

Child Protective Services: Intake

2103.16 Immediate to 24-Hour Response Required

Requirement

Situations which **always require an immediate to 24-hour response:**

Physical Abuse Appendix A-1

Intake

- Report of severe multiple bruises/welts;
- Child requires immediate medical attention and/or hospitalization;
- Self referrals from a child under the age of thirteen who alleges maltreatment and expresses fear of returning home; consideration must be given to patterns of ongoing history of abuse, if any.
- Report on a child with a disability or lack of capacity, and the perpetrator will have access to the child within the next 5 days;
- Parent/caretaker demonstrates physical/emotional/intellectual **instability**;
- The non-perpetrating parent/caretaker is **not responding appropriately or protecting the child.**

Neglect Appendix A-2

Intake

- Reports involving a child who is suffering from a severe, untreated medical condition;
- Child is in severe danger of immediate harm;
- Report from medical personnel indicating that a mother has given birth to an infant, when either the mother or the infant has tested positive for illegal drugs and/or alcohol, or when it is suspected that the infant will test positive for illegal drugs **or** for having fetal alcohol syndrome (FAS);
- Report alleging that a child, who is age eight years of age or younger, or who is limited by a disability or lack of capacity, or is otherwise unable to care for himself, has been left alone;

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- Self-referral of a child who is under the age of 13 years and who is afraid to go home; consideration must be given to patterns of ongoing history of abuse, if any.

Sexual Abuse Appendix A-3

Intake

- Allegation of current sexual abuse, involving a child who remains accessible to the alleged maltreater;
- Allegations of sodomy, vaginal intercourse, or oral sex, and there is medical evidence
- Parent/caretaker demonstrates physical/emotional intellectually instability;
- There is a pattern of ongoing abuse and/or ongoing history

Emotional Abuse Appendix A-4

Intake

- Self-referrals from parents/caretakers who state that they are unable to cope, feel that they will hurt or kill their child(ren) or who desire a child's immediate removal and placement away from home;
- Any report alleging cruel, callous or bizarre punishment by the parent/caretaker, e.g., locking a child in a closet, forcing a child to stay under a bed, tying up a child;
- Any report alleging that the parent/caretaker of a child is behaving in a bizarre or delusional manner; including situations where a parent/caretaker believes a child to be a religious figure, the devil or believes an exorcism is necessary;
- Child presents with an observable emotional or mental health condition, attributed to his/her emotional maltreatment by the parent/caretaker;
- Parent/caretaker demonstrates physical/emotional/intellectual instability;
- There is a pattern of ongoing abuse and/or ongoing history.

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All reports when parent/caretaker demonstrates physical/emotional/intellectual instability and an inability to meet the basic needs of the child. Clearly determine whether a parent/caretaker is capable of meeting the child's basic needs. Willingness does not constitute capability.

- All reports concerning a child who resides in the same household of a child who died of what may have been child maltreatment;
- All reports of a new birth to a parent with another child in placement (See 2103.10);
- All reports of maltreatment that occur to a child in custody, regardless of placement (See 2106.5);
- All reports that a child is detained in temporary custody by a physician (see 2104.4a) receive immediate attention and assignment; and
- All requests for short-term emergency care of a child when that report is received from a law enforcement officer, emergency personnel employed by a licensed ambulance provider, fire rescue personnel, or a hospital administrator/administrator's designee, receives immediate attention and assignment (See O.C.G.A.15-11-14).

Procedures/Practice Issues

Immediate means at that moment.

In counties where the response time for referrals requiring an immediate to 24-hour response is met by local law enforcement, include the plan in the local protocol or have a written agreement between DFCS and law enforcement.