

Referral Name: _____

Referral #: _____ - _____ - _____

Date: ____/____/____ County: _____

STEP I. PRELIMINARY SCREENING

- Review of screening criteria is not required
 - Evaluate out
 - No child under age 18
 - Duplicate referral that contains no new information
 - Referred to another county
 - Allegations of harm in a group home, residential treatment facility, or other institution
 - Safely surrendered baby

If any of the above are selected, the screening decision has been made and the assessment is completed. No further SDM assessments are required.

STEP II. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

A. Screening Criteria (Elicit reporter's concerns and select all that apply.)

Physical Abuse (if not automatic 24-hour, go to physical abuse tree)

- Non-accidental or suspicious injury
 - Death of a child due to abuse AND there is another child in the home (automatic 24-hour)
 - Severe (automatic 24-hour)
 - Other injury (other than very minor unless child is under 1 year old)
- Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
- Prior death of a child due to abuse AND there is a new child, of any age, in the home

Emotional Abuse (go to emotional abuse tree)

- Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
- Exposure to domestic violence

Neglect

- Severe neglect (if not automatic 24-hour, go to neglect tree)
 - Diagnosed malnutrition (automatic 24-hour)
 - Non-organic failure to thrive
 - Child's health/safety is endangered
 - Death of a child due to neglect AND there is another child in the home (automatic 24-hour)
- General neglect (go to neglect tree)
 - Inadequate food
 - Inadequate clothing/hygiene
 - Inadequate/hazardous shelter
 - Inadequate supervision
 - Inadequate medical/mental health care
 - Caregiver absence/abandonment
 - Involving child in criminal activity
 - Failure to protect

- Threat of neglect (go to neglect tree)
 - Prior failed reunification or severe neglect, and new child in household
 - Allowing child to use alcohol or other drugs
 - Prior death of a child due to neglect AND there is a new child, of any age, in the home
 - Prenatal substance use
 - Other high-risk birth

Sexual Abuse (go to sexual abuse tree)

- Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator
- Physical, behavioral, or suspicious indicators consistent with sexual abuse
- Sexual act(s) among siblings or other children living in the home
- Sexual exploitation
- Threat of sexual abuse
 - Known or highly suspected sexual abuse perpetrator lives with child
 - Severely inappropriate sexual boundaries

B. Screening Decision

- Evaluate out: No criteria are selected
*For differential response counties, proceed to Step IV-A, Path Decision for Evaluate Out.
 For counties not implementing differential response, stop. No further SDM assessments required.*
- In-person response: One or more criteria are selected
Proceed to Step III, Response Priority

Overrides

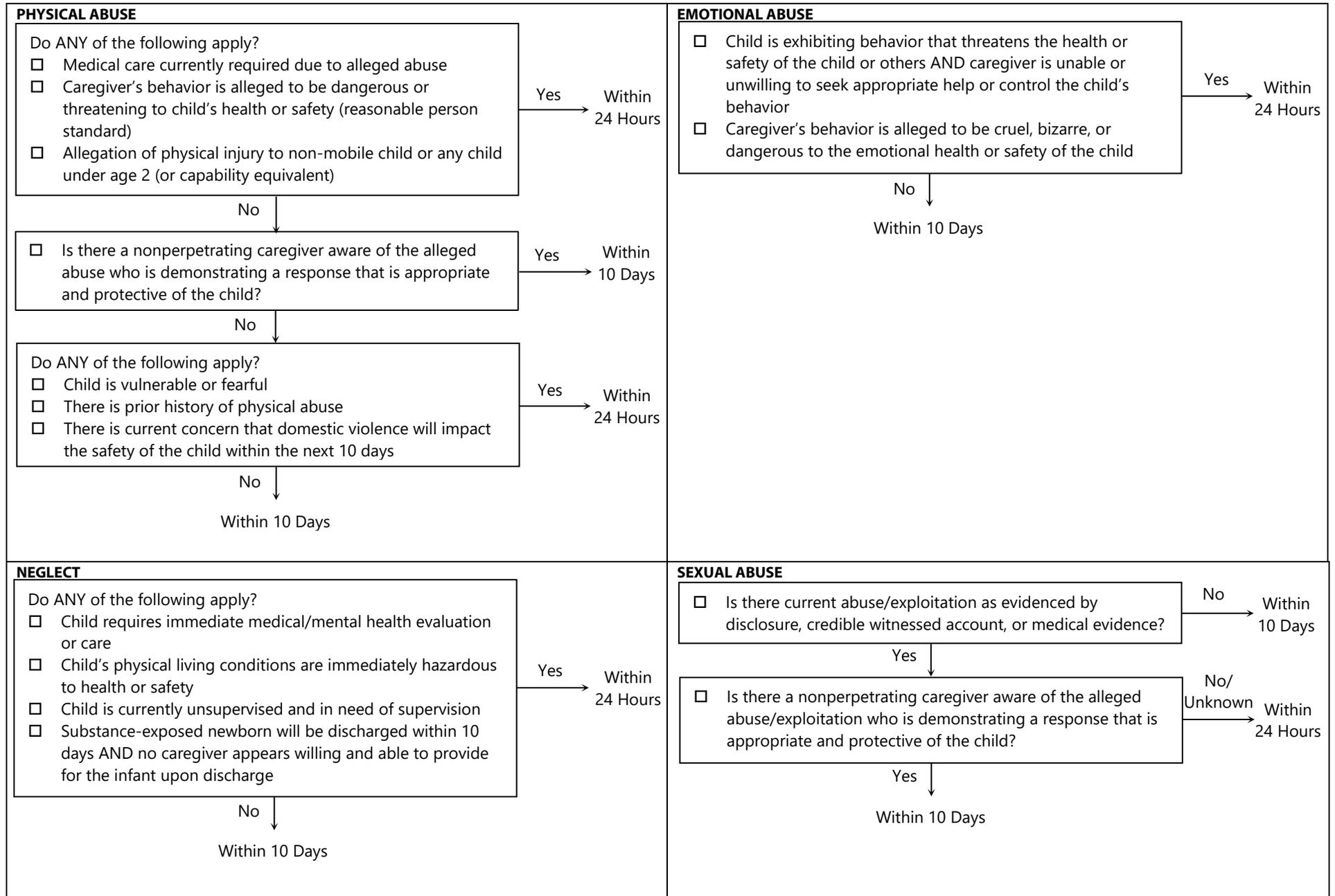
- In-person response. No criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply.
 - Courtesy interview at law enforcement’s request
 - Residency verification
 - Response required by court order
 - Local protocol (specify): _____
 - Other (specify): _____
- Evaluate out. One or more criteria are selected, but report will be evaluated out. No further SDM assessments required. Select all that apply.
 - Insufficient information to locate child/family
 - Another community agency has jurisdiction
 - Historical information only

STEP III. RESPONSE PRIORITY

- Select if applicable. Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24-hour)
- Child is already in custody (automatic 24-hour)

If not applicable, complete the appropriate decision tree(s).

A. Decision Trees



B. Overrides

Policy

Increase to 24 hours whenever:

- Law enforcement requests an immediate response;
- Forensic considerations would be compromised by slower response; or
- There is reason to believe that the family may flee.

Decrease to 10 days whenever:

- Child safety requires a strategically slower response;
- The child is in an alternative safe environment; or
- The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period.

Discretionary

- Increase response level
- Decrease response level (requires supervisory approval)

Reason: _____

Final Response Priority: 24 hours 10 days

STEP IV. PATH OF RESPONSE DECISION

A. Path Decision for Evaluate Out (for differential response counties only)

Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

- | Yes | No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Prior investigations (indicate number of prior investigations) |
| | | <input type="checkbox"/> One or two |
| | | <input type="checkbox"/> Three or more |
| <input type="radio"/> | <input type="radio"/> | Prior failed reunification, or death of a child not due to abuse or neglect |
| <input type="radio"/> | <input type="radio"/> | Current caregiver substance abuse, domestic violence, or mental health issues |
| <input type="radio"/> | <input type="radio"/> | Identified need that can be addressed with community services |
| | | <input type="checkbox"/> Clothing <input type="checkbox"/> Housing |
| | | <input type="checkbox"/> Counseling <input type="checkbox"/> Medical |
| | | <input type="checkbox"/> Education <input type="checkbox"/> Food |
| | | <input type="checkbox"/> Financial <input type="checkbox"/> Other (specify): _____ |
| <input type="radio"/> | <input type="radio"/> | Other (specify): _____ |

Path Decision (select one): No response Path 1

B. Path Decision for In-Person Response (for differential response counties only)

Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

(If final response priority is 24 hours)

Apply automatic Path 3? Yes No

- | Yes | No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident |
| <input type="radio"/> | <input type="radio"/> | Allegation involves sexual abuse |
| <input type="radio"/> | <input type="radio"/> | Prior investigations (indicate number of prior investigations)
<input type="checkbox"/> One or two
<input type="checkbox"/> Three or more |
| <input type="radio"/> | <input type="radio"/> | Prior child protective services (previous ongoing case) |
| <input type="radio"/> | <input type="radio"/> | Four or more alleged child victims |
| <input type="radio"/> | <input type="radio"/> | Caregiver has a current mental health issue
<input type="checkbox"/> Primary caregiver
<input type="checkbox"/> Secondary caregiver
<input type="checkbox"/> Both caregivers |
| <input type="radio"/> | <input type="radio"/> | Primary caregiver has a history of abuse/neglect as a child |
| <input type="radio"/> | <input type="radio"/> | Any child with (select all that apply):
<input type="checkbox"/> Mental health/behavioral problems
<input type="checkbox"/> Developmental or physical disability
<input type="checkbox"/> Medically fragile or failure to thrive
<input type="checkbox"/> Positive toxicology screen at birth
<input type="checkbox"/> Delinquency history |
| <input type="radio"/> | <input type="radio"/> | Housing is unsafe or family is homeless |
| <input type="radio"/> | <input type="radio"/> | Prior injury to a child due to abuse or neglect |
| <input type="radio"/> | <input type="radio"/> | Domestic violence in the last 12 months |
| <input type="radio"/> | <input type="radio"/> | Caregiver has a current substance abuse issue
<input type="checkbox"/> Primary caregiver
<input type="checkbox"/> Secondary caregiver
<input type="checkbox"/> Both caregivers |
| <input type="radio"/> | <input type="radio"/> | Other (specify): _____ |

Path Decision (select one): Path 2 Path 3