent with a present danger situation that, if true, reasonably could mean that a child is or could be in jeopardy.

Priority Response Time: The time frame required to initiate the investigation/assessment by attempting face-to-face contact with all alleged child victims. The time frame is determined by the urgency of the report and the type of intervention (NRS 432B.260).

Reasonable Cause to Believe: (NRS 432B.121 1) Has "reasonable cause to believe" if, in light of all the surrounding facts and circumstances which are known or which reasonable should be known to the person at the time, a reasonable person would believe, under those facts and circumstances, that an act, transaction, event, situation or condition exists, is occurring or has occurred.

As soon as reasonably predictable: (NRS 432B.121 2.) Acts "as soon as reasonable practicable" if, in light of all the surrounding facts and circumstances which are known or which reasonable should be known to the person at the time, a reasonable person would act within the same period under those facts and circumstances.

Report: Information received from a reporting party alleging child abuse, neglect and/or requesting services. Reports are then dispositioned to determine appropriate response.

Report Disposition: The final screening decision of an intake report resulting in a referral being screened-in or screened-out for investigation.

Residential Institution: A facility which provides care to a child on a 24 hour basis and which is operated by a public agency or private person, including facilities for the training and detention of youth, institutions for child care, facilities for mental health and mental retardation, boarding schools, residential programs for alcohol and drug abuse group, family foster homes, and nursing homes caring for a child as used in NAC 432B.330 to .370.

Risk: Refers to the likelihood of maltreatment occurring in the future.

Screening: The process of determining whether a report will be accepted for further assessment based on indicated Present or Impending Danger, and/or allegations meeting the maltreatment criteria as defined by NRS.

Vulnerable Child: Refers to a child who is dependent on others for protection, basic needs and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size and dependence and susceptibility.

STANDARDS/PROCEDURES

Intake Assessment Overview

1. **Making Reports of Abuse and Neglect:** Anyone who knows or has reasonable cause to believe that a child has been abused or neglected, may make a report. Persons who make good faith reports of child abuse and/or neglect are immune from criminal and civil liability.
2. **Mandated Reporters:** Pursuant to [NRS 432B.220.4](#), many occupations are required to be mandated reporters. A mandated reporter, who in his/her professional or official capacity has reason to believe that a child has been abused or neglected, must make a report as soon as reasonably practicable but not more than twenty-four (24) hours after becoming aware of the abuse or neglect.
 - a. If a caller reports that they are a mandated reporter, this information must be documented in the referral source screen in UNITY by selecting the mandated reporter check box.
3. **Report Information:** Information that must be obtained from the reporting party is outlined in [NRS 432B.230](#). While acknowledging that certain reporting parties may not have knowledge or in-depth substantive information about a family (such as routine parenting practices or adult functioning), the expectation and pursuit of such information provides the opportunity to collect thorough, comprehensive and child safety-oriented information for use in intake decision-making.
 - a. **Method of Making Report:** A person may make a report pursuant to [NRS 432B.220](#) by telephone or, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, by any other means of oral, written or electronic communication that a reasonable person would believe, under those facts and circumstances, is a reliable and swift means of communicating information to the person who receives the report. If the report is made orally, the person who receives the report must reduce it to writing as soon as reasonably practicable.
 - b. **Contents:** If obtainable, gather the following:
 - i. The name, address, age and sex of the child(ren);
 - ii. The current location of the alleged victim;
 - iii. The name and address of the child's parents or other person responsible for the care of the child;

- iv. The nature and extent of the abuse or neglect of the child, the effect of a fetal alcohol spectrum disorder, or prenatal substance abuse on the newborn infant or the nature of the withdrawal symptoms resulting from prenatal drug exposure of the newborn infant;
 - v. Any evidence of previously known or suspected:
 - 1) Abuse or neglect of the child or the child's siblings; or
 - 2) Effects of a fetal alcohol spectrum disorder or prenatal substance abuse on or evidence of withdrawal symptoms resulting from prenatal drug exposure of the newborn infant.
 - vi. The name, address, and relationship, if known, of the person who is alleged to have abused or neglected the child;
 - vii. Any other information known to the person making the report that the Agency which provides Child Welfare Services considers necessary, including information on other relatives, and
 - viii. Names and contact information of potential witnesses/collateral sources that have observed and/or may be aware of the abuse/neglect.
- c. **Reporting Party Information, Including Source Evaluation:** Intake/Hotline workers must diligently seek information from reporting parties based upon the reporting party's relationship, familiarity and exposure to the family. Diligence refers to conscientiousness with respect to thoroughness, seeking clarification, probing for details and specifics, reconciling conflicts in what is reported, confirming the specifics of alleged facts, identifying additional sources of information, and evaluating the intention and reliability of the reporting party. The Intake/Hotline worker, if obtainable, must gather the following:
- i. The relationship of the reporting party to the child and family and how that qualifies how much the reporting party knows.
 - ii. Contact information for the reporting party.
 - iii. Others the reporting party may know who can corroborate or add to information being reported.
 - iv. If a child has to be removed from his/her current home, the name and contact information for potential person(s) (parent, relative, fictive kin) who could provide care to the child?
 - v. If the reporting party obtained the alleged information more than twenty-four (24) hours before the call, why the call is being made at this time.
 - vi. The intention for reporting (e.g., mandated, personal or family concern, to get help for the family).
 - vii. The reporting party's motivation for reporting.
 - viii. The reporting party's understanding and awareness of what constitutes a report of child abuse and/or neglect and/or threats to a child's danger.
 - ix. The credibility of the reporting party based on specific descriptions, consistency, appropriate concern and attitude, being in a position and situation to know, and being reasonable in providing information and responding to the interview.
 - x. What the reporting party believes or suggests ought to happen as a result of the report.
 - xi. Whether the reporting party is willing to respond to follow-up information collected.
 - xii. Whether the reporting party is willing to remain involved, and at what level.
- d. **Reports from Anonymous Source:** If the caller wishes to remain anonymous, the Intake/Hotline worker must inform the reporting party that every effort is made to protect the identity of the reporting party. All reports must be input into UNITY and screened according to policy even if the reporting party chooses to remain anonymous.
- e. **Law Enforcement as the Reporting Party:** When the reporting party is a law enforcement officer, the Intake/Hotline worker must ask the additional following questions in the Intake Assessment interview:
- i. Are they requesting immediate CPS response for a child abuse or neglect related matter?
 - ii. What are the circumstances that led to law enforcement involvement?
 - iii. Are the circumstances suspicious for abuse and/or neglect?
 - iv. Is the law enforcement agency responding or have they already responded?
 - v. Are there any additional concerns?

- vi. What is the law enforcement event or report number?

Intake Assessment Interviewing Protocol: The standardized Intake Assessment protocol for interviewing a reporting party is intended to gather substantive information to evaluate and determine Agency response. The Intake/Hotline worker must always remain professional and courteous in any conversation with the reporting party or other interested parties. The intake interview protocol is as follows:

1) **The Initial Phase:**

- a) Complete introductions, including explaining to the reporting party the role of CPS;
- b) Encourage the reporting party to identify them self and provide assurance that both the policy and statute prohibit disclosure of the reporting party's identity except under certain circumstances as court ordered;
- c) Explain the importance of reporting;
- d) Allow reporting party to share information unimpeded;
- e) Respond to emotional reactions of the reporting party;
- f) Determine reporting party's motivation for reporting; and
- g) Determine the need for Child Welfare Agency involvement or provide appropriate referrals to other community services.

- 2) **The Exploration Phase:** The Intake/Hotline worker must ascertain and make a reasonable judgment about the detail and amount of information the reporting party is likely to possess based upon the relationship of the reporting party to the family, i.e., a schoolteacher who has daily experience with a child, yet limited information about the child's caregivers or family.

The Intake worker should:

- a) Obtain detailed information associated with the Information Collection Standard (maltreatment, child functioning, adult functioning, etc.); and
- b) Seek clarification regarding information that may indicate present or impending danger.

The Information Collection Standard: Based on a reporting party's knowledge and familiarity with the family, the Intake/Hotline worker must attempt to explore and obtain clarification regarding information that may indicate present or impending danger and substantive information associated with the six assessment

a. **What is the extent of child maltreatment?**

- i. The kind and specific description of the alleged maltreatment.
- ii. When and where the maltreatment has occurred or is occurring.
- iii. The identification of the child(ren) alleged to be maltreated or in danger, including anything unusual about the situation of the child.
- iv. The severity of the maltreatment.
- v. The specifics of the alleged events.
- vi. The specifics about the child's injuries, including the location of the injuries.
- vii. If living arrangements allegedly endanger a child, specifics about the conditions of the living arrangements and consideration of how they endanger the child.
- viii. The specifics of the events, injuries and conditions present.
- ix. The conclusion reached by the worker confirming the maltreatment.

b. **What are the circumstances surrounding the child maltreatment?**

- i. The history, duration and progression of the situation.
- ii. The caregivers' explanation of what happened, physical injuries, dangerous or threatening family or living conditions, if such exist, and the child's condition.
- iii. Co-existing factors and conditions such as substance abuse, domestic violence or mental health.
- iv. Contextual issues, such as use of instruments, acts of discipline, physical or verbal threats, caretaker intentions and family stress.
- v. How caregivers are likely to respond to Agency intervention.

c. **How do the children function on a daily basis?**

- i. The child's physical health. (Physical Health)

- ii. The child's behavior, including appropriate and reasonable, withdrawn, acting out, unusual or changing behavior. (Behavior, Social Relations, Temperament)
- iii. The child's intellectual capacity. (Cognitive Abilities)
- iv. The child's current state of mind, emotions, anxiety, fearfulness, and any recent changes in these. (Emotional Health, Vulnerability)
- v. Any exceptional characteristics or needs the child may have. (Development, Vulnerability, Temperament)
- vi. Medical needs or medical attention the child may be experiencing. (Physical Health, Emotional Health)
- vii. The child's capacity and ability to communicate with others, self-protect, and seek help from others. (Vulnerability)

d. **How do the adults (primary caregivers) function on a daily basis?**

- i. Describe caregivers' physical health.
- ii. Describe caregivers' mental health and emotional stability/reality orientation.
- iii. Describe the caregivers' cognitive functioning.
- iv. Describe the caregivers' self-control and self-care.
- v. Describe and domestic violence perpetrated by or between caregivers.
- vi. Describe any substance use and/or treatment by caregivers.
- vii. Describe any criminal and civil behavior.
- viii. Describes caregivers' personal stability as evidenced through employment, living arrangements, and routines.
- ix. Personal resources and finances to meet family needs.
- x. Describe the caregivers' stress, problem solving, communication skills and coping skills.
- xi. Describe any social supports to the caregivers or family.

e. **What are the general parenting practices in this family?**

- i. Caregivers' history of recognizing threats and being protective.
- ii. Caregivers' attitudes and attachment to children.
- iii. Caregivers' viewpoint of and expectations for the children.
- iv. Caregivers' abilities/capabilities to perform parenting responsibilities.
- v. Caregivers' knowledge and skill to care for and meet the needs of the children.
- vi. Caregivers' motivation to meet the needs of the children before meeting their own needs.
- vii. The capacity, including willingness to access resources, of the caregivers to meet exceptional needs a child may have.

f. **What are the disciplinary practices of this family?**

- i. Caregiver ability to exhibit self-control when disciplining.
- ii. Reasonableness of discipline for age, development and vulnerability of child.
- iii. Reason for discipline.
- iv. Methods and frequency used for discipline.
- v. Caregivers response when child does something wrong.

3) **Additional Information Collection in Certain Circumstances:**

- a) **Educational Neglect Reports:** Documentation from the school district must include how the absences are due to the faults and habits of the child's parents. The Child Welfare Agency may not screen-in reports for high school students qualifying as habitual truant where the caregiver is not contributing to the child's absence. The Child Welfare Agency should request documentation or information.
- b) **Substance Exposed Infant/CARA Plan of Care Reports:** In addition to the Information Collection Standard, the Intake/Hotline worker should explore the following information to support information collection and screening decisions regarding substance affected infants:

The nature and extent of the effects of the prenatal alcohol and/or drug exposure on the newborn and the nature of the withdrawal symptoms (NAS) including the medical diagnosis and/or copy lab results;

- i. Type of drug exposure;
- ii. The infant's medical condition and any current or ongoing health care needs, including an extended hospital stay prior to discharge;
- iii. Special medical and/or physical problems in the newborn infant;

- iv. Prenatal care history;
 - v. Parent preparations for the care of the infant;
 - vi. The nature and extent of the mother's compliance with Medication Assisted Treatment (MAT) or substance treatment including medication;
 - vii. Parenting skills demonstrated in the health care setting that suggest a lack responsiveness to the newborn infant's needs (e.g., little or no response to infant's crying, poor eye contact, resistance to or difficulties in providing care);
 - viii. Limited or no family support;
 - ix. Anticipated Discharge Date; and/or
 - x. CARA Plan of Care completed/requested.
- c) **Child Fatality/Near Fatality Reports:**
- i. If a report indicates a fatality, the Intake worker must:
 - 1. Collect information about the fatality that might indicate if it is related to abuse or neglect.
 - 2. Inquire if there are other children living in the household.
 - ii. If a report indicates a near fatality or a child that is in a serious or critical condition, the Intake worker must:
 - 1. Collect information about the near fatality that might indicate if it is related to abuse or neglect.
 - 2. Obtain a statement (orally or in writing) from a licensed physician or health care professional that the child is in serious or critical condition or that resuscitative efforts were performed.
 - 3. Inquire if the child's condition is considered a near fatality.
 - 4. Document the source's name, professional title and statement they provided.
 - 5. Inquire if there are other children living in the household.
- d) **Safe Haven Act:** In Nevada, the Safe Haven law allows a parent to surrender an infant less than thirty (30) days of age to a provider of emergency services as defined in [NRS 432B.630\(4\)\(b\)](#), without fear of arrest or prosecution, if the parent complies with the requirements of [NRS 432B.630\(3\)\(a\)](#), and if the child is not a victim of abuse or neglect. This law does not automatically protect a parent from being arrested and criminally prosecuted if the baby is a victim of abuse or neglect.

Pursuant to [NRS 432B.630\(2\)\(d\)](#), the provider of emergency services who received the child shall not relay to the Child Welfare Agency any identifying information of the parent who delivered the child to the provider, regardless of whether or not the parent requested anonymity. However, if the Child Welfare Agency has reasonable cause to believe the child has been abused or neglected, then the provider of emergency services can transfer any known identifying information of the parent(s) to the Child Welfare Agency.

Further, pursuant to [NRS 432B.630\(3\)\(c\)](#) and (d), when the parent delivers the child to a provider of emergency services, the parent can voluntarily elect to provide background or medical information regarding the child to the provider of emergency services, but the parent is not required to do so.

The Intake/Hotline worker should attempt to obtain the following information from the provider who received the child:

- i. What is the condition of the child and does the child require immediate medical treatment?
- ii. Does the child appear to be under thirty (30) days of age?
- iii. Does the child appear to be abused or neglected? If yes, request the source to describe the situation, as law enforcement will need to be contacted immediately.

Note: If the agency determines that it has reasonable cause to believe the child was abused or neglected, Safe Haven Law would not apply, and the Child Welfare Agency should proceed with a standard Intake Assessment. As part of the assessment, the provider of emergency services who received the child can then provide to the Agency any known identifying information of the parent(s) who delivered the child.

- iv. Was the child voluntarily delivered to the provider of emergency services by the parent(s)? Did the parent(s) express that they would not be returning for the child?
- v. Ask the provider whether the parent volunteered background information regarding the child such as the child's health, race, date of birth, place of birth and medical history.
- vi. Complete the Safe Haven Screen in UNITY.

4. The Closing Phase

- a. Ensure that all essential information has been collected from the reporting party.
- b. Explore and identify any concerns regarding worker personal safety, i.e., extensive violent criminal history, access to weapons, dangerous animals, etc.
- c. Collect any information about the ability of the child(ren), family, or alleged maltreating caretaker to communicate with the worker (e.g., non-English speaking, hearing impaired) and what the preferred mode of communication of the subject(s) is.
- d. Collect any information related to difficulty the worker may encounter in gaining access to the family (e.g., gate code, complex names, and directions to the home).
- e. Determine if there is reason to believe that the family is about to flee (i.e., caregivers overtly reject CPS intervention or refuse access to the child(ren), and/or the child(ren) whereabouts cannot be ascertained).
- f. Inform the reporting party that their report will be submitted for supervisory review/secondary screening.

5. Additional Sources of Information

- a. **UNITY Data Search:** Upon receipt of a referral and prior to disposition of the report, the Intake/Hotline worker must complete a thorough data search in the UNITY system to locate and review prior allegations or reports of child abuse or neglect in Nevada.
- b. **Criminal Database Searches:** Refer to individual Agency policies for when criminal history checks may be conducted in relation to intake screening decisions.
- c. **Additional Sources:** Information from additional sources must be obtained as part of the Intake Assessment when:
 - i. The reporting party provides insufficient information to make a screening and response decision.
 - ii. The family's address or location is unknown.
 - iii. The location of the children is unknown, and it is believed a collateral source may have the information.
 - iv. It is necessary to corroborate and/or dispute reported criminal activity and child maltreatment as it relates to child safety, when the report has indicated others who have knowledge of the family and may hold similar or different conclusions about the family.
 - v. Additional sources include:
 - 1) Collateral contacts with professionals, such as obtaining information from other state Child Welfare Agencies, law enforcement, medical providers or school officials may be utilized to determine how a report should be screened.
 - a) Collateral contacts may be made with adults who do not reside in the home or provide care to the child to gather more information to aid with determining a screening decision.
 - 2) Database searches.

- 6. **Unknown Reports:** When a report is received but the identity of the participants is unknown, the Intake/Hotline worker must complete all fields of the Intake Assessment excluding participants and allegations. The report must be designated as an unknown by clicking the "Unknown" checkbox (Intake Referral) and complete the "Unknown Explanation" field in the UNITY referral screen. At secondary screening, an unknown report screened in for investigation will be assigned to NIA and remains in the referral stage until the NIA Specialist updates the missing information, converts the referral to a report and either creates a new case or attaches the report to an existing case. When an unknown report is not screened-in, the secondary screener dispositions the referral as "Complete Referral as Unknown" and no further action is taken.

When the identity of the child remains unknown at the time, he/she is placed in Protective Custody the report must be dispositioned in UNITY. Under those circumstances, the last name of the family is to be entered as based on the jurisdiction of receiving Agency such as "Clark County" using the first names as "mother, father, child A" etc.

7. **Documenting Reports:** The Intake/Hotline worker must document information collected from the Reporting Party and all additional sources (as referenced above).
 - a. Any additional actions, including referrals for services and reporting to law enforcement must be documented in the report.
 - b. Reports must be reduced to writing in the UNITY referral screen as soon as reasonably practicable. Exceptions should be documented by the Intake/Hotline worker and Supervisor in the intake report.
 - c. The date/time in UNITY must accurately reflect when the report was received.

SCREENING AND RESPONSE TIMES

All reports screened-in must be assigned a priority response time according to alleged maltreatment and present and impending danger.

The priority response time starts the date and time the intake report is received by the Agency.

Allegations in a home (NRS432B.130)

1. **Screening Criteria:** All of the following must be present to screen-in a report for investigation:
 - a. The age of the child;
 - b. An allegation of abuse or neglect;
 - c. Plausible and substantial potential for harm; and
 - d. An eligible perpetrator related to the incident ([NRS 432B.130](#))
2. **Priority Response Times**

Note: All investigations must be initiated through attempted face-to-face contact with all alleged victims identified in the report.

Priority 1 (P1) Present Danger Identified - Response within six (6) calendar hours

- a. The report describes dangerous family conditions or situations that are active or in process of occurring at the time of the report. ("In process" means that if what is being reported is occurring now or continues to be active before intervention can occur within the next calendar day. These situations can be ongoing and present immediate, significant and clearly observable dangerous situations.)
- b. The report describes caregiver protective capacities as absent or diminished which contribute to a lack of protection at the time of the report.
- c. If information within the report is accurate, it is reasonable to believe that a child has suffered, is suffering, or could suffer severe harm without immediate intervention.

Note: If a child is ever in immediate danger or risk of harm, 911 should be called.

Priority 2 (P2) Impending Danger Identified - Response within twenty-four (24) calendar hours

- a. The report identifies a threatening family condition that is not reported or alleged to be occurring now, but can be reasonably anticipated to become active, without intervention, within the near future.
- b. The report describes the caregiver's capacity, intent, or motivation to protect as diminished or in question.
- c. The report indicates that the child(ren) is in the protective care of a responsible adult at the time of the report and is expected to be there for a period of time.
- d. If information within the report is accurate, it is reasonable to believe that a child could suffer severe harm without intervention.

- e. The report involves a child fatality or near fatality (regardless if there are other children in the home) that is suspicious of or related to child maltreatment (must be screened either as P1 or P2)

Priority 3 (P3) No Safety Issues Identified, Alleged Maltreatment Only- Response within seventy-two calendar (72) hours

- a. The report identifies events and circumstances indicative of child abuse and neglect, but there are no indications of present or impending danger.

Priority 3 (P3) No Safety Issues Identified, Alleged Maltreatment Only - Response within seventy-two (72) business hours.

- a. Used when a determination has been made that the family is likely to benefit from early intervention through an assessment of the family for appropriate services that considers their unique strengths, individual needs, rather than the more intrusive traditional investigative approach.
- b. The information collected suggests a low to moderate level of risk.
- c. Reports assigned for Differential Response (DR) to a Community Based Service Provider or to the Agency are limited to Information Only or Priority 3. Under no circumstances is a report assigned as DR where the information indicates that a child(ren) is unsafe (present or impending danger) regardless of the allegation type.
- d. If new maltreatment is identified during an open DR case, a new report must be made to the local Child Welfare Agency.
- e. If during the open case, the DR provider identifies safety threats or believes that they cannot manage the case, the case must be referred back to the local Child Welfare Agency to determine if a new report must be made, if the Agency will re-disposition the report as a P1, P2, or P3 response, or close the case.
- f. The following criteria are not to be assigned for DR:
 - i. Abuse or neglect occurring in an out of home placement.
 - ii. Active Domestic Violence involving physical risk to child(ren).
 - iii. Active drug raid.
 - iv. Actively suicidal parents or children.
 - v. Alleged perpetrator is a Child Welfare Agency employee or volunteer.
 - vi. Alleged perpetrator is foster parent.
 - vii. Alleged perpetrator is a prospective adoptive parent.
 - viii. Alleged perpetrator is a school employee or volunteer.
 - ix. Child has suffered a fatality/near fatality.
 - x. Child is seriously injured or has physical signs of abuse.
 - xi. Child(ren) currently in protective custody.
 - xii. Currently as an open investigation.
 - xiii. Failure to thrive or severe malnutrition.
 - xiv. High risk of serious harm to the child.
 - xv. History of family refusing DR services.
 - xvi. Manufacturing of illegal substances.
 - xvii. Medical neglect indicating serious medical condition that could cause substantial and immediate harm.
 - xviii. Neglect that substantially endangers a child's physical health, mental health, and/or overall well-being.
 - xix. Non-verbal child victims (other than environmental neglect), including children who are non-verbal due to medical or mental impairment.
 - xx. Prior or recent removals in the past twelve (12) months, for any child in the household.
 - xxi. Removal appears likely.
 - xxii. Repeated abuse/neglect.
 - xxiii. Safety threats identified as present impending danger.
 - xxiv. Sexual abuse (including sexual exploitation/trafficking, convicted sex offender as a household member, interfamilial sexual abuse).
 - xxv. Substantiation within the past twelve (12) months.
 - xxvi. Weapon used to threaten or harm anyone in the house.

Allegations in Institutional Settings

1. [Policy 0901 Residential institution Child Abuse and Neglect Investigation and Licensing Complaints](#) provides further information about conducting child abuse and neglect investigations in residential institutions.
2. All reports must be forwarded to the Licensing Agency or authorizing entity for assessment of licensing complaints.
3. Reports that involve Child Welfare Agency facilities (not foster or group homes) or the staff of Child Welfare Agency operated facilities should be forwarded to another Child Welfare Agency for screening and possible assignment to avoid a conflict of interest.

Note: Agencies must exercise discretion and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgement.

4. Intake must make an initial decision as to whether there are allegations by an individual perpetrator and/or whether the institution is administratively responsible for the abuse and neglect.
5. Assigning Institutional Investigations in UNITY:
 - a. Reports received on a foster home or group home will be assigned under the specific licensee's name with the provider or their respective employee being identified as the alleged perpetrator.
 - b. Reports received on institutions are assigned under the facility's name with the alleged perpetrator identified in the referral allegation detail window, the facility name should be fully spelled out, avoiding any acronyms.
 - c. For all institutional investigation reports received, if the alleged perpetrator is unknown, a referral is created and updated pursuant to each child welfare agency's procedures.

Note: All investigations must be initiated through attempted face-to-face contact with alleged victims identified in the report.

6. **Screening Criteria:** All of the following criteria must be present to screen-in a report for Institutional Investigation:
 - a. Child in residential institution; and
 - b. All allegation of abuse or neglect by individual staff/caregiver of the institution; and/or
 - c. All allegation of abuse or neglect by the institution and those responsible for the operation of the institution. Examples may be, but are not limited to:
 - i. Institution has insufficient policies and training
 - ii. Institution has insufficient facilities (e.g. environmental neglect)
 - iii. Institution is not ensuring basic need of the children are being met
 - iv. Institution is allowing abuse or neglect by staff/caregiver to occur

7. Priority Response Times:

- a. **Priority 1 (P1) Present Danger Identified- Response within six (6) calendar hours**
 1. The report describes dangerous conditions or situations within an institution that are active or in process of occurring at the time of the report.
 2. The report describes the employee(s), caregiver(s), and/or institution's capacity as absent or diminished which contribute to a lack of protection at the time of the report.
 3. If information within the report is accurate, it is reasonable to believe that a child has suffered, is suffering, or could suffer severe harm without immediate intervention.
- b. **Priority 2 (P2) Impending Danger Identified- Response within twenty-four (24) calendar hours**
 1. The report identifies a threatening condition at the institution that is not reported or alleged to be occurring now, but can be reasonably anticipated to become active, without intervention, in the near future.

2. The report describes employee(s), caregiver(s), and/or institution's capacity, intent, or motivation to protect the child is diminished or in question.
 3. The child(ren) is in the protective care of a responsible adult at the time of the report and is expected to be there for a period of time.
 4. If information in the report is accurate, it is reasonable to believe that a child could suffer severe harm without intervention.
- c. **Priority 3 (P3) No Safety Issues Identified, Alleged Maltreatment Only- Response within seventy-two (27) calendar hours.**
1. The report identifies events and circumstances indicative of child abuse and/or neglect that occurred at an institution, but there are no indications of present or impending danger.
 2. The information collected suggests a high level of risk that left unmitigated could result in impending or present danger.

Child Fatality or Near Fatality

1. When a child fatality or near fatality occurs, immediate action is necessary to identify if maltreatment and/or safety threats exist for surviving children and siblings.
2. A child fatality or near fatality that appears to be natural or accidental, such as from life threatening diseases, medical conditions, or automobile accidents, where no maltreatment is alleged, may not require investigation.
3. A report must be assigned as an investigation regardless of whether there are additional children in the home when a child fatality or near fatality is reported to be related to or suspicious of maltreatment. Priority response times for screened-in investigations that include a child fatality or near fatality must be assigned as either P1 or P2.

Allegations in a School Setting

1. **Screening Criteria:** All of the following criteria must be present to screen-in a report for School Investigation:
 - a. Alleged victim is a child in a public or private school; and alleged perpetrator is or was a school employee or volunteer; and one of the following:
 - i. Factors to consider for neglect reports include
 1. Severity of maltreatment,
 2. Vulnerability of the child,
 3. An identified perpetrator or the capability to identify a perpetrator,
 4. Neglect or refusal to provide care, control or supervision to the child,
 5. Immediate concerns for safety.
 - ii. Allegations of corporal punishment as defined by NRS 392.4633 or NRS 394.366;
 - iii. Sexual conduct as defined by NRS 201.540;
 - iv. Sexual luring as defined by NRS 201.560.
2. **Priority Response Times**

Note: All School Investigations must be initiated by contacting the parent or guardian of each alleged victim(s) identified in the report to obtain consent to have face-to-face contact with each alleged victim.

Priority 2 (P2) Imminent access of alleged victim to alleged perpetrator- Response within twenty-four (24) calendar hours.

- a. The report identifies sexual luring and/or sexual conduct.
- b. There is imminent threat of harm.
- c. There is imminent access of the alleged victim to the alleged perpetrator.

Priority 3 (P3) No imminent access of alleged victim to alleged perpetrator- Response within seven (7) calendar days.

- a. Disclosure of abuse, neglect or corporal punishment by alleged victim.
- b. There is no indication of imminent threat of harm to the alleged victim.
- c. There is no imminent access of the alleged victim to the alleged perpetrator.

Allegations of a CSEC Victim

1. **Screening Criteria:** Upon receipt of a report of a potential CSEC victim, the Child Welfare Agency shall conduct an initial screening to determine if there is reasonable cause to believe that the child is a victim of commercial sexual exploitation and whether there is maltreatment alleged against a child by a person responsible for the child's welfare. The Child Welfare Agency shall make a report to the appropriate law enforcement agency.
2. **Priority Response Times:** When maltreatment is alleged against the person responsible for the child's welfare (as defined by NRS 432B.130), the report is screened for investigation and assigned the priority response time in accordance with "Allegations in a home" above.

When no maltreatment is alleged against the person responsible for the child's welfare (as defined by NRS 432B.130), the Child Welfare Agency may conduct an assessment to determine which services, if any, the family needs or refer the family to a person or an organization that has entered into a written agreement with the Agency to make such an assessment and provide appropriate services.

Priority 1 (P1) Urgent- Identified safety concerns that require CPS intervention- Response within six (6) calendar hours.

- a. CSEC victim has immediate needs, including placement, clothing, food, and/or medical services; and
- b. CSEC has no available parent or caregiver.
- c. An Agency may respond sooner than 6 hours when a rapid response MDT is necessary, see [0214 Commercial Sexual Exploitation of Children](#).

Priority 3 (P3) Non-urgent- No identified safety concerns- Response within seventy-two (72) calendar hours

- a. CSEC victim has no immediate needs; and
- b. CSEC has available and appropriate parent or caregiver.

If the family refuses or fails to participate in services, or if there are concerns of serious risk to the health and safety of the child, the contract agency will notify the Child Welfare Agency.

If during the assessment, abuse or neglect is alleged or identified as defined by NRS 432B, a new report should be made and screened and assigned a priority response time in accordance with "allegations in a home" above.

Assigning Intake Assessment Report Disposition

Report disposition must be completed by the Agency in a timely manner to allow for priority response time to be met. The Agency may utilize the three (3) day evaluation period allowed by NRS 432B.260(3) in certain circumstances, which are:

1. When no present or impending danger and no maltreatment is identified; and
2. The agency requires further information to make a disposition decision.

The supervisor or designee must document the rationale for report disposition in the Report Disposition Window. All report are assigned one of the following codes in UNITY using the following disposition types:

1. **Additional Information (ADDLINFO):** If more than report is received on the same family, referring to the same incident, occurring on the same day, with the same alleged perpetrator, the agency considers them to be a single report and may be merged or dispositioned as Additional Information (NAC 432B.140(2)).
2. **Differential Response Assessment (DIFFERENTIALRESP):** A service-oriented response to a report that does not have Present or Impending Danger (no P1 or P2), which may be served by the agency or by CBSP for the purpose of conducting assessments and providing appropriate

services that will support, preserve and improve the family's well-being and functioning. DR reports do not receive a finding of abuse or neglect and are entered into the Central Registry.

3. **Guardianship Evaluation (GUARDIAN EVAL):** A referral received by the child welfare agency from the family court requesting a guardianship evaluation. There is no allegation of abuse or neglect although there could be high-conflict issues between the parties.

Courts request an assessment of parents/guardians/caregivers whose children have been placed or may be placed in the legal guardianship of relatives or other caregivers. The purpose of such evaluation is to assist in the Court's determination related to the pending guardianship or the return of children to their parent(s)/caregiver(s).

4. **Information Only (I/O):** A referral alleging child abuse or neglect is made to a child welfare agency with the intent for an investigation to be conducted, however after reviewing the information, it is determined that the referral does not meet the screening criteria and is therefore screened out and dispositioned as "Information Only."
5. **Information and Referral (I/R):** A referral alleging child abuse or neglect is made to a child welfare agency with the intent for an investigation to be conducted, however after reviewing the information, it is determined that the referral does not meet the screening criteria and is therefore screened out and dispositioned as "Information and Referral." The child welfare agency then provides referral(s) for service(s) or cross refers to another agency.
6. **Institutional Investigation (INSTITUTIONALINV):** A report alleging child maltreatment has been screened in for investigation of a child(ren) residing in a licensed out-of-home care. Examples of such institutions include, but are not limited to; licensed foster homes (family foster homes, group foster home, and specialized foster home), child care institutions, hospitals, facilities for mental health and developmental services, juvenile detention facilities, convalescent homes, and drug and alcohol abuse treatment facilities.
7. **Insufficient Information (INSUFFNT INFO):** The information may constitute abuse or neglect, but there is no means of identifying and/or locating the alleged victim or family.
8. **Investigation (INVESTIGATION):** A report that has been screened in for assignment and is investigated by a child welfare agency.
9. **No Jurisdiction:** When a public child welfare agency receives a report of alleged child maltreatment and determined either:
 - a. The child does not reside in Nevada, or,
 - b. The child is domiciled on tribal land.

In both instances, a cross report to the appropriate agency must be made as soon as possible, but not later than the same day.

Note: If the tribe is the entity making the referral of alleged abuse and/or neglect to the child welfare agency, the agency must determine if the information received constitutes a report of abuse and/or neglect and they must disposition that referral as appropriate.

Additional Allegations Received During an Open Case

1. Reports received during open investigation:

Note: The agency may consult with the NIA worker as an additional source (and document in the report) to gather more information and assist in screening the report.

- a. Report received by Intake/Hotline worker:
 - i. If the report received is regarding the same allegation referring to the same incident with the same family, this shall be screened as "Additional Information"

- ii. If the community reports an allegation of maltreatment that is not part of the current investigation, a new report shall be entered and screened. If the report meets screening criteria for assignment a priority response must be assigned. The Screening and Priority Response Times section above must be utilized.
 - iii. If the report is received within the first 30 days of the current investigation, then one NIA may be utilized pursuant to agency business practice. Priority response, a determination about present danger, and all allegations must be assessed, addressed and clearly documented, including the reasons for the substantiation decision, in UNITY.
 - iv. The assigned worker must be notified of all reports received on an open case.
- b. New allegations uncovered by the assigned worker:
- i. If the assigned worker identifies an additional allegation of maltreatment that meets screening criteria while conducting an investigation, upon consultation with their supervisor, they may add the allegations to the current investigation if:
 - 1) The allegation of maltreatment involves the same household;
 - 2) The assigned worker formally assessed the allegation(s) within the appropriate priority response time based on the circumstances and documented such in the currently open Nevada Initial Assessment and Present Danger Assessment;
 - 3) The current investigation has been open less than 30 days and the timeframe will not be extended by adding the new allegation(s);
 - 4) The allegation of maltreatment does not involve sexual abuse or a child fatality/near fatality (in this circumstance a new report must be entered and screened); and
 - 5) The supervisor must enter a case note identifying the required priority response time to address any new allegations. Alternately, the Agency may enter a new report into the Intake Assessment.

2. Reports received on any open case that is beyond the investigation stage:

- a. If an allegation of maltreatment is received by the intake/hotline worker or the worker assigned to the open case is made aware of an allegation, a new report shall be entered and screened according to the Screening and Priority Response Time section above.
- b. The assigned worker must be notified of all reports received on an open case.

Timeline

Requirement	Starting Date	Deadline	Responsible Party	Actions to be Taken
Complete Intake Assessment in UNITY	Date/time report received	Timely to allow for Response Time to be met	Intake/Hotline Worker	-Collect Reporting Party information - Complete interview protocol with Reporting Party -Collect additional information (if necessary) - Reduce report to writing in UNITY
Assign Report Disposition	Date/time report received	Timely to allow for Response Time to be met	Supervisor or designee	Determine disposition and priority response time (if applicable)
Initiate investigation in a home	Date/time report received	P1-6 hours P2- 24 hours P3- 72 hours P3 (DR)- 72 hours	Assigned worker	Attempt initiate face-to-face contact with all alleged victims within the priority response time assigned
Initiate investigation in an institution	Date/time report received	P1-6 hours P2- 24 hours P3- 72 hours	Assigned worker	Attempt initiate face-to-face contact with all alleged victims within the priority response time assigned
Initiate investigation in a school	Date/time report received	P2-24 hours P3- 7 calendar days	Assigned worker	Attempt contact with parent/guardian of alleged victims to obtain consent to interview victims

Initiate CSEC Service Only Case	Date/time report received	P1- 6 hours P3- 72 hours	Assigned worker	Attempt face-to-face contact with CSEC victim and parent/caregiver
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Documentation: This section outlines what documentation must be done in the case files and/or UNITY to be in compliance with the state policy.

Case File Documentation (paper)

File Location	Data Required
<ul style="list-style-type: none"> Primary File 	<ul style="list-style-type: none"> UNITY report Documents provided by Reporting Part or Additional Sources

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
<ul style="list-style-type: none"> Intake Form INT200 	<ul style="list-style-type: none"> Primary form to complete Intake Assessment
<ul style="list-style-type: none"> Search INT100 	<ul style="list-style-type: none"> Search to retrieve intake referrals and reports
<ul style="list-style-type: none"> Find Person CFS0008F 	<ul style="list-style-type: none"> Search for people in UNITY database
<ul style="list-style-type: none"> Person Directory CFS008 	<ul style="list-style-type: none"> Display of basic demographic and case role information of a person in UNITY database
<ul style="list-style-type: none"> Person Detail CFS016 	<ul style="list-style-type: none"> Create person record
<ul style="list-style-type: none"> Create Case/Add Participant CFS036 	<ul style="list-style-type: none"> Create a new case in UNITY and add new participants to an existing case
<ul style="list-style-type: none"> Participants INT500 	<ul style="list-style-type: none"> Create temporary participants and maintain participant information; modify participant contact information
<ul style="list-style-type: none"> Birth Information INT600 	<ul style="list-style-type: none"> Create birth-related and drug testing information for a person
<ul style="list-style-type: none"> Sources INT400 	<ul style="list-style-type: none"> Create source and maintain source information
<ul style="list-style-type: none"> CPS Summary Report INT300 	<ul style="list-style-type: none"> Completed Intake Assessment
<ul style="list-style-type: none"> CPS Report Profile RP000 	<ul style="list-style-type: none"> Allows Supervisor to enter a report disposition, link report to existing case or create new case and assign report to worker.

JURISDICTIONAL ACTION

Development of Internal Policies: Agencies which provide child welfare services shall develop internal policies and procedures as necessary to implement the provisions of Federal and State law and this policy. For example, agencies may determine they will enforce more restrictive timeframes for response times.

Agencies which provide child welfare services must develop internal procedures describing how they will carry out the utilization of one NIA during the first 30 days of an investigation, outlined in the Additional Allegations Received During an Open Case section.

Internal policies and/or operating procedures must be submitted to the Family Programs Office (FPO) for review and approval.

Supervisory Responsibility: Supervisors have the responsibility to consult and provide assistance to Intake/Hotline Workers to ensure policy compliance.

Supervisor or designee has responsibility to disposition the report timely to allow for response time to be met.

STATE RESPONSIBILITIES

The State will provide technical assistance regarding program development and implementation to the child welfare agencies.

POLICY CROSS REFERENCE

Policies:

[0214 Commercial Sexual Exploitation of Children Policy](#)

[0507 Statewide School Investigations Policy](#)

[0512 Statewide Safe Haven Policy](#)

[0901 Statewide Investigating Child Abuse and Neglect in Residential Institutions Policy](#)

History and Updates: This Policy supersedes 0506 Intake and Response Times effective 06/19/2015, and was updated on 4/24/2020.

ATTACHMENTS

None