



The Structured Decision Making<sup>®</sup> System  
for Child Protective Services

# SDM<sup>®</sup> Intake Assessment Policy and Procedures Manual

September 2019



Kansas Department for Children and Families

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The NCCD Children's Research Center is a nonprofit social research organization and a center of the National Council on Crime and Delinquency.

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**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
SDM® INTAKE ASSESSMENT**

r: 12/18

**Case Head:** [last, first] \_\_\_\_\_ **Event #:** \_\_\_\_\_  
**FACTS Case #:** \_\_\_\_\_  
**Intake Worker:** [last, first] \_\_\_\_\_ **Report Date:** \_\_\_\_\_ **Report Time:** \_\_\_\_\_ ○ a.m. ○ p.m.

**PART I. SCREENING**

**A. Reports That Do Not Require SDM® Screening**

Reports that do not require screening 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

Reports that require DCF action but not SDM® screening

- Independent living referral
- Interstate compact request
- Courtesy interview for another state
- Courtesy interview for law enforcement
- New case needed

**IF ANY ITEM IN SECTION A IS SELECTED, THE STRUCTURED DECISION MAKING® (SDM) INTAKE ASSESSMENT IS COMPLETE. NO FURTHER SCREENING 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, indicate 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
- 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)
  - Inadequate clothing or hygiene
  - Inadequate food or nutrition
  - Hazardous or no shelter
- Non-organic failure to thrive
- Lack of supervision
- Medical neglect
- Educational neglect
- Substance-affected infant
  
- No abuse or neglect criteria met

*Who is the reported person causing harm? (mark 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)*

*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)

*Caregiver response*

- Already addressing or willing to address concern or open DCF case (screen out)
- Willing to address concern and requesting further services (screen in)
- Unwilling or unable to address concern (screen in)
- Unknown (screen in)

- Pregnant woman using substance (PWS) other than nicotine
- No FINA or PWS criteria met

**C. Screening Decision**

- Preliminary inquiry

Initial screening decision

- Not assigned for further assessment
- Assigned for further assessment
  - Abuse or neglect investigation
  - FINA
  - PWS

Screening override

- No override

*Worker override to screen out*

- PWS is receiving Temporary Assistance for Family (TAF) cash benefits AND no children in 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.

*Supervisor override to screen out*

- Inability to locate child or family
- Report results from actions within school policy and is referred to school administrator and county/district attorney
- 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

Basis:

### Final Screening Decision

- Not assigned for further assessment. No DCF response
- Assigned for further assessment
  - Abuse or neglect investigation
  - FINA
  - PWS

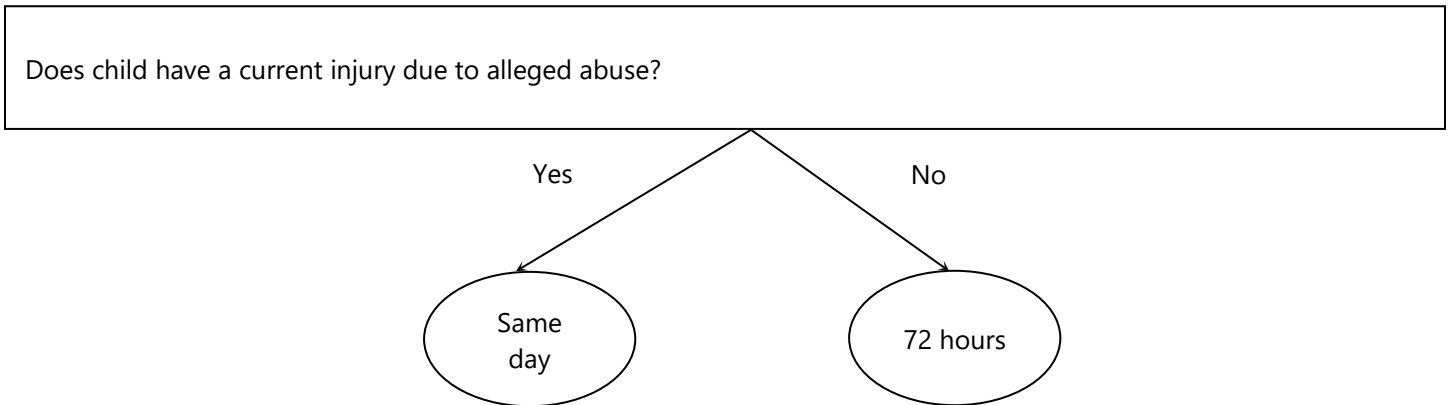
### PART II. RESPONSE PRIORITY

If any of the following are marked, response time is same day. No further response priority assessment required.

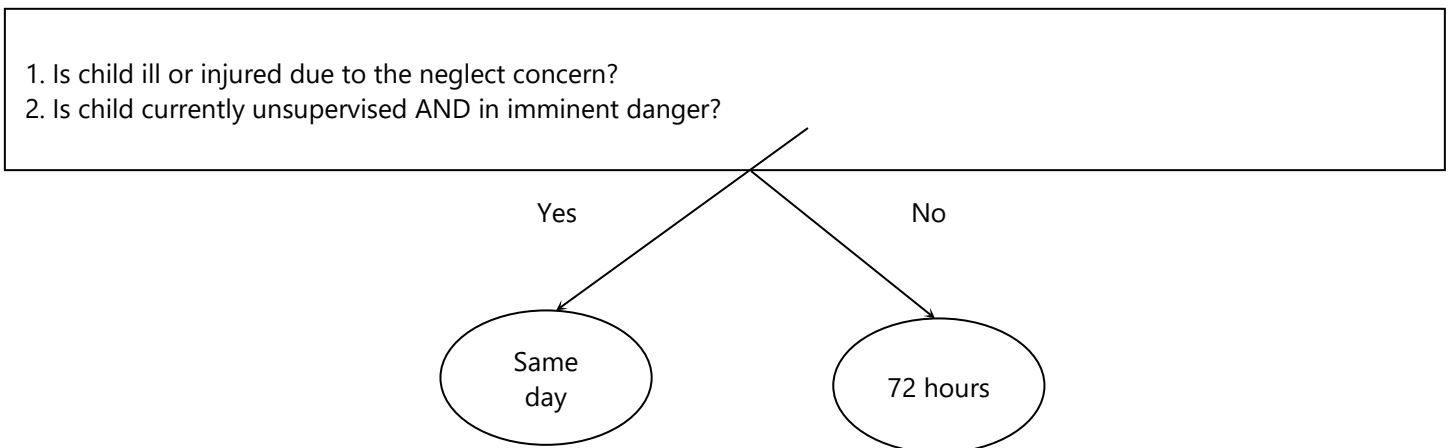
- Alleged victim is under age 1
- Current life-threatening situation (notify law enforcement per PRC procedures)
- Child is in protective police custody

### A. Decision Trees

#### Physical abuse

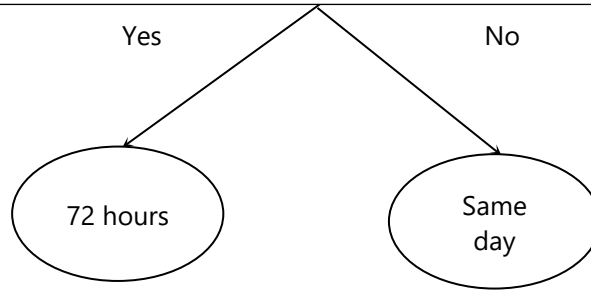


#### Neglect



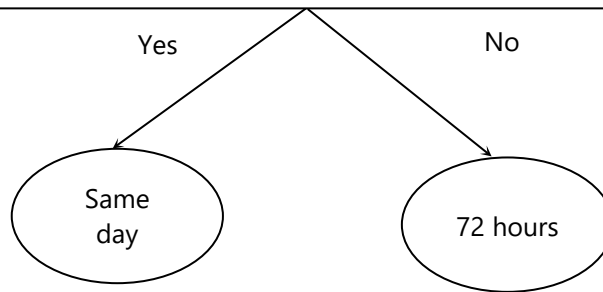
Abandonment

1. Are temporary safe care arrangements in place?



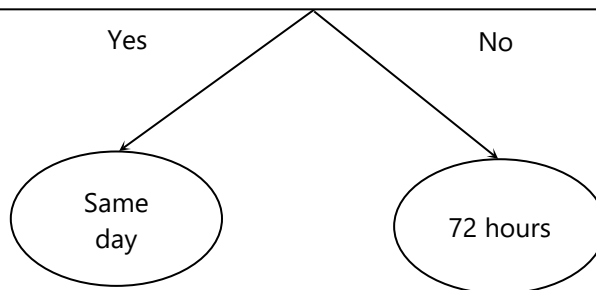
Sexual abuse and trafficking

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



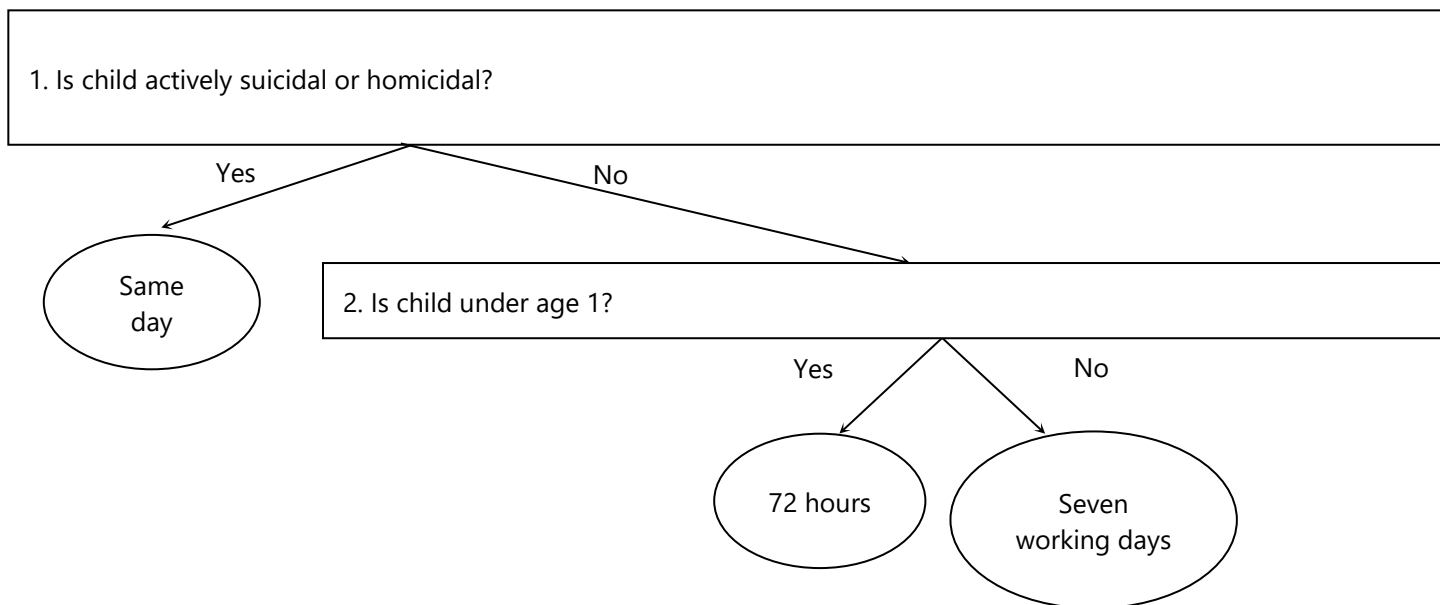
Emotional abuse

1. Is child actively suicidal or homicidal? Or  
2. Does caregiver behavior present a serious concern of emotional harm to child?





FINA



**B. Response Priority Decision**

Recommended response priority

Indicate the recommended response priority. If there are multiple allegations, the recommended response priority is the allegation that results in the most urgent response.

- Same day
- Within 72 hours (exclusive of weekends and holidays)
- Within seven working days

Mandatory override to same day

- Evidence needs to be captured and documented for legal purposes
- Child fears further abuse or neglect upon returning home or remaining home
- Current report involves caregiver who caused or is suspected to have caused prior death, or serious injury, or illness to a child due to abuse or neglect

Discretionary override to any response priority (requires supervisor approval)

- No
- Yes (specify):

**Final Response Priority**

- Same day
- Within 72 hours
- Within seven working days

**KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES  
SDM® INTAKE ASSESSMENT  
DEFINITIONS**

**PART I. SCREENING**

**A. Reports That Do Not Require SDM® Screening**

Reports that do not require screening or Department for Children and Families (DCF) action beyond intake

*Alleged victim is 18 years or older (or was at the 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:

- Age 21 or older
- Age 18, 19, or 20 and not in the custody of the DCF Secretary

If there are multiple victims, only mark if ALL reported victims meet the definition.

Do NOT mark if a child victim was *reported* but no abuse or neglect criteria were met.

PPM 1310C(4); 1385

**PRACTICE GUIDANCE**

If marking this item, speak with your supervisor to review whether circumstances require one or more of the following:

- Referral to law enforcement
- Referral to adult protective services
- Screening based on other children under the age of 18 who may also be victims

*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.

Do NOT mark if any of the following:

- Any incident occurred within Kansas, even if other incidents occurred outside of Kansas.
- At least one child has a residence in Kansas, even if that child is temporarily outside of Kansas.

- Child can currently be located in Kansas.

Reference: PPM 1390

**PRACTICE GUIDANCE**

- Do not mark 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.

*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. Do not mark if the report contains a new incident or ongoing concerns.

PPM1310(D); 1430

**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.

*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. Do not mark if a child resides in a KDADS-operated institution but reported harm occurred while child was on a home visit.

- a. Kansas Neurological Institute
- b. Parsons State Hospital and Training Center
- c. Larned State Hospital
- d. Osawatomie State Hospital

PPM 1340 (1), 1310C(1)

**PRACTICE GUIDANCE**

Forward to law enforcement.

*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).

PPM 1340 (2) 1310C(2)

**PRACTICE GUIDANCE**

Forward to Attorney General and KDOC.

Reference: PPM 1430 A2

*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.

Do not mark if child has been placed in police protective custody.

PPM 1310C(5)

**PRACTICE GUIDANCE**

Follow Fort Riley notification procedure.

Reports that require DCF action but not SDM® screening

*Independent living referral*

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

**PRACTICE GUIDANCE**

- Assign as independent living.
- Independent living referrals will typically come from the independent living worker.
- The independent living worker may send referral when youth is *approaching* age 18. Mark this item 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.

*Interstate compact request*

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

PPM 1022 and 9000

**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.

*Courtesy interview for another state*

Another state requests DCF assistance to conduct an interview. Mark this item 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.

*Courtesy interview for law enforcement*

A law enforcement agency requests DCF assistance to conduct an interview. Mark this item if the other law enforcement agency is conducting an investigation that requires an interview of a child who may be a victim of a non-relative, non-regulated caregiver.

PPM 1012

**PRACTICE GUIDANCE**

Forward to the region covering the location of the person to be interviewed.  
If marking this item, gather and include information pertinent to the interview being requested, including:

- Background information about the incident.
- Detailed questions to be asked in the interview.

NOTE: If the caller cannot provide this information, it is unlikely that the request is for a courtesy interview. DCF does not do "walkthroughs." Refer caller to caller's state ICPC protocols. If in doubt, consult with your supervisor on whether to mark this item or take other action. PPM 1014

*New case needed*

DCF staff requests an additional case assigned for service provisions.

**PRACTICE GUIDANCE**

Assign new case.

**B. Allegation Type**

1. Abuse or neglect

*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

*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.

*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, screen based on "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, screen based on "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, screen for FINA, child behavior concerns.
- An injury caused by a minor age 10 or older—that otherwise meets the definition—is marked 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 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, screen for FINA, child behavior concerns.

*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 explanation, 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.
- A torn frenulum in an infant.

*Child injured during family violence*

One adult is physically violent toward a partner or other adult, and the child is injured during the assault.

**PRACTICE GUIDANCE**

Also screen for emotional abuse. If no abuse or neglect items apply, screen for FINA.

*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.

*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.

If any physical injury item is marked, indicate severity of the most severe reported injury.

Mark injury severity based on the following:

*Life threatening*

The injury resulted in death, or child was in serious condition in a medical setting due to the injury.

*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.

*Does not require medical treatment*

The injury is more than superficial but does not require medical treatment.

*Superficial*

The injury is limited to the top surface of skin AND caused no pain or only brief, minimal pain). Examples include the following.

- Tiny scratch that does not bleed
- Redness that goes away quickly
- Tiny bruise with no pain

*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.

*Excessive physical force*

Caregiver actions toward the child often cause physical injury even if an injury is not reported at this time.

Examples include the following.

- Disciplining child while intoxicated.
- Hitting child's body in an unintended place (e.g., aiming for buttocks but hitting eye instead).
- Brutal actions, which include:
  - » Hitting child incessantly; or
  - » Hitting child with object (e.g., buckle of belt, switch near eye) in a way that could cause physical injury.
- Throwing a child across a room.
- Pushing a child near stairs.
- Shaking a child.
- Pain-inducing actions (e.g., kneeling on stones, maintaining a position until pain is felt).



## PRACTICE GUIDANCE

### When a Minor Uses Excessive Physical Force

- A minor under age 10 is not marked as 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, screen for FINA, child behavior concerns.
- A minor age 10 or older who otherwise meets the definition is marked if the minor using excessive physical force was in a caregiving role for the victim, or is substantially older.
- A minor age 10 or older who is of similar age as the victim is not marked as 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, screen for FINA, child behavior concerns.

#### *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.

#### *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.

#### *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.

#### *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 other person.

#### *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, mark.
- If law enforcement or medical professionals report suspicion of labor or sex trafficking, mark.

### *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.

### PPM 0160

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

Do not mark 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 substantially older, bigger, or otherwise more powerful than the child; OR
  - » Is a relative or caregiver.

Do not mark if a child age 10 or older is the person causing harm unless the child:

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

### *Sexual contact with child*

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.

- Child statement
  - » Child makes a statement with sufficient detail to include a specific act and a specific person.
  - » Child makes a statement about sexual contact or depicts sexual contact, even though the statement is vague or ambiguous.

- Medical findings (based on medical professional assessment)
  - » Medical findings are confirmatory for conditions such as pregnancy.
  - » Findings are strongly suggestive of sexual abuse.
- Findings (or other causes) indicate sexual abuse, but there is no other plausible history.
- Other
  - » Sexual contact is documented by photograph, video, etc.
  - » Person causing harm confessed to sexual contact with a child.
  - » Sexual contact was witnessed.

*Non-contact sexual abuse*

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 is not marked as sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, screen 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 is marked 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, is not marked as sexual abuse. Evaluate the situation and determine whether a caregiver was neglectful or abusive in a way that contributed to the situation. If not, screen for FINA, child behavior concerns.

### *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.

PPM 0160

### *Parental actions endanger child's emotional well-being*

Caregiver actions toward or around child are emotionally harmful and are so persistent or severe that child's emotional health or well-being is endangered.

Examples include the following.

#### *Verbal*

- 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.
- Hostile behaviors: Communicating feelings of anger, antagonism, or hatred toward the child.
- Blaming: Repeatedly speaking or acting as though the child is at fault for negative things that have happened to the caregiver, child, or family. This includes making the child take blame for the actions of others.

#### *Physical*

- One household member assaults another (physical, sexual, or emotional) or exercises extreme control over another, and the child is aware.
- Threatening the child with severe punishment or creating a climate of fear or threat (e.g., exposing the child to ridicule by others; threatening to harm the other parent, siblings, or other significant person; killing or injuring pets or animals).

#### *Emotional or relational*

- 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.

- Rejecting behaviors: Verbally communicating abandonment or negative sense of identity to the child.
- Ignoring: Being emotionally unavailable to the child, including the absence or withdrawal of love or affection.
- Isolating the child: Preventing the child from having contact with others. The isolation lasts so long or is so complete that child does not develop social skills or relationships or experiences profound and prolonged loneliness. (Does NOT include grounding from certain people, places, or activities as long as child maintains some means of connection, such as school.)

#### **PRACTICE GUIDANCE**

Isolation should not be mistaken for limited outside contact. For example, a young child, an ill or disabled child, or a home-schooled child may have limited outside contact. But such child would not be considered isolated if the child participates in at least some activities where they interact with other children or adults.

#### *Moral*

- 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

#### **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.

*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).

*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), screen based on FINA.

KSA 38-2202

**PRACTICE GUIDANCE**

Do not mark 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.

## Neglect

### *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. K.S.A. 38-2202

### *Inadequate clothing or hygiene*

To the extent the child's daily activities are adversely impacted or there are medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite).

### *Inadequate food or nutrition*

To the extent that:

- The child is malnourished as assessed by a medical professional; OR
- The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms); OR
- The child experiences severe hunger that interferes with their functioning (e.g., unable to concentrate in school or participate in activities); OR
- The caregiver does not feed the child or withholds food or water to the extent that the child is likely to have or to develop malnutrition.

When there are concerns of an infant being denied physical care and attention, consider the vulnerability of infants and the potentially rapid onset of serious consequences that can result from a lack of appropriate food/nutrition.

### **PRACTICE GUIDANCE**

- Concerns relating to family living in cars/tents should be considered as FINA.
- Physical neglect concerns solely due to lack of financial resources should be considered as FINA.

### *Hazardous or no shelter*

Shelter, or the absence of shelter, is specifically hazardous to the child. Based on the child's needs and abilities, and the context (e.g., current weather conditions, available alternative resources), a child is in physical danger due to the state of shelter provided.

Examples of hazardous shelter include the following.

- Exposed heaters that may burn a toddler.



- Faulty or exposed electrical wiring where a young child may touch a live wire.
- No utilities (e.g., heat, water, electricity) when utilities are needed for survival.
- No working toilet and no alternative, resulting in dangerously unsanitary conditions.
- Broken windows or stairs where a small child may be cut, fall out of an open window on an upper floor, or fall through a broken stair.
- Bug or rodent infestation to the point that child is suffering from bites or illness carried by pests, or food is infested.
- Constant presence of feces where a toddler may put it in their mouth.

Examples of the absence of shelter include the following.

- Caregiver was just evicted and has no indoor shelter, and outdoor temperatures are below freezing.
- Caregiver has no permanent residence, and time at a shelter has expired. Child has type I diabetes and requires insulin, which must be refrigerated. Caregiver will have no ability to safely store the insulin.

#### *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).

### *Lack of supervision*

Caregiver does not provide sufficient supervision of a child or does not remove a child from a situation that 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.

Examples include the following.

- Caregiver is absent.
  - » Child, under age 6, is left home alone for any amount of time.
  - » Child, age 6 or older, is left alone longer than child can safely manage (refer to Table C: Examples of Circumstances and Appropriate Supervision Levels).
- Caregiver is inattentive.
  - » Caregiver is with the child but is not responding to threats to child safety (e.g., child is putting dangerous objects into mouth and caregiver is not responding; child walks out while caregiver is asleep or passed out).
- Selection of temporary caregiver is not safe.
  - » Caregiver knowingly leaves child with a person who is mentally or physically unable to protect child or meet child's need.

Examples include the following.

- A person under the influence.
- A person with physical limitations.
- A person whose home is unsafe for the child.
- Caregiver expects an older sibling to assume caregiver responsibilities for younger siblings, which would be unreasonable or unsafe due to older child's age or maturity.

Examples include:

- The older sibling previously harmed the younger sibling;

- The older sibling is not capable of caring for him/herself in the situation; or
- The younger sibling has medical needs or behavioral issues that the older sibling cannot address safely.
- Caregiver does not protect child from harm by others.
  - » A person is causing harm to a child, AND the caregiver knows or should know about the harm but is not taking action to protect the child.
  - » Caregiver does not monitor child's actions, resulting in child harming another child.
  - » A caregiver is aware, or reasonably should be aware, that child is likely to cause harm to another child but provides insufficient guidance or monitoring so that another child is harmed.
  - » Caregiver permits unsupervised access to child by a registered sex offender who is prohibited from contact with child.

**PRACTICE GUIDANCE**

When a caregiver is taking protective action, but the harm continues, do not mark. Screen for FINA to support the caregiver who is attempting to protect, and screen for abuse or neglect based on the harm being caused.

- Dangerous actions near child. A child is nearby, person's actions are dangerous, and caregiver is not taking steps to protect child.

Examples include the following.

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

## PRACTICE GUIDANCE

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. If the concern does not meet the definition for neglect, consider screening for FINA.

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, the item is marked. Otherwise, it is not marked.
- Caregivers cannot be reached. Unless the child is in a circumstance that meets the definition, the item is not marked 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.

### *Medical neglect*

Parent, guardian, or person responsible for the care of a child takes action or fails to act in ways that result in harm to a child, or present 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

Medical treatment includes dental; vision; mental health; and therapies such as physical, occupational, and speech.

Caregiver does not provide medical treatment for a child's diagnosed medical condition, AND the treatment would make the child substantially more comfortable, or reduce the child's pain and suffering, cure the condition, or substantially delay or lessen a worsening of the condition.

Examples of not providing medical care include 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 medical needs of child: 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: Caregiver is aware of child's need for medication, medical supplies, or equipment and is not providing what is required.
- Not providing urgently needed mental health intervention: Child has current plans to harm self or others, and the caregiver will not seek treatment or take preventative action such as removing sharps or firearms from the home or providing constant supervision of child.

#### **PRACTICE GUIDANCE**

- A caregiver who does not provide specified medical treatment for a child because of religious beliefs shall not for that reason alone be considered a negligent caregiver. Screen for FINA.
- Examples of situations that would not meet this definition but should be screened for FINA include lack of care due to:
  - » Financial limitations
  - » Caregiver cognitive difficulty or communication struggles
  - » Lack of accessible medical provider

#### *Educational neglect*

Caregiver does not provide education as required by law. The minimum number of unexcused absences to be considered for educational neglect is:

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

AND

Caregiver is aware of the absences but is not working to get child to school and is unwilling to have services to assist.

KSA 38-2201 and KAR 30-46-10

## PRACTICE GUIDANCE

- If caregivers are not aware, or are aware and request assistance, screen under FINA-truancy.
- Do not mark if child is registered in a home school.
- Include a child of any age who is enrolled in school.

A child kept home to care for parents or siblings or to provide other work may be considered as an unexcused absence.

### *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.

- Neonatal Abstinence Syndrome/withdrawal.
- 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; and
  - » Physical, developmental, cognitive, or emotional delay.
- Facial characteristics of fetal alcohol syndrome.

### *No abuse or neglect criteria met*

None of the reported concerns meet any of the definitions for abuse or neglect types.

### *Who is the reported person causing harm?*

#### *Family*

Mark if 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. If marked, select one of the following:

#### *Parent or legal guardian*

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

*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.

*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.

*Relative in a caregiving capacity (adult or 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.

*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.

*Facility*

An entity that is subject to regulation. This includes:

- Family foster homes
- Group homes
- Residential child care facilities
- Detention
- Secure care
- Attended care facilities
- Daycare homes or centers
- Psychiatric residential treatment facilities (PRTF) licensed by the Kansas Department for Aging and Disability Services
- Any other entity subject to regulation

*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. Do not include facility staff or other residents of a facility.

## PRACTICE GUIDANCE

When the reported concern includes a minor causing harm, select that person as instructed below.

- If the minor is a minor parent to child victim, select parent.
- If the minor is under age 10, the minor can never be considered a person causing harm. Evaluate the reported concern for whether a parent of the minor or the victim was abusive or neglectful in any way that led to the reported concern. If not, screen for possible FINA such as child behavior problems.
- When the minor is age 10 or older:
  - » If the minor is responsible for the child victim in a caregiving role OR is substantially older than the child victim, mark as either minor over age 10 in household, relative, or non-relative or unregulated caregiver, depending on relationship to child victim.
  - » If the minor is not in a caregiving role AND is of similar age to the victim, evaluate the reported concern for whether a parent of the minor or the victim was abusive or neglectful in any way that led to the reported concern. If not, screen for possible FINA such as child behavior problems.

### *Unknown*

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

## 2. Non-abuse and Neglect

### *Family in Need of Assessment (FINA)*

#### *Caregiver*

##### *Caregiver substance use*

Caregiver is using substances, and an adverse impact on the child is indicated but not at the level that would meet screening criteria for abuse or neglect.

Examples include the following.

- Caregiver cannot safely hold infant or small child.
- The substances used by the caregiver (e.g., heroin, meth) are highly addictive and the result of use is often impaired judgment, agitation, stupor, or organizing life around using.
- Caregiver uses to the point of impairment when responsible for child care.
- There are indications that caregiver's use is becoming problematic, such as blackouts, hallucinations, daytime drinking, attempting to hide use, losing a job, or stress in relationships.



OR

A caregiver with a positive drug screen is either:

- Requesting services to improve caregiver-child interactions, ability to parent, or family functioning; or
- Identified from a history search as a person in need of such services.

**PRACTICE GUIDANCE**

- If infant is affected by substance, use neglect: substance-affected infant in Part IB.
- Also screen for PWS.

*Caregiver unable or unavailable to provide care*

The situation does not meet screening criteria for abuse or neglect, but one of the following situations is present.

- At least one caregiver has a mental health problem, intellectual disability, physical disability, illness, or other concern (e.g., immaturity, extensive history) that is interfering with their ability to care for, nurture, or support the child.

OR

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

*Mental health problem*

A caregiver has a current mental health problem or diagnosed mental illness that interferes with his/her daily functioning.

Examples include:

- Serious family conflict due to mental health concerns;
- Inability or unwillingness to carry out daily household chores or responsibilities; or
- Frequent mental health hospitalizations.

AND

The mental health issue or diagnosed mental illness negatively impacts his or her care and supervision of the child. For example:

- Abuse or neglect occurred in the past and was associated with the caregiver's mental health issues; OR
- Patterns of behavior associated with the mental health issue indicate significant impairment of the caregiver's ability to meet the basic needs of the child, such as:
  - » Caregiver's depression is immobilizing, resulting in the child frequently being unsupervised or unfed;
  - » Erratic behavior toward the child;
  - » Inability to protect the child from others due to mental health issues; or
  - » Caregiver's distorted perceptions lead to rejection, hostility, blaming, or threats toward the child.

#### *Intellectual disability*

A caregiver has an intellectual disability that impairs his or her ability to provide adequate care, supervision, or protection for a child. For example:

- Due to cognitive delays, the caregiver has difficulty managing finances or managing a household (e.g., keeping it clean or keeping a sufficient supply of food);
- The caregiver lacks the basic knowledge needed to care for a child (e.g., not knowing that infants need regular feedings, expecting a baby not to cry, or misinterpreting infant responses or cues); or
- The caregiver lacks the basic knowledge needed to care for a child (e.g., not understanding limits on physical discipline, expectations or treatment of the child are inconsistent with the child's development, etc.).

*Physical disability or illness*

A caregiver has a physical disability or illness that impairs his/her ability to provide adequate care, supervision, or protection for a child, AND formal or informal supports (provided by other adults) are insufficient to compensate for this condition.

For example, a physical disability, without support from other adults, prevents a caregiver from:

- Maintaining a clean and safe household to the extent that the child's health is compromised; or
- Providing regular meals for the child.

OR

- The child is the primary source of support for his or her disabled or ill caregiver, and the time and energy spent providing support has a negative impact on the child's own functioning (e.g., the child's school attendance, grades, or health are seriously affected).

*Child*

*Child under 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.<sup>1</sup> Exclude any offense that meets another FINA category.

*Runaway child*

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

Examples include the following.

- Child is still gone and intends to stay away indefinitely.
- Child is or has been in the company of individuals who may harm child.
- Child is at risk for being trafficked or sexually assaulted.

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<sup>1</sup>As defined by K.S.A. 2015 Supp. 21-5102, and amendments thereto.

- Child is or has been reckless or takes extraordinary risks with his/her life or safety.
- Child repeatedly runs away.
- Child has no shelter, and weather conditions, special needs, or other vulnerability make sleeping outdoors dangerous.

#### *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.

- Because of substance use, the child is not completing school work, or the quality of his/her work has declined.
- Arguing or fighting between caregivers and child is increasing.
- Child is isolating self.
- Child needs medical attention related to substance abuse.
- Child has indications of substance dependency.

#### **PRACTICE GUIDANCE**

- If caregiver is providing alcohol or drugs to child, review whether an item in abuse applies.
- If caregiver is aware of the problem but not attempting to intervene, review whether neglect: lack of supervision applies.

#### *Truancy*

Child is not attending school, as required by law.

- Child is between the ages of 7 and 12 years and one of the following is true:
  - » Enrolled in school. Attending a registered home school is considered enrolled.
  - » Enrolled but 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.
- Child under age 7 is enrolled in school and is truant.

K.S.A. 72-977, 72-1111, or 72-1113 and amendments thereto.

**PRACTICE GUIDELINES**

- If caregiver is contributing to the child missing school, such as keeping the child home to care for siblings, review whether criteria for educational neglect is met.
- If caregiver is aware of the concern and unwilling to address, review whether criteria for educational neglect is met.
- Follow county guidelines for specific truancy procedures.

*Child with behavior problems not listed above*

Child's actions negatively impact family or child functioning.

Examples include the following.

- Child is suicidal or self-harming.
- Child is harming other people or animals or destroying property.
- Child's sexual behavior is concerning, but there are no other indicators of sexual abuse.
- Child has symptoms of distress (e.g., sleep or eating disturbance, mood swings, phobias).
- Increasing conflict in the home related to child's actions.
- Increasing disruptions of school classroom due to actions.
- Gang involvement.
- Caregivers unable to manage child behavior related to a diagnosed condition.

*Positive drug screen for infant or mother of infant, AND family requests or appears in need of service (automatic same-day response)*

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

- The family requests being contacted by DCF for assessment and possible services.
- 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, or gazing with infant.
- » Relationship between caregivers is strained, such as significant arguing.

### *Caregiver response*

*Already addressing or willing to address concern or has an open DCF case (screen out)*

AT LEAST ONE OF THE FOLLOWING:

- The reporter knows that the caregiver is actively engaged in formal or informal ways to address the concern and has no further need for a FINA response.
- The reporter knows that the caregiver is aware of the concern and is willing to engage in formal or informal ways to address the concern and has no further need for a FINA response
- The family has a current open investigation or services case, AND the initial screening decision is to assign as FINA.

### PRACTICE GUIDELINES

- Conduct a search to confirm a case is currently open that can address the new FINA concerns.
- If it is unclear whether the DCF worker is actively working with the family, contact the assigned investigation or services worker to determine whether the new FINA concerns can be incorporated into their current work. Use a preliminary inquiry if this determination cannot be made within the shift.

PPM 1431

#### *Willing to address concern and requesting further services (screen in)*

The reporter knows that the caregiver is aware of the reported concern, AND the family is requesting services.

#### *Unwilling or unable to address concern (screen in)*

Caregiver may be aware of concern but is unable or unwilling to address the reported concern, OR the reporter knows that the caregiver is not aware of the concern and therefore has not addressed it.

#### *Unknown (screen in)*

The reporter does not know whether the caregiver is aware of the reported concern OR does not know whether the caregiver is willing to address the concern.

### PRACTICE GUIDANCE

If the reporter knows that the caregiver **is** aware of the concern, AND that the caregiver is **unwilling** to address the reported concern, confirm whether the concern meets criteria for abuse or neglect.

#### *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;
- Pregnant woman has a history of children born positive at birth; or
- Pregnant woman has a history of substance use and is likely to relapse.

PPM 1415

**PRACTICE GUIDANCE**

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

*No FINA or PWS criteria are met.*

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

**Overrides**

Worker override to screen out

*PWS is receiving Temporary Assistance for Family (TAF) cash benefits AND no children in home*  
The definition for “pregnant woman using substance” is met; however, the woman is currently receiving TAF cash benefits, AND there are no other children in the home.

PPM 1415E

**PRACTICE GUIDANCE**

- Forward information to TAF worker.
- In override rationale, include TAF worker name.

*Person causing harm is non-family/unregulated caregiver, AND law enforcement is investigating*  
All abuse or neglect types marked 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.

PPM 1351, 1352

**PRACTICE GUIDANCE**

In override rationale, include law enforcement department and officer name. The report will be screened out for abuse and neglect. The report MAY be forwarded to a region to assign to assist law enforcement if requested.

*An employee of DCF or KDADS is person causing harm, or employee's child is a reported victim*  
All abuse or neglect types marked 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.



*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. Do not mark for an incident that occurred on a reservation if the child does not live on the reservation.

**PRACTICE GUIDANCE**

When a report is screened in 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, mark the override and send the report to the designated tribal contact.
  - » If the tribe requests DCF assistance, do not mark the override. Follow SDM screening and response priority.

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

Supervisor override to screen out

*Inability to locate child or family*

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

PPM 1310(B)

**PRACTICE GUIDANCE**

Document efforts to locate.

*Report results from actions within school policy and is referred to school administrator and county/district attorney*

The definition for any type of physical abuse was met. However, the harm occurred while school personnel were acting within school policy.

PPM 1351; 1353A

*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.

PPM 1370

#### **PRACTICE GUIDANCE**

- If the reported victim is an adult and there are other children who may be victims of the same person causing harm, screen 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.

## **PART II. RESPONSE PRIORITY**

### **Alleged victim is under age 1**

A child who is an alleged victim of abuse or neglect has not reached their first birthday.

### **Current life-threatening situation**

The child is currently in, or within the next 24 hours is expected to be in, a situation posing threat to child's life.

### **Child is in protective policy custody**

A law enforcement officer has taken the child into protective police custody.

## **A. Decision Trees**

### Physical abuse

*Does child have a current injury due to alleged abuse?*

Answer "Yes" if the child is injured at this time. 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.

- 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).

- 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).

Answer "No" if any of the following applies:

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

## Neglect

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

### 1. *Is child ill or injured due to the neglect concern?*

Answer "Yes" if the screened-in neglect concern surfaced one or more of the following for the child.

- Known or reasonably suspected medical condition (e.g., infection, malnutrition).
- Known or reasonably suspected injury (e.g., broken bone, burn, head injury).
- Severe mental illness or psychological distress that endangers the child or others or interferes with daily functioning.

Answer "No" if:

Child does not have an illness, condition, or injury.

### 2. *Is child currently unsupervised AND in imminent danger?*

Answer "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.

Examples include the following.

- » A toddler is left home alone.
- » A 2-year-old child has been unfed for days.

- » Child is currently in the care of a person who is demonstrating unsafe caregiving (e.g., 5-year-old is left in the care of a person with advanced dementia who lets the child play with matches).
- » Child is currently being abused or neglected by another person and, despite caregiver having this knowledge (or reasonable expectation that the caregiver should have that knowledge), the caregiver is not acting to protect the child at this time.
- » Caregiver is unavailable, unable, or unwilling to provide care, and child is in imminent danger (e.g., has no place to get indoors in freezing temperature).

Answer "No" if:

Child is receiving supervision from his/her caregiver *to the extent that the child's immediate safety is not of concern.*

### Abandonment

#### 1. *Are temporary safe care arrangements in place?*

Answer "Yes" if:

For a minimum of 72 hours, the abandoned child will be cared for by a safe relative or an institution licensed to provide care.

Answer "No" if:

No person or institution is qualified or willing to provide up to 72 hours of care for the child.

### Sexual abuse and trafficking

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

Answer "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 three calendar days.

Answer "No" if:

The alleged person causing harm will have no access and no contact with the child within the next 72 hours.

## Emotional Abuse

### 1. *Is child actively suicidal or homicidal?*

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

- Child has symptoms of severe psychological distress or fear (e.g., suicidal, homicidal) that require immediate intervention.
- 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).
- Child requires immediate psychiatric treatment due to emotional harm as determined by a medical/mental health professional.

Answer "No" if  
Child is not actively suicidal or homicidal.

### 2. *Does caregiver behavior present a serious concern of emotional harm to child?*

Answer "Yes" if:

Caregiver acts in ways highly related to emotional harm (chronic pattern of behavior or episodic). Examples of caregiver behavior that may present a serious concern of emotional harm include the following.

- Substance use resulting in the caregiver's emotional unavailability for the child or constant, repetitive belittling or threatening the child.
- Mental illness leading to terrorizing actions or persistently ignoring the child.
- Chronic or severe family violence that typically leads to emotional trauma for the child.

Answer "No" if:

No condition or pattern of caregiver behavior presents a pressing danger of psychological and emotional harm to the child.

## FINA

### 1. *Is there an infant or mother positive for substance at birth?*

Answer "Yes" if:

A medical professional reports a positive drug screen at birth for the infant or mother.

Answer "No" if:  
The infant's drug screen was negative.

**PRACTICE GUIDANCE**

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

2. *Is child actively suicidal or homicidal?*

Answer "Yes" if at least one of the following applies.

- The child has a current plan for suicide attempt. A current plan is evidenced by verbal or written statements or actions taken that indicate the child intends to kill self in the near future.

Examples include:

- » Written or verbal statement that includes some detail such as when, where, or how;
  - » Child is securing means of suicide (e.g., drugs, gun);
  - » Child is giving away possessions; or
  - » Child has made a suicide attempt in the last week and is not currently receiving professional intervention.
- The child has a plan for self-harm that could end his/her life if followed through, such as overdosing, hanging, shooting, slitting wrist.
  - The child has a plan to harm others such as shooting a family member or friend or bringing a gun to school.

Answer "No" if all of the following applies.

- Child's self-harming behaviors are not life threatening.
- Child's threats or attempts include only superficial harm (e.g., scratching self, burning, pulling out hair) or are vague ideas with no indication of plans to carry out suicide.
- Harm to others or threatened harm to others does not appear to be an active plan. Consider plans to engage in a fight that does not involve weapons to be a "no."

- Child has been taken to a hospital or mental health center for evaluation due to current statements or is receiving professional intervention.
- Caregivers are aware of the concerns and are addressing the issues.

3. *Is child under age 1?*

Answer "Yes" if:

Child has not reached his or her first birthday.

Answer "No" if:

Child is age 1 or older.

## **B. Response Priority Decision**

### Mandatory override to same day

#### *Evidence needs to be captured and documented for legal purposes*

The reported incident is potentially criminal, and the police need to quickly gather evidence before it is lost, deteriorates, or is altered.

#### *Child fears further abuse or neglect upon returning home or remaining home*

The child 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).

#### *Current report involves caregiver who caused or is suspected to have caused prior death, serious injury, or illness to a child due to abuse or neglect.*

The caregiver, who is alleged to have caused harm in the current report, is known or suspected to have caused death, serious injury, or illness to a child due to a previous incident of abuse or neglect.

A serious non-accidental injury is one resulting in death; OR requiring immediate assessment/treatment by a physician, AND such injury poses a danger of death or temporary or permanent impairment or disfigurement. Examples include brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, internal injury, poisoning, large or deep burns, severe lacerations, and female genital mutilation. Include visible injuries and injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

A serious illness is one that resulted in death or that required hospitalization or posed a threat of death or permanent impairment, disability, or disfigurement.

**PRACTICE GUIDANCE**

"Within 72 hours" should be understood to mean as soon as possible within 72 hours.



**KANSAS DEPARTMENT OF CHILDREN AND FAMILIES**  
**SDM® INTAKE ASSESSMENT**  
**POLICY AND PROCEDURES**

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

**WHICH CASES**

The tool is completed for all reports. This includes reports by telephone and all other means; it also includes new reports on open cases.

**WHO**

The intake worker.

**WHEN**

The 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.

**DECISIONS**

The tool guides whether a report requires a response, the type of response, and how quickly face-to-face contact must occur.

**KANSAS DEPARTMENT OF CHILDREN AND FAMILIES  
SDM® INTAKE ASSESSMENT  
COMPLETION INSTRUCTIONS**

In SDM online, open a new intake assessment. The assessment will be time and date stamped and will indicate the worker based on log-in information.

**HEADER**

**Case head:** Paste case head name into this field.

**Event #:** Paste event number into this field.

**FACTS case #:** If family case number is known, paste it into this field. If not known at the time of completing the intake assessment, leave blank.

**PART I. SCREENING**

**A. Reports that do not require SDM® screening**

Based on the definitions, mark each item that applies to the reported concern. If any item in Part IA is marked, the intake assessment is complete. There cannot be an item marked in IA and IB

Consult the practice guidance for information on required action for each item marked.

**B. Allegation type**

1. Abuse or Neglect

Based on the definitions, mark each type of abuse or neglect being reported.

*Who is the reported person causing harm?*

Based on the definitions, mark each type of person reported to have caused harm. You may select more than one if more than one type of person causing harm. If no criteria are met, mark "no abuse or neglect criteria met."

2. Non-abuse or Neglect

*FINA*

FINA items will not be available if

- An item is marked in Part IA
- A child abuse or neglect item is marked in Part IB

#### *FINA type*

Based on the definitions, mark each type of FINA that applies. If no FINA criteria are met AND no PWS criteria are met, mark "No FINA or PWS criteria met."

#### *Caregiver response*

Mark the item that best describes the reporter's knowledge of caregiver response to the concern. If the item marked is that the caregiver is aware and is receiving services, FINA is not available.

#### *PWS*

PWS will not be available if:

- An item is marked in Part IA
- A child abuse or neglect item is marked in Part IB
- A FINA item is marked in Part IB

If PWS does not apply, and no FINA criteria are met, mark "No FINA or PWS criteria met."

### **C. Screening Decision**

#### Preliminary inquiry

Mark to temporarily pause the assessment to gather necessary information. For example, if the reported person causing harm is a non-relative or unregulated caregiver, and at least one item is marked in abuse or neglect, the action needed is to make a report to law enforcement and determine what their response will be. Screening cannot be completed until this information is provided by law enforcement. Mark preliminary inquiry to pause the assessment.

To continue to the screening decision, unmark preliminary inquiry.

#### Initial screening decision

The initial screening decision will be prefilled based on what is marked in parts IA and IB. The initial screening decision cannot be edited. If there is new information or if further consultation results in a change, the change must be made in Part I.

The available screening decisions are "not assigned for further assessment" and "assigned for further assessment." If it is assigned, the type of assignment will also be prefilled based on what was marked.

## Logic

| Screening Decision                  | Selections Made   |
|-------------------------------------|---|
| Not assigned for further assessment | <ul style="list-style-type: none"><li>• Something marked in Part IA; OR</li><li>• Nothing marked in Part IB.</li></ul>  |
| Assigned for Further Assessment     |   |
| Abuse or neglect investigation      | <ul style="list-style-type: none"><li>• Nothing marked in Part IA</li><li>• At least one child abuse or neglect item marked in Part IB</li></ul>  |
| FINA                                | <ul style="list-style-type: none"><li>• Nothing marked in Part IA</li><li>• No child abuse or neglect marked in Part IB</li><li>• At least one item marked as FINA in Part IB</li></ul> |
| PWS                                 | <ul style="list-style-type: none"><li>• Nothing marked in Part IA</li><li>• No child abuse or neglect marked in Part IB</li><li>• PWS marked in Part IB</li></ul>                       |

### Screening Override

Overrides can be applied when the initial screening decision was to assign as an abuse or neglect investigation or FINA; however, there are exceptional circumstances that warrant a different screening decision.

Review all override options and mark all that apply. If no overrides apply, mark “no override” to confirm that the initial screening decision is now final.

A worker may recommend any of the first three overrides. Only a supervisor can determine that one of the four supervisor overrides should be applied.

If any override is applied, briefly describe the factual basis for the override. Note that the definitions may include guidance on required information to include in the basis narrative.

If an override is applied, the final screening decision will be “not assigned for further assessment.”

### **PART II. RESPONSE PRIORITY**

The response priority options available depend on what was selected in Part I. Only reports assigned for abuse or neglect investigation or FINA require a response priority assessment. Some abuse or neglect or FINA types have an automatic response priority based solely on the item marked. If nothing is marked other than these items, no decision trees will be required. For example, educational neglect will have a response time of “within 72 hours.”

When response priority is required, two initial concerns apply to all response types.

- Current life-threatening situation

- Child is in protective police custody

A third initial concern applies to child abuse or neglect only.

- Alleged victim is under age 1

If any of these are marked, the response time is “same day,” and completion of decision trees is not required.

### **A. Decision Trees**

If those items are not marked, complete each decision tree that corresponds to items marked in Part IB. There is one decision tree for each type of abuse or neglect and one for FINA. If more than one item is marked in Part IB, more than one decision tree may be required. However, if any decision tree leads to a “same day” response, it is not necessary to complete any additional decision trees.

For each decision tree, follow the “yes” arrow if any question in the first box meets the definition for “yes.” If all answers are “no,” follow the “no” arrow. If the arrow leads to a recommended response time, this will be the initial response priority recommendation. If the arrow leads to another question, repeat this process until reaching a recommended response time.

### **B. Response Priority Decision**

This will be automatically entered based on what is marked in Part IIA. If more than one response time was reached, the fastest time will be the recommended response priority. This cannot be edited. If there is new information, or further consultation leads to a different recommendation, the change should be made in Part IIA.

### Overrides

Overrides may be applied when exceptional circumstances warrant a different response time.

There are two types of overrides: mandatory and discretionary.

If any of the mandatory overrides apply based on the definition, mark that override. The response time becomes “same day.”

If no mandatory override is applied, the worker, with supervisor approval, can apply a discretionary override to increase or decrease the response time by one level. If applying, a rationale must be provided for why a faster or slower response time is recommended.

Mark “no override” if no override is applied.

### Final Response Priority

If no override was applied, the final response priority will be the same as recommended.

If a mandatory override was applied, the final response will be "same day." If a discretionary override was applied, the response time that differs one level from the recommended response time will be the final response time. In the event that the initial response time was 72 hours, the worker will enter whether the intended override is to a same-day or seven calendar-day response.

**KANSAS DEPARTMENT OF CHILDREN AND FAMILIES**  
**SDM® INTAKE ASSESSMENT**  
**PRACTICE GUIDANCE**

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.

**TALKING WITH THE REPORTER**

Reports may arrive as a phone call, a walk-in, a fax, or by other means. Regardless of how the report arrived, it is likely that the intake worker had some conversation with the reporter. Each reporter is unique. They vary in their understanding of the DCF system, understanding of child abuse and neglect, relationship with the child, emotional state related to making the call, and more. Some want to talk a long time and tell you every detail. Others may wish to tell you little more than the child's name and contact information with the expectation that you will investigate. A key skill is to quickly read the reporter and adjust your approach in a way that helps the reporter feel respected, valued, and heard. At the same time, the intake unit is a busy unit, and the worker also needs to manage calls efficiently so that others who may be attempting to reach intake can reach a worker promptly.

In most instances, the best approach is to invite the reporter to explain their worries about the child and family in their own words, without interruption. While listening, the worker can be scanning the screening tool to begin to hone in on the screening criteria closest to the reporter's concerns. Looking at the definition during the call can help track what information you have and what information you still need to make a decision.

To elicit the specific information you require, based on the definitions you are reviewing, you may begin with targeted open-ended questions such as, "You mentioned seeing the father hit the child. Can you tell me as much as you can remember about what you saw?" You can continue asking more specific questions as needed. Often, solution-focused questions can help. For example, use a scaling question to get the reporter's view of a level of force: "If 10 is the most powerful strike you can imagine, like a heavyweight boxer, and 1 is the slightest touch, like a butterfly, how hard was this hit?" Remember that the follow-up question is most important: "What made you say 6 and not 7 (or 6 and not 5)?"

In most instances, it will be informative to ask about exceptions and things that are working well. This helps particularly when information about a pattern or ongoing condition is needed. Exceptions may also inform response priority decisions.

When you have heard the concerns of the reporter sufficiently to determine whether screening criteria are met, consider whether there is additional information that will be useful for the responding worker. This includes information about possible support system; languages spoken; schedules; and importantly, worker safety concerns. While this information may not impact the decision, it is vital information during intake. Particularly if the caller is anonymous or for any reason may be unavailable to be contacted by the assigned worker, learn as much as you can that would be important for subsequent safety and risk assessment.

At some point, it can be effective to explain to the reporter that you will be reviewing a specific set of criteria during the call and may ask for more specific information to determine whether the concern falls within the purview of DCF or if another agency would be the best response for the family. Explain that your role is to help identify the way most likely to get the right help to the family, and the reporter plays a crucial role in helping to sort this out.

## **SCORING**

To select an abuse or neglect type item, or a FINA response item, the reporter must have provided clear information to support the definition. If the reporter has not provided an important piece of information that is necessary to meet the definition, try asking in several ways. If the reporter does not know, ask if someone else might know. If information is still insufficient to mark an item, the item should not be marked.

Consider the age and developmental stage of the child, and remember that infants and children with developmental delays are more vulnerable and less able to protect themselves.

There is no specific timeframe for incidents being reported. Regardless of when the incident occurred, select the item if the definition is met. Note that screening is NOT required if the child is age 21 or older at the time of the incident, or is between the ages of 18 and 21 and not in custody of the Secretary. This would be selected in Part IA. However, consider whether:

- Other younger children in the home may have been abused or neglected as well and should be screened;
- The reporter should be referred to police; and/or
- Adult protective services should be notified.

If nothing was selected in Part IA and at least one item was selected in Part IB, you next should consider whether there is a basis to override to “screen out.” If you believe one of the overrides exists, consult with your supervisor. Some overrides can only be made by a supervisor, and all overrides require supervisor approval. If no override is applied, the report is screened in.

Screened-in reports will be assigned for investigation or FINA, depending upon which items were selected.



If the final decision is to assign for investigation or FINA, complete the response priority decision. You may need to ask some additional questions of the reporter to complete the response priority. Complete a decision tree for each type of reported harm. If a decision of "same day" is reached, it is not necessary to complete additional trees. Review overrides and be prepared to recommend whether an override should be applied; however, overrides will be made by the supervisor.

If something was selected in Part IA or something in Part IIB was selected but overridden, the report is screened out.

Obtain supervisor approval if any override was selected.

Promptly arrange for any selected response.

### **TALKING WITH THE REPORTER ABOUT WHAT WILL HAPPEN NEXT**

Some reporters will not be invested in the result. Others will be very invested and may be disturbed or frustrated if the matter is not immediately screened in for investigation. If you had the opportunity to explain the decision-making process earlier, there is less chance that the reporter will expect an immediate decision to open an investigation and may be less troubled that you cannot provide information about the decision. Advise the reporter that you will review the information along with DCF records, and you may consult with your supervisor prior to making a decision.

Just as in the beginning of the call, the worker needs to listen for the reporter's reaction and quickly read the reporter's response. Be prepared to help the reporter understand why the decision cannot be made instantly. It is also important to encourage the reporter to continue any relationship they had with the family, as the family will need all the support they can get.

If the reporter wishes to know what may happen next, see guidance below.

- If there will be an investigation or FINA response, provide the reporter with basic information about the process.
- If the matter will be screened out, there will be no DCF response. The reporter may consider a variety of supports that could help the family, including any possible role for the reporter.

Thank the reporter for their concern. If applicable, reinforce the reporter for making the call and providing helpful information.

## **Appendix A**

### **Glossary**

## 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**

SDM 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 B contrasts examples of “typical” sexual behaviors with what is considered “abusive” sexual behavior for different age groups. For screening purposes, presume against screening in 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 parents/caregivers of both the perpetrator and victim are responding appropriately.

| <b>Table B</b>   |  |
|--|--|
| <b>Age-Typical Sexual Behaviors Versus Abusive Sexual Behaviors</b>  |  |
| <b>Typical Sexual Behaviors</b>  | <b>Abusive Sexual Behaviors</b>  |
| <b>Ages 0–5</b>  |  |
| <ul style="list-style-type: none"> <li>• Masturbation as self-soothing behavior</li> <li>• Touching self or others in exploration or due to curiosity</li> <li>• Sexual behavior without inhibition</li> <li>• Intense interest in bathroom activities</li> </ul>  | <ul style="list-style-type: none"> <li>• Curiosity about sexual behavior becomes obsessive preoccupation</li> <li>• Exploration becomes re-enactment of specific adult sexual activity</li> <li>• Behavior involves injury to self or others</li> <li>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts</li> </ul> |
| <b>Ages 6–10</b>   |  |
| <ul style="list-style-type: none"> <li>• Fondling/touching own genitals and masturbation</li> <li>• More secrecy regarding self-touching</li> <li>• Interest in others’ bodies expressed as game playing rather than exploratory curiosity (e.g. “I’ll show you mine if you show me yours.”)</li> <li>• Boys comparing penis size</li> <li>• Extreme interest in sex, sex words, and dirty jokes</li> <li>• Seeking information or pictures that explain bodily functions</li> <li>• Touching that involves stroking or rubbing</li> </ul> | <ul style="list-style-type: none"> <li>• Sexual penetration</li> <li>• Genital kissing</li> <li>• Oral sex</li> <li>• Simulated intercourse</li> <li>• Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts</li> </ul>  |
| <b>Ages 11–12</b>  |  |
| <ul style="list-style-type: none"> <li>• Continuation of masturbation</li> <li>• Focus on establishing relationships with peers</li> <li>• Sexual behavior with peers, such as kissing and fondling</li> <li>• Primarily heterosexual activity but not exclusively</li> <li>• Interest in others’ bodies, particularly the opposite sex, that may take the form of looking at photos or other published material</li> </ul>  | <ul style="list-style-type: none"> <li>• Sexual play with younger child (e.g., inappropriate touching of private areas or exposure of private areas to others)</li> <li>• Any sexual activity between youth of any age that involves coercion, bribery, aggression, or secrecy or involves a substantial peer or age difference</li> </ul>                                   |

| Table B   |  |
|---|--|
| Age-Typical Sexual Behaviors Versus Abusive Sexual Behaviors  |  |
| Typical Sexual Behaviors  | Abusive Sexual Behaviors   |
| <b>Ages 13–17</b>   |  |
| <ul style="list-style-type: none"> <li>• Masturbation in private</li> <li>• Mutual kissing</li> <li>• Sexual arousal</li> <li>• Sexual attraction to others</li> <li>• Consensual sexual activity among peers</li> <li>• Behavior that contributes to positive relationships</li> </ul> | <ul style="list-style-type: none"> <li>• Masturbation causing physical abuse or distress to self and others</li> <li>• Public masturbation</li> <li>• Unwanted kissing</li> <li>• Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering)</li> <li>• Non-consensual groping or touching of others' genitals</li> <li>• Coercive sexual intercourse/sexual assault</li> <li>• Coercive oral sex</li> <li>• Behavior that isolates youth and is destructive of his/her relationships with peers and family</li> </ul> |

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## **Appendix C**

### **Supervision Levels**

| <b>Table C</b>  |  |
|---|--|
| <b>Examples of Circumstances and Appropriate Supervision Levels</b> |  |
| <b>Oldest Child's Age/<br/>Developmental Age</b>                    | <b>Safe Circumstances</b>  |
| Ages 0–3  | <p>A child up to age 3 should not be left without adult supervision for any length of time.</p> <p>Visual observation should be maintained, with minimal interruption, other than times child is asleep in a safe situation.</p>   |
| Ages 4–6  | <p>A 4- to 6-year-old child should not be left without adult supervision for any length of time.</p> <p>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.</p>   |
| Ages 7–9  | <p>A 7- to 9-year old may be left alone for up to about several hours if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child demonstrates ability to follow safety instructions when adult is nearby, but not directly supervising child;</li> <li>• Child knows how to make emergency phone calls;</li> <li>• Child is not responsible for other children (more than one child may be together, but each is responsible only for him/herself);</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is available to child who can be physically present if needed, within minutes.</li> </ul> |
| Ages 10–12  | <p>A 10- to 12-year-old may be left alone all day or several hours in the evening if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child knows how to manage emergencies;</li> <li>• Child has been given instructions and demonstrated ability to follow instructions related to safety;</li> <li>• Child is not responsible for other children (more than one child may be together, but each responsible only for him/herself);</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is accessible, on call, and able to assist child for periods up to two hours.</li> </ul>               |



| Table C  |   |
|--|---|
| Examples of Circumstances and Appropriate Supervision Levels |   |
| Oldest Child's Age/<br>Developmental Age                     | Safe Circumstances  |
| Ages 13–15   | <p>A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 18 hours (but not overnight) if:</p> <ul style="list-style-type: none"> <li>• Child has demonstrated ability to be left alone safely for shorter periods of time;</li> <li>• Child knows how to manage emergencies;</li> <li>• Child knows how to handle daily routines that occur during the time child is alone;</li> <li>• Child has been provided with meals within child's capability of preparing;</li> <li>• Child has been given instructions and demonstrated ability to follow instructions related to safety;</li> <li>• Child is not a danger to self or others; AND</li> <li>• Backup responsible adult is available and accessible to child.</li> </ul> |
| 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**

### **Psychological 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 D1  |  |  |   |
|---|--|--|---|
| Examples of Psychological Harm Indicators   |  |  |   |
| Infant  | Toddler  | School Age   | Teen  |
| <ul style="list-style-type: none"> <li>• Not responding to cuddling</li> <li>• Not smiling or making sounds</li> <li>• Losing developmental milestones already achieved</li> <li>• Inconsolable</li> <li>• Head banging</li> <li>• Slow weight gain</li> </ul>  | <ul style="list-style-type: none"> <li>• Regression in toilet training, language, or other skills</li> <li>• Head banging</li> <li>• Regressive behavior</li> <li>• Difficulties sleeping</li> </ul>   | <ul style="list-style-type: none"> <li>• Bed wetting</li> <li>• Significant behavior changes</li> </ul>  | <ul style="list-style-type: none"> <li>• Involved in violent relationships</li> <li>• Difficulty maintaining long-term significant relationships</li> </ul> |
| <ul style="list-style-type: none"> <li>• Upset by loud noises and quick movements; displays startle response.</li> <li>• Withdrawn, not playful, or play imitates violence between parents.</li> <li>• Unusually extreme separation anxiety or no separation anxiety.</li> </ul>  |  | <ul style="list-style-type: none"> <li>• Self-harming/suicidal/social isolation.</li> <li>• Constant worry about violence/dangers.</li> <li>• Desensitization to violence.</li> <li>• Decline in school performance.</li> <li>• Feels worthless about life and self.</li> <li>• Unable to value others or show empathy.</li> <li>• Lacks trust in people.</li> </ul> |   |
| NOT APPLICABLE  | <ul style="list-style-type: none"> <li>• Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity).</li> <li>• Poor school attendance.</li> <li>• Extreme anxiety, such as inability to sit still that is <i>not</i> related to ADHD/insecure/attention seeking.</li> <li>• Lacks interpersonal skills necessary for age-appropriate functioning.</li> <li>• Extreme insecurity.</li> <li>• Takes extreme risks; is markedly disruptive, bullying, or aggressive, particularly with female teachers.</li> <li>• Avoids adults or is obsessively obsequious or submissive to adults.</li> <li>• Highly self-critical.</li> <li>• Feelings of hopelessness, misery, despair.</li> <li>• 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).</li> <li>• Alcohol or other drug abuse.</li> <li>• Unusual attachment to an adult other than caregiver.</li> </ul> |  |   |
| <ul style="list-style-type: none"> <li>• 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.</li> <li>• Episodes of physical complaints for which there is no known physical cause (e.g., stomach aches, headaches).</li> <li>• Flat affect (i.e., rarely smiles or cries).</li> </ul> |  |  |   |

| 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                 | <ul style="list-style-type: none"> <li>• Symptoms of non-organic failure to thrive.</li> <li>• Delays reaching developmental milestone, and no medical reasons for delay are identified.</li> <li>• Child does not seem attached to caregiver.</li> <li>• Injuries and accidents related to lack of appropriate supervision.</li> </ul> |
| Preschool                      | <ul style="list-style-type: none"> <li>• Language delays with no other explanation.</li> <li>• Child is not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self.</li> </ul>   |
| 5–9 years                      | <ul style="list-style-type: none"> <li>• Child is not developing social skills.</li> <li>• Child is frequently out of control.</li> <li>• Child is extremely clingy with other adults.</li> </ul>   |
| 10–13 years                    | <ul style="list-style-type: none"> <li>• Child is getting involved in dangerous, risky, or illegal behaviors.</li> <li>• School refusal.</li> </ul>   |
| 14–17 years                    | <ul style="list-style-type: none"> <li>• Illegal behavior, high-risk sexual activity, alcohol or drug abuse, and self-harm.</li> <li>• Disengagement from education or training.</li> </ul>   |

| Table D3                       |   |
|--------------------------------|---|
| Age/Developmental Age of Child | Moderate Adverse Effects (examples)   |
| All ages                       | <ul style="list-style-type: none"> <li>• Reduced interest in previously pleasurable activities (i.e., not merely moving on to interest in a new activity).</li> <li>• Declining school attendance.</li> <li>• Mild anxiety.</li> <li>• Below-average interpersonal skills necessary for age-appropriate functioning.</li> <li>• Less secure than peers.</li> <li>• Trouble relating to adults or unusually compliant with adults.</li> <li>• Somewhat self-critical.</li> <li>• Feelings of sadness.</li> <li>• Noticeable change in child's personality/behavior.</li> <li>• Seeks closeness to an adult other than caregiver.</li> <li>• Occasional difficulty sleeping or eating.</li> </ul> |
| Infant/toddler                 | <ul style="list-style-type: none"> <li>• Play consistently imitates demeaning behavior between parents.</li> <li>• Occasional or mild separation anxiety or no separation anxiety.</li> <li>• Difficulty self-soothing.</li> <li>• Less interested in play.</li> <li>• More timid or more aggressive than peers.</li> </ul>   |
| School age                     | <ul style="list-style-type: none"> <li>• Some difficulty concentrating.</li> <li>• Unusually withdrawn.</li> </ul>  |