

THE PHILADELPHIA DEPARTMENT OF HUMAN SERVICES  
Children and Youth Division  
Policy and Procedure Guide

Issue Date: May 22, 2009

TO: All CYD Social Work Staff

FROM: Dell Meriwether, Deputy Commissioner, CYD   
Pamela Mayo, Operations Director 

RE: Updated Hotline Guided Decision-making Process

EFFECTIVE DATE: May 26, 2009

The purpose of this Guide is to inform all staff of new and revised policies, procedures and tools for the decisions made by the Hotline staff consistent with the safety model of practice. These changes are the result of the implementation of FACTS2 for Hotline processes and the Alternative Response System, and will incorporate use of FACTS2 and ARS in the decision-making process. This guide supersedes the Policy and Procedure Guide, "Interim Hotline Guided Decision-making Process" issued 3/26/08.

New and revised policies and procedures:

- The Hotline will use FACTS2 to complete the Hotline Guided Decision-making (HGDM) process. The process continues to require collecting and analyzing significant information in order to determine what reports are accepted for investigation or assessment by the Children and Youth Division (CYD), how quickly face-to-face contact must be made, and who will complete the assessment.
- When certain HGDM safety decisions are made in FACTS2, the system will automatically select response priorities.
- For calls alleging a substance-exposed newborn, the Hotline will complete the HGDM process to determine whether there is present danger or the report meets the safety threshold criteria, and therefore should be referred to CYD Operations for assessment/investigation, before sending the report to the DHS-CAPTA unit.
- Family Assessment-ARS is now a referral option for reports that meet the criteria for that assessment process.
- Some of the definitions of the GPS allegations have been clarified/revised.
- There is a new process when the Hotline receives a report that a child was injured and is in serious or critical condition (determination of "near fatality").

#### **Definitions**

Contact Event - documentation of any type of communication that someone has with DHS. Phone calls, visits, faxes, mail, etc. can all be documented as Contact Events.

Report - a Contact Event that contains allegations of abuse or neglect, which initially appear to rise to the level of a CPS or GPS report, and requires further evaluation and processing.

Investigation – a Report submitted to a Hotline supervisor which meet the criteria for a CPS or GPS and appear to have a present danger or active safety threats.

Supplemental – new, related information on a pending report that has been accepted within the past 30 days.

Progress Note (formerly FYI) - any pertinent additional information received on an open or active case or an existing report.

All current policies not revised by this document continue to apply.

### **Policy:**

**The FACTS2 system makes automatic assignments and notifications. It is the expectation that every staff member will be logged on to his/her computer, FACTS2 and Lotus Notes while at work. Notifications of assignment are made automatically to the social worker and supervisor, and are placed automatically into the social worker/supervisor “Work-on” lists. Every staff member is required to regularly check his/her work-on list for new assignments.**

The CYD Hotline will receive reports 24 hours per day, 7 days a week.<sup>1</sup> The Hotline and Screening will document every contact as a “Contact Event” in FACTS2, regardless of the reason for contact or the method of contact. The Hotline will use guided decision-making to collect and analyze significant information in order to determine what reports are accepted for investigation or assessment by CYD, how quickly face-to-face contact must be made, and who will complete the assessment.

In receiving Contact Events, in addition to identifying information, the Hotline social worker will collect information in the following areas:

- the extent of alleged maltreatment being reported
- the circumstances surrounding the alleged maltreatment
- the general functioning of all children and their functioning in response to the alleged maltreatment
- the general functioning of the parents/caregivers as adults
- the function of the parents/caregivers as parents/caregivers
- the discipline used by the parents/caregivers
- Additional information sources - **Hotline social workers will ask the reporter if there are other people who may have relevant information and how to contact those sources; the social worker will follow up and attempt to obtain the additional information.**

Supplementals and Progress Notes (FYI's) will be handled as follows:

- Information will be documented in the “Parties and Clearance” and “Narrative” sections of the Contact Event screen.
- When the case is cleared, if another report, investigation or active case which is clearly related to the case is identified, the Hotline social worker will save close

---

<sup>1</sup> *The Screening Unit is not available to take referrals 24/7. The afterhours Hotline will respond to referrals that would normally be taken by the Screening Unit if they come in after regular business hours, weekends and/or holidays.*

the Contact Event and notify the Hotline supervisor that there is a Contact Event that requires his/her review.

- The Hotline supervisor will review the information, decide whether it should be a supplemental, progress note or a new report, and direct the Hotline social worker who took the call to proceed accordingly.
- Progress Notes (FYI) – On cases that have been accepted for service, the Hotline supervisor will, after reviewing, send the additional information as a case progress note in FACTS2. On pending investigation/assessments, the Hotline supervisor will, after reviewing, e-mail the additional information to the appropriate social worker/supervisor. The receiving social worker will print out the Progress Note (FYI), review the information, discuss it with his/her supervisor, take whatever actions may be necessary, and file it in the case record.

Hotline staff working after regular business hours, weekends and holidays will follow the same process for handling reports as during regular weekday business hours, except the Hotline will make the initial face-to-face contact, assure the safety of the child/ren, and complete preliminary investigative activity in the following circumstances:

- when a present danger is identified and Response Priority 1 is assigned;
- when a Response Priority 2 or 3 is assigned and the next day is not a regular business day;
- when the report contains CPS allegations and meets the criteria for an expedited response.
- when it is a holiday and the report contains GPS allegations and meets the criteria for an expedited response.
- CAPTA reports received after regular business hours, on weekends and holidays.
  - Field Screen/Hotline staff will respond according to the established CAPTA protocol, including completing Hotline Guided Decision-making, and routing the report to the CAPTA staff the next business day or accepting the report as a CPS/GPS for investigation/assessment.
    - CAPTA reports will be taken initially as General reports with a Priority 1 response time unless there is specific information that there are allegations of abuse or neglect that rise to the level of a CPS or GPS.
    - The response priority for CAPTA reports accepted for investigation/assessment will be based on the safety and risk as assessed by the Hotline social worker and documented on the Newborn Screening tool, as well as on the Safety Assessment.

### Social Worker's Responsibilities

#### Safety Decision #1(Allegation Tab)

The Hotline social worker must determine if the information provided by the reporter/source rises to the level of a report that meets statutory and regulatory guidelines. If it does meet the standard for a CPS, Student Abuse, GPS, or General report, the Hotline social worker taking the call continues with the decision making tool, identifying the type of report and allegation. If it does not, the Hotline social worker determines if other services are needed and wanted by or for the family, and facilitates the necessary referral(s).

- A Contact Event will be taken as a “Report” if it meets one of the statutory and/or regulatory definitions.
  - If a Contact Event contains allegations which would meet the statutory definition of a CPS, but the alleged perpetrator does not meet the definition of a perpetrator, the Hotline social worker will collect all the information, discuss with his/her supervisor, and forward to the Philadelphia Police Department for criminal investigation.
    - Information that is forwarded will be handled according to the established procedure.
    - If there are any questions, the Hotline social worker and supervisor will consult with the Law Department.

All reports involving the following allegations or equivalent crimes under Federal Law or the law of another state are reported to the police.

- criminal homicide;
- aggravated assault;
- harassment;
- kidnapping;
- unlawful restraint;
- rape;
- statutory rape;
- involuntary deviate sexual intercourse;
- aggravated indecent assault;
- indecent assault;
- indecent exposure;
- concealing the death of a child born out of wedlock;
- dealing in infant children;
- prostitution and related offenses;
- obscene and other sexual materials and performances;
- corruption of minors;
- sexual abuse;
- sexual exploitation;
- serious **bodily** injury perpetrated by persons **whether or not** related to the victim;
- child abuse perpetrated by person who are not family members;
- serious **physical** injury involving extensive and severe bruising, burns, broken bones, lacerations, internal bleeding, shaken baby syndrome or choking, or an injury that significantly impairs a child’s physical functioning, either temporarily or permanently.

If allegations are reportable to law enforcement authorities, the reporter is notified that his/her name must be revealed to those authorities and that he/she will be treated as a confidential informant by those law enforcement authorities.

All reports which are referred to law enforcement officials are copied to receiving administrators.

#### Safety Decision #2 (Danger Tab)

The Hotline social worker must evaluate the existence of a present danger threat which will guide the time frame for response.

**Present danger** is defined as an immediate, significant and clearly observable family condition (severe harm or threat of severe harm) occurring to a child/youth in the present (now) requiring an immediate response by CYD.

- All present danger threats require a Priority 1 (0-2 hours) response.

#### Safety Decision #3 (Threshold Tab)

The Hotline social worker must evaluate the possibility of impending danger that may emerge within the immediate future beyond the timeframe for Priority 1 response. If the safety threshold is met (all 5 criteria are identified), then a Priority 2 response will be required.

#### Safety Decision #4

Response time will be determined by the existence or absence of present or impending danger as documented in Safety Decisions #2 and #3. Response times on reports of child death will be determined according to the established policy outlined in this guide. See section: "*Report of Child Death.*"

- A Priority 1 (0-2 hours) response time will be assigned if present danger was identified in Safety Decision 2, whether it is a CPS report, Student Abuse report, GPS report, or General report.
- A Priority 2 (P24 hour) response time will be assigned if the Hotline social worker identified in Safety Decision 3 that all five safety threshold criteria are met, indicating a possible impending danger, whether it is a CPS report, Student Abuse report, GPS report, or General report. Due to the presence of a possible impending danger, the report is prioritized so that a social worker will see the child/ren and assure safety as soon as possible.
- A Priority 3 (24 hour) response time will be assigned if the Hotline social worker indicates in Safety Decision 3 that the safety threshold is not met, and it is a CPS report or a Student Abuse report.
  - Policy continues to require the social worker to attempt to make contact as soon as possible for Response Priority 2 and 3 reports, so that if face to face contact with the subject child is not made on the first visit, a second visit can be made within the same 24 hour period. **If a social worker receives both Response Priority 2 and Response Priority 3 reports, attempts to see the children in the Response Priority 2 reports should be made first due to the presence of a possible impending danger.**
- A Priority 4 (7 working days from receipt of the report by the Hotline) response time will be assigned if the report is a GPS report or General report and the safety threshold criteria in Safety Decision 3 have not been met.
  - If the court orders a response in a timeframe shorter than Priority 4 for GPS or General reports that do not meet safety threshold criteria, a response time will be assigned consistent with the timeframe for responding to the court using the "other" response time box.
- If emergency protective custody is required or has been or shall be taken or if it cannot be determined from the report whether emergency protective custody is needed, a Priority 1 (0-2 hours) response will be assigned.

If the report is being taken during regular business hours and meets the criteria for an expedited response, it will be assigned to the appropriate unit for immediate response.

- CPS reports where the alleged victim child is 5 years old or under will automatically be assigned to the Intake case assigners, or MDT/Repeat Abuse unit if an active case, directly by the Hotline for an Immediate response.
- All GPS and General reports with concerns pertaining to a household where there is a child five or under, or concerns specific to a child five or under will be assigned to the Field Screening units for an expedited response including a field screening and safety assessment. This includes both new reports, and reports on open or active cases.

If the report is being taken after regular business hours and meets the criteria for an expedited response:

- If the report is determined to require a Priority 1 response, the Afterhours Hotline will complete the expedited response.
- If the report is determined to require a Priority 2 or Priority 3 response and the next day is not a regular business day, the Afterhours Hotline will complete the expedited response.
- If the report is a GPS and does not otherwise require a Priority 1 response, and it is before 7:00 p.m., the Field Screening unit staff will complete the expedited response.
- If the report does not otherwise require a Priority 1 response, and it is after 7:00 p.m., the report will be immediately reviewed by the supervisor to determine whether it needs a response before the next morning shift.

#### Child Death Reports

For all Contact Events to CYD of a child's death, the Hotline social worker is required to create a report, obtain information in the six domains and as much additional information as possible to adequately determine and document whether the report should be accepted as an investigation/assessment, and if so, the type of investigation/assessment and response priority that is required. The information obtained must include a FACTS clearance (as in all reports) and other information including the presence of other children in the home; the environment in which the deceased child was found; where siblings/other children are currently located, if known; any observed condition of adults and/or the reaction of parents/caregivers to the death; consistency of parent/caregiver's account of child's death.

- o If there is no suspicion that the death was a result of abuse or neglect, the report will not be accepted for investigation/assessment regardless of whether there are other children in the home.
- o If the child's death is suspected to be the result of abuse or neglect and -
  - There are other children in the home – the report will be taken as a CPS or GPS report depending on the allegations, accepted for investigation/assessment and a Priority 1 (0 – 2 hrs.) response time will be assigned.
  - There are no other children in the home – the report will be taken as a CPS or GPS report depending on the allegations and accepted for investigation/assessment.
    - o If the report is taken as a CPS report, a Priority 3 (24 hrs.) response time will be assigned.

- If the report is taken as a GPS report, a Priority 4 (7 working days) response time will be assigned.
- If it has not been or cannot be determined whether the child died as a result of abuse or neglect and -
  - There are no other children in the home – the report will not be accepted for investigation/assessment. Contact Medical Examiner’s office and request that the Hotline be called if there is information that the death was a result of abuse or neglect.
  - There are other children in the home, and information obtained leads to a concern about the circumstances – the report will be taken as a General report, accepted for investigation/assessment and a Priority 3 (24hrs.) response time will be assigned.
  - There are other children in the home and information obtained does not lead to any suspicion regarding circumstances – the report will not accepted for investigation/assessment.
- If the report is of a co-sleeping death that is not suspected to be the result of abuse or neglect and –
  - There are no other children in the home - the report will not be accepted for investigation/assessment.
  - There are other children in the home - the report will be taken as a General report, accepted for investigation/assessment and a Priority 3 (24hrs.) response time will be assigned.

In all instances, if additional information becomes available, the initial decisions regarding the report can be revised.

When the DHS Hotline receives a call from a physician or hospital staff member alleging that a child has suffered injuries that might rise to the level of a near fatality, the Hotline social worker will ask if the child’s physician has certified the case as a “near fatality.” If the physician is willing to certify the case as a “near fatality”, or if the reporter is unsure whether or not the case can be certified, the Hotline social worker shall request that, if appropriate, the physician sign the Near Fatality Certification Letter (hereinafter Letter). A copy of the Letter can be faxed from the Hotline to the physician for the physician to complete. The physician shall return the signed Letter to the Hotline via facsimile at 215-683-5997 or via email to [nearfatality.dhs@phila.gov](mailto:nearfatality.dhs@phila.gov). The Hotline social worker should document the inquiry as to whether the case has been certified as a “near fatality” into the narrative of the report.

When the Hotline receives a copy of the signed Letter, the Director of the Hotline shall forward the original signed letter to the assigned caseworker who shall retain it in the DHS case record. The Hotline Director shall also send a copy of the signed Letter to the Fatality and Near Fatality Project Manager in the Performance Management and Accountability Division.

When a Child Protective Services (CPS) report is received by the DHS Hotline alleging a child fatality or near fatality, the Hotline staff must immediately notify the Hotline Priority Alert List and the Chief Medical Examiner as Chair of the Act 33 Team.

After the prior four Safety Decisions are made, the report is forwarded to the Hotline supervisor for review.

### Supervisor's responsibilities

The Hotline supervisor will be available for consultation by the social worker throughout the process of information-taking, analysis and decision-making.

The Hotline supervisor will review each decision made by the Hotline social worker. Review of a decision must occur at the end of the process, but may occur at any point in the process. When new information is received on an existing report or case, the Hotline supervisor must review the information, decide whether the report is a supplemental, FYI or new report, and direct the social worker to proceed accordingly. In reviewing the decisions made by the social worker, the supervisor will look for the quality and quantity of information obtained by the social worker and whether the decision made on each safety decision is consistent with and supported by the information obtained.

- Supervisory review and authorization of any decision to accept a report for investigation/assessment or not is required immediately.
- Supervisory authorization confirms that the supervisor supports the decision made and that the decision was made based on sufficient information collection; directs the Hotline social worker to take additional action; or changes the decision and forwards the report for the appropriate action.

After reviewing and authorizing the report, the supervisor will make Safety Decision #5.

### Safety Decision #5

After review, if the report has been accepted for investigation or assessment, the Hotline supervisor will assign the report to Intake, the Expedited Response unit, Multidisciplinary Team/Repeat Abuse units, Family Assessment-ARS, CAPTA or the active Family Service Region supervisor for investigation or assessment.

- o New CPS reports, and GPS reports that do not meet the criteria below, will be assigned to Intake for investigation or assessment.
- o Reports on active cases will be assigned to either the MDT/Repeat Abuse units, if a CPS report, or the active Family Service Region social work supervisor, if a GPS or General report.
- o If a report of any type is on a family already active in Intake, the report will be assigned to the active Intake social work supervisor.
- o If there is a new GPS report for which there are no active safety threats and no special circumstances, the report will be assigned to the Family Assessment Units (ARS) for a family assessment.
- o If the report alleges a substance-exposed newborn and there are no safety threats, the report will be assigned to the CAPTA unit for further assessment, including completion of a safety assessment on all children/members of the household, and completion of the newborn screening risk assessment tool.

### Reassignment

If a report/investigation/assessment is improperly assigned, the Director of the responsibility area should make the reassignment, if the case or investigation/assessment will remain within his/her responsibility area. If the case or

investigation/assessment would be outside the Director's responsibility area, the sending Director should contact the Director who would be receiving the case or investigation/assessment to discuss the reassignment, and request a FACTS2 super-user to complete the reassignment. Reassignments should occur within one (1) business day of learning of the need for reassignment.

**Procedures**

**Hotline Social Worker Responsibilities:**

***Information collection and preliminary report:***

*The social worker answering a call or receiving a referral will use the FACTS2 Contact Event screens, the six domains of inquiry, and the report screens as a guide in obtaining needed information. The procedures below are not a substitute for reference or instructional materials. All information must be completed in FACTS2, even if it is not specifically mentioned in the procedures below.*

- a. *Complete Contact Event information on FACTS2*
  - i. *Choose the type of Contact Event*
  - ii. *Obtain as much identifying information as possible and enter in FACTS2 "Parties and Clearance" tab*
  - iii. *Clear the case with existing information.*
  - iv. *While the case is clearing, complete the narrative section.*
  - v. *If the system locates possible matches, examine each of the cases.*
  - vi. *If one case is a match, notify the Hotline supervisor that there is a Contact Event that requires his/her review; the supervisor will determine whether the new information constitutes a supplemental, an FYI or a new report.*
    1. *If the information is a supplemental, follow instructions in reference material to create a supplemental report.*
    2. *If the information is a Progress Note ( FYI), the supervisor will attach it as a case progress note in FACTS2 or e-mail the information to the appropriate social worker/supervisor.*
    3. *If the information constitutes a new report, create a report on FACTS2*
- b. *Determine whether the Contact Event is one that must be transferred to another unit for intake or forwarded to another agency.*
  - i. *Is this Contact Event one of the following? If so, transfer to Screening during regular weekday business hours.*
    1. *A Contact Event regarding a child with special health care needs*
    2. *A Contact Event from a behavioral health setting, particularly an inpatient psychiatric setting, regarding the discharge of a child/youth*
    3. *A voluntary request for services*
  - ii. *Is this a Contact Event by a mandated reporter alleging abuse where the perpetrator does not appear to meet the statutory definition of a perpetrator?*
    1. *Obtain Contact Event demographic information and information from the six domains of inquiry.*
    2. *Consult supervisor*
    3. *Refer to the Philadelphia Police Department, Special Victims Unit, using the Report to Law Enforcement (CY-104) form.*
  - ii. *Is this a Contact Event regarding an allegation of serious bodily injury, sexual abuse or sexual exploitation of a student by a school employee?*
    1. *If the Contact Event is being made by law enforcement, continue with guided decision-making.*

2. If the Contact Event is made by someone other than law enforcement, request that the reporter inform the school administrator and law enforcement, take information in the six domains and complete the guided decision-making tool through Safety Decision #1. When the call is completed, contact law enforcement to inform them of the allegations. Inform the school administrator of the allegations.
- c. Complete the necessary information on each tab of the "Report" screen.
    - i. **NOTE: A report must contain a case father, even if the father's address and/or identity are currently unknown; and the father must be designated as a male.**
    - ii. Note: **On calls from ChildLine**
      1. The person who reported abuse or neglect to ChildLine is the Reporter
      2. The ChildLine staff member who is forwarding the report to the DHS Hotline is **always** the Source.
      3. **Both Source and Reporter must be added as new parties and designated.**
        - a. On the contact event screens, the reporter and the source must be listed as "Other" and are visible on the party list.
        - b. On the report screens, the reporter and the source are not visible on the party list.
    - iii. Police notification, if appropriate, is indicated in the Allegation tab, on the window for documenting the ChildLine notification/number.
  - d. Obtain information guided by the six domains of inquiry and document the information in the "Narrative" section of the Report Screen.
    1. What is the extent of the maltreatment being reported
    2. What are the circumstances surrounding the maltreatment
    3. All children – their general functioning, and their functioning in response to maltreatment
    4. Caregivers(all) – general adult functioning
    5. Parenting: caregivers(all) – functioning as caregivers
    6. Parenting: Discipline - caregivers(all) – discipline information
  - e. Additional sources of information – **Hotline social workers will ask the reporter if there are other people who may have relevant information and how to contact those sources; the social worker will follow up and attempt to obtain the additional information prior to completing and submitting the report for approval and document the information in the "Narrative" section of the Report screen.**
  - f. The FACTS2 clearance should be completed at both the Contact Event stage and the Report stage.

### **Safety Decisions**

Safety Decisions will be documented in FACTS2.

1. **Safety Decision #1:** Does the information collected justify accepting the report for investigation or assessment based on Pennsylvania law and regulation?
  - a. Does the report meet the definition of a CPS report? Check "yes" or "no".
    - Any recent act or failure to act by a perpetrator which causes non-accidental serious physical injury to a child under 18 years of age
    - An act or failure to act by a perpetrator which causes non-accidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age (Sexual abuse and mental injury allegations are

- reportable until the subject child's 21<sup>st</sup> birthday.)
  - Any recent act, failure to act or series of such acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age (Sexual abuse allegations are reportable until the subject child's 21<sup>st</sup> birthday.)
  - serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.
  - "Recent" – within the two years prior to the report.
  - "Non-accidental" – an injury that is the result of an intentional act that is committed with disregard of a substantial and unjustifiable risk.
1. If yes, is the alleged perpetrator a provider of out-of-home care, such as a foster parent or group home staff, or does the alleged perpetrator, or anyone living in the home work for DHS or a contracted provider agency?
  2. If yes, edit the header screen and under "Conflict of Interest," choose either
    - a. "Abuse – Regional, Purchased Service" if the alleged perpetrator is a provider of out-of-home care, such as a foster parent or group home staff, or
    - b. "Abuse – Other Regional" if the alleged perpetrator, or anyone living in the home works for DHS or a contracted provider agency, and
    - c. Remove any allegations from the "Allegation" tab screen and document the allegations in the narrative.
    - d. Submit to Hotline supervisor for an investigation/assessment as a General Report.
  3. If the alleged perpetrator is not a provider of out-of-home care or an employee of DHS or a contracted provider:
    - a. check "yes" under CPS,
    - b. choose allegations appropriate to the report information, and
    - c. call ChildLine to obtain a ChildLine number.
    - d. document the ChildLine number and the name of the person contacted at ChildLine in the appropriate place on the "Allegation" tab screen.
  4. If not a CPS, check "no".
  5. Continue on the GPS category.
  - b. Does the report contain allegations of Student Abuse from Law Enforcement concerning the serious bodily injury, sexual abuse or sexual exploitation of a student by a school employee?
    7. If yes,
      - a. edit the header screen and check the Student Abuse box,
      - b. check "yes" under CPS,
      - c. choose allegations appropriate to the report information,
      - d. call ChildLine to obtain a ChildLine number
      - e. document the ChildLine number and the name of the person contacted at ChildLine in the appropriate place on the "Allegation" tab screen..

8. *If no, continue on to next category.*
- c. *Does the report meet the definition of a GPS report?*
- *Allegations of one of the conditions defined as GPS allegations (see attached definitions), to a degree of severity that has the potential to harm the child's health, development or functioning.*
9. *If yes, is/are the victim child(ren) DHS-committed children in a placement setting?*
10. *If yes,*
- a. *edit the header screen and under "Conflict of Interest" choose "Neglect – Purchased Service"*
  - b. *Remove any allegations from the "Allegation" tab screen and document the allegations in the narrative.*
11. *If no, check "yes" under GPS, and enter this information in FACTS.*
12. *If not a GPS, continue on to next category*
- d. *Is the report one that is taken as a General Report*
- i. *Is this a report from a hospital or birth center of a substance-exposed newborn?*
    - 1. *If this is during regular business hours, choose CYD Inv/Assessment as referral type.*
    - 2. *After regular business hours and on weekends, Hotline staff will complete a FACTS clearance, and assign the report to the Field Screen staff, consistent with the expedited response for children 5 and under (if they are unavailable, Hotline staff will respond). Staff will verify the address where the infant will be living, assess the safety of the home and its residents, make face-to-face contact with the parents/caregivers and the newborn, complete the Newborn Screening Tool and a Safety Assessment, and complete a safety plan, if needed.*
    - 3. *As detailed in the CAPTA protocol, based on available information, and after having made face-to-face contact and assessed safety, the report may be forwarded to the CAPTA staff the next business day, or will be accepted for investigation/assessment and assigned to Intake, MDT/Repeat Abuse unit or active social worker the next business day.*
      - a. *the response priority will be based on the safety and risk as assessed by the Hotline social worker and documented on the Safety Assessment and Newborn Screening tool.*
  - ii. *If yes, FACTS2 defaults to General report if CPS and/or GPS is not chosen*
- e. *If the Contact Event is from the court, the type of report will be assigned based on the nature of the allegations, unless the court specifically orders otherwise.*
- f. *If the report is not being accepted for CYD investigation or assessment*
- i. *Is a referral needed or requested to assist this family in accessing services or resources to meet basic or other needs?*
    - a. *Document in the "Narrative" section of FACTS2 how, when and to whom the referral will be made.*
  - ii. *If the report is not accepted for investigation or assessment, choose the appropriate referral choice and forward to supervisor for approval and assignment.*
    - a. **NOTE: "Close – New CPS/GPS" is only to be used for CAPTA reports.**
- g. *If the allegations constitute one of the allegations that must be reported to*

law enforcement, refer to the Philadelphia Police Department, Special Victims Unit, using the Report to Law Enforcement (CY-104) form, and check off "Police Notified" on the ChildLine window.

2. **Safety Decision #2:** Are present danger threats identified?
  - i. check all conditions that are occurring at the time the report is being taken.
  - ii. If none, choose "No Present Dangers Identified."
  - iii. Continue to next safety decision
3. **Safety Decision #3: Does the information as collected and analyzed meet the safety threshold criteria, indicating possible impending danger? Do special circumstances exist?**
  - a. Check off the safety threshold criteria that are met
  - b. If any present danger threat is identified, the safety threshold criteria are automatically met.
  - c. If all safety threshold criteria are met, continue to the next decision.
  - d. If, there is insufficient information to determine whether the report meets the safety threshold criteria, explain why there is insufficient information to determine, what information is still needed, and what efforts were made to obtain the information in the "Narrative" section of the Report page.
  - e. Check off any of the "special circumstances" that may apply or, if there are none, check "No to all".
4. **Safety Decision #4: Determine urgency of response/response time based on safety factors**
  - a. Are Present Danger threats identified?
    - i. If yes, the FACTS2 system will automatically assign Response Priority1 (0-2 hours).
    - ii. If no, continue to next category
  - b. Are all safety threshold criteria met?
    - i. If yes, the FACTS2 system will automatically assign Response Priority 2 (P24 hours).
    - ii. If no, continue to next category
  - c. Is the report a CPS or Student Abuse Report and not all safety threshold criteria are met
    - i. If yes, the FACTS2 system will automatically assign Response Priority 3 (24 hours).
  - d. Is this report a GPS or General and not all safety threshold criteria are met?
    - i. If yes, the FACTS2 system will automatically assign a Response Priority 4 (7 working days from the date of the report to the Hotline).
  - e. In rare instances, and exclusively with Court order/referral, another time frame may be required. If so, enter "Court referral" in the appropriate place. This allows the Hotline supervisor to override the automatic response time. This never overrides responses needed for present or impending danger (i.e. safety threshold met).
5. **Child Death**
  - a. Reports of child death will be handled as outlined in the policy contained in this guide.
  - b. On the "Party" tab, identify the child fatality.
  - c. If it cannot be determined whether a child died as a result of abuse or neglect, and there are no other children in the home, the report will not be taken as a report, and the Hotline social worker will contact the Medical Examiner's office in writing to request that the Hotline be called if there is information that the death was a result of abuse or neglect.

6. Choose a referral type; the FACTS2 system automatically chooses a response priority based on your responses to Safety Decisions 2 and 3.
7. Submit report.
8. Take whatever additional actions are required/requested/recommended by Hotline supervisor, such as making the initial visit if working after regular business hours

**Hotline Supervisor Responsibilities**

The supervisor will review all reports and e-mails from Hotline social workers immediately.

1. Determine whether sufficient information was collected to support all decisions
  - a. If insufficient information was collected, advise social worker what additional information to obtain and how to obtain it.
  - b. Document efforts to obtain additional information in the "Narrative" section.
2. Reports not accepted for investigation/assessment
  - a. Determine whether report was appropriately rejected for investigation/assessment
    - i. If a report was generated, document in FACTS that no investigation/assessment was needed, and, if appropriate, that a referral was made to Prevention Services.
  - b. If report was inappropriately rejected for investigation/assessment
    - i. Return report to social worker to complete revisions
3. Reports accepted for investigation/assessment
  - a. Determine whether report was appropriately accepted for investigation/assessment
  - b. If report was inappropriately accepted for investigation/assessment
    - i. Return report to social worker to complete revisions
4. Review remaining safety decisions
  - a. If supervisor does not agree with the results of the safety decisions, s/he should discuss the decisions with the social worker, if appropriate, direct social worker to revise the decisions.
5. **Safety Decision #5:** Determine whether case is going to Intake, MDT/Repeat Abuse unit, Expedited Response, Family Assessment-ARS or a Family Service Region

**Child Death** – When reviewing a report of child death, override and revise the Response Priority to be consistent with the guidelines in the Policy section of this guide.

Attachment: GPS Allegation definitions

Questions regarding this guide may be addressed to:

Patricia Ripoll, Policy and Planning Administrator	683-4112
Bari Rose-Epstein, Program Supervisor	683-4116

## Revised GPS Allegation Codes

**89 ABANDONMENT/UNATTENDED CHILD** - Child is left unattended by parent/caregiver and based on the information given it appears that the parent/caregiver has no intention of returning to care for their child. Also includes children left by their parent/caregiver with others for extended period of times without parental contact or support.

**59 EDUCATION AS REQUIRED BY LAW** – The parent/caregiver’s failure to send their child or refusal to allow their child to attend school in accordance with legal requirements, or the child is habitually or without justification truant from school while subject to compulsory school attendance and all truancy prevention options have been exhausted.

**60 PARENT/CAREGIVER FAILURE TO PROVIDE ANY SHELTER TO THEIR CHILD OR SHELTER IS UNSAFE FOR THE CHILD TO LIVE IN** – The parent/caregiver does not provide a residence for their child, or the residence is clearly unsafe and jeopardizes the child’s physical safety including but not limited to, exposed and unprotected wires, unprotected areas where a child can fall, and no heat in frigid weather.

**61 LACK OF FOOD OR ESSENTIAL NUTRITION** – The parent/caregiver does not feed their child or withholds food from their child or children. A situation where a parent/caregiver seeks food for the child, but does not have the resources to purchase the food is not always included in this category. In these instances, the caller or family will be connected to the appropriate resources to ensure food is obtained and available and no report will be taken. If a parent/caregiver is unable or unwilling to ensure consistent available food, consultation must occur with the supervisor.

**62 PARENT/CAREGIVER FAILURE TO PROVIDE SUFFICIENT CLOTHING** – The parent/caregiver does not provide their child with clothing that provides protection from the elements of weather.

**64 PARENT/CAREGIVER FAILURE TO PROVIDE SUPERVISION APPROPRIATE TO CHILD’S AGE, DEVELOPMENT AND THE CIRCUMSTANCES** - The parent/caregiver do not provide their child with adequate supervision or leaves their child alone with no adult caregiver to provide appropriate supervision. This situation needs to be considered with due regard to the child’s age, development and the circumstances of the situation. This also could apply when the parent/caregiver is unable to provide adequate care to their child due to diminished cognitive, emotional and/or behavioral functioning and there are no other responsible adult family members to assume responsibility for the child/ren. i.e. hospitalization; psychiatric emergency; parent/caregiver’s incarceration; or intoxication/ impulsive behavior that **jeopardizes the safety** of the child/ren.

**66 PARENT/CAREGIVER FAILURE TO PROVIDE ESSENTIAL MEDICAL/MENTAL HEALTH CARE** - The parent/caregiver does not provide or seek medical or mental health care for a child's condition that if not cared for will cause or likely cause harm to the child. This does not include any circumstances that otherwise meets a CPS definition.

**67 SEVERE EFFECTS OF CHRONIC LACK OF PHYSICAL HYGIENE** – The parent/caregiver chronically does not provide care for a child's need for physical hygiene. The chronic lack of hygiene results in continual demonstration of serious physical results. Examples include but are not limited to a child who comes to school in urine soaked clothes, or a child who has vermin or roaches on their person or in their belongings, or a situation where a parent/caregiver has a demonstrated pattern of failing to treat lice on their children.

**68 EMOTIONAL HARM** – The parent /caregiver has demonstrated a pattern of degradation of their child that adversely affects the child's functioning. The parent /caregiver is aware that their child's mental health is being affected by maltreatment from someone other than the parent/caregiver and does not take action to protect their child or prevent the actions of others from affecting the child's functioning. This does not include any allegation that otherwise meets a CPS definition.

**75 PHYSICAL HARM** – This includes a pattern of behavior by the parent/caregiver, which if continued will likely result in physical harm. This includes, but is not limited to inappropriate physical discipline that does not rise to the level of a CPS allegation. It also includes conditions where the parent /caregiver is aware that their child is being physically harmed by someone other than the parent/caregiver and does not take action to protect their child or to prevent the actions of others from adversely affecting the child's functioning. This does not include any allegation that otherwise meets a CPS definition.

**81 SEXUAL MISTREATMENT**– The parent/caregiver either knowingly or unknowingly exposes a child to pornography, adult sexual behavior or sexually explicit material which is not used for sexual gratification but will likely have a detrimental effect on the child's mental or emotional development. It also does not include any allegation that otherwise meets the CPS definition for sexual abuse.

**82 INAPPROPRIATE SEXUAL ACTING OUT** – Inappropriate sexual acting out of child(ren), that is not consistent with child's age and development, and parent/caregiver has not provided adequate intervention and/or is unaware. This does not include sexual interaction between children or youth of the same approximate age with no element of force or coercion. It also does not include any allegation that otherwise meets the CPS definition for sexual abuse.

**Note: This does apply to inappropriate sexual acting out of children where one child uses force or coercion and parent/caretaker have not taken the necessary steps to prevent behavior and/or protect child/ren. Reports must be filed on both**

**the victim child (code 81) and the aggressor child (code 82) based on the parents/caretakers inappropriate or lack of response to incident.**

**91 INAPPROPRIATE CONFINING/TYING/RESTRAINT** – The parent/caregiver ties up the child or physically restrain the child or confines through locking the child in the home. The purpose of any of these behaviors is to limit the child's contact with the outside world or goes beyond the physical restriction of the child by not allowing the child to go out and play or be involved in activities, as a direct disciplining for a behavior of the child that the parent/caregiver is trying to correct. This does not include any allegation that otherwise meets a CPS definition.

**83 ILLEGAL ADOPTION-** A child who has been placed in care or for adoption in violation of the law.

**84 INCORRIGIBLE CHILD-**A child who demonstrates a pattern of habitual disobedience while under the reasonable and lawful commands of his/her parent /caregiver AND who is in need of care, treatment or supervision.

**85 CHILD UNDER 10/DELINQUENT ACT-** A child who is under 10 years of age who has committed a delinquent act.