Kansas Intake Guidance

Policy and Procedures Manual

January 2025

***While this manual draws on some concepts from Structured Decision Making ®, it is not a Structured Decision Making manual and Evident Change did not participate in the creation of this work."*

Kansas
Department for Children and Families

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Kansas Intake Tool

INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

1. **Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.**

   - ☐ Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older
   - ☐ No Kansas connection to incident or child
   - ☐ Subsequent reports of the same allegation with no additional concerns
   - ☐ Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS)
   - ☐ Incident occurred in an institution operated by Kansas Department of Corrections (KDOC)
   - ☐ Incident occurred on Fort Riley Army base, AND child resides on base

2. **Reports that require DCF action but not a full initial assessment**

   - ☐ Independent living referral
   - ☐ Interstate compact request
   - ☐ Courtesy interview for another state
   - ☐ Courtesy interview for law enforcement

IF ANY ITEM IN SECTION A IS SELECTED, THE KANSAS INTAKE ASSESSMENT IS COMPLETE. NO FURTHER ASSESSMENT IS REQUIRED.

B. ALLEGATION TYPE

1. Abuse or Neglect

Physical abuse

Physical injury

- Non-accidental physical injury
- Suspicious physical injury
- Child injured during family violence
- Female genital mutilation
- Forced ingestion resulting in harm

If any injury, note severity of most serious injury:

- ☐ Life threatening
- ☐ Requires medical treatment
- ☐ Does not require medical treatment
- ☐ Superficial

No known injury in reported incident

- ☐ Excessive physical force
- ☐ Confinement or restraint
- ☐ Misuse of medical treatment or therapy (factitious disorder by proxy)

Trafficking

- ☐ Labor trafficking
- ☐ Sex trafficking

Sexual abuse

- ☐ Sexual abuse

Emotional abuse

- ☐ Parental actions endanger child's emotional well-being
- ☐ Moral
- ☐ Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being

Abandonment

- ☐ Abandonment

Neglect

- ☐ Physical neglect (select all that apply)
  - ☐ Clothing/hygiene or lack thereof that causes harm to the child
  - ☐ Lack of food or nutrition
  - ☐ Hazardous or no shelter
- ☐ Non-organic failure to thrive
- ☐ Lack of supervision
- ☐ Caregiver is absent
  - ☐ Caregiver is inattentive
  - ☐ Selection of temporary caregiver is not safe
  - ☐ Caregiver does not protect child from harm by others
  - ☐ Dangerous actions near child
- ☐ Medical neglect
- ☐ Substance-affected infant

- ☐ No abuse or neglect criteria met

Who is the reported person causing harm? (Consider all that apply)

- ☐ Family
  - ☐ Parent or legal guardian
  - ☐ Other adult living in the home (relative or non-relative)
  - ☐ Minor in household age 10 and older who is not a parent
  - ☐ Relative in a caregiving capacity (adult or age 10 and older)
  - ☐ Relative not in a caregiving capacity (adult or age 10 and older)
- ☐ Facility
- ☐ Non-relative or unregulated caregiver
- ☐ Unknown

2. Non-Abuse or Neglect

Family in Need of Assessment (FINA) (Refer to PPM 1431 if child in custody)

Caregiver

- ☐ Caregiver substance use
- ☐ Caregiver unable or unavailable to provide care

Child

- ☐ Child under age 10 committing an offense
- ☐ Runaway child
- ☐ Child substance use
- ☐ Truancy
- ☐ Child with behavior problems not listed above
- ☐ Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)

☐ Pregnant woman using substance (PWS) other than nicotine

☐ No FINA or PWS criteria are met

3. What is your initial thought about how this report should be assessed based on the allegations you selected.

☐ Not assigned for further assessment
☐ Assigned for Abuse/Neglect Investigation
☐ Assigned for FINA
☐ Assigned for PWS

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Enter your answer.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Enter your answer.

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Enter your answer.

4. Community or Natural Resources

- Natural Resources: Who or what does this family have around them that might help maintain the children's safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

Enter your answer.

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

Enter your answer.

6. Safe Enough

What would need to change for you to be confident the children will be as safe as typical children in the community?

Enter your answer.

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

0	1	2	3	4	5	6	7	8	9	10

D. ASSESSMENT DECISION

Worker override to not assign for further assessment.

- ☐ PWS is receiving Temporary Assistance for Needy Families (TANF) cash benefits and no children in the home.
- ☐ Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating
- ☐ An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim
- ☐ Child resides on Native American reservation, AND tribe does not request DCF assistance.
- ☐ Inability to locate child or family
- ☐ Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Assessment Decision

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
  - ☐ Abuse or neglect investigation
  - ☐ FINA
  - ☐ PWS
- ☐ Worker override to not assign

DEFINITIONS

INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

1. Reports that do not require an initial assessment or Department for Children and Families (DCF) action beyond intake.

a. Alleged victim is 18 years or older (or was at time of incident) and not currently in the custody of the Secretary OR 21 years or older.

At the time of the reported incident, the reported victim was either:

I. Age 21 or older

II. Age 18, 19, or 20 and not in the custody of the DCF Secretary

PRACTICE GUIDANCE

Speak with your supervisor to review whether circumstances require one or more of the following:

- Referral to law enforcement
- Referral to adult protective services
- Consider if other children under the age of 18 may also be victims.

b. No Kansas connection to incident or child.

All incidents being reported occurred outside the state of Kansas, AND all reported child victims are not residents of Kansas at this time AND cannot be found in Kansas.

Requires further an initial assessment if:

I. Any incident occurred within Kansas, even if other incidents occurred outside of Kansas.

II. At least one child has a residence in Kansas, even if that child is temporarily outside of Kansas.

III. Child can currently be located in Kansas.

PRACTICE GUIDANCE

- Complete initial assessment if a child from another state is in police protective custody.
- If an infant was born in Kansas but lives with his/her family in Missouri; refer to internal procedures or speak with your supervisor.
- If it is unknown where the incident occurred, and the child does not reside in Kansas, speak with your supervisor for further guidance.

c. Subsequent reports of the same allegation with no additional concerns.

There are no new abuse/neglect or FINA concerns different than from the initial intake.

Complete initial assessment if the report contains a new incident or ongoing concerns.

PRACTICE GUIDANCE
- If it is unclear whether the report contains a new incident, consult with supervisor.
- If there is a current open case, notify assigned worker of subsequent report.

d. Incident occurred in an institution operated by Kansas Department for Aging and Disability Services (KDADS).

Reported child abuse or neglect occurred in an institution operated by KDADS. Complete initial assessment if a child resides in a KDADS-operated institution but reported harm occurred while child was on a home visit.

I. Kansas Neurological Institute
II. Parsons State Hospital and Training Center
III. Larned State Hospital
IV. Osawatomie State Hospital

PRACTICE GUIDANCE
Forward to law enforcement.

e. Incident occurred in an institution operated by Kansas Department of Corrections (KDOC).

Reported child abuse/neglect occurred in an institution operated by KDOC (i.e., Kansas Juvenile Correctional Complex, Topeka).

PRACTICE GUIDANCE
Forward to Attorney General and KDOC.

f. Incident occurred on Fort Riley Army base, AND child resides on base.

The reported incident occurred on the base at Fort Riley, AND at least one reported child victim resides on the base.

Complete initial assessment if child has been placed in police protective custody.

PRACTICE GUIDANCE
Follow Fort Riley notification procedure.

2. Reports that require DCF action but not a full initial assessment.

a. Independent living referral

Youth is age 18–25, has aged out of DCF custody, and requests services for independent living.

PRACTICE GUIDANCE

- Independent living referrals will typically come from the independent living worker.
- The independent living worker may send referral when youth is *approaching* age 18. Complete initial assessment even though youth is under age 18.

If the youth calls requesting independent living services, contact the regional independent living administrator to determine if youth qualify.

b. Interstate compact request

Formal request from another state for services under the interstate compact.

PRACTICE GUIDANCE

- If request comes from a Kansas Interstate Compact on the Placement of Children (ICPC) specialist, assign per policy.
- If request from another state is not a formal ICPC request, refer caller to follow caller's state policy and procedure as it relates to ICPC requests. If caller does not intend to complete a formal ICPC request, review based on the "courtesy interview for another state" criteria.

c. Courtesy interview for another state

Another state requests DCF assistance to conduct an interview. If the other state is conducting an investigation that requires an interview of a person who is currently in Kansas, and it is not feasible to delay the interview until it can be done in or by the other state**.**

PRACTICE GUIDANCE

Department for Children and Families (DCF) can conduct a courtesy interview if:

1. There are required interviews as part of an ongoing investigation or
2. It is required to make a finding. Courtesy interviews do not include walk throughs only to determine placement or visitations.

Note: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. Refer caller to caller's state ICPC protocols. If in doubt, consult with your supervisor.

d. Courtesy interview for law enforcement

A law enforcement agency requests DCF assistance to conduct an interview if they are conducting an investigation that requires an interview of a child who may be a victim of a non-relative, non-regulated caregiver.

PRACTICE GUIDANCE

Abuse/Neglect allegations involving Non-Family/Unregulated Care Giver alleged perpetrators that are known to be investigated by law enforcement will not be assigned.

B. ALLEGATION TYPE

1. ABUSE OR NEGLECT

a. 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.

I. PHYSICAL INJURY

Use these abuse types when the reporter knows that the child has a physical injury.
PHYSICAL INJURY means visible or suspected damage to a child's body.

1. *Non-accidental physical injury*
   A person caused the injury with intent to harm OR with intent to carry out a disciplinary action that resulted in harm even if the intent was not to harm. Also include reckless actions that resulted in harm.

   Examples include:
   - Hitting, kicking, punching, pushing, or throwing
   - Biting (adult)
   - Deliberately pulling child's hair, causing injury or bald spots

PRACTICE GUIDANCE
- If the reporter does not know how an injury was caused, consider "suspicious injury."
- If the reporter knows of a person's actions toward a child but does not know whether the child was injured, or knows that a child was not injured, consider "excessive physical force."
- Not all marks are injuries (e.g., bug bites are not injuries).

REMINDER ABOUT MINORS CAUSING HARM
- An injury caused by a minor under age 10 is not marked as physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- An injury caused by a minor age 10 or older—that otherwise meets the definition—only applies if the minor causing the injury was in a caregiving role for the victim or is substantially older.
- An injury caused by a minor age 10 or older who is of similar age as the victim does not meet criteria for physical abuse. Evaluate the situation and determine whether a parent was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

2. *Suspicious physical injury*
   The child has a reported injury, and the reporter does not know how it was caused, AND the injury itself suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent with abuse.

   Examples include the following.

- Injuries to child who is not mobile.
- Severe injury with no explanation, an explanation that is not consistent with the injury, or conflicting explanations.
- Injuries on protected surfaces or areas of soft tissue of the body. Injuries to the thighs, calves, genitals, buttocks, cheeks, earlobes, lips, neck, and back.
- Multiple injuries in various stages of healing.
- Patterned injuries, even if the object used cannot be determined.

3. *Child injured during family violence*
   One adult is physically violent toward a partner or other adult, and the child is injured during the incident.

PRACTICE GUIDANCE
Also, assess for emotional abuse. If no abuse or neglect items apply, assess for FINA.

4. *Female genital mutilation*
   A person circumcises or removes the whole or any part of the female genitalia on a child under 18 years of age, AND the procedure is not a medically necessary procedure ordered by and performed by a physician.

5. *Forced ingestion resulting in harm*
   A person forces a child to ingest something or intentionally gives child something to ingest that causes harm. Harm includes poisoning, burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness). Do NOT include ingestion of medicine as prescribed for child or unpleasant taste.

PRACTICE GUIDANCE
If any physical injury item is identified, indicate severity of the most severe reported injury. Identify injury severity based on the following:

1. Life Threatening: The injury resulted in death, or child was in serious condition in a medical setting due to the injury.
2. Requires Medical Treatment: The injury required professional medical treatment to repair (e.g., admitted to hospital; required stitches, cast, or splint). Do not include injuries that were medically evaluated and led to preventative treatment only (e.g., antibiotics to prevent infection; treatment could have been provided at home, such as aspirin or self-adhesive bandage) or were determined to require no treatment.
3. Does Not Require Medical Treatment: The injury is more than superficial but does not require medical treatment.
4. Superficial: The injury is limited to the top surface of skin AND caused no pain or only brief, minimal pain). Examples include the following.
   a. Tiny scratch that does not bleed
   b. Redness that goes away quickly
   c. Tiny bruise with no pain

II. NO KNOWN INJURY IN REPORTED INCIDENT

Use these abuse types when there is no injury, or the reporter does not know whether there is an injury.

I. Excessive physical force

Caregiver actions toward the child have led or could lead to a child's physical injury even if an injury is not reported at this time.

Examples include the following:

- Hitting child's body in a vulnerable location that could easily result in an injury (e.g., eyes, genitals, abdomen).
- Hitting child with object (e.g., buckle of belt, switch near eye) in a way that is likely to cause physical injury.
- Throwing or pushing a child with a high degree of force. Consider practice guidance below.
- Shaking a child under age 2.
- Choking or strangulation.

PRACTICE GUIDANCE

Elicit information that reveals how discipline is being administered (what object a caregiver is using for the purposes of discipline and where on the child's body they are discipling).

When throwing or pushing a child

- Consider how much force was used when pushing the child. Was the child pushed near an object that could result in an injury?

When a Minor Uses Excessive Physical Force

- If a minor under age 10 is using excessive physical force, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- If the minor age 10 or older is using excessive physical force while in a caregiving role for the victim or is substantially older, assess for physical abuse.
- If a minor age 10 or older using excessive physical force and is a similar age to the victim, evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.

II. Confinement or restraint

A person applies a measure of confinement or restraint that is likely to result in physical harm to the child or that is for purposes other than protection or correction, to the extent that the child's health is endangered.

Examples include the following:

- Child may be physically injured from a restraint device such as rope tied around wrists or neck or use of chains or handcuffs.
- Child may be harmed due to body position or condition, such as being curled up without moving in a dog crate, or confined to a space that is dangerously hot or cold.
- Child may be harmed due to impeded safety, such as being confined in a way that child cannot escape in case of fire or natural disaster.

- Child may be harmed due to being confined without food or water causing prolonged hunger pain, prolonged thirst, or dehydration. If child is malnourished, also review for physical neglect: food.

III. *Misuse of medical treatment or therapy (factitious disorder by proxy)*
Caregiver causes or fakes illness in child to obtain medical tests or treatment. As a result, child experiences pain, adverse side effects, or becomes ill.

b. TRAFFICKING

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of labor or sex.

Examples include the following.
- Causing or threatening to cause physical injury to any person if child does not comply.
- Physically restraining or threatening to physically restrain child.
- Abusing or threatening to abuse the law or legal process to gain child's cooperation.
- Threatening to withhold food, lodging, or clothing if child does not comply.
- Taking away a passport or other legal papers for identification to prevent child from leaving.

I. Labor trafficking
The definition for trafficking is met, AND the purpose is to obtain the labor or services of the child.

Examples include the following.
- A child exchanges labor for food, a place to stay, clothing, or anything the child needs or wants.
- A child makes money or is required to earn a quota for "controller" or" manager."
- A child is forced to work to have basic needs met.
- A child is held in servitude in satisfaction of a debt owed the person who is holding such the child.

II. Sex trafficking
The definition for trafficking is met, AND the purpose is to engage the child in sexual actions.

Examples include the following.
- A child/youth exchanges sex for food, a place to stay, clothing, or anything the child/youth needs/wants.
- A person exchanges anything for a child to engage in a sex act.
- A child makes money or is required to earn a quota for a "boyfriend"/ "pimp"/"controller"/"manager"/"daddy."
- A person posts sexually explicit pictures of the child on the Internet (Backpage, Craigslist, etc.) for the purpose of making money.

PRACTICE GUIDANCE

- If child is disclosing labor or sex trafficking.
- If law enforcement or medical professionals report suspicion of labor or sex trafficking.

c. 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 includes at least one of the following contact and non-contact interactions with a child.

PRACTICE GUIDANCE

Does not meet criteria if victim child is age 16 or older unless:

- Child was incapable of consent; OR
- The person causing harm:
  - Used force or coercion; OR
  - Is a teacher engaged in consensual sexual relations with a 16- or 17-year-old who is enrolled at the school where the perpetrator is employed; refer to law enforcement, but accept for investigation if law enforcement does not investigate (K.S.A. 21-3502); OR
  - Is a relative or caregiver OR
  - Is in any other position of power.

Does not meet criteria if a child age 10 or older is the perpetrator unless:

- The child used force or coercion; OR
- The child is substantially older, bigger, or otherwise more powerful than the other child; OR
- There was intimidation.

i. Sexual contact with child

Sexual contact with a child is defined as an adult or child age 10 or older has contact with, a child's genitals, causes a child to touch the genitals of another person, or has other physical contact with child for the purpose of sexual stimulation. This is based on at least one of the following:

1. Child statement
   - ***a.*** Child makes a statement with sufficient detail to include a specific act and a specific person.
   - ***b.*** Child makes a statement about sexual contact or depicts sexual contact, even though the statement is vague or ambiguous.
2. Medical findings (based on medical professional assessment)
   - ***a.*** Medical findings are confirmatory for conditions such as pregnancy.
   - ***b.*** Findings are strongly suggestive of sexual abuse.
3. Findings (or other causes) indicate sexual abuse, but there is no other plausible history.
4. Other
   - ***a.*** Sexual contact is documented by photograph, video, etc.
   - ***b.*** Person causing harm confessed to sexual contact with a child.
   - ***c.*** Sexual contact was witnessed.

ii. Non-contact sexual abuse

For non-contact sexual abuse of a child, though no sexual contact is reported, an adult or child age 10 or older, seeks sexual stimulation in a way that involves a child, with or without the child's knowledge.

Examples include the following:

- Exposing self to child for sexual stimulation.
- Observing the child for sexual stimulation.
- Photographing, filming, or otherwise depicting the child for the sexual stimulation of the adult.
- Causing the child to view live or depicted sexual images for sexual stimulation.
- Getting one child to act sexually with another child.
- Having contact with a child through social media to discuss or solicit sex.
- Discovery of images, texts, or other documentation of child engaged in sexual actions.

PRACTICE GUIDANCE

When a Minor Initiates a Sexual Act

- A minor under age 10 who initiates a sexual act does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- A minor age 10 or older who otherwise meets the definition for sexual contact or using a child for sexual stimulation will meet criteria if the minor initiating the act used force, coercion, or intimidation or is substantially advanced developmentally. A minor age 10 or older who is of similar development, and where the sexual act was mutual, does not meet criteria for sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, assess for FINA, child behavior concerns.
- Refer to APPENDIX B: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR

d. 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 well-being is endangered. This term may include any act, behavior, or omission that impairs or endangers a child's social or intellectual functioning. (Refer to APPENDIX D: PSYCHOLOGICAL IMPACT ON CHILD)

I. Parental actions endanger child's emotional well-being

Caregiver's actions toward or around child are emotionally harmful and are severe OR follow a pattern of behaviors that could impact the child's emotional health or well-being.

Examples include the following but are not limited to the following.

- Caregiver has communicated or demonstrates that they do not want to care for the child.
- Caregiver is providing alcohol/drugs to or using alcohol/drugs with the child.
- Caregiver or other household member is responsible for creating a traumatic event (one that poses a threat of serious injury or death to oneself or others and elicits feelings of intense fear, helplessness, or horror). The action can be serious, severe, or complex (i.e., multiple serious events).

- Caregiver blames the child for negative situations the caregiver, siblings, or other family members are experiencing. This includes making the child take the blame for actions of others.
- Caregiver uses vengeful and vindictive discipline toward the child.
- Caregiver antagonizes or belittles a child to the point that they are self-harming.

PRACTICE GUIDANCE
Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions. Examples include the following:

- Caregiver uses foul language. Unless the language is hostile toward child, foul language in general would not meet the definition.
- Arguments between caregiver and child. Unless, for example, arguments become so persistent, or the child experiences significant fear of harm, arguments would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.
- Temporary fluctuations in child's behavior or moods (i.e., child crying after receiving behavior correction by parent) does not meet criteria.
- Domestic violence in and of itself does not meet criteria.

II. Observable and detrimental effects on the child, AND parental actions endanger child's emotional well-being.

The definition for "parental behavior endangers child emotional well-being" is met, AND child is experiencing significant emotional harm.

Examples of significant emotional harm include:

- Diagnosed mental health condition, such as anxiety, depression, or PTSD; OR
- Substantial impairment of child's ability to function daily (e.g., unable to attend school regularly; school performance radically fluctuates; shows visible signs of violence; self-harming behaviors; and suicide attempts or plans).

III. Moral

Corrupting a child by teaching or rewarding the child for unlawful, antisocial, or sexually mature behavior.

Examples include:

- Indication of harm or consequence resulting in significant harm or impact to the child.
- The caregiver is having the child participate in criminal activity that could or has resulted in criminal charges.
- The caregiver is/has encouraged a sexually mature relationship or behavior. This goes beyond the caregiver allowing the relationship. Also consider sexual abuse or lack of supervision.

PRACTICE GUIDANCE
Reports frequently include caregiver actions that may be troubling but would not typically meet the above definitions.
Examples include the following.:

- Concerns that challenge reporter or personal bias, but do not indicate immediate or future harm.
- Consider age, frequency, and impact when a caregiver is providing alcohol to a child at home.
- Caregiver uses foul language. Unless the language is hostile toward the child, foul language in general would not meet the definition.
- Fighting among siblings or peers. Unless, for example, the caregiver instigates fighting that causes fear or terror for one or more children, fighting among peers or siblings would not meet the definition.

e. ABANDONMENT

Caregiver stopped providing care for the child without making appropriate provisions for substitute care, AND there is no indication that caregiver intends to resume care.

Examples include the following.

- Following a planned time during which caregiver arranged for a substitute caregiver for the child, the caregiver did not return as planned. The caregiver has made no further provisions for the child's care, and there is no indication that the caregiver will return. The substitute caregiver is unable or unwilling to continue providing substitute care for the child.
- There is evidence that the caregiver will not assume further responsibility for the child, or the caregiver did not intend for the child to survive (e.g., infant left in a dumpster).
- The caregiver left a child in the full-time care of an adult knowing that the adult is unwilling or unable to meet the needs of a child.
- The caregiver refuses to let a child return to the home following an alternative living arrangement. However, if the caregiver refuses because of fear of child's behavior, or belief that he or she cannot protect the child from the child's own behavior (e.g., suicidal, running away, self-harming, being trafficked), assess for FINA.

PRACTICE GUIDANCE
Do not assign if an infant is surrendered in accordance with the Kansas Newborn Infant Protection Act. K.S.A. 38-2282 (Safe Haven Law). Safe Haven Law may be applied if the infant is 45 days old or younger and was left at a hospital or fire station.

f. NEGLECT

i. 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.

1. *Clothing/hygiene or lack thereof that causes harm to the child*

   The child's clothing and/or hygiene is likely to result in their daily activities being adversely impacted or in medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite). Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

   Examples include but are not limited to:

   - The child expresses frustration and shows signs of dysregulation due to the lack of essentials.
   - The caregiver does not provide the necessary clothing or hygiene products to meet the child's minimal needs, except for financial reasons, and this has resulted in harm to the child that required medical attention.
   - Parents are aware of the ongoing hygiene concerns (including chronic lice infestation) and are not following through with the treatment or not addressing the concerns, which results in harm.

PRACTICE GUIDANCE
Consider the available resources in the community, cultural practices, and caregiver's attempts to seek out resources that negate the concerns or situation.

2. *Lack of food or nutrition*

   Caregiver refuses to provide or is withholding food or nourishment to the extent that the child is likely to have or to develop malnutrition. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources.

   a. The child is malnourished as assessed by a medical professional, OR
   b. The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR
   c. The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities).

3. *Hazardous or no shelter*

   A child is in physical danger due to the conditions of the shelter provided, and caregiver refuses to remove the child from the situation. Neglect is not due solely to the caregiver's limited or lack of financial means or other resources. Examples of conditions that may be considered hazardous include the following.

   - The home is lacking utilities that are required to prevent illness or injury (e.g., heat, water, electricity).
   - Broken windows or stairs, unprotected wiring, open window on an upper floor, or exposure to excrement has led or could lead to a child's injury.
   - Bug or rodent infestation to the point that the child is suffering from an illness carried by pests that requires medical treatment, or food is infested.
   - Child may be dangerously exposed to vermin, human, or animal excrement.

PRACTICE GUIDANCE

- Shelter can take on many forms. Tents, cars, homeless shelters, and living with family and friends can be considered shelter. Consider a FINA based on potential impact to the child and the caregiver's willingness to take action.
- Physical neglect concerns solely due to lack of financial resources should be considered as FINA.
- Consider whether the caregiver is unintentionally keeping their child in a dangerous situation. If caregiver is making efforts to resolve the problem (e.g., seeking out landlord, filing a complaint with housing, treating bug infestations or requesting that their landlord treat them), consider assigning as FINA.

ii. *Non-organic failure to thrive*

A medical professional diagnosed child with non-organic failure to thrive, AND caregiver's parenting is consistent with known contributory factors for non-organic failure to thrive.

Examples include the following.

- Caregiver does not hold, touch, or interact with the child either physically or verbally.
- Caregiver does not respond to child's cries.
- Caregiver does not allow the child to sleep (intentionally or due to activity).

iii. *Lack of supervision*

Caregiver refuses to provide supervision of a child or refuses to remove a child from a situation that requires judgment or actions beyond the child's abilities and that results in bodily injury or a likelihood of harm to the child. Not due to lack of financial means or cultural practices. Examples include the following.

1. *Caregiver is absent*
   - ***a.*** Child, under age 7, is left home alone for any amount of time.
   - ***b.*** Child, age 7 or older, is left alone longer than child can safely manage (refer to APPENDIX **C**: SUPERVISION LEVELS)

2. *Caregiver is inattentive*
   - ***a.*** Caregiver is aware of threats to child safety and are refusing to take action. (e.g., deadly weapon that is not securely locked, access drugs and paraphernalia, pattern of child eloping from the home).

3. *Selection of temporary caregiver is not safe*
   - ***a.*** Caregiver is aware and knowingly leaves a child with a temporary caregiver who is likely to cause harm and refuses to seek out a safe alternative.
   - ***b.*** A person under the influence that impacts their ability to provide sufficient supervision for that child's maturity and abilities.
   - ***c.*** The older sibling previously harmed the younger sibling.

4. *Caregiver does not protect child from harm by others*
   - ***a.*** Caregiver has knowledge a person is a registered sex offender who is prohibited from contact with children and allows unsupervised contact.

b. Child discloses to caregiver about abuse and caregiver does nothing to protect.

5. *Dangerous actions near the child*

   A child is nearby, person's actions are dangerous, and caregiver is not taking steps to protect child. Examples include the following.

   a. Child is taken along when person is involved in violent crime.
   b. Person disregards safety when handling firearms around child.
   c. Person co-sleeps with child under age 2 while person is intoxicated or high.
   d. Person repeatedly drives recklessly or under the influence with child in the car.

PRACTICE GUIDANCE

- When a caregiver is taking protective action, but the harm continues, do not assign.
- If the concern is regarding ongoing domestic violence and the caregiver is not removing the child from it, consider the dynamics of the relationship that may prevent the non-offending caregiver from taking protective actions.

Reports frequently include concerns that a child is not being supervised to a level the reporter believes to be sufficient. However, the concerns may not meet the definition.

For Example:

- A child home alone between the end of school and caregiver's return home. If there are facts to support that a particular child cannot manage particular circumstances in a way that meets the definition.
- Caregivers cannot be reached. Consider if the child is in a circumstance that meets the definition, it is not based solely on ability to contact the caregiver.
- Drugs, guns, or dangerous items in the home. The definition is met if the child has already become ill or injured, or if the caregiver has not put in place sufficient protections for the child.

iv. *Medical Neglect*

The child is experiencing medical concerns **AND** the treatment would make the child feel more comfortable, reduce pain, **OR** prevent the condition from worsening **AND** the caregiver is failing to provide the treatment. The acts or omissions are not due solely to the lack of financial means of the child's caregiver or other custodian. Medical treatment includes dental; vision; mental health; and therapies such as physical, occupational, and speech.

Examples of not providing medical care include but are not limited to the following:

- Not providing urgently needed assessment or treatment: Child has an illness or injury that requires immediate assessment or treatment, AND caregiver knows or should know that immediate assessment or treatment is required but is not providing it.
- Missing crucial appointments: Child has a diagnosed condition requiring ongoing treatment, and caregivers have missed enough appointments so that the child is or will be harmed (as defined above). Include appointments for evaluation or treatment.
- Not learning or following techniques to care for child's medical needs: Child has a condition requiring care provided by the caregiver for which the caregiver must be trained, AND caregiver refuses instruction, does not participate in instruction, or does not apply learned techniques as instructed.

- Not providing needed medication, medical supplies, or equipment when the caregiver is aware of child's need and can access the necessary items, AND there is a significant risk of physical harm or deterioration.
- Not providing urgently needed mental health intervention: Child has current plans to harm self or others, has access to a means to harm, and the caregiver is refusing to seek treatment.

PRACTICE GUIDANCE

- When there was a delay in treatment, but the delay did not result in the condition worsening or additional harm to the child, do not assign.
- Consider whether a caregiver who delays medical care may be in fear of citizenship status and/or have cultural reasons for the delay.
- Consider the parental choice to maintain well-child visits or immunizations.
- Examples of situations that would not meet this definition but should be assessed for FINA include lack of care due to:
  - Caregiver cognitive difficulty or communication struggles; and
  - Failure to treat ADHD with prescription medication. Consider whether caregiver is attempting to address through alternative ways or interventions. Are there educational resources available to address behaviors at school? If caregiver is not accessing them, consider FINA.

v. *Substance-affected infant*

A medical professional determined that a child from birth to his/her first birthday has one of the following, regardless of drug screen results for mother or newborn.

1. Neonatal Abstinence Syndrome/withdrawal.
2. Compromised health or well-being related to mother's substance use during pregnancy. This may include:
   - Irritability;
   - Irregular and rapid changes in state of arousal;
   - Low birth weight;
   - Prematurity;
   - Difficulties with feeding due to a poor suck;
   - Irregular sleep-wake cycles;
   - Decreased or increased muscle tone;
   - Seizures or tremors;
   - Physical, developmental, cognitive, or emotional delay; and
   - Facial characteristics of fetal alcohol syndrome.

Who is the person causing harm?

1. Family

The person reported to cause harm is a parent of the child, an adult living in the same home as the child, or a sibling or relative.

a. Parent or legal guardian

A biological or adoptive parent or legal guardian. Include minor parent.

b. ***Other adult living in the home (relative or non-relative)***
A person over age 18 who lives in the same home as the child. This person may be related or not.

c. ***Minor in household age 10 or older who is not a parent***
A person between the ages of 10 and 18 who is a sibling or other relative but not a parent

d. ***Relative in a caregiving capacity (adult or child age 10 or older)***
A person related by blood, marriage, or adoption who is acting in a caregiving capacity. Include minor relatives ages 10 or older.

e. ***Relative not in a caregiving capacity (adult or age 10 or older)***
A person related by blood, marriage, or adoption who is NOT acting in a caregiving capacity. Include minor relatives ages 10 or older

2. ***Facility***
An entity that is subject to regulation. This includes:

a. Family foster homes

b. Group homes

c. Residential childcare facilities

d. Detention

e. Secure care

f. Attendant care facilities

g. Daycare homes or centers

h. Psychiatric residential treatment facilities (PRTF) licensed by the Kansas Department for Aging and Disability Services

i. Any other entity subject to regulation

3. ***Non-relative or unregulated caregiver***
A person over age 10 who is not a parent or legal guardian and does not live with the child. Does not include facility staff or other residents of a facility.

a. Teachers, administrators, or other employees of a school, other than a home school

b. Employees and administrators of recreational and/or character-building organizations

c. Babysitters

d. Acquaintances of the family

e. Strangers

4. Unknown
The reporter does not know the identity of the person causing harm.

2. NON-ABUSE OR NEGLECT

Family in Need of Assessment (FINA)

a. **Caregiver**

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

PRACTICE GUIDANCE
Factors to consider when a caregiver is using substances:

- Another caregiver is able protect the child.
- The caregiver is involved in services.
- The age of the child.
- How dependent the child is on their caregiver meeting their needs.
- The pattern of caregiver usage or how often the caregiver is using.
- How the caregiver acts while using.
- Are they using a substance that causes impairment to an extent that the result of the use is often impaired judgement, agitation, stupor, or organizing life around.

b. Caregiver unable or unavailable to provide care
Caregiver unable or unavailable to provide care. The situation does not meet criteria for abuse or neglect, but one of the following situations is present.

I. The caregiver is incapable, unable, or unwilling to seeking out necessary services to maintain the child's health and safety.

OR

II. Extenuating circumstances (e.g., hospitalization, incarceration, death, deployment) prevent caregiver from providing care AND no safe alternative caregiver has been identified. The caregiver plans to resume care of the child as soon as possible.

Examples include but are not limited to the following.

- Caregiver's lacks the ability to manage or maintain the child's health and safety due to mental/physical disabilities, cognitive delays, and/or lack of knowledge or resources to care for the child and meet their needs. Consider immediate and lasting safety of the child/ren.

PRACTICE GUIDANCE
Consider not assigning if one or more of these apply:

- Family is engaged with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter is willing and able to connect or provide the family with resources.
- Caregivers is aware and able to seek out resources on their own.

b. Child

I. Child under age 10 committing an offense

A child who is less than 10 years of age commits any act that if done by an adult would be considered a felony or misdemeanor. Exclude any offense that meets another FINA category. As defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

II. Runaway child

A child leaves a home or facility without permission AND is likely to experience harm while on the run.

Examples include the following:

- Child has been identified as being in the company of individuals who may harm child.
- Child has been identified as is being at risk for being trafficked or sexually assaulted.
- Child has been identified as being reckless or taking extraordinary risks with his/her life or safety.
- Child repeatedly runs away for extended periods of time and the location of the child is unknown during the time they are missing.
- Child has been identified as having a special need, or other vulnerabilities that would impact their ability to maintain their safety.

III. Child substance use

A child is using alcohol or illegal drugs or is abusing prescription or over-the counter drugs. Substance use is negatively impacting the child or family functioning.

Examples include the following:
The substances used by the child is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.

- Caregivers' awareness and ability to seek out resources on their own.

PRACTICE GUIDANCE

Consider Caregivers response to the identified concerns and :

- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.

Consider Abuse/Neglect if:

• If caregiver is providing alcohol or drugs to child, review whether an item in Emotional Abuse applies.

• If caregiver is aware of the problem but not attempting to intervene, review whether neglect: lack of supervision applies.

IV. Truancy

Child is not attending school, as required by law.

- Child is between the ages of 7 and 12 years and is unenrolled or enrolled and is truant.
- Children under the age of 7 and enrolled and is truant.

Truancy means that the number of unexcused absences is at least:

- Three days in a row;
- Five days in a semester; or
- Seven days in a school year.

PRACTICE GUIDANCE

- Follow County guidelines for specific truancy procedures.
- Attending a registered home school is considered enrolled.
- If the reporter has the name of the homeschool and the name of the children and parent, PRC can call KSDE and verify if such a homeschool is registered. This will not 100% confirm it's the same parents and children associated to the homeschool, but it is reasonable to assume it's the same and could likely screen out.
- If the reporter does not have the name of the homeschool, PRC will need to assign.

V. Child with behavior problems not listed above

Child with behavior problems not listed above, and child's actions negatively impact family or child functioning.

Examples include the following:

- Child is suicidal or self-harming.
- Child is homicidal, harming other people or animals, or destroying property, or has a pattern of dangerous and reckless behaviors.
- Child's sexual behavior is problematic, but there are no other indicators of sexual abuse. Refer to appendix B, table B.
- Child has symptoms of distress (e.g., sleep or eating disturbance, mood swings, phobias).

- Increasing conflict in the home related to child's actions.

PRACTICE GUIDANCE
Consider Caregivers response to the identified concerns and:
- Family's engagement with natural supports and/or community resources
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregivers' awareness and ability to seek out resources on their own.

VI. Positive drug screen for infant or mother of infant, AND family requests or appears in need of service

A medical professional reports an infant had a positive drug screen or the mother had a positive drug screen, AND at least one of the following situations exists.

1. The family requests being contacted by DCF for assessment and possible services.
2. The substances used by the caregiver (e.g., heroin, meth) are highly addictive or their use is causing impairment to an extent that and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.
3. The family appears in need of assessment and possible services.
   Examples include:
   - Caregiver health will make caring for child difficult and there are no other resources.
   - Caregiver does not know how to care for infant or does not know how to care for a high-risk or special needs infant.
   - Caregiver does not have essential supplies for infant and has no family support.
   - Caregiver is not spending time with infant, cuddling, cooing, organizing with infant.
   - Relationship between caregivers is strained, such as significant arguing.

VII. Pregnant woman using substance (PWS) other than nicotine,

A woman is currently pregnant; aware of the pregnancy; AND using alcohol or illegal substances or abusing prescription medication. Exclude nicotine.

Indicators of use include:
- Mother had a positive drug screen during pregnancy.
- Disclosure of use by mother.
- Pregnant woman was observed using.
- Pregnant woman appeared under the influence.

PRACTICE GUIDANCE
- If other children are in the home, review for a FINA initial assessment: caregiver substance use.
- If a mother in late stages of pregnancy used early in pregnancy and has not used since, do not assign.

Consider caregiver's response to the identified concerns and:
- Family's engagement with natural supports and/or community resources.
- Natural support and/or community resources are available to mitigate the worry.
- Reporter's ability to connect or provide the family with resources.
- Caregiver's awareness and ability to seek out resources on their own.

VIII. *No FINA or PWS criteria are met*

Concerns reported do not meet definitions for any FINA type and does not meet definition for PWS.

C. What is your initial thought about how this report should be assessed based on the allegations you selected.

- ☐ Not assigned for further assessment
- ☐ Assigned for Abuse/Neglect Investigation
- ☐ Assigned for FINA
- ☐ Assigned for PWS

D. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, describe the current and past alleged harm, including:

- Seriousness: What are the most worrying actions or inactions by a caregiver?
- Frequency: How often have the worries reportedly happened?
- Duration: When was the first time? When was the most recent time?
- Impact: How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

3. Complicating Factors

What barriers is this family facing that make it more challenging for them to provide safety and care for their children?

4. Community or Natural Resources

- Natural Resources: Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

5. Worst Realistic Fear

Based on what you know so far, what is the worst realistic thing likely to happen to the child if nothing changes?

6. Safe Enough

What would need to change for you to be confident the child/ren will be as safe as typical children in the community?

7. Lasting Safety and Well-being Scale

Where would you rate this situation today on a scale from 0 to 10?

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

E. ASSESSMENT DECISION

Worker override to not assign for further assessment.

1. Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.
All abuse or neglect types identified have a person causing harm who is not a household member. The worker notified law enforcement, and law enforcement confirms that they will investigate the concern and do not require DCF assistance.

PRACTICE GUIDANCE
Note the law enforcement departments and officer's name in the basis. The report will be not assigned for abuse and neglect. The report MAY be forwarded to a region for a courtesy interview to assist law enforcement if requested.

2. An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim.
All abuse or neglect types identified have a person causing harm who is an employee of DCF or KDAD; OR an employee of DCF or KDAD is the parent of any reported victim.

3. Child resides on Native American reservation, AND tribe does not request DCF assistance.
Child resides on a reservation of one of the four Kansas tribes (Sac and Fox, Prairie Band Potawatomie, Kickapoo, or Iowa), AND tribe agrees to take the case with no further DCF assessment. Does not apply for an incident that occurred on a reservation if the child does not live on the reservation.

PRACTICE GUIDANCE
When a report is assigned for abuse or neglect that involves a child who resides on the reservation of one of the four Kansas tribes*, worker will:

- Send a preliminary inquiry to the contact for the tribe.
- Based on tribe's response the worker will do the following.
  - If the tribe takes the case and does not request further DCF assistance, do not assign and send the report to the designated tribal contact.
  - If the tribe requests DCF assistance, continue the initial assessment.

*If the child lives in Brown, Doniphan, or Jackson County, confirm whether the child lives on a reservation.

4. Inability to locate child or family

All reasonable efforts to locate the child and family have been pursued, and the family cannot be located.

PRACTICE GUIDANCE
Document efforts to locate in the basis.

5. Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding

Based on the reported concerns and context, it is unlikely that the same child or other children are currently being maltreated or are likely to be maltreated, AND it is unlikely that an investigation would be able to reach a determination.

Examples include the following.

- The reported victim is now an adult or has no further contact with person causing harm, AND no other children are likely to be current or future victims of the same person causing harm
- The reported person causing harm is deceased.

PRACTICE GUIDANCE

- If the reported victim is an adult and there are other children who may be victims of the same person causing harm, assess for abuse or neglect based on those children as victims. The adult is not considered a victim but may be considered a reporter or witness.
- A report to law enforcement may be indicated.

Assessment Decision

- ☐ Not assigned for further assessment
- ☐ Assigned for further assessment
  - ☐ Abuse or neglect investigation
  - ☐ FINA
  - ☐ PWS
- ☐ Worker override to not assign

RESPONSE PRIORITY GUIDANCE

A. IF ONE OF THE BELOW APPLY, RESPONSE TIME IS SAME DAY. NO FURTHER RESPONSE PRIORITY ASSESSMENT REQUIRED.

1. ABUSE/NEGLECT CONCERNS AND THE ALLEGED VICTIM IS UNDER AGE 1
A child who is an alleged victim of abuse or neglect has not reached their first birthday.

2. ABUSE/NEGLECT CONCERNS AND THERE IS A CURRENT LIFE-THREATENING SITUATION
A child who is an alleged victim of abuse or neglect and currently in, or within the next 24 hours is expected to be in, a situation posing threat to child's life.

3. CHILD IS IN PROTECTIVE POLICY CUSTODY
A law enforcement officer has taken the child into protective police custody.

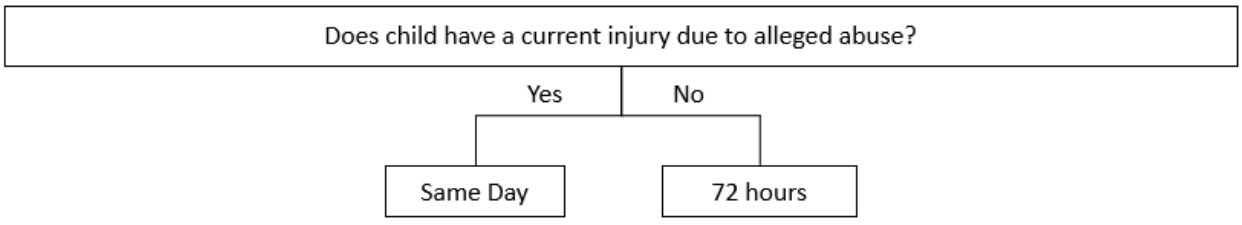
4. ABUSE/NEGLECT CONCERNS AND THE CHILD FEARS FURTHER ABUSE OR NEGLECT UPON RETURNING HOME OR REMAINING HOME
A child who is an alleged victim of abuse or neglect and expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home.
Examples include the following.

- Child states or expresses that the abuse or neglect may be repeated.
- The person reported to be causing harm or another caregiver has threatened to harm child if child tells someone about the abuse or neglect.
- Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

B. DECISION TREES

1. ABUSE/NEGLECT

a. Physical Abuse



i. Does the child have a current injury due to alleged abuse?

"Yes" if the child is currently injured and one of the following applies:

The reporter has seen the injury, OR, if not, the reporter believes there is a current injury based on one or more of the following.

1. Child told the reporter of a current injury that the reporter would not reasonably see (e.g., reporter is not in the same location as child, or injury is located under clothing).
2. An internal injury is suspected based on child's symptoms (e.g., loss of consciousness, altered consciousness, abdominal pain, limping, or inability to use an arm or hand).

Assign Same Day

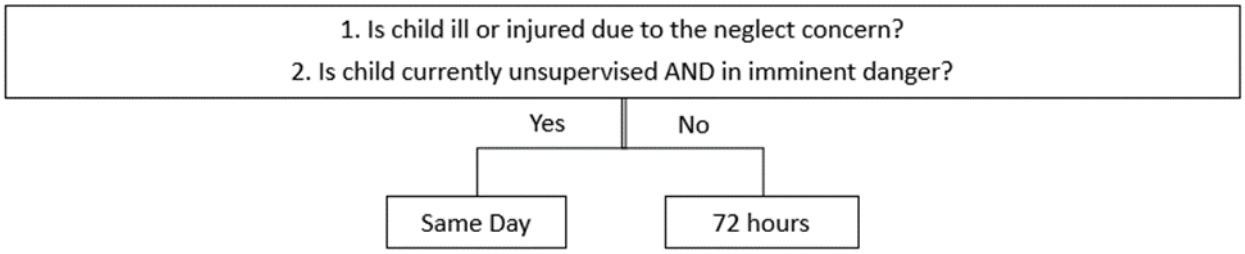
"No" if any of the following applies:

1. The child was not injured.
2. The injury is fully healed.
3. The reporter has no knowledge of a current injury.

Assign 72 hours

b. Neglect

Use for physical, medical, and educational neglect; lack of supervision; and abandonment.



i. Is the child ill or injured due to the neglect concern?

"Yes" if the assigned neglect concern surfaced one or more of the following for the child.

Child is injured or the child has a neglect related illness that requires immediate medical attention.
AND
The caregiver is failing to take the necessary measure to address the concern.

Assign Same Day

"No" if the child does not have an injury or does not have serious illness placing them at imminent risk of harm, condition, or injury.

Assign 72 hours

ii. Is child currently unsupervised AND in imminent danger?

"Yes" if the child is not receiving sufficient supervision from his/her caregiver, AND the *current* situation is likely to result in serious harm to the child.

- *Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent*

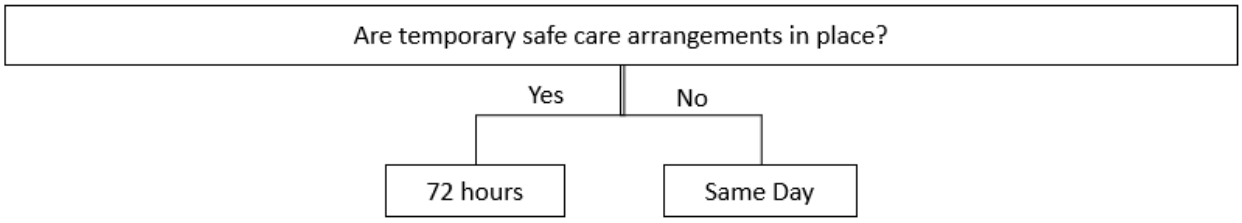
danger.

Assign Same Day

"No" if the child is receiving supervision from his/her caregiver to the extent that the child's immediate safety is not of concern.

Assign 72 hours

c. ***Abandonment***



i. *Is the caregiver unavailable, unable, or unwilling to provide care, and child is in imminent danger?*

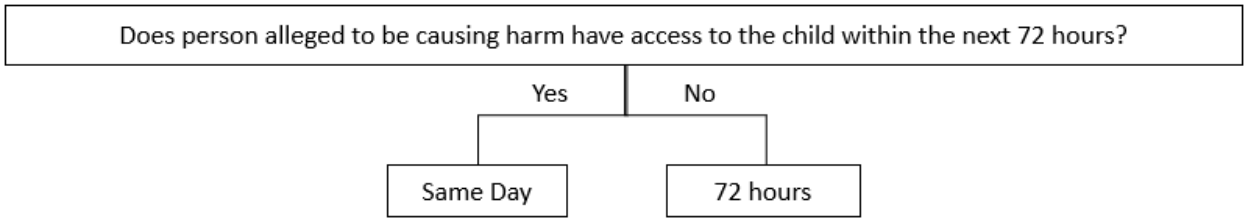
"Yes" if the caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger.

Assign Same day

"No" if there are current temporary care arrangements for the child for the next 72 hours.

Assign 72 hours

d. ***Sexual Abuse and Trafficking***



i. *Does person alleged to be causing harm have access to the child within the next 72 hours?*

"Yes" if information is provided to suggest that the child is having any form of ongoing contact (face-to-face, phone, or electronic) or will be having any form of contact with the alleged person causing harm within the next 72 hours.

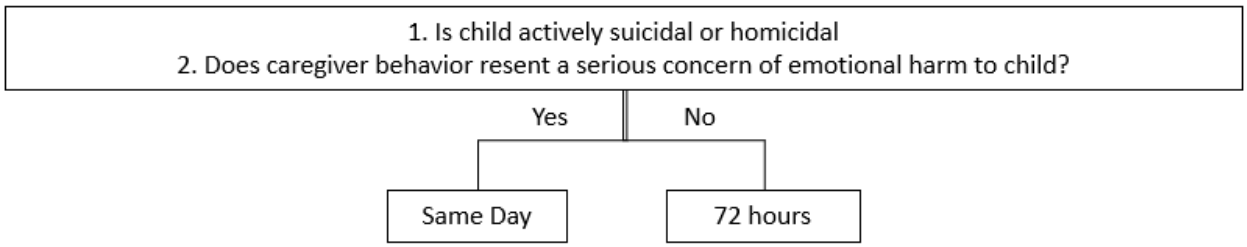
Assign Same day

"No" if the alleged person causing harm will have no access and no contact with the child within the

next 72 hours.

Assign 72 hours

e. Emotional Abuse



i. Is child actively suicidal or homicidal?

"Yes" if at least one of the following is true.

1. Child has symptoms of severe psychological distress or fear (e.g., suicidal, homicidal) that require immediate intervention.

Or

2. Child requires an immediate crisis response from the police due to extremely violent behavior resulting from emotional harm (e.g., using knives, fire setting, or cruelty to animals).

Or

3. Child requires immediate psychiatric treatment due to emotional harm as determined by a medical/mental health professional.

AND

The caregiver is failing to take the necessary measure to address the concern.

Assign Same day

"No" if the child is not actively suicidal or homicidal.

Assign 72 hours

ii. Is the child expressing fear of returning home or being in the home?

"Yes" if the child is expressing, they will likely be injured, sexually abused, or emotionally harmed upon returning home.

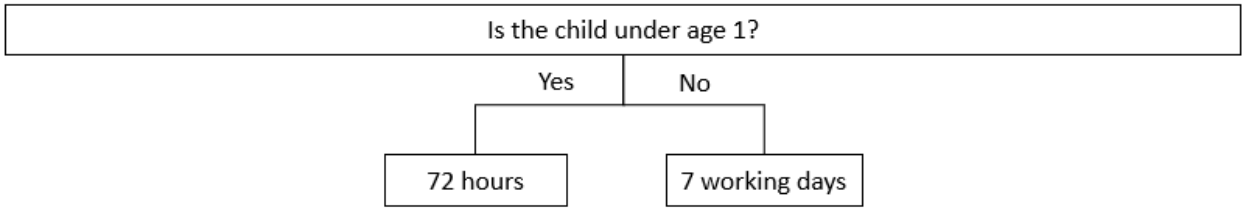
Assign Same day

"No" if the fear is not based on concern of being injured, sexually abused, or emotionally harmed upon returning home.

Assign 72 hours

2. NON-ABUSE OR NEGLECT

FINA



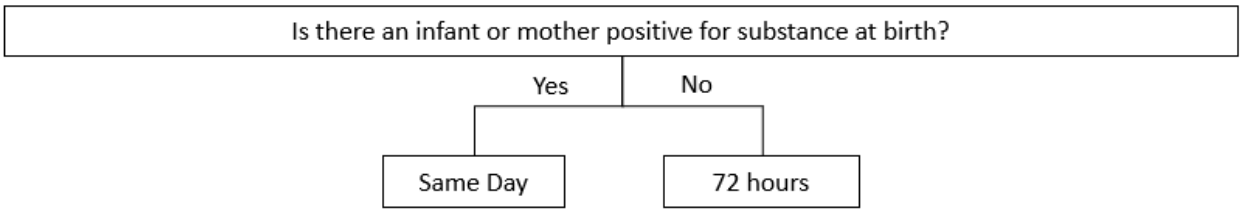
b. Is child under age 1?

"Yes" if the child has not reached their first birthday.

Assign 72 hours

"No" if the child is age 1 or older.

Assign 7 working days



c. Is there an infant or mother positive for substance at birth?

"Yes" if a medical professional reports a positive drug screen at birth for the infant or mother, AND family requests or appears in need of service.

Assign Same day

"No" if the infant or mother's drug screen was negative.

Assign 72 hour

PRACTICE GUIDANCE
If the infant was affected by substances, the report will have been assigned in as neglect.

d. IL and ICPC Response Times (PPM 1672)

Assign 20 working day

POLICY AND PROCEDURES

The purpose of the initial assessment is to assess whether a report meets agency criteria for a DCF response and, if so, to determine how quickly to respond.

Decisions made at intake are vital. The right decision means that families needing intervention get it, and families who do not require intervention are not needlessly disrupted. For the system, correct intake decisions help make the best use of agency resources.

Intake work is also the face of DCF most Kansans will know. Their experience when they call to express concern about a child or family shapes their view of the child protection system and influences whether they will call again should they have concerns about another child.

WHICH CASES

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

WHO

Intake Protection Specialist or Protection Specialist.

WHAT

When taking a report by phone or gathering additional information on a web or fax the best approach is to invite the reporter to explain their worries about the child and family in their own words. While listening, the worker can be scanning the assessment guide to begin to hone in on the assessment criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information the worker has and what information the worker still needs to make a decision.

To elicit the specific information the worker requires, based on the definitions they are reviewing, they may begin with targeted open-ended questions such as, "What has happened to the child physically or emotionally as a result of the worrisome behaviors? "Follow up questions based on the answer can continue as needed. Often, solution-focused questions can help gain the reporters perspective. For example, "What are your best hopes about the difference it would make for DCF to intervene?" A scaling question should also be used to get the reporter's view of safety. For example, On a scale of 0–10, 10 is, you're confident the child(ren) will be safe enough staying where they are. 0 is things are so bad for these children that you worry they are likely to be seriously hurt if they stay in their current situation even for tonight. Where would you rate it? Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

When the worker has heard the concerns of the reporter sufficiently to determine whether criteria are met, it is important for the worker to ask about exceptions and things that are working well. For example, "What has happened (or is in place) that has provided some protection to the child/ren in relation to the worries?" Another question should involve current supports. For example, **"**What support or services is this family receiving or have they received through other agencies, organizations, or programs. If not engaged in services, how willing or able are they to access these services?"

When the worker has heard the concerns of the reporter sufficiently to determine whether assessment criteria is met, consider whether there is additional information that will be useful for the responding worker.

WHEN

The Kansas Intake Assessment Tool is completed as soon as possible when processing the report—no later than the end of the next half workday from the time the report is received. If additional information is needed, the worker will complete a preliminary inquiry that will end no later than the 3rd working day after the report was received.

DECISIONS

The Kansas Intake Assessment Tool guides whether a report requires a response, the type of response, and how quickly contact must occur.

COMPLETION INSTRUCTIONS

After processing the report in KIPS, create the "1001" document in KIPS and proceed with the assessment process.

This document may be used to support the worker's critical thinking and decision-making process for all reports but shall be used for the following: Physical Neglect, Medical Neglect, Lack of Supervision, Emotional Abuse, and Family in Need of Assessment allegations. Truancy concerns meeting the 3/5/7 rule shall be assigned.

INITIAL ASSESSMENT

A. REPORTS THAT DO NOT REQUIRE AN INITIAL ASSESSMENT

Consider the list of possible exemptions and identify any that apply. If you select any of the exemptions, you do not need to complete the remainder of the tool.

Consult practice guidance, policy, or seek supervisor guidance for additional clarification.

B. ALLEGATION TYPE

1. Abuse or Neglect

Based on the definitions, identify each type of abuse or neglect being reported. You may identify more than one if more than one allegation is being reported and meets definition.

Based on the definitions, identify each type of person reported to have caused harm. You may identify more than one if more than one type of person causing harm.

If no criteria are met, move to section 2 “Non-abuse or neglect”

2. Non Abuse or Neglect

Do not consider FINA items will not be available if:

- An item is met in Part A1
- A child abuse or neglect item is met in Part B1

Based on the definitions, identify each type of FINA that applies. You may identify more than one if more than one allegation is being reported and meets definition.

If no FINA criteria are met AND no PWS criteria are met, move to section 3 “Initial Thoughts”.

3. Initial Thought

The initial thought will be completed based on what is identified in parts B1 and B2.

The available assessment decisions are “not assigned for further assessment” and “assigned for further assessment.” If it is assigned, the type of assignment will also be identified based on what criteria was met per policy and definitions.

C. ASSESSMENT MAP

1. Current and Past Harm

Considering information provided by the reporter as well as information available in DCF records, briefly describe the current and past alleged harm, including:

- **Seriousness:** What are the most worrying actions or inactions by a caregiver?
- **Frequency:** How often have the worries reportedly happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been negatively impacted (physically and emotionally; immediately and cumulatively)?

Guidance
This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

Consider the caregivers actions or inactions resulting in harm.

2. Current and Past Safety

Considering information provided by the reporter as well as information available in DCF records, briefly describe the Current or Past safety and protection.

- **Significance:** What are the best things caregivers or natural supports have done to protect the children?
- **Frequency:** How often have the protective actions happened?
- **Duration:** When was the first time? When was the most recent time?
- **Impact:** How have the children been positively impacted (physically and emotionally; immediately and cumulatively)? Or are these children as safe as typical children in the community?

Guidance
This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. KEES
4. KIDS

Consider the caregivers actions or inactions and natural supports resulting in safety.

What is the caregiver's willingness to provide safety and protection.

3. Complicating Factors

Briefly document what barriers is this family facing that make it more challenging for them to provide safety and care for their children?

Guidance
Barriers:

- Financial
- Lack of available resources
- Lack of education
- Community/environment safety
- Natural Supports

4. Community Resources

Briefly identify any current natural or community resources the family is current accessing or has access to or can be provided to the family.

Guidance
Consider:

- Natural Resources: Who or what does this family have around them that might help maintain the child's(ren's) safety? Who are the strongest connections for this family and their children?
- What community resources does the family have around them that might help maintain the child's(ren's) safety?
- What is the reporter's ability or willingness to connect or provide the family with resources?
- What is the caregiver aware of or what is their ability to seek out resources on their own?

This information can be found:

1. Reporters current and past concerns
2. Prior HX in KIPS
3. FACTS
4. KEES
5. KIDS

5. Worst Realistic Fear

Based on what you know so far, briefly document the worst realistic thing likely to happen to the child if nothing changes?

Guidance
Who else shares your concern for the child(ren)?

What would they say worries them worst about the situation?

Critical Analysis:

- Who's worried?
- What might happen?
- Possible (-) impact?

6. Safe Enough

Based on what you know so far, briefly describe what would need to change for you to be confident the child(ren) will be as safe as typical children in the community?

Guidance

Critical Analysis:

- Endgame
- Needs to be happening differently in the care of the child
- Anticipated positive impact.

7. Lasting Safety and Well-being

Using the information gathered, rate your confidence the kids will grow up safe enough and well enough in their current situation without CPS involvement.

Guidance

- 10 is the worries for this family are no more serious than for a typical family in our community and everyone is confident the kids will grow up safe enough and well enough in their current situation without CPS involvement.
- 0 is things are so bad for these children that everyone is really worried they are likely to be hurt or suffer lasting/serious negative effects if something doesn't change.

D. ASSESSMENT DECISION

The assessment decision will be completed based on what is identified in parts B and C.

The available assessment decisions are "not assigned for further assessment" and "assigned for further assessment." If it is assigned, the type of assignment will also be identified based on what criteria was met and the consideration of available family/child services, supports, and resources.

Guidance

Overrides can be applied when the initial assessment decision was to assign as an abuse or neglect investigation or FINA; however, there are policies that warrant a different assessment decision. Review all override options and consider all that apply. If an override is applied, the final assessment decision will be "not assigned for further assessment."

- Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating.
- An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim.
- Child resides on Native American reservation, AND tribe does not request DCF assistance.
- Inability to locate child or family.
- Reported abuse occurred in the past, AND there are no children who are likely being maltreated now, AND an investigation is unlikely to reach a case finding.

APPENDICES

APPENDIX A: GLOSSARY

Caregiver
An adult who provides care for a child in the absence of, or in conjunction with, the child's parent or guardian.

In this manual, the term caregiver will include parent.

Child
A person under the age of 18 *or* any adult under the age of 21 who is in the custody of the DCF Secretary.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Household
Assessments are household based. A household includes the victim child, the child's parents, and all adults and minors who reside with the child and function as a household.

Examples of functioning as a household include:

- Sharing meals
- Spending time together
- Sharing responsibilities
- Sharing child care

If a child's parents do not reside together, the child may be a member of more than one household.

Parent
A person required by law to maintain, care, and support the child. Includes biological or adoptive parent and legal guardian. Include a minor parent.

Person Causing Harm
A person identified in the initial report or during the investigation as a person suspected of harming a child (synonymous with Alleged Perpetrator).

APPENDIX B: TYPICAL AND ABUSIVE SEXUAL BEHAVIOR

Table A contrasts examples of "typical" sexual behaviors with what is considered "abusive" sexual behavior for different age groups. For assessment purposes, presume against ~~in~~ assigning reports 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 caregivers of both the perpetrator and victim are responding appropriately.

Table B
Age-Typical Sexual Behaviors Versus Abusive Sexual

Typical Sexual Behaviors	Abusive Sexual Behaviors
Ages 0-5	
• Masturbation as self-soothing behavior • Touching self or others in exploration or due to curiosity • Sexual behavior without inhibition • Intense interest in bathroom activities	• Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes re-enactment 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	
• Fondling/touching own genitals and masturbation • More secrecy regarding self-touching • Interest in others' bodies expressed as game playing rather than exploratory curiosity (e.g. "I'll show you mine if you show me yours.") • Boys comparing penis size • Extreme interest in sex, sex words, and dirty jokes • Seeking information or pictures that explain bodily functions • Touching that involves stroking or rubbing	• Sexual penetration • Genital kissing • Oral sex • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Ages 11-12	
• Continuation of masturbation • Focus on establishing relationships with peers • Sexual behavior with peers, such as kissing and fondling • Primarily heterosexual activity but not exclusively • Interest in others' bodies, particularly the opposite sex, that may take the form of looking at photos or other published material	• 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
Ages 13-17	
• Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual activity among peers • Behavior that contributes to positive relationships	• 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 his/her relationships with peers and family

REFERENCES

- Araji, S. K. (2004). Preadolescents and adolescents: evaluating normative and non-normative sexual behaviours and development. In G. O'Reilly, W. L. Marshall, A. Carr, & R. Beckett (Eds.), The handbook of clinical intervention with young people who sexually abuse (pp. 4–35). Hove: Brunner-Routledge.
- Boyd, C., & Bromfield, L. (2006, December). Young people who sexually abuse: key issues (NCPC Practice Brief #1). Australian Institute of Family Studies.
- Australian Childhood Foundation, Protecting Children. (2005). Children who engage in problem sexual behaviours: context, characteristics and treatment. Victoria, Australia: Author.

APPENDIX C: SUPERVISION LEVELS

TABLE C EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE	**SAFE CIRCUMSTANCES**
Ages 0–3	A child up to age 3 should not be left without adult supervision for any length of time. Visual observation should be maintained, with minimal interruption, other than times child is asleep in a safe situation.
Ages 4–6	A 4- to 6-year-old child should not be left without adult supervision for any length of time. Supervision may become increasingly indirect, with the adult at least within hearing range. Visual observation may become less frequent if child is in a safe situation (e.g., sleeping, safely playing indoors). During waking hours, visual observation of child by a responsible adult should occur within 15 minutes of last sighting.
Ages 7–9	A 7- to 9-year old may be left alone for up to about several hours if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child demonstrates ability to follow safety instructions when adult is nearby, but not directly supervising child; • Child knows how to make emergency phone calls; • Child is not responsible for other children (more than one child may be together, but each is responsible only for him/herself); • Child is not a danger to self or others; AND • Backup responsible adult is available to child who can be physically present if needed, within minutes.
Ages 10–12	A 10- to 12-year-old may be left alone all day or several hours in the evening if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not responsible for other children (more than one child may be together, but each responsible only for themself); • Child is not a danger to self or others; AND • Backup responsible adult is accessible, on call, and able to assist child for periods up to two hours.

TABLE C EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE	**SAFE CIRCUMSTANCES**
Ages 13–15	A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 18 hours (but not overnight) if: • Child has demonstrated ability to be left alone safely for shorter periods of time; • Child knows how to manage emergencies; • Child knows how to handle daily routines that occur during the time child is alone; • Child has been provided with meals within child's capability of preparing; • Child has been given instructions and demonstrated ability to follow instructions related to safety; • Child is not a danger to self or others; AND • Backup responsible adult is available and accessible to child.
Ages 16–17	Assess safety based on child's capacity to live independently.
Child with a disability	Assess safety based on the level of disability and the nature of the child's care needs.

APPENDIX D: PSYCOLOGICAL IMPACT ON CHILD

The following tables are guides. Consider consultation with a professional with expertise in child mental health if you are uncertain. Select the age group that best fits the child's age; or if the child has developmental delays, consider the approximate developmental level of the child. If uncertain, follow your organizational consultation practice procedures.

<table>
<tr><th colspan="4">TABLE D1

EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS</th></tr>
<tr><th>INFANT</th><th>TODDLER</th><th>SCHOOL AGE</th><th>TEEN</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging
• Slow weight gain</td><td>• Regression in toilet training, language, or other skills
• Head banging
• Regressive behavior
• Difficulties sleeping</td><td>• Bed wetting
• Significant behavior changes</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises and quick movements; displays startle response.
• Withdrawn, not playful, or play imitates violence between parents.
• Unusually extreme separation anxiety or no separation anxiety.</td><td colspan="2">• Self-harming/suicidal/social isolation.
• Constant worry about violence/dangers.
• Desensitization to violence.
• Decline in school performance.
• Feels worthless about life and self.
• Unable to value others or show empathy.
• Lacks trust in people.</td></tr>
<tr><td>NOT APPLICABLE</td><td colspan="3">• Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity).
• Poor school attendance.
• Extreme anxiety, such as inability to sit still that is not related to ADHD/insecure/attention seeking.
• Lacks interpersonal skills necessary for age-appropriate functioning.
• Extreme insecurity.
• Takes extreme risks; is markedly disruptive, bullying, or aggressive, particularly with female teachers.
• Avoids adults or is obsessively obsequious or submissive to adults.
• Highly self-critical.
• Feelings of hopelessness, misery, despair.
• Significant change in child's personality or behavior (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offenses).
• Alcohol or other drug abuse.
• Unusual attachment to an adult other than caregiver.</td></tr>
</table>

TABLE D1 EXAMPLES OF PSYCHOLOGICAL HARM INDICATORS			
INFANT	**TODDLER**	**SCHOOL AGE**	**TEEN**
• More than occasional difficulty sleeping or eating, e.g., losing weight, becoming obese, or having an eating disorder such as eating compulsively, anorexia, or bulimia. • Episodes of physical complaints for which there is no known physical cause (e.g., stomach aches, headaches). • Flat affect (i.e., rarely smiles or cries).			

TABLE D2	
AGE/DEVELOPMENTAL AGE OF CHILD	**SIGNIFICANT ADVERSE EFFECTS (EXAMPLES)**
All	Recurrent episodes of serious, unintentional injury or harm in circumstances where supervision has been an issue.
Infant/Toddler	• Symptoms of non-organic failure to thrive. • Delays reaching developmental milestone, and no medical reasons for delay are identified. • Child does not seem attached to caregiver. • Injuries and accidents related to lack of appropriate supervision.
Preschool	• Language delays with no other explanation. • Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self.
5–9 years	• Child is not developing social skills. • Child is frequently out of control. • Child is extremely clingy with other adults.
10–13 years	• Child is getting involved in dangerous, risky, or illegal behaviors. • School refusal.
14–17 years	• Illegal behavior, high-risk sexual activity, alcohol or drug abuse, and self-harm. • Disengagement from education or training.

TABLE D3	
AGE/DEVELOPMENTAL AGE OF CHILD	**MODERATE ADVERSE EFFECTS (EXAMPLES)**
All ages	• Reduced interest in previously pleasurable activities (i.e., not merely moving on to interest in a new activity). • Declining school attendance. • Mild anxiety. • Below-average interpersonal skills necessary for age-appropriate functioning. • Less secure than peers. • Trouble relating to adults or unusually compliant with adults. • Somewhat self-critical. • Feelings of sadness. • Noticeable change in child's personality/behavior. • Seeks closeness to an adult other than caregiver. • Occasional difficulty sleeping or eating.

TABLE D3	
AGE/DEVELOPMENTAL AGE OF CHILD	**MODERATE ADVERSE EFFECTS (EXAMPLES)**
Infant/toddler	• Play consistently imitates demeaning behavior between parents. • Occasional or mild separation anxiety or no separation anxiety. • Difficulty self-soothing. • Less interested in play. • More timid or more aggressive than peers.
School age	• Some difficulty concentrating. • Unusually withdrawn.