Initial Assessment Guide

Abuse/Neglect: Reports assigned for Abuse/Neglect require an investigation to determine the validity of the report and an assessment to determine if further action may be needed.

- Abandonment (ABD)
- Educational Neglect (EDN)
- Emotional Abuse (EMA)
- Human Trafficking – Labor (HTL)
- Human Trafficking – Sex (HTS)
- Lack of Supervision (LOS)
- Medical Neglect (MEN)
- Physical Abuse (PHA)
- Physical Neglect (PHN)
- Sexual Abuse (SEA)
- Substance Affected Infant (SAI)

Other Types of Cases Assigned:

- Independent Living (IL)
- Interstate Compact for Children (ICP)
- Pregnant Woman Using Substances (PWS)

Family In Need of Assessment (FINA) assignments are specific family conditions, which do not meet criteria to assign for abuse/neglect, but are assigned to assess to determine whether services to the child and family are indicated.

- Caregiver Substance Use (GSU)
- Caregiver Unable / Unavailable to Provide Caregiver (CUU)
- Child Substance Use (CSU)
- Children with Behavior Problems (CBP)
- Infant Positive for Substances (IPS)
- Less than 10 Committing an offence (LCO)
- Runaway (RUN)
- Truancy (TRU)
PHYSICAL ABUSE

Infliction of physical harm or the causation of a child's deterioration, and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child’s health is endangered. K.S.A. 38-2202

Factors to consider in screening and response determination

- child’s age
- presence of any visible injury
- location of any injury
- recency of incident or injury
- type/degree of injury
- frequency of incidents
- child’s medical or physical disability
- child’s ability to protect
- past history of child, care giver & alleged perpetrator
- other’s ability to protect
- alleged perpetrator’s access
- physical/mental conditions of care giver
- status of law enforcement involvement
- circumstances surrounding the event/incident
- statues of law enforcement involvement
- care giver’s explanation of injury

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign with consideration of the above factors</th>
<th>Usually Not Assign for this assignment type Unless multiple factors above indicate or increase the potential for physical harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current fractures, bruises, burns or other injuries in which explanation is inconsistent with injuries</td>
<td>1. Medical condition not due to abuse or neglect verified by a medical professional</td>
</tr>
<tr>
<td>2. Child with old healed fractures or physical scars due to unexplained injuries not previously investigated and current risk factors present.</td>
<td>2. Pregnant woman using alcohol or drugs (Consider assigning as Pregnant Woman Using Substances)</td>
</tr>
<tr>
<td>3. Child with internal injuries possibly due to care giver’s actions</td>
<td>3. The reporter does not think the child is a child in need of care, but believes they are mandated to report anyway</td>
</tr>
<tr>
<td>4. Alcohol, drugs or tobacco products ingested by child resulting in harm, unless the intake indicates the family is lawfully providing cannabidiol treatment preparation per Claire and Lola’s law (See PPM 0255).</td>
<td>4. An isolated parent/teen conflict not resulting in injury to child</td>
</tr>
<tr>
<td>5. Hair pulling resulting in bald spots</td>
<td>5. Cultural folk remedies not resulting in injury to child</td>
</tr>
<tr>
<td>6. Care giver bites child resulting in injury</td>
<td>6. Mongolian pigmentation/spots reliably verified</td>
</tr>
<tr>
<td>7. Bizarre or brutal discipline</td>
<td>7. Mother breast feeding using alcohol/drugs unless a physician indicates harm to the child</td>
</tr>
<tr>
<td>8. Discipline not reasonable for child’s action or age resulting in physical injury</td>
<td>8. Peer to peer fighting, such as in group/foster homes, and situations at school. Depending on the circumstances, may consider for LOS of parent/caregiver, or NAN/FINA when services are indicated to address the child’s behaviors.</td>
</tr>
<tr>
<td>9. Confined or locked in an area</td>
<td>9. Siblings fighting should not be considered physical abuse, unless there is a significant age difference and considering the severity of harm. Depending on the circumstances, may consider for LOS of parent/caregiver, or NAN/FINA when services are indicated to address the child’s behaviors.</td>
</tr>
<tr>
<td>10. Chained or tied up</td>
<td>10. Female genital mutilation determined by a physician as medically necessary, and performed by a physician.</td>
</tr>
<tr>
<td>11. Care giver demonstrates a lack of control which places a child at risk: throwing a child across room; pushing child near stairs, throwing objects at a child or at others when the child is likely to be hit, striking others when the child is likely to be a target, shaking a child</td>
<td>11. Parent/caregiver threatening to physically discipline a child only, and there is no indication of harm to the child, which if enacted would not meet the definition of physical abuse.</td>
</tr>
<tr>
<td>12. If a physician indicates physical abuse</td>
<td></td>
</tr>
<tr>
<td>13. Female genital mutilation (see PPM 0160 definition).</td>
<td></td>
</tr>
<tr>
<td>14. Parent/caregiver threatening serious physical harm, which if enacted would meet definition of physical abuse to the child. Should consider for EMA, or other assignment types in addition to PHA.</td>
<td></td>
</tr>
</tbody>
</table>

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SEXUAL ABUSE

Sexual Abuse Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or
B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202 (See Appendix 2A for Kansas Statutes Annotated references).

With respect to the determination by the Department for Children and Families of an affirmed or substantiated finding of sexual abuse, difference in age and maturity between the perpetrator and victim and issues of force or coercion may be considered.

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign</th>
<th>Usually Not Assign for this assignment type</th>
</tr>
</thead>
<tbody>
<tr>
<td>with consideration of the above factors</td>
<td>Unless multiple factors above indicate or increase the potential sexual stimulation occurred</td>
</tr>
</tbody>
</table>

1. Child of any age disclosing sexual abuse
2. Incest, any age.
3. The perpetrator is a teacher engaged in consensual sexual relations with a 16 or 17-year-old youth enrolled at the school where the perpetrator is employed. Refer to law enforcement but accept for investigation if law enforcement does not investigate. KSA 21-3502.
4. Medical or mental health professional suspects sexual abuse.

1. Child masturbating
2. Mutual sexual contact between age-mates with no force, power differential, coercion or incest issues
3. Child complaining of pain during urination has not been checked for urinary tract/bladder infection
4. Reports involving only behavioral indicators (runaway, dropping grades, upset, knowledge of sexual behavior or language)
5. Mandated medical professional reports parent brought child in for a sexual abuse exam, however, exam found no evidence or no disclosure from the child regarding sexual abuse incident. If the medical professional suspects sexual abuse, see under almost always assign.
6. Child, 16 years & older, with a sexually transmitted disease or is pregnant due to a consensual relationship
7. Age mates in a consensual relationship with one youth 16 years and older and one youth under 16 years old.
8. A known sexual abuse perpetrator having contact with child unless there are allegations of current abuse. Refer to probation or parole, if applicable.
9. The alleged victim is 16 years or older, unless report of violence, threat of violence or drug involvement. Reports of violence, threat of violence or drug involvement refer to law enforcement.

NOTE: Generally, “age mates” are children within 3 years of age.

NOTE: 2 siblings under the age of 10 involved in sexual activity with each other refer to PPM 1640

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HUMAN TRAFFICKING - SEX

Sexual Abuse Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or
B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto. K.S.A. 38-2202 (See Appendix 2A for Kansas Statutes Annotated references).

With respect to the determination by the Department for Children and Families of an affirmed or substantiated finding of sexual abuse, difference in age and maturity between the perpetrator and victim and issues of force or coercion may be considered. K.A.R. 30-46-10(k)

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Indications of Human Trafficking-Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Law enforcement, medical or mental health professional suspects human trafficking-sex.</td>
</tr>
<tr>
<td>3. A person exchanges anything for a child to engage in a sex act.</td>
</tr>
<tr>
<td>4. A child/youth exchanges sex/selling themselves for food, a place to stay, clothing, or anything the child/youth needs/wants.</td>
</tr>
<tr>
<td>5. Making money or required to earn a quota for “boyfriend”/“pimp”/“controller”/“manager”/“daddy”</td>
</tr>
<tr>
<td>6. Pornography/Exploitation (posting sexually explicit pictures) on the internet (Backpage, Myspace and Craigslist, etc.) for the purpose of commercial sexual exploitation or aggravated human trafficking per K.S.A. definition.</td>
</tr>
</tbody>
</table>
HUMAN TRAFFICKING - LABOR

Sexual Abuse  Any contact or interaction with a child in which the child is being used for the sexual stimulation of the perpetrator, the child, or another person. Sexual abuse shall include, but is not limited to, allowing, permitting, or encouraging a child to:

A. Be photographed, filmed, or depicted in obscene or pornographic material; or
B. be subjected to aggravated human trafficking, as defined in K.S.A. 2014 Supp. 21-5426(b), and amendments thereto, if committed in whole or in part for the purpose of the sexual gratification of the offender or another, or be subjected to an act which would constitute conduct proscribed by article 55 of chapter 21 of the Kansas Statutes Annotated or K.S.A. 2015 Supp. 21-6416 or 21-6422, and amendments thereto.  K.S.A. 38-2202 (See Appendix 2A for Kansas Statutes Annotated references).

With respect to the determination by the Department for Children and Families of an affirmed or substantiated finding of sexual abuse, difference in age and maturity between the perpetrator and victim and issues of force or coercion may be considered.  K.A.R. 30-46-10(k)

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Indications of Human Trafficking- Labor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Law enforcement, medical or mental health professional suspects human trafficking-labor.</td>
</tr>
<tr>
<td>3. A child/youth exchanges slave/labor services for food, a place to stay, clothing, or anything the child/youth needs/wants.</td>
</tr>
<tr>
<td>4. Making money or required to earn a quota for “controller”/“manager”</td>
</tr>
<tr>
<td>5. Forced labor, forced to work to have basic needs met.</td>
</tr>
</tbody>
</table>
EMOTIONAL ABUSE

Mental or Emotional Abuse Infliction of mental or emotional harm or the causing of a deterioration of a child and may include, but shall not be limited to, maltreatment or exploiting a child to the extent the child's health or emotional wellbeing is endangered. This term may include any act, behavior, or omission that impairs or endangers a child’s social or intellectual functioning. This term may include the following:

1. terrorizing a child, by creating a climate of fear or engaging in violent or threatening behavior toward the child or toward others in the child's presence that demonstrates a flagrant disregard for the child;
2. emotionally abandoning a child, by being psychologically unavailable to the child, demonstrating no attachment to the child, or failing to provide adequate nurturance of the child; and
3. corrupting a child, by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior. K.S.A. 38-2202 and K.A.R. 30-46-10

Factors to consider in screening and response determination

- child’s age
- presence or absence of measurable and severe detrimental effects on the child
- child’s maturity level
- past history of child, care giver & alleged perpetrator
- child’s medical, physical or mental disability
- frequency of care giver’s behavior
- statement of impact from medical or clinical provider

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign with consideration of the above factors</th>
<th>Usually Not Assign for this assignment type Unless multiple factors above indicate or increase the potential for emotional injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parental behavior causes observable and detrimental effects on the child</td>
<td>1. Care giver yells at child or uses offensive language</td>
</tr>
<tr>
<td>2. Parents providing &amp; encouraging child’s use of illegal substances, unless the intake indicates the family is lawfully providing cannabidiol treatment preparation per Claire and Lola’s law (See PPM 0255).</td>
<td>2. Parent’s paramour is used as a care giver</td>
</tr>
<tr>
<td>3. Allegations of physical violence of regular care givers in front of child IF there is current incident of physical violence AND:</td>
<td>3. Parent entertains friends or lovers frequently or overnight</td>
</tr>
<tr>
<td>• the child has been the object of threats</td>
<td></td>
</tr>
<tr>
<td>• child was physically involved (intervened in the violence, child physically restrained from leaving the room)</td>
<td></td>
</tr>
<tr>
<td>• a weapon or an object used as a weapon in the violence</td>
<td></td>
</tr>
<tr>
<td>• child injured (assign as PHA)</td>
<td></td>
</tr>
<tr>
<td>• perpetrator doesn’t allow mother or child access to basic needs, including medical</td>
<td></td>
</tr>
<tr>
<td>• perpetrator has killed or substantially harmed a family pet</td>
<td></td>
</tr>
<tr>
<td>• child’s ability to function on a daily basis is substantially impaired (unable to attend school regularly, school performance radically fluctuates, shows visible signs of violence)</td>
<td>4. Parents move frequently</td>
</tr>
<tr>
<td>4. Child is a danger to self and/or others and parents/caregivers are aware of the behaviors, and are not addressing the child’s behavior. (May be assigned for this assignment type after considering the type of danger and harm to the child if not addressed).</td>
<td>5. Parents leave the child with relatives</td>
</tr>
<tr>
<td>Consider FINA- Children with Behavior Problems (CBP) assignment when parents are either not aware, or are aware and are willing to address, or it is unknown whether the parents are aware of the child’s behaviors.</td>
<td>6. Allegations of parental insensitivity to school-aged children’s emotional needs that have not required professional assessment</td>
</tr>
<tr>
<td>7. Parent refuses to sign IEP or attend parent-teacher conferences</td>
<td></td>
</tr>
<tr>
<td>8. Parent/adolescent conflict with no harm to child</td>
<td></td>
</tr>
<tr>
<td>9. Emotional behaviors or disturbances not attributed to parental actions/omissions</td>
<td></td>
</tr>
<tr>
<td>10. Peer to peer, such as in group/foster homes, and situations at school. Depending on the circumstances, may consider for LOS of parent/caregiver, or FINA when services are indicated to address the child’s behaviors.</td>
<td></td>
</tr>
<tr>
<td>11. Siblings should not be for emotional abuse, unless there is a significant age difference and considering the severity of harm. Depending on the circumstances, may consider for LOS of parent/caregiver, or FINA when services are indicated to address the child’s behaviors.</td>
<td></td>
</tr>
</tbody>
</table>
EDUCATIONAL NEGLECT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child’s parents or other custodian. K.S.A. 38-2202

This term may include the following, failure of the parent or caregiver to provide education as required by law.

Factors to consider in screening and response determination

- child’s age
- impact on child’s education
- child’s maturity level
- past history of child, caregiver & alleged perpetrator
- child’s medical, physical or mental disability
- parent’s knowledge of absences and willingness to address

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign with consideration of the above factors</th>
<th>Usually Not Assign for this assignment type Unless multiple factors above indicate or increase likelihood of harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Report received from a school employee a child of any age is not attending school as required by law (inexcusably absent either three consecutive school days or five school days in a semester or seven school days in any school year- K.S.A. 72-1113(c)(1)), and the parents/caregivers are aware, and are not addressing the issue. Indicators may include, but are not limited to: report of a child being held responsible for the care of other children during the school day while the parent works; or a parent unwilling to get the child up and ready for school.</td>
<td>1. Report from a person other than a school employee and after preliminary inquiry the school verifies the child is attending school as required by law, and there are no other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td>2. Report received from a person other than a school employee and after preliminary inquiry the school verifies the child is not attending school as required by law, and the parents/caregivers are aware, and are not addressing the issue.</td>
<td>2. Child less than 7 years of age not enrolled in school, or has been withdrawn.</td>
</tr>
<tr>
<td>3. Child is not attending school as required by law and the parents are not aware of the issue, or are aware and are willing to address, see Family In Need of Assessment for Truancy.</td>
<td>3. Child is not attending school as required by law and the parents are not aware of the issue, or are aware and are willing to address, see Family In Need of Assessment for Truancy.</td>
</tr>
<tr>
<td>4. Child is not attending school as required by law and the parents are aware, but the reason the child is not attending school is due to the lack of financial means, such as homelessness or lack of transportation, see Family In Need of Assessment for Truancy.</td>
<td>4. Child is not attending school as required by law and the parents are aware, but the reason the child is not attending school is due to the lack of financial means, such as homelessness or lack of transportation, see Family In Need of Assessment for Truancy.</td>
</tr>
<tr>
<td>5. If it is unknown whether the parents are aware of the child(ren) not attending school, or whether they are addressing, see Family In Need of Assessment for Truancy.</td>
<td>5. If it is unknown whether the parents are aware of the child(ren) not attending school, or whether they are addressing, see Family In Need of Assessment for Truancy.</td>
</tr>
<tr>
<td>6. Children reported as not attending school; but after preliminary inquiry it is determined the child is home schooled as verified by the Department of Education.</td>
<td>6. Children reported as not attending school; but after preliminary inquiry it is determined the child is home schooled as verified by the Department of Education.</td>
</tr>
</tbody>
</table>
PHYSICAL NEGLECT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child’s parents or other custodian. This term may include but shall not be limited to: Failure to provide the child with food, clothing, or shelter necessary to sustain the life or health of the child. K.S.A. 38-2202

Factors to consider in screening and response determination

- child’s age
- child’s health
- child’s ability to care for self
- time of year/weather
- child’s physical/medical disability
- impact on the child
- availability of the family or community resources
- parent’s mental or emotional functioning
- parent’s knowledge & use of available resources
- involvement status of any community service providers
- past history of child, care giver & alleged perpetrator

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign with consideration of the above factors</th>
<th>Usually Not Assign for this assignment type Unless multiple factors above indicate or increase likelihood of harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Household with bug or rodent infestation to the point child is impacted (example: roaches in ears, rat bites on child)</td>
<td>1. Family eats junk food</td>
</tr>
<tr>
<td>2. Significant weight loss indicating malnourishment (unrelated to medical condition)</td>
<td>2. A parent with joint custody of a child alleges ex-spouse provides inadequate care, but not abuse or likelihood of harm</td>
</tr>
<tr>
<td>3. Home presents a health or safety hazard endangering a child (example: constant presence of feces, broken glass, exposed wiring accessible to child)</td>
<td>3. House is disorderly or dirty but poses no hazardous or pervasive unsanitary conditions</td>
</tr>
<tr>
<td>4. Non-organic failure to thrive</td>
<td>4. Child is poorly dressed but adequate for weather</td>
</tr>
<tr>
<td>5. If a physician indicates a child is physically neglected.</td>
<td>5. A parent uses food stamps to buy cigarettes or alcohol</td>
</tr>
<tr>
<td>6. Parent/caregiver threatening physical neglect of the child, which if enacted would meet the definition of physical neglect. Should consider for EMA, or other assignment types in addition to PHN.</td>
<td>6. Routine lice infestations</td>
</tr>
<tr>
<td>7. Presence of allegedly dangerous animals with no history of injuries</td>
<td>7. Limited or no operating utilities (adequate for current weather)</td>
</tr>
<tr>
<td>8. Disapproval of parenting practices but no impact on child’s safety</td>
<td>8. Presence of allegedly dangerous animals with no history of injuries</td>
</tr>
<tr>
<td>9. Children begging for food</td>
<td>9. Disapproval of parenting practices but no impact on child’s safety</td>
</tr>
<tr>
<td>10. Families living in cars, tents, etc.</td>
<td>10. Children begging for food</td>
</tr>
<tr>
<td>11. Parent/caregiver threatening to not feed dinner tonight, or one time event, and there are no indications of harm to the child ie; low weight/malnutrition.</td>
<td>11. Families living in cars, tents, etc.</td>
</tr>
</tbody>
</table>
MEDICAL NEGLECT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to use resources available to treat a diagnosed medical condition if the treatment will make the child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason be considered a negligent parent. K.S.A. 38-2202

Factors to consider in screening and response determination

<table>
<thead>
<tr>
<th>Statement</th>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>child’s age</td>
<td>statement of need from medical professional</td>
</tr>
<tr>
<td>child’s ability to care for self</td>
<td>parent’s knowledge of condition, available resources &amp; treatment</td>
</tr>
<tr>
<td>impact of not being treated</td>
<td>parent’s religious beliefs regarding intervention</td>
</tr>
<tr>
<td>severity of condition</td>
<td>past history of child, care giver &amp; alleged perpetrator</td>
</tr>
<tr>
<td>duration of condition</td>
<td></td>
</tr>
<tr>
<td>child’s medical/physical disability</td>
<td></td>
</tr>
</tbody>
</table>

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign</th>
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<tbody>
<tr>
<td>with consideration of the above factors</td>
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</tr>
</tbody>
</table>

1. Critical or negative consequence to missed medical appointments
2. Parents refusing to learn techniques to use with high-risk newborn requiring special care
3. Lack of medical treatment posing a substantial likelihood of harm including illnesses, optical or dental needs
4. If a physician indicates the child is medically neglected per definition. If physician’s office staff indicates parent is not following through with routine medical appointments or immunizations consider assigning as NAN (FINA) if NAN (FINA) concerns exist; or if no other NAN (FINA) concerns exist, the decision to not assign for further assessment may be considered.
5. Parent is not providing prescribed medication for a diagnosed medical condition, and the lack of the medication poses a substantial likelihood of harm, such as asthma, diabetes, etc.
6. If a physician indicates the child is medically neglected per definition. If physician’s office staff indicates parent is not following through with routine medical appointments or immunizations consider assigning as FINA if FINA concerns exist; or if no other FINA concerns exist, consider assigning as FINA if FINA concerns exist, such as a child not being medicated is having difficulty functioning at school.
7. Parent choosing not to give child medication prescribed for behaviors related to a diagnosis such as ADHD. Consider assigning as FINA if FINA concerns exist, such as a child not being medicated is having difficulty functioning at school.
8. Child is a danger to self and/or others, and the parents/caregivers are aware, and are addressing the issue with appropriate resources and services, and are not requesting services and no other abuse/neglect or FINA concerns are present.
9. If either the parents are not aware of the child being a danger to self and/or others, or are aware and are willing to address, but do not have resources to address; or if after searches have been completed and based on the history it is unknown whether or not the parents are addressing, see Family In Need of Assessment.

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NEGLECT OF A SUBSTANCE AFFECTED INFANT

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm and the acts or omissions are not due solely to the lack of financial means of the child’s parents or other custodian. K.S.A. 38-2202. This term may include the following but shall not be limited to: failure of a parent, guardian, or person responsible for the care of a substance affected infant to use resources available to meet the health and substance use disorder treatment needs of such infant. A substance affected infant is defined by K.A.R. 30-46-10 under neglect, as the birth of an infant (birth to 1 year of age) who is identified as being affected by or having withdrawal symptoms resulting from prenatal exposure to a legal or illegal substance.

Factors to consider in screening and response determination

- presence or absence of measurable and severe detrimental effects on the child
- past history of child, care giver & alleged perpetrator
- child’s medical/physical disability
- type of substance used (heroin/meth vs. marijuana; how addicting is the drug, what behaviors does the drug cause)
- frequency, duration, quantity and extent of substance use
- statement from medical professional
- parent’s knowledge of infant’s condition, available resources & treatment
- results of drug toxicology screenings

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
<th>Almost Always Assign with consideration of the above factors</th>
<th>Usually Not Assign for this assignment type Unless multiple factors above indicate or increase likelihood of harm</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Any infant (birth to 1 year of age) born with identified affects of pre-natal substance use as determined by a medical professional. A positive drug screen indicates pre-natal substance use, but not necessarily affect. Affect must be determined by a medical professional and may include, but is not limited to:</td>
<td>1. A positive drug screen for the infant, with no medical professional determining affect, but there is an indication services may be needed or the family is requesting services, should be assigned for Family In Need of Assessment (FINA) Infant Positive for Substances (IPS).</td>
</tr>
<tr>
<td>a. Neonatal Abstinence Syndrome (NAS),</td>
<td>2. A positive drug screen for the infant, with no medical professional determining affect, and the mother is engaged in appropriate services to address the family’s needs, and there is no other abuse/neglect or FINA concerns present.</td>
</tr>
<tr>
<td>b. Fetal Alcohol Spectrum Disorder,</td>
<td>3. A positive drug screen for the mother only. (Consider the factors above and Caregiver Substance Use factors). If the mother addressing the issue with appropriate resources and services, and is not requesting services the report may not be assigned for further assessment; when after history searches and assessing factors indicates no other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td>c. Known substance use by the mother during pregnancy, in conjunction with physical, developmental, cognitive or emotional delay/harm detectable at birth and early infancy (identified by medical professional) including but may not be limited to:</td>
<td>4. A positive drug screen for the mother only, and either she is requesting services, the reported information indicates the need for services, or after history searches and/or assessing factors listed above and the factors listed for Caregiver Using Substances indicates a need for services, should be assigned FINA- Caregiver Using Substances.</td>
</tr>
<tr>
<td>i. Facial characteristics of fetal alcohol syndrome</td>
<td></td>
</tr>
<tr>
<td>ii. Withdrawal as defined by neonatal abstinence syndrome</td>
<td></td>
</tr>
<tr>
<td>iii. Irritability</td>
<td></td>
</tr>
<tr>
<td>iv. Irregular and rapid changes in state of arousal</td>
<td></td>
</tr>
<tr>
<td>v. Low birth weight</td>
<td></td>
</tr>
<tr>
<td>vi. Prematurity</td>
<td></td>
</tr>
<tr>
<td>vii. Difficulties with feeding due to a poor suck</td>
<td></td>
</tr>
<tr>
<td>viii. Irregular sleep-wake cycles</td>
<td></td>
</tr>
<tr>
<td>ix. Decreased or increased muscle tone</td>
<td></td>
</tr>
<tr>
<td>x. Seizures or tremors</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Evidence of the parent or care giver’s ability to meet the infant’s needs may not be evident at intake and is not required for assignment.
ABANDONMENT

Abandonment: Forsake, desert or cease providing care for the child without making appropriate provisions for substitute care. K.S.A. 38-2202

Factors to consider in screening and response determination

☐ child’s age
☐ whereabouts of both parents & reasonable efforts to locate both parents
☐ credible evidence of parent’s intent to abandon child
☐ time lapse since contact with parent
☐ child’s physical/medical disability
☐ willingness of other parent or relative to assume responsibility for the child
☐ custody & care disputes among parents or relatives
☐ circumstances in which child is left
☐ parent’s efforts to seek or ensure alternate care
☐ LE protective custody statutes
☐ past history of child, care giver & alleged perpetrator

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Infants/children left in hospital, street, public place with no care giver located</td>
<td>1. Evidence of willingness of one parent to assume responsibility for child</td>
</tr>
<tr>
<td>2. Credible information or criminal evidence of parent's intent to abandon without any alternative provision for a period of time</td>
<td>2. Parent is irresponsible but no apparent effect on child</td>
</tr>
<tr>
<td>3. Parents have demonstrated refusal to let a child return to the home or alternative living arrangement for reasons other than fear of child’s behavior or a stated inability to protect child from child’s reckless, runaway or out of control behavior</td>
<td>3. Family residing in shelter and parent is late returning from an outing or violates facility rules but has not expressed a disregard for the care of the child</td>
</tr>
<tr>
<td>4. Parent refuses to meet financial needs of a child who is residing with a non-custodial parent</td>
<td>4. Parent refuses to meet financial needs of a child who is residing with a non-custodial parent</td>
</tr>
<tr>
<td>5. Parents have voluntarily placed their child in a facility and then refuse return of the child. Facility is expected to negotiate return and transportation of the child directly with the parents</td>
<td>5. Parents have voluntarily placed their child in a facility and then refuse return of the child. Facility is expected to negotiate return and transportation of the child directly with the parents</td>
</tr>
<tr>
<td>6. Facility suspects the parents will refuse the child but the refusal has yet to occur</td>
<td>6. Facility suspects the parents will refuse the child but the refusal has yet to occur</td>
</tr>
<tr>
<td>7. Parents make arrangements for care of child and does not return at the expected time but substitute care givers are willing to continue to care for child</td>
<td>7. Parents make arrangements for care of child and does not return at the expected time but substitute care givers are willing to continue to care for child</td>
</tr>
<tr>
<td>8. Parent surrenders infant, 45 days old or younger and which has not suffered bodily harm meeting statutory requirements of the Newborn Infant Protection Act, K.S.A. 38-2282.</td>
<td>8. Parent surrenders infant, 45 days old or younger and which has not suffered bodily harm meeting statutory requirements of the Newborn Infant Protection Act, K.S.A. 38-2282.</td>
</tr>
</tbody>
</table>
LACK OF SUPERVISION

Acts or omissions by a parent, guardian, or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. This term may include the following, but shall not be limited to: failure to provide adequate supervision of a child or to remove a child from a situation which requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child. K.S.A. 38-2202

Factors to consider in screening and response determination

- child’s age
- child’s ability to care for self
- child’s maturity
- duration child left alone
- frequency child is left alone
- child’s medical/physical disability
- reason child is left alone
- overall safety of surroundings
- child’s knowledge of parent’s whereabouts
- child’s knowledge of emergency numbers/resource
- past history of child, care giver & alleged perpetrator
- availability of parent, care giver or other responsible adult
- child’s behaviors
- child’s reaction to being left alone
- number of children left unsupervised
- any expectations of an oldest sibling to assume care giver responsibilities for younger siblings which would be unreasonable or unsafe for the oldest child to assume due to age or maturity
- protective custody status
- harm or injury to child

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

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<tbody>
<tr>
<td>1. Parent knows a child is at risk of harm from abuse &amp; neglect and continues to allow access by perpetrator</td>
<td>1. Child walking home from school across busy streets</td>
</tr>
<tr>
<td>2. Child, age 6 or younger, left alone for any amount of time</td>
<td>2. Children left home alone after school</td>
</tr>
<tr>
<td>3. Child left with a care giver who is mentally or physically unable to protect child or meet child’s needs</td>
<td>3. Child, age 9 or older, is sick and left home alone during school</td>
</tr>
<tr>
<td>4. Care giver leaving a child to live without any adult supervision</td>
<td>4. Children committing delinquent acts</td>
</tr>
<tr>
<td>5. Failure of parent to make reasonable efforts to prevent a child from having sexual relationship. Example: 13-year-old having sex with an 18-year-old who parents have allowed to move in and share a bedroom with the child</td>
<td>5. Child left at school or day care and parent cannot be reached but day care or school will keep the child</td>
</tr>
<tr>
<td>6. Parent/caregiver threatening an act of lack of supervision which if enacted would meet the definition of lack of supervision of the child. Depending on the circumstances, may consider for EMA if parent/caregiver makes the threat to the child, or other assignment types in addition to LOS.</td>
<td>6. Children playing unsupervised but care giver is on the property</td>
</tr>
</tbody>
</table>
| 7. Child is a danger to self and/or others and parents/caregivers are aware of the behaviors, and are not addressing the child’s behavior. 
(May be assigned for this assignment type after evaluating the type of danger and harm to the child if not addressed). Consider FINA-Children with Behavior Problems (CBP) assignment when parents are either not aware, or are aware and are willing to address, or it is unknown whether the parents are aware of the child’s behaviors. | 7. Situations related to traffic violations including DUI, driving without restraints, riding in back of pick up |
| | 8. Guns in the home |
| | 9. Access of drugs in the home, unless report indicates specific allegations of access by very young children |
| | 10. Child age 16 and above left without adult supervision overnight (consider factors above). |

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PREGNANT WOMAN USING SUBSTANCES

Factors to consider in screening and response determination

- Week, month or trimester of the pregnancy
- Substance of choice
- Frequency of substance use
- Timeframe of most recent use
- Behaviors exhibited by the mother when using substances
- Statements or desire for treatment
- Prior substance abuse treatment
- Status of children currently in the home
- Impact of the use of substances on the safety and wellbeing of the children
- Information on other children removed into state custody for substance or alcohol related issues and jurisdictions as applicable
- History of law enforcement contact related to her substance or alcohol use

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

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</thead>
<tbody>
<tr>
<td>1. Pregnant woman currently using substances, not receiving TAF cash benefits.</td>
<td>1. If the only substance reported is nicotine</td>
</tr>
<tr>
<td>2. Pregnant woman with a history of substance use and is at risk of relapse</td>
<td>2. Reports indicating a pregnant woman is using substances, or has a history of substance use and is at risk of relapse with no children residing in the home and the pregnant woman is receiving TAF cash benefits. A copy of the report shall be provided to the assigned EES worker.</td>
</tr>
<tr>
<td>3. Report of a pregnant woman using substance with children residing in the home, if no other abuse/neglect or NAN (FINA) concerns are present.</td>
<td></td>
</tr>
<tr>
<td>4. Report of a pregnant woman using substance with children residing in the home, if no other abuse/neglect or FINA concerns are present.</td>
<td></td>
</tr>
</tbody>
</table>

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INDEPENDENT LIVING (IL)

The purpose of the Independent Living program is to assist youth leaving foster care in transitioning to adulthood.

Factors to consider in screening and response determination

- Youth’s age
- Currently in FC or DOC, or aged out.

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

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<tbody>
<tr>
<td><strong>with consideration of the above factors</strong></td>
<td>Unless multiple factors above indicate or increase likelihood of harm</td>
</tr>
<tr>
<td>1. Youth may request services prior to their 21st birthday.</td>
<td>Young adult not meeting age requirements.</td>
</tr>
<tr>
<td>2. PPS IL staff requests</td>
<td></td>
</tr>
</tbody>
</table>

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INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

DCF or designee is responsible for providing services for children who are in the custody of another state, or jurisdiction of a court. All requests for services are routed by the sending state’s compact office to the Kansas compact office, located in DCF Administration. The Kansas compact specialist completes a review of the packet to ascertain if the request is in compliance with the compact. If in compliance, the Kansas compact specialist completes the New ICPC Referral Information.

Factors to consider in screening and response determination

☐ Type of request
☐ Custody status

Possible allegation scenarios (not intended to include all the scenarios which may be reported)

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<tr>
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</tr>
<tr>
<td>Designated ICPC specialists send an ICPC Referral Information to KPRC.</td>
<td>1. Other states are requesting a walk-through or a home study.</td>
</tr>
<tr>
<td></td>
<td>2. ICPC procedure has not been followed and placement has been made by another state who is requesting a safety check.</td>
</tr>
<tr>
<td></td>
<td>3. Request is for a courtesy interview for an investigation another state is completing.</td>
</tr>
</tbody>
</table>

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FAMILY IN NEED OF ASSESSMENT

A Family in Need of Assessment (FINA) may involve children with behavior problems, truancy, runaway, less than 10 years of age committing an offense, child substance use, caregiver substance use, and infant positive for substances. **Reports which contain multiple FINA concerns may be assigned with multiple FINA sub-types.**

Assignment as a FINA requires either:

A. The parents/caregivers are not aware of the issue to be able to address on their own; or

B. The parents/caregivers are aware of the issue and are willing to address, but are at the time of the report are not able to address on their own, and need an assessment for possible services.

Reports may be considered for a FINA assignment when, at the time of the report, it is unknown whether the parents are aware of the issues. When the report indicates the parent/caregivers are aware of the issue and are not willing to address, the report should be assessed for possible abuse/neglect assignment. See Abuse/Neglect assignment types above.

The following FINA sub-types may be considered for assignment (see subsequent pages):
CAREGIVER SUBSTANCE USE

Parent/Caregiver is using substances and there is an indication the use is impacting parenting capacity or skills.

Factors to consider in screening and response determination
- Child’s age
- Child’s ability to care for self
- Family’s attempts at securing community resources
- Parent/Caregiver’s treatment history
- Past history of child, care giver, and alleged perpetrator
- Type of substance used (heroin/meth vs. marijuana; how addicting is the drug, what behaviors does the drug cause)
- Prenatal care, preparation for the infant, bonding
- High risk, special care needs of the infant/children
- Resources available in community
- Family’s request for services
- Involvement of other service providers, family support
- Parent’s knowledge of condition, availability of resources and treatment
- Parental history of substance abuse, mental illness or other issues raising the risk of children being removed from the home
- Frequency, duration, quantity and extent of substance use
- Impact of the caregiver’s substance use on the family
- Previous termination of parental rights & issues leading to termination persist

<table>
<thead>
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</thead>
<tbody>
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</tbody>
</table>

1. Parent/caregiver using substances (regardless of the type of substance and the age of the child), and there is an indication the use is impacting parenting skills which does not meet criteria to assign abuse/neglect or pregnant woman using substances, per PPM 1415.
2. Parent/caregiver who tests positive, and is requesting services to strengthen/support parenting capacity; or after history searches and/or assessing factors listed above indicates a need for services. Consider this assignment when the infant has not tested positive, and criteria for Substance Affected Infant has not been met.

Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:
- Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)
- OR
- Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND
- Parents are requesting further assistance/services (If Yes, assign as FINA)
- OR
- It is unknown of the parents are willing to address the problem. (If Yes, assign as FINA)

1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.
2. There is an indication of Pregnant Woman Using Substances which, if present should be assigned over a FINA assignment sub-type. (See PPM 1415)
3. Parent/caregiver using substances in the presence of children with no indication of impact to parenting skills (children are healthy, supervised, clean, etc.) and there is no indicated need for services, abuse/neglect or other FINA concerns.
4. Parent/caregiver who tests positive; there are no concerns for the infant/children; criteria for Substance Affected Infant is not met; the family is connected with appropriate services and no other abuse/neglect or FINA concerns are present.

Any FINA concern which meets the ALL of the following may be considered for Not Assigning for Further Assessment:
- Parents are aware of the problem; and
- Parents are addressing on their own, and
- Parents are not requesting further assistance/services; and
- Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:
Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.
# CAREGIVER UNABLE/UNAVAILABLE TO PROVIDE CARE

Parent/caregiver is not able to care for the child due to the death, incarceration, deployment, etc. of a parent/caregiver and/or there is no other resource available. May include, a parent/caregiver lacking sufficient ability, power, and authority and without services deterioration of the children’s health/well-being is likely; and the children are at risk of removal.

## Factors to consider in screening and response determination
- child’s age
- protective custody status
- child’s ability to care for self
- resources available in community
- family’s attempts at securing community resources
- previous termination of parental rights & issues leading to termination persist
- past history of child, care giver & alleged perpetrator

## Usually Not Assign for this assignment type

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</tr>
</thead>
<tbody>
<tr>
<td>1. Request to pay a bill ONLY and no request for services.</td>
</tr>
<tr>
<td>2. Death or incarceration of a parent/caregiver and there are immediate family resources available, with no request for services</td>
</tr>
</tbody>
</table>

## Any FINA concern which meets the ALL of the following may be considered for Not Assigning for Further Assessment:

- Parents are aware of the problem; and
- Parents are addressing on their own, and
- Parents are not requesting further assistance/services; and
- Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:

Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.

## Almost Always Assign

### with consideration of the above factors

1. Death incarceration, deployment, etc. of a parent/caregiver and there are no immediate family resources available.
2. Parent/Caregiver requesting services and there is no other FINA or abuse/neglect concerns, with an indication an assessment for services is needed due to risk concerns which do not meet criteria for abuse/neglect assignment.
3. Indication of domestic violence preventing the parent/caregiver from accessing services.
4. Current caregiver without legal authority and/or ability to enroll child in school, obtain medical/mental health services, etc.
5. Parent/caregiver with physical/mental illness having an effect on parenting and without services deterioration of the children’s health/well-being is likely, and the children are at risk of removal; and there is no other FINA or abuse/neglect concerns which override this assignment type.

Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:

- Parents are not aware of the problem, or it is unknown if the parents are aware of the problem *(If checked, assign as FINA)*

OR

- Parents are aware of the problem, and are willing to address *(If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND

- Parents are requesting further assistance/services *(If Yes, assign as FINA)*

OR

- It is unknown of the parents are willing to address the problem. *(If Yes, assign as FINA)*

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**CHILD SUBSTANCE USE**

Child using substances which negatively impacts the family/child functioning.

**Factors to consider in screening and response determination**
- child’s age
- protective custody status
- resources available in community
- family’s attempts at securing community resources
- past history of child, care giver & alleged perpetrator
- previous termination of parental rights & issues leading to termination persist

**Almost Always Assign with consideration of the above factors**

1. Any report of a child/youth using substances meeting FINA criteria to assign below.

**Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:**

- □ Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (*If checked, assign as FINA*)

  OR

- □ Parents are aware of the problem, and are willing to address (*If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND

- □ Parents are requesting further assistance/services (*If Yes, assign as FINA*)

  OR

- □ It is unknown of the parents are willing to address the problem. (*If Yes, assign as FINA*)

**Usually Not Assign for this assignment type**

1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.

2. Children using substances which are provided by a parent/caregiver; or children having access to substances should be assessed for assignment as abuse/neglect (PHA or LOS).

3. When parents are aware and are not willing to address, assess for assignment of an abuse/neglect.

**Any FINA concern which meets the ALL of the following may be considered for Not Assigning for Further Assessment:**

- □ Parents are aware of the problem; and
- □ Parents are addressing on their own, and
- □ Parents are not requesting further assistance/services; and
- □ Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:

- Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.
CHILDREN WITH BEHAVIOR PROBLEMS

Child’s actions/behaviors negatively impacting the family/child functioning (i.e. suicidal, danger to self and/or self-harming behaviors, out of control, sexually acting out, aggressive behaviors, criminal activities, and gang involvement. Excludes behaviors which meet definitions for Child Substance Use, Less than 10 Committing an Offense, Runaway or Truancy).

Factors to consider in screening and response determination
- child’s age
- protective custody status
- child’s ability to care for self
- resources available in community
- family’s attempts at securing community resources
- past history of child, care giver & alleged perpetrator
- severity of the behaviors and level of potential harm/danger to others
- family’s request for services
- involvement of other service providers
- parent’s knowledge of condition, availability of resources and treatment
- parental history of substance abuse, mental illness or other issues raising the risk of children being removed from the home
- previous termination of parental rights & issues leading to termination persist

Almost Always Assign
with consideration of the above factors

1. Child/youth is suicidal, danger to self and/or self-harming and the parents are aware of the issue and are willing to address, but need services. (Parents who are aware and are not willing to address, see Medical Neglect)
2. Children with out of control behaviors which may include sexually acting out, aggressive behaviors, criminal activity or gang involvement which does not meet criteria to assign for Less than 10 Committing an Offense. (Consider the severity of the behavior and the level of danger or harm to others when the child is over the age of 10 to consider assigning as abuse/neglect with the child over 10 listed as an alleged perpetrator)
3. Request from PPS to assign for a Child/youth with Sexual Behavior Problems.

Usually Not Assign for this assignment type
Unless multiple factors above indicate or increase likelihood of harm

1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.
2. Child using substances, Less than 10 Committing an Offense, Runaway or Truancy (See criteria for these specific FINA sub-types)

Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:
- Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)
  OR
- Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND
- Parents are requesting further assistance/services (If Yes, assign as FINA)
  OR
- It is unknown of the parents are willing to address the problem. (If Yes, assign as FINA)

Such as:
Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.

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INFANT POSITIVE FOR SUBSTANCES

An infant (birth to age 1) with a positive drug screen, and a medical professional has not determined the infant is substance affected, but there is an indication services may be needed.

Factors to consider in screening and response determination

- family’s attempts at securing community resources
- Parent/Caregiver’s treatment history
- past history of child, care giver & alleged perpetrator
- type of substance used (heroin/meth/marijuana; how addicting is the drug, what behaviors does the drug cause)
- Prenatal care, preparation for the infant, bonding
- High risk, special care needs of the infant/children
- resources available in community
- family’s request for services
- involvement of other service providers, family support
- parent’s knowledge of condition, availability of resources and treatment
- parental history of substance abuse, mental illness or other issues raising the risk of children being removed from the home
- frequency, duration, quantity and extent of substance use

Almost Always Assign with consideration of the above factors

1. Infant testing positive for substances (regardless of the type of substance), and a medical professional has not determined the infant is substance affected meeting criteria for FINA assignment below.
2. Report indicates an infant is positive for substances, efforts have been made to obtain further information during preliminary inquiry which have not been successful; therefore it is unknown whether the parents are aware and addressing.
3. Infant tests positive for a substance, it is unknown or unclear whether the mother and caregivers are engaged in services, history search indicates safety/risk concerns, reporter indicates concerns for bonding/attachment or concerns regarding the parent/caregivers ability to meet the needs of the infant upon release.
4. Mother tests positive for substances at the time of the infant’s birth.

Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:

- Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)

OR

- Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND

- Parents are requesting further assistance/services (If Yes, assign as FINA)

OR

- It is unknown of the parents are willing to address the problem. (If Yes, assign as FINA)

Usually Not Assign for this assignment type

Unless multiple factors above indicate or increase likelihood of harm

1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.
2. Infant tests positive for a substance i.e. marijuana (consider the type of substance, frequency and duration of use), the mother admits to prenatal use early in the pregnancy and participating in or accepted services. The infant has no affects, is healthy and bonding with the mother. History search does not indicate concern. The mother has supports and services and is not requesting services. No other FINA or abuse/neglect concerns are present.

Any FINA concern which meets ALL of the following may be considered for Not Assigning for Further Assessment:

- Parents are aware of the problem; and
- Parents are addressing on their own, and
- Parents are not requesting further assistance/services; and
- Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:

Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.

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LESS THAN 10 COMMITTING AN OFFENSE

While less than 10 years of age, commits any act which if done by an adult would constitute the commission of a felony or misdemeanor as defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

Factors to consider in screening and response determination

- child’s age
- protective custody status
- resources available in community
- family’s attempts at securing community resources
- past history of child, care giver & alleged perpetrator

Almost Always Assign

with consideration of the above factors

1. Children, under the age of 10, committing an act, such as, but not limited to a sexual offense, damage to property, stealing, criminal activity, etc. and the below criteria is met.

Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:

- Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)

OR

- Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND

- Parents are requesting further assistance/services (If Yes, assign as FINA)

OR

- It is unknown of the parents are willing to address the problem. (If Yes, assign as FINA)

Usually Not Assign for this assignment type

Unless multiple factors above indicate or increase likelihood of harm

1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.

Any FINA concern which meets ALL of the following may be considered for Not Assigning for Further Assessment:

- Parents are aware of the problem; and
- Parents are addressing on their own, and
- Parents are not requesting further assistance/services; and
- Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:

Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.
RUNAWAY

Child is willfully and voluntarily absent from the child's home or placement without the consent of the child's parent or other custodian.

Factors to consider in screening and response determination

☐ child’s age
☐ protective custody status
☐ child’s ability to care for self
☐ resources available in community
☐ family’s attempts at securing community resources
☐ past history of child, care giver & alleged perpetrator
☐ potential concerns for human trafficking

☐ family’s request for services
☐ involvement of other service providers
☐ parent’s knowledge of condition, availability of resources and treatment
☐ parental history of substance abuse, mental illness or other issues raising the risk of children being removed from the home

<table>
<thead>
<tr>
<th>Almost Always Assign</th>
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<tbody>
<tr>
<td>with consideration of the above factors</td>
<td>Unless multiple factors above indicate or increase likelihood of harm</td>
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Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:

☐ Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)

OR

☐ Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND

☐ Parents are requesting further assistance/services (If Yes, assign as FINA)

OR

☐ It is unknown of the parents are willing to address the problem. (If Yes, assign as FINA)

1. May not assign a police report which indicates a child ran only, and child is still on the run. Report may be not assigned for further assessment to await the child to be picked up, and assess for assignment based on information contained in the Juvenile Assessment Intake Services (JIAS) report.
2. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.
3. Any indication for human trafficking shall be assigned abuse/neglect Human Trafficking Sex or Human Trafficking Labor as appropriate.

Any FINA concern which meets the ALL of the following may be considered for Not Assigning for Further Assessment:

☐ Parents are aware of the problem; and
☐ Parents are addressing on their own, and
☐ Parents are not requesting further assistance/services; and
☐ Based on history searches there are no other FINA or abuse/neglect concerns indicated.

Such as:

Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.
TRUANCY
Child is not attending school, as required by K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto. Excludes homes schools registered by the Department of Education.

Factors to consider in screening and response determination
- Child’s age
- Protective custody status
- Child’s ability to care for self
- Resources available in community
- Family’s attempts at securing community resources
- Previous termination of parental rights & issues leading to termination persist
- Past history of child, care giver & alleged perpetrator
- Family’s request for services
- Involvement of other service providers
- Parent’s knowledge of condition, availability of resources and treatment
- School’s attempts to address non-school attendance issues with parents and child
- Parental history of substance abuse, mental illness or other issues raising the risk of children being removed from the home

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<td><strong>with consideration of the above factors</strong></td>
<td>Unless multiple factors above indicate or increase likelihood of harm</td>
</tr>
<tr>
<td>Child is not attending school as required by law and the FINA criteria below is met.</td>
<td>1. Request to pay a bill ONLY and no request for services, and there are no other FINA or A/N concerns indicated.</td>
</tr>
<tr>
<td><strong>Any FINA concern(s) meeting FINA sub-types in PPM 0160 and which meets the following criteria may be considered for Assignment for Further Assessment with a FINA assignment type:</strong></td>
<td>2. Report from a person other than a school employee and after preliminary inquiry the school verifies the child is attending school as required by law, or the child is home schooled, and there are no other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td>□ Parents are not aware of the problem, or it is unknown if the parents are aware of the problem (If checked, assign as FINA)</td>
<td>3. Child less than 7 years of age not enrolled in school, or has been withdrawn and there are no other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>4. Child age 13 or more and less than 18 are referred to the county or district attorney. This reports may be assessed for concerns of educational neglect, or other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td>□ Parents are aware of the problem, and are willing to address (If parents are aware and are not willing to address the problem; see abuse/neglect assignment types); AND</td>
<td>5. Children reported as home schooled; and after preliminary inquiry it is determined the home school is registered as verified by the Department of Education and there are no other abuse/neglect or FINA concerns.</td>
</tr>
<tr>
<td>□ Parents are requesting further assistance/services (If Yes, assign as FINA)</td>
<td><strong>Any FINA concern which meets the ALL of the following may be considered for Not Assigning for Further Assessment:</strong></td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>□ Parents are aware of the problem; and</td>
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<td>□ Parents are addressing on their own, and</td>
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Such as:

Child picked up by law enforcement and released back to the family; the family has appropriate services in place to address the issue, and the family is not requesting services from DCF, and after searching history there are no other risk/safety, FINA or abuse/neglect concerns indicated.

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