EVIDENT CHANGE
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SDM® SCREENING AND RESPONSE TOOL

Policy and Procedures Manual

NC DHHS
Division of
Social Services

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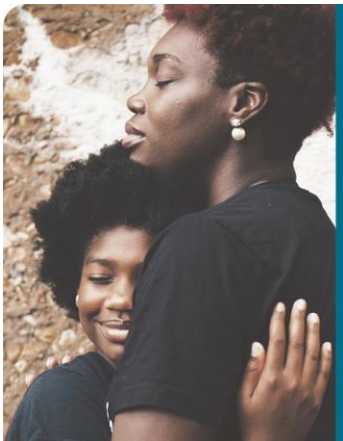

ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org . Find us on social media by visiting Linktr.ee/EvidentChange.

CARETAKERS AND HOUSEHOLDS

CARETAKER

In this tool, "caretaker" includes:

- Parents, guardians, and custodians; and
- Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting.[1]

  A person responsible for a juvenile's health and welfare means:

  » A stepparent;

  » Foster parent;

  » Potential adoptive parent when a juvenile is visiting or as a trial placement;

  » An adult member of the juvenile's household;[2]

  » An adult entrusted with the juvenile's care;[3]

  » Any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential childcare facility or residential educational facility; or

  » Any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services (DHHS).

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[1] Consider the following circumstances in determining if any person other than a parent, guardian, or custodian has responsibility for the health and welfare of a juvenile:

- The duration and frequency of care provided;
- The location in which that care is provided; and
- The decision-making authority granted to the adult.

[2] See above.

[3] See above.

INTAKE SCREENING AND RESPONSE TOOL DEFINITIONS

North Carolina Department of Health and Human Services

The county child welfare services agency has the authority to intervene only when the allegation, if true, meets the legal definitions.

SCREENING CRITERIA

A. MALTREATMENT ALLEGATIONS

Elicit the reporter's concern and select all that apply. **Consider child's age, developmental status, other child vulnerabilities, and expected child and family life events when assessing referrals.** The county child welfare services agency has the authority to intervene only when the allegation, if true, would meet the legal definitions.

Abuse (No more than 24-hour response, investigative assessment)

Human trafficking of a minor

An individual being directly or indirectly given, promised, or receiving anything in exchange for the child, regardless of whether the child is used for labor or sex, or to satisfy a debt.

- Child sex trafficking: Report alleges that the child has been or is at risk of being recruited, harbored, transported, provided, solicited, patronized, or obtained for the purpose of sex acts, for which anything is given or received by any person. There is no requirement of force, fraud, or coercion. There is no requirement that the alleged perpetrator be limited to a parent, guardian, or person responsible for the child's welfare.
- Child labor trafficking, involuntary servitude of a child: Allowing, forcing, or coercing the child to perform labor in various settings such as agricultural work, hospitality work in hotels or restaurants, or domestic work, or a child working long hours for little or no pay, particularly in dangerous jobs or jobs that are illegal for children to perform.
- Child trafficking: The exchange of a child for anything, or to settle a debt, regardless of whether the child is used for labor or sex.

Physical Abuse

Serious physical injury inflicted by action of caretaker

Serious physical injury inflicted or allowed to be inflicted on a child by a caretaker or a caretaker allowing others to inflict serious physical injury. Include allegations of corporal punishment that result in the following injuries regardless of the caretaker's expressed intentions. Include injuries to child that result from domestic violence, regardless of caretaker's intention or target.

Serious physical injury is characterized by an intense, acute injury OR characterized by the child suffering lasting pain. Injuries may be current or in different stages of healing.

Consider the child's age and development. Examples of serious physical injuries include but are not limited to:

- Bruising, lacerations, welts, or swelling on the head, face, eyes, throat, chest, belly/abdomen, genitalia, or other sensitive and vulnerable areas of the body;
- Extensive bruising, welts, or swelling and any lacerations on legs, arms, back, or buttock;
- Fractured/broken bones;
- Injuries requiring medical attention, even if medical attention has not been sought; and
- Patterns of burns consistent with maltreatment (e.g., cigarette burns, immersion burns).

For reports of discipline that do not result in serious physical injury as described previously and that have harmed the child or present a risk of harm, including reports of a child age 3 or younger subject to corporal punishment, review *Physical abuse – Excessive or cruel punishment* and *Neglect – Unsafe discipline*.

Unexplained physical injury

Serious physical injury to a child, consistent with the definition, that is not explained, or the explanation is not plausible or consistent with the injury, or the alleged perpetrator is unknown. Injuries may be current or in different stages of healing.

Serious physical injury is characterized by the child suffering lasting pain. Injuries may be current or in different stages of healing.

Consider the child's age and development. Examples of serious physical injuries include but are not limited to the following.

- Bruising, lacerations, welts, or swelling on the head, face, eyes, throat, chest, belly/abdomen, genitalia, or other sensitive and vulnerable areas of the body.
- Extensive bruising, welts, or swelling and any lacerations on legs, arms, back, or buttocks.
- Fractured/broken bones.

- Injuries requiring medical attention, even if medical attention has not been sought.
- Patterns of burns consistent with maltreatment (e.g., cigarette burns, immersion burns).

  OR
- Any injury to a non-cruising child, including bruising even if reported as minor, that is not explained, or the explanation is not plausible or consistent with the injury. This is called a "sentinel" injury in the medical field.

Examples include but are not limited to the following.

- An injury to a non-ambulatory child (e.g., a child who is not yet crawling, pulling to stand, walking with support, or walking) is not plausibly explained, including bruises of any size anywhere on the body or injuries inside or outside the mouth.
- A medical professional report states that the injury type is consistent with non-accidental injuries.
- An Injury has been observed by the reporter, and child and caretaker simply say they do not know how it happened.

Minor injuries that could reasonably be expected given the child's age, stage, activity level, and developmental status should NOT be selected.

Excessive or cruel punishment

A child who is age 3 or younger; is nonverbal; or is limited by developmental, behavioral, or physical disabilities has any marks or injuries as a result of corporal punishment/physical discipline.

Caretaker uses any of the following as discipline.

- Actions that cause injury and pain; force ingestion of non-food items or dangerous amounts of food or water; use ropes, duct tape, blankets, or other restraints not intended for use with a child; or force actions on the child such as extensive running, lifting, or physical chores that are beyond the child's reasonable ability.
- Actively and intentionally withholding or restricting the child's access to basic needs such as food, clean drinking water, clothing, shelter, toilet, and hygiene facilities to the extent that the child endures pain, illness, or injury.

Substantial risk of physical harm—threatening or dangerous behavior toward the child

Dangerous behavior toward or near the child AND this behavior could cause serious physical injury, including but not limited to the following.

- Punch to head, stomach, genitals, or other vulnerable body areas that leaves no visible injury.
- Choking, smothering, or otherwise disrupting the child's airway.

- Driving a vehicle under the influence of drugs (illegal, prescription, or over the counter) or alcohol with child in the vehicle.

OR

The caretaker has made credible threats to cause serious physical harm to the child that, if carried out, would constitute child abuse, and the caretaker has articulated a plan or it is otherwise likely that without intervention, the caretaker will carry out these threats. This includes but is not limited to the following.

- The caretaker describes conditions and situations in which they think about harming the child.
- The caretaker talks about being worried, fearful, or preoccupied with abusing the child.
- One caretaker is expressing a concern for what another caretaker (or someone in a caregiving role) is capable of doing or may do, and the caretaker of concern has unsupervised access to the child.
- There is credible information that a current caretaker was responsible for the death or serious injury of a child due to abuse AND a new child is now living in the home.

Substantial risk of physical harm—near fatality

There is a near fatality, meaning that a physician has determined that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment.

Sexual Abuse

Any sexual act on a child by an adult caretaker or other adult in the household

Based on child's disclosure, medical evidence, or credible witnessed act. This includes the following.

- Physical contact with the child's breasts, buttocks, or genitals, or with other parts of the child's body in a sexualized manner.
- Directing, coercing, encouraging, allowing and/or forcing contact between the child and the caretaker's breasts, buttocks, genitals, or other parts of the caretaker's body in a sexualized manner.

Physical or behavioral indicators consistent with sexual abuse

Basis exists for concern that a child has been sexually harmed; at this time, the alleged perpetrator is unknown, and the caretaker or a household member cannot be ruled out. Indicators include but are not limited to the following.

- A pre-adolescent child has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to the child's genital or anal area.

- The child has initiated or participated in sex acts that are outside the realm of developmentally normal preadolescent exploration and adolescent behavior. It may occur with caretakers, family members, or peers. Consider the child's age, developmental status, and any power or age differential when assessing this item.
- A child has initiated sexual acts or activities with caretakers or other family members.
- The child complains of pain in the genital or anal area AND there are no physical explanations for the pain.

Exposure to sexually explicit conduct or materials

The caretaker or other adult in the household knowingly permits or provides child access to pornographic or harmful sexual material or to witness sexual acts. This includes a caretaker or adult household member sending a child sexually explicit photos or videos of themselves, "sexting," and engaging in sexually explicit phone calls (phone sex), video calls, or conversations.

This does not include incidents that are accidental or inadvertent unless the report indicates that the behavior is persistent or frequently occurring.

Sexual exploitation

Caretaker is photographing, filming, or depicting a child in a sexually suggestive or explicit way, including over live video.

Caretaker is allowing, permitting, or encouraging a child in their care to be used in a sexually suggestive or explicit way for the purpose of live performance (including live video), photographing, filming, or other recording (audio, visual, or both).

Caretaker is allowing, permitting, or encouraging the child to engage in sharing photos or videos of themselves in a sexually suggestive or explicit way, including over live video.

If there is an exchange of anything of value (e.g., drugs, money, housing, food, clothing, jewelry) for any of these activities, also select the child sex trafficking allegation.

Caretaker knowingly allows a person with a history of sexual offenses against minors to have unsupervised and/or unrestricted access to the child

An individual with a record of sexual crimes toward children—or an individual for whom credible evidence suggests the individual has a history of child sexual abuse perpetration without a formal criminal record—has known unsupervised access, or there is concern about unsupervised access, to the child. This includes family members, neighbors, or friends of the caretaker who do not live in the home and have unrestricted access to the home. This includes instances in which a caretaker reasonably

should know the history of the sexual offender, regardless of whether the reporter is aware that they have that knowledge or not.

In instances when the caretaker may not be reasonably aware of the history of concerning the individual, consider screening the report under *Exposure to violence in the home, Injurious environment* to establish safety of the child and caretaker's ability and willingness to protect; and inform local law enforcement.

Substantial risk of sexual abuse

Caretaker's behavior causes real concern that the child is at substantial risk of sexual abuse. This includes but is not limited to the following.

- Grooming: This includes verbal, written, or physical behavior not overtly sexual but likely designed to prepare a child for future sexual abuse. It includes a deliberate and escalating pattern of actions taken to lower a child's inhibitions (e.g., treating the child as "more special" than other children, talking about sexual topics that are age inappropriate, commenting on physical traits/changes of the child, escalating touching from innocent to inappropriate, and "accidental" self-exposure by the caretaker).
- Caretaker views or possesses child pornography.

Emotional Abuse, Mental Injury

Caretaker actions have led to the child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others

The caretaker has created, or allowed to be created, serious emotional damage to the child, evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior toward themself or others. There may be single incidents or a pattern of behavior that would be of lesser concern if it were a single incident. This may include but is not limited to the following.

- Rejecting/humiliating: The caretaker refuses to acknowledge the child's worth and the legitimacy of the child's needs. This may include singling out one child to criticize or punish, belittling the child, or shaming the child. The caretaker threatens the child with being sent away or tells the child they are unwanted. The caretaker treats the child differently from other children in the home, disallows the child the same food as the rest of the family and withholds other provisions provided to the rest of the household, or physically separates the child from the family. The caretaker publicly humiliates the child in the guise of discipline (e.g., making an older child wear a diaper for bedwetting, forcing the child to wear soiled clothes to school).
- Terrorizing/creating a climate of fear: The caretaker creates a climate of fear by verbally assaulting or bullying the child. This includes actions intended to intentionally cause the child to experience extreme fear. These actions include but are not limited to the following.
  - » Caretaker harms/threatens harm to self, child, or loved ones, including pets.

- » Caretaker harms animals in front of the child and/or places the child in dangerous situations.
- » Child describes credible threats made by the caretaker or recounts previous experience that forms the basis for fear.
- » Child experiences reasonable fears of retribution or retaliation from the caretaker.
- » Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.

- Damaging isolation or ignoring: The caretaker limits interactions, deprives the child of essential stimulation and responses, or cuts the child off from normal opportunities for social or cultural interaction, preventing the child from forming familial bonds or friendships and making the child believe that they are alone in the world.
- The caretaker tells the child to go ahead and harm themself when the child threatens suicide.

Encouraging or Enabling Delinquent Offense, Moral Turpitude

The caretaker encourages, condones, or approves the commission of delinquent acts by the child

Acts may include but are not limited to activity by the child that would be criminal for an adult, and the commission of the acts is shown to be the result of the encouragement, condonation, or approval of the caretaker. This may include actions by the caretaker that places the burden of criminal activity on the child. Examples include but are not limited to the following.

- Caretaker having the child carry illegal drugs and/or participate in drug selling.
- Caretaker forcing, encouraging, or enabling child to steal from individuals or businesses.

When the allegation involves sex trafficking and exploitation, select the child sex trafficking allegation.

Allegations that the caretaker supports or encourages smoking, consuming alcohol, disregarding curfew laws, or other offenses that apply to juveniles (i.e., status offenses) should be considered under neglect, unsafe supervision, or other neglect allegations.

Neglect (family assessment response unless otherwise indicated)

Death of a child, maltreatment is suspected, and other children are in the home (investigative assessment and immediate response)

Report of child death AND concern exists regarding abuse or neglect by the caretaker that contributed to or caused the child's death AND other children reside in the home. Consider circumstances described by the reporter and whether those circumstances raise suspicion of maltreatment.

Examples include but are not limited to the following.

- Co-sleeping with a child while the caretaker is under the influence.

- An unsupervised child resulting in a gunshot wound; overdosing on any substance; or drowning in a bathtub, pool, or other body of water.
- Death of a child due to head trauma or internal injuries that are unexplained or appear suspicious.
- Death of an otherwise healthy child due to unknown causes.

Physical Neglect

The caretaker does not provide proper care supervision, discipline, or necessary medical or remedial care. Proper or necessary care of some children exceed normal expectations due to medical or mental health conditions, developmental delays, or other child characteristics. Consider the basic needs of the child when determining the possibility of physical neglect allegation.

Unsafe living conditions

The child's physical living conditions are harmful and/or contain hazards that have led or could lead to the child's injury or illness if not resolved. Consider the child's age and vulnerability when selecting this item. Examples may include but are not limited to the following.

- Housing that is an acute fire hazard or has been condemned.
- Exposed heaters, gas fumes, faulty electric wiring.
- No access to fresh water, sanitary waste-management conditions.
- Broken windows or stairs that pose a danger to children in the home.
- Vermin, human, or animal excrement.
- Insect, vermin infestations.
- Firearms and ammunition that are unsecured, inappropriately stored, or easily accessible with the potential of being unsafely discharged.
- Inappropriately stored, unsecure and/or easily accessible hazardous chemical, illegal or prescription drugs, or other substances that pose a danger to a child.
- Exposure to methamphetamine or other drug manufacturing lab.
- Persistent unsafe sleeping conditions, particularly for infants younger than 1.

Note: There is a checkbox for exposure to methamphetamine production. If selected, the response must be an investigative assessment.

Unsafe clothing or hygiene

A caretaker has not and/or does not meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities are or will be adversely impacted without intervention, and/or the child develops or suffers worsening of an injury or illness (e.g., sores, infection, tooth loss, severe diaper rash, physical illness, hypothermia, or frostbite).

Unsafe food/nutrition

A caretaker has not and/or does not provide sufficient food or hydration to meet minimal nutritional requirements for the child; the child experiences significant lack of food or hunger due to lack of food. Consider statements from reporter about food in the home as well as access to food through schools, family, and neighbors' homes where the children spend significant time, as well as community resources such as meal programs and food distribution. However, if the only information available is that there is no food in the home, the report should be accepted for child protective services (CPS) response. Include diagnosis or indicators of non-organic failure to thrive made by a qualified medical professional.

Unsafe supervision/child left alone

The child is left alone or inadequately supervised to the extent that the child has been injured or the child avoided injury despite the caretaker's lack of attention or supervision. This includes situations in which the caretaker is physically present with the child and unable or unwilling to meet the child's supervision or care needs. Examples include but are not limited to the following.

- Child age 7 or younger has been left alone.
- Child of any age has been left unsupervised with responsibilities beyond the child's capabilities and/or without a support system that may include phone numbers of caretakers, other family members, or neighbors; information about personal safety; and what to do in an emergency. Consider the child's age, developmental ability, and mental health; the location of the child; and the length of time and time of day.
- The child is in the care of an older sibling or minor babysitter who cannot or will not provide adequate care and supervision. Consider the child's needs and the abilities of the older sibling or minor babysitter.
- The adult caretaker is not meeting the child's needs for supervision, considering the child's age and developmental status. Consider age, ability, and functioning of the adult caretaker and the age, ability, behaviors, and needs of the child.
- Child-on-child sexual abuse occurs or continues due to lack of supervision.

Unsafe discipline

A child age 4 or older is subject to physical discipline that results in minor bruises, welts, or other soft-tissue injuries on the buttocks, back, legs, or arms that do not require medical attention.

Reports on children of all ages, including teenagers, that include allegations of a caretaker choking or otherwise blocking the child's airway OR punching or kicking in the head, stomach, or vulnerable areas, regardless of whether an injury is visible, must be screened for physical abuse.

Children age 3 and younger should not be subject to corporal punishment. Screen a child age 3 or younger who has any marks as a result of physical discipline as physical abuse. See *Physical Abuse – Excessive or cruel punishment*.

Consider totality of the circumstances, including severity of discipline, child's age, any developmental delays, and whether the child is medically fragile or otherwise more vulnerable when determining if the punishment rises to the level of neglect or abuse. Review *Physical Abuse – Serious physical injury inflicted by action of caretaker* or *Physical Abuse – Excessive or cruel punishment*.

Exposure to violence in the home, injurious environment

Child has been exposed to or is aware of violence or other injurious environment in the home, and the alleged perpetrator demonstrates lack of attention to the impact this has on the child's welfare. This includes but is not limited to the following.

- Siblings of children who are victims of serious physical abuse, sexual abuse, or mental injury.
- Child in a household where an adult is the victim of physical assault, sexual assault, or mental injury by an intimate partner
- The child has seen, heard, tried to intervene in, or is aware of physical altercations, verbal threats of violence, or intimidation between adults in the home. There may be single incidents that resulted in injury to or arrest of a caretaker or involved the use of a weapon, or there may be a pattern of behavior that would be of lesser concern if it was a single incident.

Consider that in the context of the child welfare system, alleged perpetrators of intimate partner violence (IPV) are caretakers who engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the partners no longer live together. The alleged perpetrator's actions often directly involve, target, and impact children in the family.

If a child has been injured or threatened with injury, also select the appropriate physical abuse allegation item. Note: If there is an allegation of abuse directly related to IPV, the alleged perpetrator is the caretaker who is the alleged batterer/perpetrator of IPV. The adult victim of IPV should not be given an allegation of neglect related to exposure to IPV in the home. There are significant reasons adult victims do not leave a violent relationship; staying may be a protective measure if leaving puts the adult victim and their child in more danger.

Substance-affected infant

Any infant born affected by substances that are not attributed to medical treatment, including medication-assisted treatment. Exposure is indicated by any of the following.

- Infant has a positive toxicology screen for drugs or alcohol, other than as prescribed, AND:
  - » There is a medical impact on the child (e.g., hospitalization as a direct result of withdrawal or medical condition that requires ongoing medical care that is directly attributed to the drugs or alcohol in the child's system); OR
  - » There is a demonstrated impact on the parent's ability to care for the infant; OR

    - » There are other maltreatment concerns, including the parent's inability to care for the infant OR a pattern of substantiations or findings.
- A birthing parent has a positive toxicology screen at delivery for drugs or alcohol, other than as prescribed, AND there is the demonstration of a behavioral impact on the birthing parent's ability to care for the infant.
- A birthing parent has a positive toxicology screen at delivery for drugs or alcohol, other than as prescribed, AND a pattern of substantiations, findings, or services for substance use.
- An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure, alcohol-related birth defects, or alcohol-related neurodevelopmental disorder.

If a report alleges that an infant had a positive drug toxicology screen or is experiencing withdrawal symptoms AND it is known that the drug is a medication prescribed to the mother that is being used appropriately (as prescribed by the provider), do not select this item; a report should not be accepted on this basis alone. This includes medication-assisted treatment of opioid use disorders.

Parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team

Parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team, AND this refusal puts the juvenile at harm or substantial risk of abuse, neglect, and/or dependency. Juvenile and Family Team is a component of Juvenile Justice specifically designed to develop court-ordered recommendations for services and compliance for *vulnerable juveniles,* defined as "any juvenile who, while less than 10 years of age but at least 6 years of age, commits a crime or infraction under State law or under an ordinance of local government, including violation of the motor vehicle laws, and is not a delinquent juvenile" (SL2021-123).

The juvenile court counselor serves the vulnerable juvenile through case management services for up to nine months. Article 27A includes the following list of services that can be recommended.

- Attend all scheduled meetings with the juvenile court counselor.
- Attend all parental responsibility classes.
- Obtain medical, surgical, psychiatric, or psychological evaluation or treatment for the vulnerable juvenile or parent/guardian/custodian.
- Comply with recommendations of the juvenile court counselor.

If the report has been made by someone other than the juvenile court counselor, consider screening the report based on parental behavior and impact on the child under other allegations.

Medical Neglect

> *Physical health: The delay, refusal, or failure on the part of the caretaker to seek, obtain, and/or maintain necessary medical, dental, hearing, and/or vision care when the caretaker knows or reasonably should know that such action adversely impacts the child.*

The caretaker is missing or not scheduling appointments, rehabilitative therapies, or other necessary medical, dental, hearing, or vision care and this resulted in the child's deteriorating health, lingering illness, or exacerbating an injury.

This includes necessary rehabilitative care such as speech therapy and physical therapy, as well as remedial care such as the proper treatment for a hearing defect. Such actions may include but are not limited to the following.

- Withholding or failing to obtain or maintain medically necessary treatment for a child with acute or chronic medical conditions that impact quality of life or are life threatening.
- Failing to provide comfort measures to infants and children with a life-threatening condition.

Note: There is a checkbox for disabled infant with life-threatening condition. If this is selected, an investigative assessment response is required.

Failure to provide the child with immunizations or routine well-child visits in and of itself does not constitute neglect. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect. A referral that alleges a child has head lice is not sufficient to screen in the call for response. Collecting information about the parent/caretaker's attempts to treat head lice, the impact on the child, and whether public health has intervened may provide information that does meet the threshold of one or more criteria.

> *Mental health: The unreasonable delay, refusal, or failure on the part of the caretaker to seek, obtain, and/or maintain necessary mental health care, including substance abuse treatment for the child*

The caretaker knows or should reasonably be expected to know that such actions have resulted in serious mental/behavioral health conditions for the child or pose a substantial risk of serious mental/behavioral health conditions for the child. Such actions may include but are not limited to the following.

- Missing appointments, therapies, or other mental/behavioral health care for a child with a diagnosed mental/behavioral health condition
- Withholding or failing to obtain or maintain necessary treatment for a child with life-threatening, acute, or chronic mental/behavioral health conditions such as serious depression or anxiety; suicidal/homicidal ideation, action, or attempts; and self-harm
- Failing to obtain or withholding substance abuse treatment for a child with a known substance abuse concern. Include situations in which the child has overdosed or experienced a near overdose and the caretaker has not obtained or maintained treatment for the child.

A situation in which a child refuses to keep appointments with a therapist while the caretaker is making every effort to support and encourage the child to keep the appointment is not sufficient information to screen in the call for response. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect.

Abandonment

A child of any age has been abandoned

The legal definition of abandonment is "any willful or intentional conduct on the part of the parent which evidences a settled purpose to forgo all parental duties and relinquish all parental claims to the child." This includes situations in which a parent/legal guardian is unwilling to provide care for the child, and the current person/entity (non-legal caretaker) who is providing care seeks to discontinue care. Abandonment may be indicated by but not limited to the following.

- Parent/legal guardian takes clothing and other belongings, quits jobs, and establishes another residence.
- Parent/legal guardian's absence significantly exceeded the planned length of time, with no meaningful communication with or support for the child.
- Parent/legal guardian has deserted the child with no apparent plans for return.
- Child is being discharged from a facility, and the parent/legal guardian refuses to accept the child back into the home AND has not helped the child find an alternative placement or meaningfully participate in discharge planning. In this instance, the alleged maltreater is the parent/legal guardian rather than the person or institution who is seeking to discontinue care provision.
- Parent/legal guardian kicked the child out of the home and/or refuses the child entry to the home and has not provided a safe alternative.

Informal caretakers who do not have a legal arrangement and are seeking assistance in achieving a legal arrangement should be directed to appropriate county resources rather than screening in the referral for abandonment. A worker should consult with their legal counsel on the appropriate county resources to assist the informal caretaker.

Educational Neglect

The caretaker does not meet the child's basic educational needs

The caretaker of a school-age child (ages 7 through 15, or age of enrollment if younger than 7) fails to ensure the child is provided with an education.

When report is made by school personnel, consider the school's engagement with, or attempts to engage, the caretaker. Examples include but are not limited to the following.

- A child ages 7 through 15 is not enrolled in school AND is not registered in the homeschooling program with the Division of Non-Public Education.
- A school-age child has excessive unexcused absences this academic year that are impacting the child, and reporting source is not school personnel and cannot provide details about school's action to engage the caretaker.
- A school-age child is not enrolled, and the reporting source is not school personnel and cannot provide details about school's action to engage caretaker.
- A caretaker refuses to allow or fails to obtain recommended special education or remedial education services for a school-age child.
- A school-age child has excessive unexcused absences this academic year, and despite formal intervention by the school, the school reports that the caretaker has been unable to be contacted, has been uncooperative with school officials, or cannot provide an appropriate explanation for the child's absences.
- Other situations in which the information provided indicates that the caretaker refuses to allow or appears unable to support the child in attending school, including allegations that child is working or caring for other family members rather than meeting minimal schooling requirements or school attendance.

Illegal Transfer of Custody

- The caretaker transfers physical custody of the child in violation of an adoption, court order, or lawful authorization to an individual that does not have a substantial relationship with the child AND is not a relative.
- A caretaker was paid or accepted an offer of payment (it does not have to be monetary) for the placement or adoption of a child.
- A caretaker who places a child with an alternate caregiver without the authority to do so.
- A child placed in violation of the Interstate Compact on the Placement of Children.

Parent Requests to Dismiss Safe Surrender

A parent safely surrendered their infant and has contacted the agency to regain custody of the infant. This item can only be selected in circumstances in which the agency determined that the infant's surrender met criteria for Safe Surrender infant, and the person requesting custody can demonstrate, or there is reason to believe, they are a parent that safely surrendered the infant.

Dependency (family assessment response unless otherwise indicated)

Caretaker incapacity

The caretaker is unable to care for the child because of incarceration, hospitalization, or physical or mental incapacity AND there is no safe adult to care for the child;

OR

The caretaker's ability to care for the child appears to be substantially impaired to the extent that the caretaker would likely be unable to respond to or meet the child's basic needs (e.g., food, clothing, shelter, education, health care), and the caretaker does not have the resources or support system to make appropriate arrangements for supervision or care of the child. This includes, but is not limited to, the following.

- The caretaker is taking prescribed medication that affects alertness, availability, and decision making.
- The caretaker's physical health affects alertness, availability, and decision making.
- The caretaker's emotional state affects alertness, availability, and decision making.

If the caretaker has made a care plan for the child with a safe adult or is otherwise able to safely mitigate the impact of their incapacity on the child, this item should not be selected.

Safe Surrender infant (immediate response)

An infant's parent surrenders the infant who is less than 30 days old by voluntarily delivering the infant to one of the persons listed below and does not express an intent to return for the infant.

- A health care provider who is on duty or at a hospital or at a local or district health department or at a nonprofit community health center.
- A law enforcement officer.
- A social services worker who is on duty or at a local department of social services (DSS).
- A certified emergency medical service worker.
- A firefighter.

Maltreatment Undetermined[5]

Maltreatment details undetermined

No formal maltreatment allegation was associated with this child at the time of the report; however, all children in the home are considered victim children. The assessment caseworker must determine in their assessment activities if any maltreatment allegation is present for this child, including the ones selected for other children in the home.

[5] Only to be used when one child in the household has a maltreatment allegation selected and it does not make sense to select that or another maltreatment allegation for other children in home

No Maltreatment Allegation

Information provided does not meet the statutory threshold for an abuse, neglect, and/or dependency allegation.

The information gathered does not reach a level of concern for a child's safety or health that requires an assessment by child welfare. Referral will be evaluated to determine if a referral to another agency for response is warranted.

RESPONSE TIME AND ASSESSMENT TRACK

For screened-in reports, worker must complete Response Time and Assessment Track.

There is an existing open CPS assessment with the exact same maltreatment allegation(s) as the maltreatment allegations in this CPS intake.

The information gathered exactly matches a maltreatment allegation previously reported and screened in. The details that are consistent between the previous report and this one includes the alleged maltreater(s), the alleged child victim(s), the date and time of alleged maltreatment, and the alleged maltreatment type.

If selected, Response Time and Assessment Track is complete. Remember to link the cases by either adding the county case number or relating in the Child Welfare Information System to the CPS Assessment case.

A. ASSESSMENT TRACK

When the report includes any of the following allegations or conditions, as indicated by the selection of the maltreatment allegation in Screening Criteria and responses to Mandatory Questions, the report will be assigned for investigative assessment. These allegations or conditions may be selected alone or in combination with other allegations:

- Death of a child, maltreatment is suspected, and other children are in the home
- Yes response to the Mandatory Question "Is this a near fatality, where a physician has determined that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment?"
- Human trafficking, any allegation subtype
- Physical abuse, any allegation subtype
- Sexual abuse, any allegation subtype
- Emotional abuse; mental injury
- Encouraging or enabling delinquent offense; moral turpitude

- Unsafe living conditions; child exposed to methamphetamine lab
- Medical neglect of disabled infant with life-threatening condition
- Abandonment

When the report includes only neglect or dependency allegations, which are not included in the list above, the worker will review the report for the following criteria.

- Child is in custody of child welfare or placed in foster care, group home, or residential care.
- Physician or law enforcement officer has taken emergency custody.
- Child is admitted to the hospital due to suspected abuse or neglect.
- Other: Worker must document the reason for assigning the report as an investigative assessment.

Reports that do not include any of these criteria will be assigned to family assessment track.

B. RESPONSE TIME

Reports that include an allegation of child fatality, near fatality, abandonment, unsafe living conditions with exposure to methamphetamine lab, or safely surrendered infant will be assigned a response time without any further action, based on allegations selected and or response to mandatory questions.

For all other reports, the screener will review the response time matrix and select any criteria that apply,

Immediate Response Criteria

Medical neglect of a disabled infant with life-threatening condition.

Exposure to methamphetamine production.

Physician or law enforcement officer has taken emergency custody.

Child is admitted to the hospital due to suspected abuse or neglect.

The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults.

It is critical to assess the information available regarding the current situation and expected safety or lack of safety for children who are limited by ability or are 5 years or younger. This includes but is not limited to:

- A life-threatening situation in the next 24 hours;
- An alleged perpetrator who will have access in the next 24 hours and there is high risk of harm;
- Substance-affected infant who has been or will be discharged in the next 24 hours;
- Medical neglect of a disabled infant who is hospitalized and will be discharged in the next 24 hours;
- Child hospitalized due to concerns of abuse or neglect and will be discharged in the next 24 hours;
- Access to weapons, illegal drugs, or dangerous chemicals;
- Leaking gas from a stove or a heating unit; and
- Excessive garbage, human, and/or animal waste that threatens the child's health.

Child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse.

The child requires immediate medical attention due to serious condition or injury. If attention is not provided, the child's health and well-being will be permanently affected. This includes injury treatment and/or evaluation that is needed or currently in progress, including dental care and mental health evaluation for harm to self or others. Do not include medical examination completed solely for forensic purposes.

Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours.

Child is exhibiting behavioral indicators of fear, and this fear is attributable to an allegation and/or the reporter provides credible evidence of a threat to the child's immediate safety.

Children express fear through different, sometimes contradictory, behaviors. These may include:

- Kicking, screaming, biting, spitting, throwing things;
- Shaking, quivering, crying uncontrollably;
- Running away, hiding, trying to escape the predicted dismissal or departure time;
- Zoning out, emotionally distancing from others;
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching;
- Physically distancing self from others, such as finding a space (under table, desk, bed where visual and auditory input are decreased) and avoiding being touched or making eye contact;

- Covering ears, closing eyes, and tucking in arms and legs as much as possible; and
- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

Child's fear of parental response or discipline due to poor grades or behavior must reach the level of concern for child safety. Consider the child's age and developmental status.

Family may leave their current location and CPS may not be able to find them.

Information shared by the reporter indicates the family may flee, the child may become inaccessible, or workers will be unable to locate the family. Examples include but are not limited to the following.

- The caretaker and/or child threaten to flee or have a history of fleeing from CPS or police.
- Home address is unknown, and caretaker and/or child is currently at school, hospital, police station, or other known location.
- Family is known to be homeless and is currently at a non-shelter facility open for limited hours (e.g., library, recreation center, meal distribution/foodbank center).

Forensic considerations would be compromised with a slower response.

Physical evidence would be compromised, OR there is reason to believe statements will be altered if the response does not begin immediately.

No food in the home or otherwise available to the children.

A child age 7 or younger is currently alone.

An injury to a child age 3 or younger.

Child 12 years or younger self-reports to county DSS agency.

Court transfers custody of a child to DSS.

Child is taken into custody by the court, and custody is transferred to DSS; custody not initiated by the local child welfare agency.

Within 24-Hour Response Criteria

Child has visible injuries due to neglect that do not require urgent or emergent medical care.

The situation will likely deteriorate to unsafe/harmful within the next 72 hours. Consider child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults.

Investigation assessments not already identified as immediate or within 24 hours

Within 72-Hour Response Criteria

Family assessments do not meet criteria for immediate response or response within 24 hours.

SCREENING AND RESPONSE TOOL POLICY AND PROCEDURES

North Carolina Department of Health and Human Services

The purpose of the screening and response assessment is to assess whether a report meets North Carolina Department of Health and Human Services criteria for CPS response.

WHICH CASES

The tool is completed on all calls to the county DSS in which the caller states they are concerned about a child's safety, well-being, or care. This includes reports by telephone and all other means.

WHO

The county DSS worker who takes the information from the reporter AND the supervisor and/or leadership who provide the second-level review.

WHEN

The tool is completed immediately after a report has been made or while the report is being made.

DECISIONS

The tool guides whether a report requires a CPS response and, if so, the maltreatment type and how quickly to respond.

APPROPRIATE COMPLETION

The worker selects all criteria alleged for each maltreatment type from Screening Criteria and makes the screening decision. Reports not meeting any of the screening criteria should not be accepted for CPS response. If a worker identifies a maltreatment type present, the worker completes Response Time and Assessment Track. Certain maltreatment allegations, if selected, will dictate the response track and time. If no response track and time automatically populates, the worker selects the most applicable item, which produces a response time (immediate, within 24 hours, within 72 hours) and track (investigative or family assessment).