

Referral Name: \_\_\_\_\_

Referral #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ County: \_\_\_\_\_

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### 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**

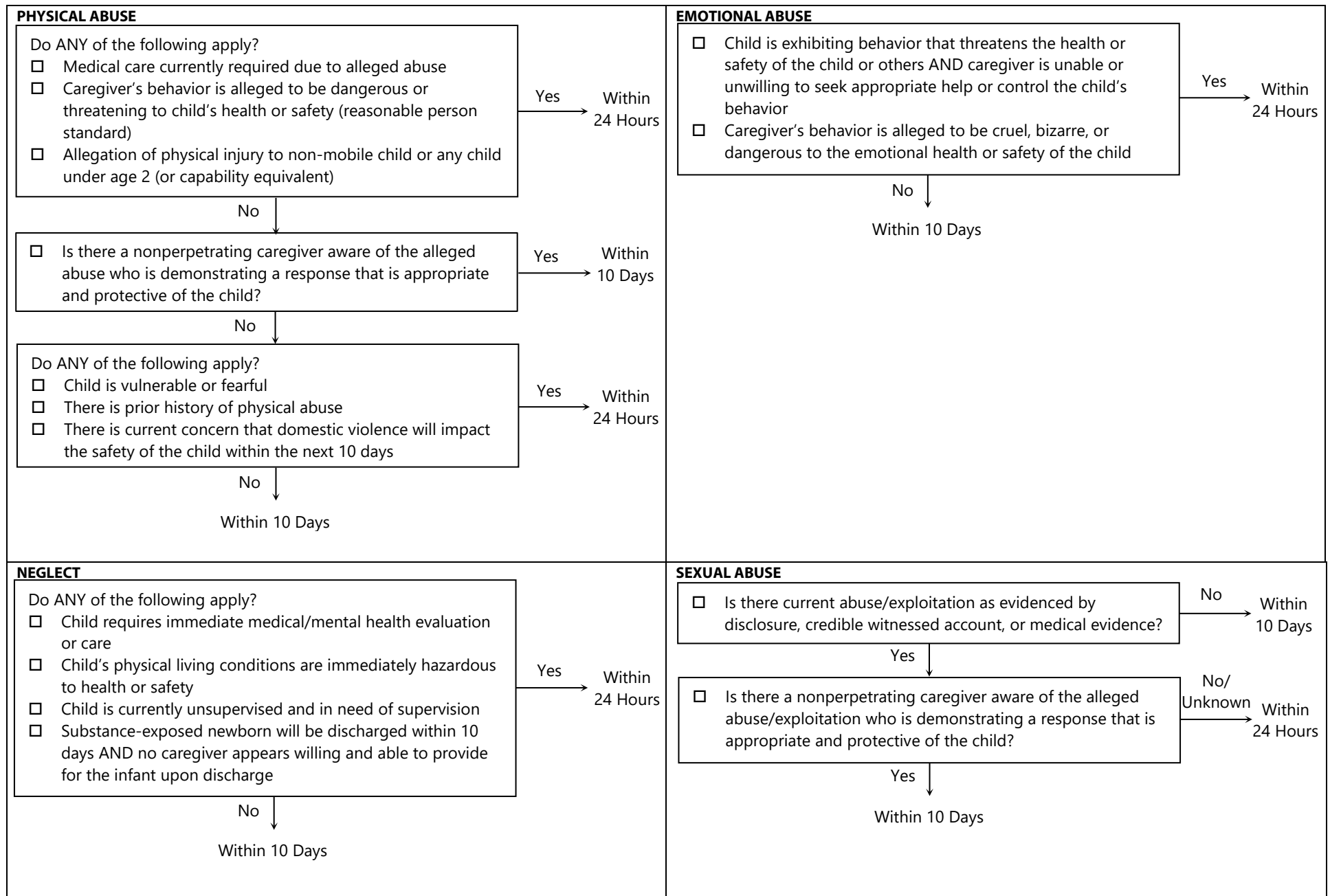
- ☐ In-person response. No criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply.
  - ☐ Courtesy interview at law enforcement's request
  - ☐ Residency verification
  - ☐ Response required by court order
  - ☐ Local protocol (specify): \_\_\_\_\_
  - ☐ 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