Statement of Consideration (SOC)

PPTL 20-01 SOP 2.3 Acceptance Criteria and Reports that do not Meet and Revised FAQ on Residency Determination of Children for Child Protective Services Reports

The following comments were received in response to SOP drafts sent for field review. Thanks to those who reviewed and commented. Comments about typographical and grammatical errors are excluded; these errors have been corrected as appropriate.

1. **Comment:** I believe the residency determination should include a provision for dependency investigations. In the last couple of years our county has received several investigations in which a child was with DJJ and placed in a facility in our county and DJJ believed that they would be dependent upon release from the facility. The children in question were brought to XXXX County from Louisville and it was nearly impossible for us to assess the parents of the children or look into possible relatives from the county of origin. Most of these cases ended up relying solely on courtesy requests to the county of origin.

I believe such cases need to be assigned to the county of origin and that those counties are better equipped to look into the home of origin and assess relatives.

**Response:** Reports should be assigned where the child typically resides.

1. **Comment:** We did have something come up that is not clear or outlined in FAQ. The report was that there was an incident that occurred in Kentucky, kiddo lives out of state, perp lived here in KY. Per out of state FAQ, this would be KY’s to investigate. However, the way we received the report was by the other state advising what occurred and that they were already investigating it in their state and needed KY to do a courtesy on the perp. That put us in a pickle, as we then knew another state was investigating a report that KY was then made aware of and per our protocol, we would investigate here. In that situation we did err on the side of caution and also open up an investigation in KY per our protocol. This meant that the child was opened up on the same incident in 2 different states.

How should this be handled?

**Response:** Additional information has been added to the FAQ. If an investigation is confirmed to be open in another state, then KY does not open an investigation. An investigation for the same allegations should not be open in more than one state.

1. **Comment:** Another circumstance not outlined in FAQ (and not sure it needs to be) but when mother is a state inmate at KCIW but has an active case elsewhere (outside of Shelby Co). Normally, these would be assigned to Shelby Co. to investigate (if there is hx notated of prior concerns that would put current baby at risk). However, it has recently come up that sometimes while although NM is a state inmate at KCIW, she has an active case in another region/county (not usually in timeframe for a second incident). Since NM has an ongoing case in her “home” region, would we then advise them to handle the birth of NM’s new child since they obviously have worked the case against mother and are still active with her?

**Response:** Additional language has been added to the FAQ. Salt River Trail Service Region Centralized Intake has an established protocol for these instances. Reports are assigned based on inmate type, which is provided by KCIW at intake. If the mother is a local inmate (Shelby County) or a state inmate, the report will be assigned to Shelby County. If the mother is a HB 191 inmate, (i.e. she is incarcerated elsewhere and transferred to KCIW for delivery), the report will be assigned to county/region she will be transferred back to after delivery.

1. **Comment:** **Substance Misuse:** 1(B) A reporting source expresses that a child has been physically harmed as a result of the caretaker’s substance misuse. Would we default to this when substance and physical are alleged or would we select both Substance Misuse Neglect and Physical Abuse?

**Response:** Inthis example both would be selected.

1. **Comment:** **In Education Neglect**: I’m not seeing a clarifier about accepting these on 12 youth and under; older children we have always referred to juvenile services

**Response:** SeeFootnote #1. Educational neglect generally pertains to children under twelve (12) years of age unless the caretaker is intentionally keeping the child from attending school. Children age twelve (12) and over are considered truant and the school system should pursue filing status charges through the court designated worker.

1. **Comment:** **Risk of Harm Neglect**: I thought we had completely struck out the wording of bazaar as it was discussed this was a catch all for everyone when we didn’t know what else to accept as.

**Response:** Removing the word bazaar has been discussed and will be addressed in more detail in the future when the safety model is implemented.

1. **Comment:** **Emotional Harm:** I believe we added wording in things to consider as to being an isolated incident and I thought we had moved 2.)  A, B, C and D under things to consider as a guide.

**Response:** Nothing has been changed in these sections.

1. **Comment:** **Medical neglect section:** Is mental health counseling included in this?

**Response:** Mental health counseling can be accepted on a case by case basis depending on the severity. If the neglect creates a life threatening situation or may result in permanent impairment the report should be accepted.

1. **Comment:** **Medical neglect section**: Are psychotropic meds included?

**Response:** If the neglect creates a life threatening situation or may result in permanent impairment the report should be accepted.

1. **Comment:** **Medical neglect section**: Is it neglect for a child not to attend counseling or for the parent to refuse to give the child meds?

This is if the therapist/doctor/school states its needed?

**Response:** If the neglect creates a life threatening situation or may result in permanent impairment the report should be accepted.

1. **Comment:** **Hygiene and Clothing Neglect section:** The interpretation here is that lack of appropriate clothing can only be taken if the child suffers illness, exposure, or frostbite due to inadequate clothing. Or if the child’s clothing is insufficient to protect from the elements.  Does this exclude when clothing is ragged, with holes, etc and the weather is warm?

Also clothes can be inappropriate and cause the child to be harassed or embarrassed at school which would affect well-being.

**Response:** Lack of appropriate clothing should only be accepted if the child suffers illness, exposure, or frostbite due to inadequate clothing or if the clothing is insufficient to protect from the elements. Clothing issues that are cultural in nature should not be accepted.

1. **Comment:** **Contingencies and Clarifications:**

If a child reenters OOHC, we have to put in the wrong birthdate to make the child under age 18??? It seems this would cause many problems with the wrong date of birth being entered.

**Response:** Centralized intake changes the date after the child enters OOHC.

1. **Comment:** What is considered an appropriate adoptive plan? This needs more clarification as to what qualifies as an appropriate adoptive plan. We have clients that state I want so and so to adopt the baby, but they have no power of attorney, no attorneys, etc.

**Response:** Additional language has been added to clarify: **An appropriate adoptive plan includes confirmation that the parent(s) are working with a licensed adoptive agency or an attorney.**