



**To:** CIS/Early Intervention  
**From:** Danielle Howes, CIS/EI Administrator  
**Date:** March 11, 2015  
**Memo:** CAPTA and Differential Response

There has been confusion regarding children being referred as “high risk” with an open case in the Family Services Division (FSD) Differential Response system. The question is: are regions required to provide a full evaluation for non-CAPTA children referred to CIS/Early Intervention, or can these children be screened and move to full evaluation if the screening indicates the need for an evaluation?

Terri Edgerton has previously spoken with our Office of Special Education Programs project officer regarding Vermont’s Family Service Division’s (FSD) differential response to working with families:

- An outcome of differential response is that we have seen a reduction in the number of children who are designated as a CAPTA referral (ie. children identified as victims of substantiated incident(s) of abuse or neglect (33 CFR 303.303(b)(1)). A CAPTA referral mandates that children 0-3 must receive a developmental screening from early intervention (CAPTA 206(3)(C)(iii & vii).
- As a result of FSD’s differential response some regions are seeing an increase in the number of at-risk referrals from FSD for a full Part C evaluation. Since these children are not considered a CAPTA referral they go to a full evaluation.

After our conversation our OSEP project officer recommended that children referred to early intervention that are open family cases with FSD, but

- a. are not identified as being victims of substantiated incident(s) of child abuse or neglect, and
- b. do not have a developmental concern, should be screened, only receiving a full evaluation if screening indicates a need.
- c. However, if the parent/guardian requests a full evaluation, they are still entitled to a full evaluation under federal regulation (33 CFR 303.320(a)(3).

In summary, children referred from Family Services:

- Non-CAPTA children who are “high risk” with an open case with FSD and are referred to early intervention from FSD will receive a developmental screening unless they are referred with a developmental concern or their family is requesting a full evaluation.
- Non-CAPTA children referred by FSD for whom there is not a developmental concern will be triaged by the Children’s Integrated Services team to determine

the appropriate service response to the family's identified need. This also includes referrals for pregnant women at risk.

- When a child is referred and FSD indicates there is an ongoing investigation, CIS-EI will conduct a screening per regulations. CIS-EI will then contact FSD back within 30 days of the referral to learn the disposition of the investigation. If the investigation results in a substantiation, CIS-EI will document this as a CAPTA referral.

### **Family Services Division Policy #52**

([http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/52%28Child\\_Safety\\_Invest\\_Assess%29%20R%207.15.2014.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/52%28Child_Safety_Invest_Assess%29%20R%207.15.2014.pdf))

### **Referral to Child Development Division's Early Intervention Programs**

In accordance with the **Child Abuse Prevention and Treatment Act** (CAPTA), children under the age of 3 years who reside in a family where there is a substantiation of abuse or neglect, will be referred to the local Children's Integrated Services (CIS) Early Intervention program. The referral will occur at the time of the division's determination by the social worker or supervisor. If the child remains in the home, Family Services will include information about services available through the early intervention program in the determination letter.

If the following circumstances exist the social worker will discuss making a referral to the local Children's Integrated Services Team and/or Head Start and Early Start as a resource to the family.

- Children under the age of 3 years reside in a family where the risk level or unresolved danger requires ongoing FSD services; or
- There is a pregnant woman and/or child from birth through age 6 and the social worker identifies possible concerns around health, developmental or mental health, or if the family reports a concern in these areas.

### **Family Services Division Policy #56**

([http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/56%20%28Substantiating\\_Child\\_Maltreatment%29%207-1-09%20FINAL.pdf](http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/56%20%28Substantiating_Child_Maltreatment%29%207-1-09%20FINAL.pdf))

### **Referral to Part C Services**

For all children under the age of 3 years who are victims of substantiated child abuse or neglect, Family Services will refer the child to the Child Development Division for an initial screening to determine if further assessment for early intervention services is necessary. The referral will occur at the time of the division's determination by the investigator or supervisor.

If the child remains in the home, Family Services will include information about services available through the Family, Infant and Toddler Program (FITP) in the substantiation letter.

### **Social Worker Tasks**

- Keeps family informed of the progress of the investigation as much as appropriate. Clearly explains the outcome of the investigation.
- Whenever possible, verbally informs the alleged perpetrator (or parents, if the alleged perpetrator is a minor) of the outcome of the investigation.
- Ensures that the victim's family is informed of the outcome of the investigation.
- Makes appropriate referrals and develops safety plans to reduce the likelihood that the child will be maltreated in the future.
  - Completes necessary paperwork:
    - o SDM Forms;
    - o IA Summary, Case Determination, Safety Assessment
    - o Child Abuse/Neglect Form (DCF-590);
    - o Letters to caretaker and alleged perpetrators; referral to PART C Services if substantiated and victim is under 3.
    - o Risk Assessment
    - o Updated Face Sheet.
    - o Completes all tasks within 60 days