

**SDM®
SCREENING
AND RESPONSE
PRIORITY
ASSESSMENT
POLICY AND
PROCEDURES**

OREGON DEPARTMENT OF HUMAN SERVICES CHILD PROTECTIVE SERVICES

November 2021

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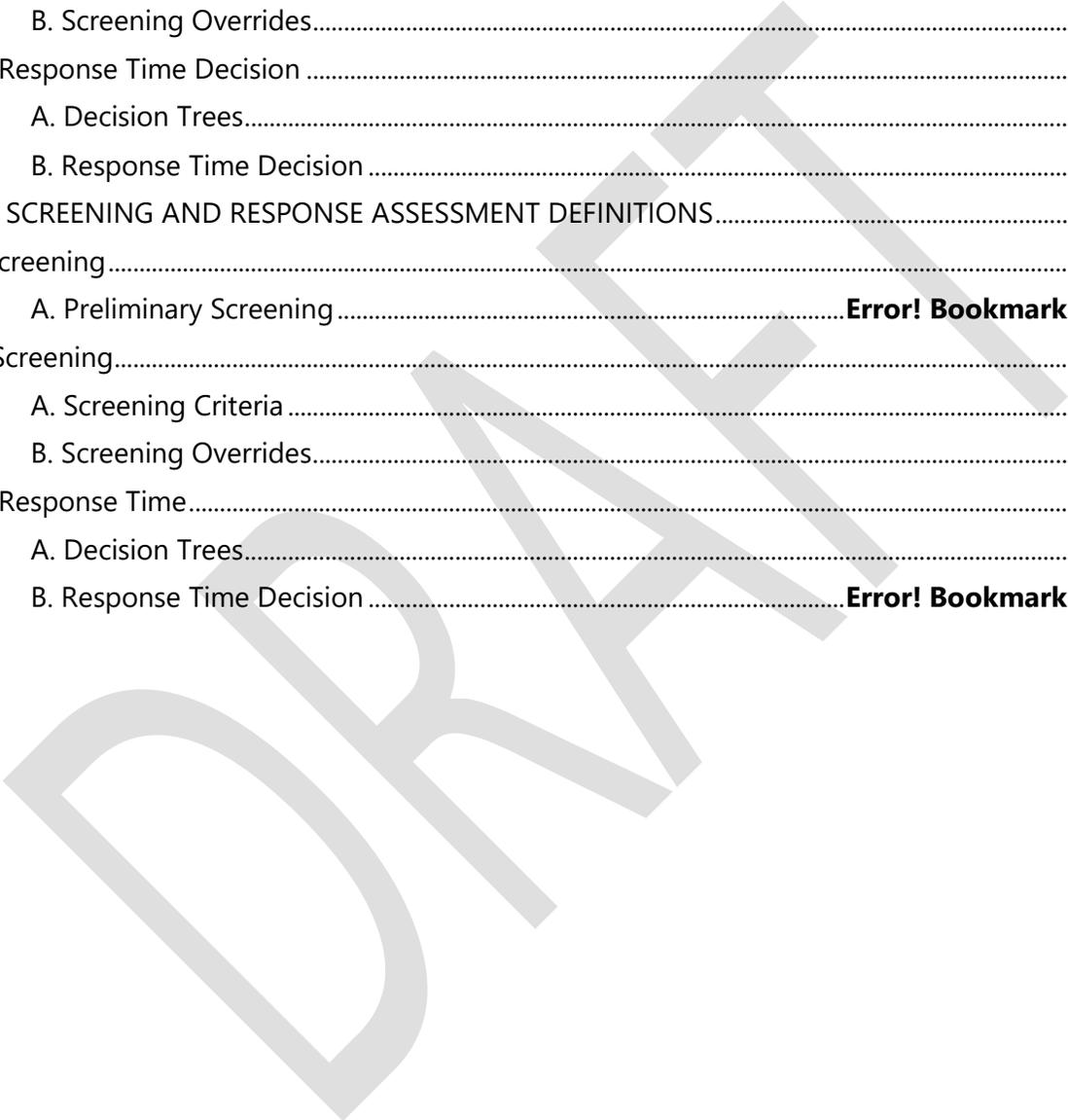
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SDM® SCREENING AND RESPONSE ASSESSMENT

OREGON DEPARTMENT OF HUMAN SERVICES

I. PRELIMINARY SCREENING

- **Family Support Services**
- **Case note documentation**
- **Request for community resource/referral**
- **Report of abuse** (complete table to determine appropriate response)

REPORT OF ABUSE: ALLEGED VICTIM AND ALLEGED PERPETRATOR CONSIDERATIONS	
CRITERIA	ACTION
Report of alleged child abuse that involves: <ul style="list-style-type: none"> ○ Child-caring agency (CCA) ○ Daycare ○ Foster care ○ ODDS-licensed group home/HOST home ○ School ○ Third-party professional or volunteer ○ Other third party 	Pend to OTIS
○ Alleged victim is domiciled on Warm Springs or Burns Paiute land	Notify Tribal Child Welfare
○ Abuse occurred in and perpetrator resides in another country	Close at screening; notify appropriate jurisdiction.
○ Alleged victim is, or was at the time the incident occurred: <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 years of age; OR <input type="checkbox"/> Under 21 years of age and residing in or receiving care or services at a child-caring agency or proctor foster home. AND Alleged perpetrator is, or was at the time the incident occurred: <ul style="list-style-type: none"> <input type="checkbox"/> Parent <input type="checkbox"/> Caregiver, including a minor in a caregiver role <input type="checkbox"/> Member of a household certified by Child Welfare <input type="checkbox"/> Unknown 	Proceed to screening for CPS

If “Proceed to screening for CPS” is selected, proceed to Section II, Screening.

II. SCREENING

A. SCREENING CRITERIA

Select all that apply.

Child Death

- Death of a child and any abuse is suspected
 - No other children are in the home
 - Other child is in the home

Physical Abuse

- Parent/caregiver intentionally, knowingly, or recklessly caused or reasonably could have caused injury
- Injury that is unexplained or at variance with given explanation
- Torture or cruel treatment of child
- Child in care
 - Physical abuse/willful infliction of physical pain
 - Wrongful use of restraint
 - Involuntary seclusion

Sexual Abuse or Exploitation

- Sexual contact
- Physical or behavioral indicators consistent with sexual abuse
- Exposure to sexually explicit conduct or materials
- Sexual exploitation
- Sex trafficking
- Child in care: Sexual harassment or coercive contact

Mental Injury

- Parent/caregiver actions result in the child's substantial mental or psychological impairment
- Child in care: Verbal abuse

Neglect

- Failure to provide for child's basic needs
 - Food
 - Clothing or hygiene that causes harm to the child
 - Shelter

- Supervision
- Protection
- Emotional neglect
- Medical neglect
- Access or exposure to a harmful substance
- Child selling
- Abandonment and desertion
- Child in care
 - Neglect
 - Abandonment
 - Financial exploitation

Threat of Severe Harm

- Physical abuse
- Sexual abuse or exploitation
- Neglect
- Substance-exposed infant

No Allegations

- Referral does not include an allegation of abuse or neglect

B. SCREENING DECISION

Preliminary Screening Recommendation

- Screen in: One or more screening criteria are selected.
- Screen out: No screening criteria are selected.

OVERRIDES

Policy Overrides

- Screen out. One or more criteria are selected, but report will be closed at screening.
 - Meets abuse allegations, however allegation is historical and alleged perpetrator is deceased due to causes unrelated to alleged abuse.
 - Meets abuse allegations, however alleged victim is no longer a child and there is no concern regarding the alleged perpetrator's access to or victimization of other children.

- Child is a resident of another state, and that state is responding. Forward the allegation to the appropriate agency.
- Screen in. Report does not meet criteria, but report will be assigned based on current procedure.
 - The current report would be the fourth or greater consecutive report closed at screening regarding the same child or household and at least one child in the home is younger than 5.
 - A tribe, LEA, or OTIS requests assistance from CPS with an investigation of abuse.

FINAL SCREENING DECISION

If there are no overrides, the final decision will be the same as the recommended decision.

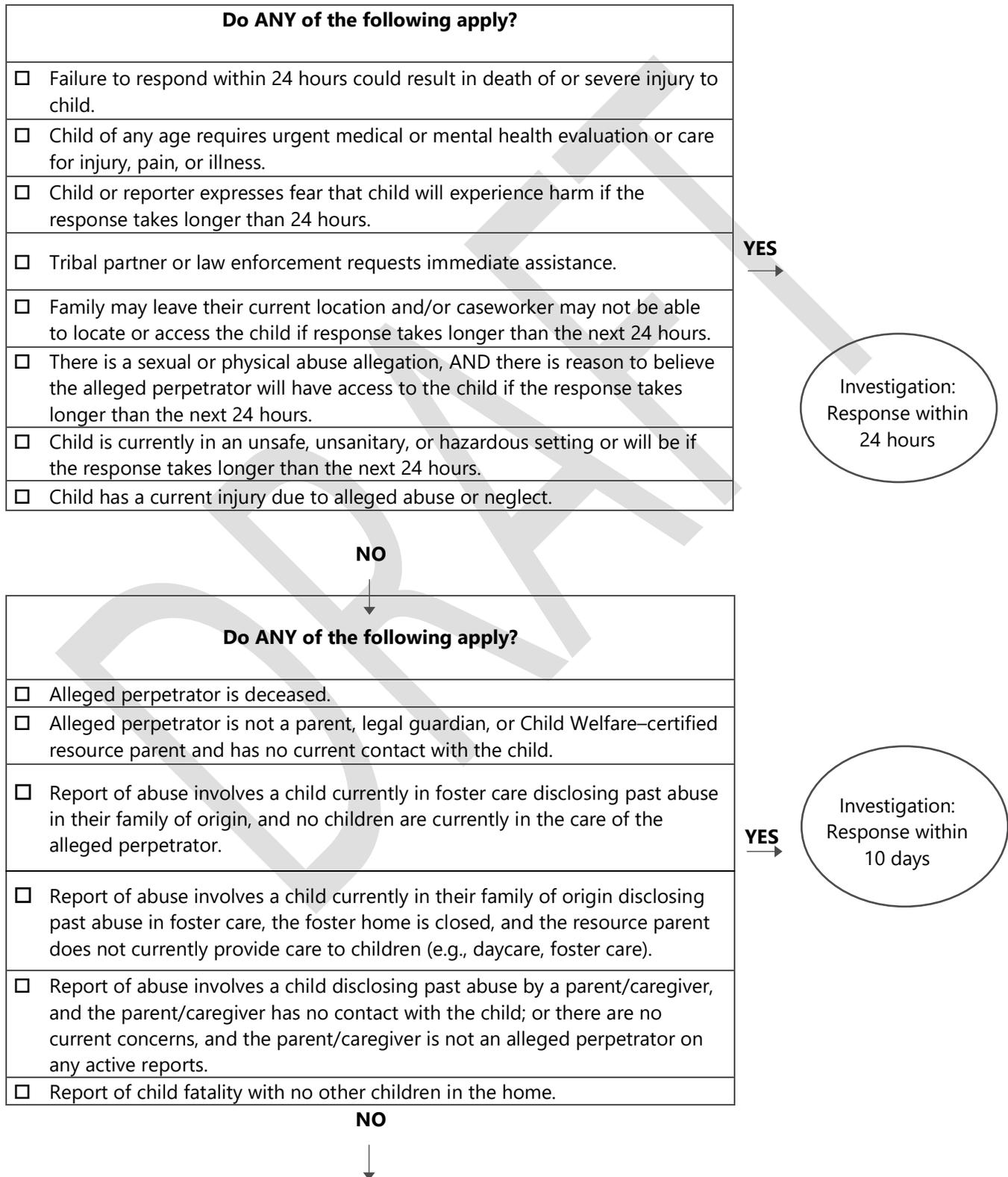
- Screen in
- Closed at screening

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III. RESPONSE TIME

Review all items, starting with the top and progressing until a response time has been established.

A. DECISION TREES



Investigation:
Response within
72 hours

B. RESPONSE TIME DECISION

- Response within 24 hours
- Response within 72 hours
- Response within 10 days

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SDM SCREENING AND RESPONSE ASSESSMENT DEFINITIONS

OREGON DEPARTMENT OF HUMAN SERVICES

GENERAL DEFINITIONS

CAREGIVER

A guardian, legal custodian, or other person acting in loco parentis who exercises significant authority over and responsibility for a child or young adult; OR an adult who has primary and/or daily responsibility for the supervision, care and protection of a child. This can include parents; stepparents; adoptive parents; relatives; companions of the child's parent; Indian custodians; or any adult who is judged to have and continues to have direct responsibility for a child's supervision, care, and protection.

HOUSEHOLD

An association of persons who live in the same home or dwelling and may be related by blood, adoption, or marriage or may be unrelated persons residing in the same home or dwelling as the child.

PARENT

The biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.465, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), "parent" means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom or a father whose paternity has been acknowledged or established under tribal law, recognized in accordance with tribal custom, or openly proclaimed to the court by the man, the Indian child's family, the Department of Human Services, or an adoption agency. "Parent" also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.

I. PRELIMINARY SCREENING

A referral is screened out if one or more elements of any child abuse are not met. The following situations require ruling out a referral.

FAMILY SUPPORT SERVICES

Calls to the Oregon Child Abuse Hotline (ORCAH) to request placement, independent living services, post-legal adoption and guardianship services, or voluntary services may be referred to Family Support Services (FSS) for an FSS assessment.

CASE NOTE DOCUMENTATION

If the report is from a Child Welfare caseworker about behaviors of a parent/caregiver with an open Child Welfare case and there are no new allegations of abuse, this does not solely constitute a report. Inquire about safety plan details to understand whether a new allegation exists.

REQUEST FOR COMMUNITY RESOURCE/REFERRAL

There are no allegations of abuse and the reporter requests resources or a referral to a community service provider.

REPORT OF ABUSE

Pend to OTIS

Screen in an allegation of abuse for the Office of Training, Investigations, and Safety (OTIS) when the alleged victim is a person under the age of 21 AND is living in or receiving services from a facility or home licensed or certified by the Oregon Department of Human Services (ODHS). Sometimes these children and young adults are referred to as being "in care."

Facilities or homes licensed or certified by ODHS include the following.

Child-caring agency (CCA)

- Academic boarding school
- Adoption agency
- Day treatment agency
- Foster care agencies
- Homeless, runaway, and transitional living shelters
- Outdoor youth programs
- Residential care agencies
- Secure transport agencies
- Therapeutic boarding schools

Daycare

- Recorded program
- Regulated subsidy provider
- Registered family childcare

- Certified family childcare
- Certified childcare center
- Unlicensed

Foster care

- CCA-certified foster home
- Developmental Disabilities foster home
- Oregon Youth Authority (OYA)-certified foster home

ODDS-licensed group home/HOST home

School

Alleged perpetrator is an employee, contractor, agent, or volunteer of an education provider, in their role for an education provider

Third-party professional or volunteer

Alleged perpetrator is a: coach, youth pastor, scout leader, medical provider, therapist, ODHS employee, OYA employee, probation officer, etc. and allegation concerns their role as a professional or volunteer that has routine contact with children

Other third party

Notify Tribal Child Welfare

Alleged victim is domiciled on Warm Springs or Burns Paiute land.

Close at screening; notify appropriate jurisdiction

If the alleged victim and alleged perpetrator are identified as residents of a country other than the United States AND there is no emergency that requires a child protective service (CPS) response to support the child’s safety, forward to the appropriate jurisdiction.

Proceed to screening for CPS

Alleged victim is, or was at the time the incident occurred:

- A child under 18 years of age; OR
- A child in care, defined as a person under age 21 who is residing in or receiving care or services from:
 - A child care agency or proctor foster home;

AND

Alleged perpetrator is, or was at the time the incident occurred:

- Parent.
- Caregiver, including a minor in a caregiver role.
- Member of a household certified by Child Welfare.
- Unknown. The reporter does not know or will not share the identity of the alleged perpetrator

II. SCREENING

A. SCREENING CRITERIA

Child Death

Death of a child and any abuse is suspected

Report of child death AND concern exists that any abuse by the parent/caregiver contributed to or caused the child's death. Consider circumstances described by the reporter and whether those circumstances raise suspicion of abuse.

Examples include but are not limited to:

- Co-sleeping with a child while the parent/caregiver is under the influence;
- An unsupervised child resulting in a gunshot wound; overdosing on any substance; or drowning in a bathtub, pool, or other body of water; and
- Death of a child due to head trauma or internal injuries that are unexplained or appear suspicious.

Also identify whether or not there is another child in the home or under the care and custody of the alleged perpetrator.

Physical Abuse

Physical abuse is any assault of a child and any physical injury to a child that is caused by other than accidental means and results in harm. An assault includes when a parent/caregiver intentionally, recklessly, or knowingly causes physical injury, with or without the use of an object.

In some circumstances, an allegation of physical abuse does not result in a visible injury. This includes circumstances where there was never a visible injury, circumstances where the severity of the action was

likely to have resulted in a physical injury but one is not visible, and circumstances when there was a visible injury that has since healed.

Parent/caregiver intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury

The parent/caregiver, regardless of expressed intention, inflicted a physical injury on the child. Include allegations of corporal punishment that result in the following injuries, and dangerous behavior toward or near the child that shows reckless disregard for the child. Examples of parent/caregiver behavior include but are not limited to the following.

- Corporal punishment in which the child is injured because they tried to get away
- Shaking an infant or toddler
- Shoving, pushing, or slamming a child into a wall, the ground, or other solid surface or object
- Interfering with the child's breathing (choking, strangling, smothering, hand covering mouth)
- Electric shock
- Forced ingestion of dangerous substances, including poison
- Child has difficulty maintaining consciousness

Consider child's age and development, and the location and severity of injury (if one is observed). The child's injuries may be internal or external. Injuries may include but are not limited to burns or scalds; bruising, swelling, cuts, or abrasions; oral injuries; punctures; bite marks; fractures, sprains/strains, or dislocations; internal injuries; head injuries; or loss of consciousness. Injuries may be on various parts of the body and in various stages of healing.

The reporter may allege physical abuse to the child but share information that does not coincide with the above examples. Exclude the following.

- Discipline or corporal punishment that does not result in injury, or pain or discomfort that is transitory
- Minor injuries that could reasonably be expected given the child's age, stage, activity level, and developmental status

Injury that is unexplained or at variance with given explanation

A physical injury to a child, consistent with the definition above, is not explained or the explanation is not plausible or consistent with the injury, and the injury itself suggests that it is non-accidental. Injuries may be new or in different stages of healing. When the person who caused the injury is unknown, include all injuries that a medical professional describes as consistent with abuse.

Torture or cruel treatment of child

The parent/caregiver's actions toward the child exhibit intentional or reckless disregard for the child's health and well-being, AND/OR the parent/caregiver deliberately and/or systematically inflicts unusual, bizarre, brutal, or cruel treatment and/or severe physical pain. This may be a one-time act or a pattern of actions. Examples include the following.

- Locking child in cage, closet, or confined space.
- Use of restraints not intended for human use (e.g., duct tape, chains).
 - » Kneeling on stones, holding index cards between fingers with arms extended, maintaining a position until pain is felt
 - » Actively and intentionally withholding or restricting the child's access to basic needs such as food, clean drinking water, clothing, shelter, toilet, and hygiene facilities to the extent that the child endures pain, illness, or injury

Child in care

Select these items only for a child in a Child Welfare– or Office of Developmental Disabilities Services (ODDS)–certified foster home, including certified relative caregivers. The person alleged to be responsible for the behaviors described is typically a resource parent but may be another certified care provider.

Physical abuse/willful infliction of physical pain

Use of physical punishment or discipline that induces pain or discomfort. Include discipline that is incongruent with the child's history of trauma and current development or that involves physical contact or physical actions on the part of the child. This may include but is not limited to the following.

- Flicking
- Pulling ears
- Pinching
- Sitting in one position without relief
- Running laps

Wrongful use of restraint

The resource parent uses physical or chemical means to restrict the actions, movements or behaviors of a child-in-care when the child in care's behavior does not pose a risk of severe injury to self or others.

Physical restraint is the resource parent using their hands, arms, legs, feet and other body parts; and or devices including but not limited to leashes, straps or tape; solid objects including the ground, wall, table, chair, bed or floor; to limit or restrict movement of a child in care.

Chemical restraints mean a drug or medication is administered to a child-in-care to control behavior or restrict freedom of movement, in such a way that is not prescribed by a physician or in line with described use for over-the-counter medication. Wrongful use of restraint includes:

- Any restraint that places, or creates a risk of placing, pressure on a child-in-care's neck, throat, or mouth, or otherwise impedes or creates a risk of impeding their breathing
- Any restraint that causes pressure to be placed or creates a risk of causing pressure to be placed, on a child-in-care's stomach, chest, joints or back

Examples of wrongful use of restraint include, but are not limited to:

- A resource parent pinning a child-in-care to a couch to gain control of the cell phone when the child in care's behavior was not threatening the safety of themselves or others
- A resource parent giving Benadryl to a young child having a tantrum, to sedate the child

Examples of acceptable use of restraint may include the following:

- A trained resource parent restricts a child in care's movement as an emergency measure to manage and protect the child or others from injury when no alternate actions are sufficient to manage the child's behavior.
- An untrained person who must make physical contact with a child in care to protect the child or others from the child's unsafe or violent behavior
- Use of medication in accordance with prescription or as labeled

Involuntary seclusion

Involuntary seclusion means confinement of a child in care alone in a room from which the child is physically prevented from leaving. Involuntary seclusion is abuse when used as a form of discipline, punishment, retaliation, or for the convenience of the resource parent.

Sexual Abuse or Exploitation

Sexual contact

The parent/caregiver had any sexual contact with a child, including touching of the sexual or other intimate parts of a child or causing a child to touch the sexual or other intimate parts of the other person with a body part or an object. This may be based on the child's disclosure, medical evidence, or credible witnessed act. Sexual contact includes but is not limited to the following.

- Rape.

- Any sexual physical contact between the child and the parent/caregiver, whether the parent/caregiver directed, coerced, encouraged, allowed, forced, etc.
- Voyeurism

For age-typical versus abusive sexual behaviors, see the appendix.

Physical or behavioral indicators consistent with sexual abuse

Basis exists for concern that a child has been sexually abused; at this time, the perpetrator is unknown, and the parent/caregiver or a household member cannot be ruled out. Indicators include but are not limited to the following.

- A pre-adolescent child has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to the genital or anal area.
- The child has initiated or participated in sexual actions with any individual that are outside the realm of age- and developmentally appropriate behavior. Consider the child's age, developmental status, and any power or age differential when assessing this item.

Exposure to sexually explicit conduct or materials

The parent/caregiver knowingly permits or provides child access to pornographic or harmful sexual material or to witness sexual acts. This includes sending a child sexually explicit photos or videos, requesting a child send naked or provocative photos or videos of themselves, "sexting," and engaging in sexually explicit phone calls (phone sex), video calls, or conversations.

This does not include incidents that are accidental or inadvertent unless the report indicates that the behavior is persistent or frequently occurring.

Sexual exploitation

- Engaging a child in sexually explicit conversation in person, by phone, internet, or text, including soliciting or sending explicit images.
- Forcing, encouraging, coercing, or permitting a child to solicit or engage in the act of sexual behavior or the production of child pornography.
- Inappropriately looking at a child's genitalia (or vice versa) for the purpose of sexual arousal or gratification of either person or forcing a child to watch sexual acts.

Sex trafficking

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act. This includes the exchange of something of value, which may be money, food, drugs, shelter, or any other item that has value.

Child in care: Sexual harassment or coercive contact

Select this item only for a child in a Child Welfare– or ODDS–certified foster home, including certified relative caregivers. The person alleged to be responsible for the behaviors described is typically a resource parent but may be another certified care provider.

The child is in care and any of the sexual abuse or exploitation items defined above apply. In addition, select for reports of a child in care who experienced:

- Sexual harassment or inappropriate exposure to sexually explicit material or language; or
- Any sexual contact achieved through force, trickery, threat, or coercion.

If the sexual contact occurred between a child in care and another child in care, consider an allegation of neglect by the resource parent.

Mental Injury

Parent/caregiver actions result in the child's substantial mental or psychological impairment

The establishment of cause and effect, in terms of the impact of the parent/caregiver's behavior on the child's functioning is not required at screening. The parent/caregiver's actions have led to or create conditions that are consistent with substantial impairment of the child's mental or psychological ability to function. These actions include but are not limited to the following.

- Isolating, rejecting and/or degrading the child.
- Victimizing the child by means of psychologically cruel, unusual, or excessive discipline.
- Exposing the child to brutal or intimidating acts or statements, including but not limited to:
 - » Harm or threatened harm to animals;
 - » Threats of self-harm, including suicide;
 - » Threats of harm to family members (including the child); or
 - » Statements of disregard for child's safety and well-being, including statements that the child should leave home, life would be easier without the child, or encouraging the child's acts of self-harm.
- Consistently blaming, berating, belittling, targeting, or shaming the child.
- The child's impairment may be seen as extreme behaviors (e.g., overly compliant or demanding, extremely passive or aggressive, hyper-social or isolating). Such extremes are best understood in the

context of the child's baseline behavior or, if baseline behavior is not known, developmental norms. Examples of extreme behaviors include, but are not limited to:

- » Fire setting, self-harm, animal maltreatment, suicidal ideation;
- » Developmental regression (e.g., sudden incontinence, verbal child becomes nonverbal);
- » Child expresses credible fear that they will experience any abuse;
- » Child may isolate themselves, be preoccupied with their body, or become withdrawn or shut down;
- » Child may become hyper-compliant, and intensely focused on seeking approval through over achievement in school, at home or in other settings

Child in care:

Select this item only for a child in a Child Welfare– or ODDS–certified foster home, including certified relative caregivers. The person alleged to be responsible for the behaviors described is typically a resource parent but may be another certified care provider.

Verbal abuse

The resource parent threatened severe harm, either physical or emotional, to a child in care using:

- Derogatory or inappropriate names, insults, verbal assaults, profanity or ridicule; or
- Harassment, coercion, threats, humiliation, or mental cruelty.

The language was directed at the child in care, either directly or indirectly, AND contains an explicit or implicit/implied threat to the child in care. Using profanity or name calling in the absence of a threat of severe harm is not verbal abuse. The harm threatened must be so severe that it would result in an acute or significant injury to the child's functioning. The child responds with a belief of the threat, a fear of it occurring, or another emotional reaction in response to the belief that the resource parent will physically or emotionally harm them. When considering verbal abuse, also consider "Neglect: Child in care."

Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges.

Neglect

Neglect is the negligent treatment of a child, by the parent/caregiver, including but not limited to, the failure to provide adequate food, clothing, shelter, supervision, protection, emotional care, or medical care that is likely to endanger the health or welfare of the child.

- Neglect can occur in a single circumstance, or over a period of time (circumstantial vs chronic neglect). Circumstantial neglect can be an action or a passive inaction; an act or omission. Chronic neglect is a persistent pattern of family functioning in which the parent/caregiver does not sustain or meet the basic needs of a child, resulting in an accumulation of harm that can have long-term negative effects on the child.

- Neglect does not include a situation in which the only concern is that the parent/caregiver lacks the financial ability to provide for the child.

Failure to provide for child's basic needs

- *Food*: The child is not provided with the necessary food to sustain physical health and development. The simple absence of food in the home does not, in and of itself, rise to the level of neglect. Reports of "no food" need to be thoroughly assessed for availability, frequency, duration, other contributing factors, or other means of sustenance (e.g., eating at school, with family) before deciding that lack of food is creating or likely to soon create a significant threat to child safety.
- *Clothing or hygiene that causes harm to the child*: The child's basic needs for clothing and/or hygiene are unmet to the extent that the child's daily activities are or will be severely impacted without intervention, and/or cause the child to develop or suffer a worsening of injury or illness.
- *Shelter*: Alleged perpetrator fails to act to address the child's living conditions that are unsanitary and/or contain hazards that either have or likely will lead to a child's injury or illness if not resolved. Consider the age and developmental status of the child and to what extent the specific living conditions pose a danger to the child. Examples may include but are not limited to:
 - » Housing that is an acute fire hazard or has been condemned;
 - » Exposed heaters that a young/vulnerable child has access to and could be easily burned
 - » Significant gas fumes that have been affecting the child
 - » Faulty electrical wiring;
 - » Rodent or cockroach infestation
 - » Human, or animal excrement;
 - » Accessible hazardous chemicals.
 - » Compulsive hoarding

Supervision

The parent/caregiver does not provide and/or arrange for supervision appropriate to the child's age, mental ability, and physical condition. Consider the abilities of the person left responsible for the child AND the child's age and developmental status.

Protection

The parent/caregiver is unable or unwilling to protect the child from abuse or exploitation caused by the acts of another person when there is information to support that the parent/caregiver had the ability to prevent the abuse. The alleged perpetrator does not intervene or remove the child from a situation when that child is being harmed by another person, despite knowledge or reasonable expectation of knowledge that the child is being harmed.

Examples include but are not limited to:

- Parent/caregiver leaving a child with a person they know or reasonable should know has physically injured a child previously.
- Parent/caregiver leaving a child with a person with known substance use problem.

Note: If there is an allegation of abuse directly related to IPV, the alleged perpetrator is the parent/caregiver who is committing IPV. The adult subjected to IPV should not be identified as an alleged perpetrator of child abuse due to the child's exposure to IPV.

Emotional neglect

The parent/caregiver shows notable inattention to the child's needs for affection, emotional support, or attention, which are necessary to the child's development, OR the parent/caregiver denies the child the ability to interact or communicate with peers or adults outside or inside the home. This includes the parent/caregiver's lack of supportive, consoling, and responsive care to the child's emotional needs. Do not select this item if the child's needs are being met by others within their family or community according to their cultural practices.

Medical neglect

The delay, refusal, or failure of the parent/caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when person responsible knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child. Failure to provide the child with immunizations or routine well child care does not constitute medical neglect in and of itself.

Such actions may include but are not limited to the following.

- Frequently missed appointments, therapies, or other necessary medical and/or mental health treatments that cause or likely will cause a worsening of an illness or injury to the child.
- The person responsible took child out of or terminated treatment against medical advice, and their removal is likely to cause the child harm or have a negative impact on the child.
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical or mental health conditions.
- Withholding medically indicated treatment from disabled infants with life-threatening conditions.

Access or exposure to a harmful substance

A parent/caregiver has knowingly, intentionally, or negligently placed the child in an illegal or dangerous situation that likely will endanger or has endangered the child's life or health.

Examples include but are not limited to the following.

- Allowing or encouraging the use drugs and/or alcohol. By law, a parent/caregiver cannot allow access to controlled substances unless prescribed by a physician or under the direction of a physician.
- Involving a child in the commission of a crime (stealing, drug purchase or selling) directly or by indifference of person responsible.
- Exposure of a child to criminal activities should include information of adverse impact on the child.
- A child resides in or is exposed to a residence where the purpose is the use, sale, and/or manufacturing of illegal substances.
- Access to an unsecure weapon resulting in danger to a child or others.
- Exposure to cannabis may be another form of neglect if it likely will endanger or has endangered the child's life or health.

Child selling

The parent/caregiver buys, sells, barter, trades, or offers to buy or sell the legal or physical custody of a person under 18 years of age.

Abandonment and desertion

The parent/caregiver willfully deserts or surrenders a child without making adequate arrangements for the child's basic needs or continuing care. This does NOT apply to a parent/caregiver safely surrendering a child under safe surrender laws.

Abandonment or desertion may be indicated by but not limited to the following.

- Parent/caregiver is or has left the child in the care of another for an indeterminate length of time or significantly longer than the planned length of time, and the current person (non-parent/caregiver) who is providing care seeks to discontinue care or needs support to continue care.
- Parent/caregiver kicked the child out of the home or refuses the child entry to the home AND has not provided a safe alternative.
- Parent/caregiver establishes another residence without the child and does not make appropriate arrangements for the child's care and custody.
- Child is being discharged from a facility, and the parent/caregiver refuses to accept the child back into the home AND has failed to cooperate or identify an alternative placement to provide care/custody.
- Parent/caregiver is unknown or unlocatable by the child and others involved in the current care of the child.

Child in care

Select these items only for a child in a Child Welfare– or ODDS–certified foster home, including certified relative caregivers. The person alleged to be responsible for the behaviors described is typically a resource parent but may be another certified care provider.

Neglect: Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child in care. This specifically includes the resource parent not following through with an expectation in the case plan, treatment plan, and/or supervision plan, such as:

- » Missed therapy or medical appointments
- » Non-compliance with the visitation plan

Neglect also means the failure to make a reasonable effort to protect a child in care from abuse.

Abandonment: Willfully forsaking or intentionally deserting a child in care, or the withdrawal or neglect of duties and obligations owed a child residing in a home certified by Child Welfare or ODDS.

- » Only a person who has a duty to care can abandon a child.
- » Abandonment is leaving the child in care without care/supervision or alternate arrangements to maintain their health and safety
- » When considering abandonment as an abuse type, also consider neglect. Neglect may be more appropriate if there is some indication that the alleged perpetrator intended to return.

Financial exploitation

- » The wrongful taking of the assets, funds, or property belonging to or intended for the use of a child in care, including misuse of the child in care’s social security number.
- » Conveying a threat, directly or indirectly, to wrongfully take or appropriate moneys or property of the child, that results in the child being intimidated, distressed or fearful and would reasonably believe that the threat conveyed will be carried out.
- » Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child in care.
- » Failing to use the income or assets of a child in care effectively for the support and maintenance of the child.

A child’s assets, funds, or property may include tribal trust funds, SSI, employment income, etc.

Appropriate limits on the child in care’s access to their assets, funds, or property may include the following.

- » Age- or developmentally appropriate withholding, or stated consequences that include withholding, of assets, funds, or property that belong to the child in care for the purpose of discipline or behavior management.
- » Taking a child's phone away and restricting access to electronics are both examples of temporarily withholding access to their property, which can be reasonable discipline. Consider

the child's age, development, and behavior when evaluating the reasonableness, as well as how this may impact planned communication with the child's support/treatment team and family.

- » Teaching the child in care financial skills, such as saving or budgeting, by limiting immediate access to funds or setting up dedicated saving for future use by the child in care.

Threat of Severe Harm

Threat of severe harm is reserved for use at screening when the reported information indicates that an identified child is at high likelihood of severe harm and the reported information does not identify another abuse type.

Physical abuse

There are no injuries or circumstances to support that another abuse type has occurred or is occurring, but there is evidence, based on the parent/caregiver's actions, to indicate a real, plausible, and significant threat to the child's physical safety. This includes parent/caregiver's violence towards others in the home, or violent outbursts that result in property destruction.

Include parent/caregiver driving while intoxicated with children in the vehicle only when no injury to the child occurred. If child was injured due to parent/caregiver driving while intoxicated, consider "Parent/caregiver intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury"

Additionally, if parent/caregiver behavior likely caused an injury that may not be visible (e.g. blows to the head, shaking a child three or younger, punching a child in the stomach), consider "Parent/caregiver intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury"

Sexual abuse or exploitation

Grooming refers to the behaviors sex offenders engage in prior to, during, and following sexually abusive and exploitive incidents. Grooming involves techniques that are geared to determine which children or families are the most vulnerable to abuse, facilitates the development of an intimate/caretaking relationship with the child and family, and then gradually moves into a process of sexualizing and exploiting the relationship with the child. While grooming is taking place with the child, the offender is usually engaging in grooming behavior with other adults to undermine the child's credibility and interfere with possible avenues of protection.

- Do not select this item if a report is received that a person is a sex offender (verified by history), but there is no information about the offender having unsupervised contact with or living with children.
- If a report is received indicating ongoing contact between an alleged perpetrator and a child and the threat of severe harm has previously been assessed, an additional threat of severe harm

does not require assessment unless current information indicates new incidents of sexual offending.

Neglect

There are no injuries or circumstances to support that another abuse type has occurred or is occurring, but there is evidence, based on the parent/caregiver's failure to act, to indicate a real, plausible, and significant threat to child safety.

Select if child has been exposed to or is aware of violence in the home and has demonstrated an observable and substantial impairment of their ability to function. This includes but is not limited to intimate partner violence in the home and the child has seen; heard; tried to intervene in; or is aware of physical altercations, verbal assault, or intimidation between adults in the home. These may be single incidents that resulted in injury to or arrest of a parent/caregiver or involved the use of a weapon, or there may be a pattern of behavior that would be of lesser concern if it was a single incident.

Intimate partner violence (IPV) is a pattern of exerting coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the partners no longer live together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family. However, not all reports of IPV result in CPS assessment. When determining whether the report meets the definitions for any abuse, consider whether:

- The children are intervening or are likely to intervene in the physical violence;
- The children are in close proximity to the physical violence;
- The alleged abuser shows disregard for the child's safety; or
- The child exhibits impaired ability to function as a result of IPV.

If a child has been injured or threatened with injury, also select the appropriate physical abuse allegation item.

Note: If there is an allegation of abuse directly related to IPV, the alleged perpetrator is the parent/caregiver who is committing IPV. The adult subjected to IPV should not be identified as an alleged perpetrator of child abuse due to the child's exposure to IPV.

Substance-exposed infant

- An infant was born affected by substances not attributed to medical treatment as indicated by:
 - » Positive urine screen of the infant;
 - » Positive result from meconium testing;
 - » Positive result from umbilical cord tissue testing; or
 - » A medical professional referral that the child has symptoms that indicate exposure.

Examples of substances attributed to medical treatment include medical marijuana, methadone and prescribed antidepressants.

OR

- The infant has had no positive test results and no symptoms that indicate substance exposure; however, birthing parent or another credible informant disclosed substance use during pregnancy AND there is concern related to the newborn's further exposure to parental substance use upon return home.

No Allegations

Referral does not include an allegation of abuse or neglect

The information gathered does not reach a level of concern for a child's safety or health that requires an assessment.

B. SCREENING DECISION

OVERRIDES

Screen out. One or more criteria are selected, but report will be closed at screening.

Meets abuse allegations, however allegation is historical and alleged perpetrator is deceased due to causes unrelated to alleged abuse.

Meets abuse allegations, however alleged victim is no longer a child and there is no concern regarding the alleged perpetrator's access to or victimization of other children.

Child is a resident of another state, and that state is responding. Forward the allegation to the appropriate agency.

Screen in. Report does not meet criteria, but report will be assigned based on current procedure.

The current report would be the fourth or greater consecutive report closed at screening regarding the same child or household and at least one child in the home is younger than 5.

A tribe, LEA, or OTIS requests assistance from CPS with an investigation of abuse.

III. RESPONSE TIME

A. DECISION CRITERIA

Failure to respond within 24 hours could result in death of or severe injury to child.

Considering age and developmental status of the child, any abuse allegations, and presence or absence of protective adults, there is concern that the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful if response takes longer than within 24 hours. This includes reports of a suspicious child death when there are other children in the home and allegations are being assigned for the other children in the home.

Child requires urgent medical or mental health evaluation or care for injury, pain, or illness.

This includes parent refusal to treat: diagnosed medical conditions that require prescribed regimens to ensure safety and allegations include concern that regimens are not being followed; behavior that could have resulted serious injury that is not immediately visible (example includes but not limited to blows to the head, kicks or punches to the stomach or groin, shaking a child under 3, etc.) suicidal threats or attempts by child or alleged perpetrator;; other behavior dangerous to self or others.

Child or reporter expresses fear that child will experience harm if the response takes longer than the next 24 hours.

Child is exhibiting behavioral indicators of fear, and this fear is attributable to any allegation of abuse; and/or the reporter provides credible evidence of a threat to the child's safety if response takes longer than within 24 hours.

Children express fear through different, sometimes contradictory, behaviors. These may include the following.

- Kicking, screaming, biting, spitting, throwing things, etc.;
- Shaking, quivering, crying uncontrollably;
- Running away/hiding/trying to escape the predicted dismissal or departure time;
- Zoning out, emotionally distancing from others;
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching;
- Physically distancing self from others. Finding a space (under table/desk/bed where visual and auditory input are decreased) and avoiding being touched or making eye contact;
- Covering ears, closing eyes, and tucking arms and legs in as much as possible; and
- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

Fear of parental response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety. Consider age and developmental status of the child, historical parental response to the child, and concerns or incidents of any abuse.

Tribal partner or law enforcement requests immediate assistance.

A law enforcement agency or tribal partner has requested a caseworker respond immediately to assess a child's safety.

Family may leave their current location and/or caseworker may not be able to locate or access the child if response takes longer than the next 24 hours.

There is concern that the family may flee, the child may become inaccessible, or caseworkers will be unable to locate the family. Examples include but are not limited to the following.

- The parent and/or child threaten to flee or have a history of fleeing from child protective services (CPS) or police.
- Home address is unknown and parent and/or child is currently at school, hospital, police station, or other known location.
- Parent gives birth and threatens to flee the hospital with the child.

There is a sexual or physical abuse allegation, AND there is reason to believe the alleged perpetrator will have access to the child if the response takes longer than the next 24 hours.

The current allegation involves physical or sexual abuse; and there is reason to believe that the alleged perpetrator will have access to the child within the next 72 hours.

Child is currently in an unsafe, unsanitary, or hazardous setting or will be if the response takes longer than the next 24 hours.

There is reason to believe that the situation will likely deteriorate and become unsafe or harmful to the child without a 24-hour response. Consider the child's age and developmental status, allegations of abuse/neglect, pattern of recent unsafe or harmful circumstances, and presence or absence of other responsible adults.

Examples include but are not limited to the following.

- Housing with broken windows and no heat during cold weather
- Animal and or human feces throughout the household, no running water, and infants or young children in the household

Child has a current injury due to alleged abuse or neglect.

Reports that include description of current injury require a response within 24 hours to ensure the caseworker can accurately assess the applicability of Karly's Law.

Alleged perpetrator is deceased.

The alleged perpetrator is deceased and the reported abuse is related to the alleged perpetrator's death.

Alleged perpetrator is not a parent, legal guardian, or Child Welfare–certified resource parent and has no current contact with the child.

Report of abuse involves a child currently in foster care disclosing past abuse in their family of origin, and no children are currently in the care of the alleged perpetrator.

Report of abuse involves a child currently in their family of origin disclosing past abuse in foster care, the foster home is closed, and the resource parent does not currently provide care to children (e.g., daycare, foster care).

Report of abuse involves a child disclosing past abuse by a parent/caregiver, and the parent/caregiver has no contact with the child; or there are no current concerns, and the parent/caregiver is not an alleged perpetrator on any active reports.

Report of child fatality with no other children in the home.

Select if the child fatality is determined to be the result of abuse or considered suspicious.

APPENDIX

AGE-TYPICAL VERSUS ABUSIVE SEXUAL BEHAVIOR

The table below contrasts examples of “typical” sexual behaviors with what is considered “abusive” sexual behavior for different age groups. For screening purposes, presume against screening in referrals of relatively minor incidents (e.g., unwanted kissing, inappropriate touching, or self-exposure between peers) where it appears to be a one-off incident and parents/caregivers of both the perpetrator and victim are responding appropriately.

AGE-TYPICAL VERSUS ABUSIVE SEXUAL BEHAVIOR	
TYPICAL SEXUAL BEHAVIORS	ABUSIVE SEXUAL BEHAVIORS
Ages 0–5	
<ul style="list-style-type: none"> • Masturbation as self-soothing behavior • Touching self or others in exploration or as a result of curiosity • Sexual behaviors without inhibition • Intense interest in bathroom activities 	<ul style="list-style-type: none"> • Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes reenactment of specific adult sexual activity • Behavior involves injury to self or others • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 6–10	
<ul style="list-style-type: none"> • Fondling/touching own genitals and masturbation • More secrecy regarding self-touching • Interest in others’ bodies becomes more game-playing than exploratory curiosity (e.g., “I’ll show you mine if you show me yours.”) • Boys may begin comparing penis size • Extreme interest in sex, sex words, and dirty jokes may develop • Begin to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing 	<ul style="list-style-type: none"> • Sexual penetration • Genital kissing • Oral sex • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 11–12	
<ul style="list-style-type: none"> • Continuation of masturbation • Focus on establishing relationships with peers • Sexual behavior with peers such as kissing and fondling • An interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material 	<ul style="list-style-type: none"> • Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others) • Any sexual activity between youth of any age that involves coercion, bribery, aggression, or secrecy or involves a substantial peer or age difference

AGE-TYPICAL VERSUS ABUSIVE SEXUAL BEHAVIOR	
TYPICAL SEXUAL BEHAVIORS	ABUSIVE SEXUAL BEHAVIORS
Ages 13–17	
<ul style="list-style-type: none"> • Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity amongst peers • Behavior that contributes to positive relationships 	<ul style="list-style-type: none"> • Masturbation causing physical abuse or distress to self and others • Public masturbation • Unwanted kissing • Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) • Non-consensual groping or touching of others' genitals • Coercive sexual intercourse/sexual assault • Coercive oral sex • Behavior that isolates youth and is destructive of their relationships with peers and family

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