Ohio's Child Protective Services Worker Manual

VOLUME 1

Screening Guidelines & CAPMIS Field Guides

Ohio | Department of Job and Family Services

Ohio Child Protective Services Screening Guidelines

Guidelines for Screening

The Screening Guidelines were developed by the Ohio Department of Job and Services (ODJFS), Office of Families and Children, in collaboration with representation from Ohio's Public Children Services Agencies (PCSA), The Human Trafficking Task Force, Ohio's Chapter of the American Pediatric Association, and The Institute for Human Services.

These guidelines have been created to assist PCSA screeners in recognizing the link between the applicable statutes and/or rules to the intake categories. The utilization of the Screening Guidelines provides examples for each report category to assist in the categorization of the referral information. Additionally, the Screening Guidelines define each category pursuant to the Ohio Revised Code (ORC) and the Ohio Administrative Code (OAC) when applicable and provide examples to assist the screener in determining how to categorize the information received and how to complete screening decisions. The Screening Guidelines is provided to promote consistency in screening decision making across the state for PCSAs.

This document is strictly a guide to promote screening consistency statewide. The statements contained herein are not intended to be legal advice and screening staff should consult their agency's legal counsel when in doubt about the legality of any screening decision.

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The Screening Decision

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

The screening decision is a formal process that is completed by the county PCSA and is documented in the case record. All reported information the ***referent believes*** may place a child at risk of abuse or neglect must be documented in SACWIS, regardless of the agency's screening decision. The appropriateness of the screening decision is dependent upon gathering accurate and complete information about the circumstances of the alleged maltreatment and the family situation. This is critical to the assessment of safety and risk to the child.

All referrals received by the PCSA must be categorized into one of the following categories:

- Abuse
- Neglect
- Dependency
- Family in Need of Services
- Information and/or Referral

A *referral* is the allegation of child abuse, neglect, dependency, or family in need of services made orally, in writing via hard copy or electronic medium. It includes, but is not limited to, allegations involving individuals, families, and out-of-home care settings.

A *report* is the documented screening decision based upon information obtained from the referent. To determine whether a referral meets the criteria to be accepted for assessment/investigation or intervention, the information provided by the referent should indicate suspected abuse, neglect, dependency, or that a family needs service.

The screening decision maker shall complete a screening decision and determine the immediacy of need for an agency response to ensure child safety within 24 hours from receipt of the information. The intake report shall be entered in SACWIS and a screening decision completed by the next working day from receipt of the information.

The primary responsibility of the screener is to identify the children who need protection or services and gather detailed information regarding concerns from the referent. The first assessment of safety occurs during the intake and screening process. Screeners must gather sufficient information from the referent in order to determine if PCSA intervention is necessary.

The screener shall attempt to obtain, at a minimum, the following information from a referent in order to determine an intake category and to arrive at a screening decision:

- The name(s) and address(es) of the child and their parent, guardian, or custodian.
- The child's age.
- The child's and any family member's race and ethnicity.
- The type, extent, frequency, and duration of the abuse, neglect, or dependency, as applicable.
- Alleged perpetrator's access to the child, if applicable.
- The child's current condition.
- The child's current location.
- Circumstances regarding the abuse, neglect, or dependency or the circumstances indicating a need for PCSA services.
- Information regarding any evidence of previous injuries, abuse, or neglect.
- Any other information that might be helpful in establishing the cause of the known or suspected injury, abuse, or neglect or the known or suspected threat of injury, abuse, or neglect or the case circumstances that support the family needs PCSA services.

Receipt of all of the above listed information is not required in order to screen in a report, however it is encouraged to be obtained. The ability to make an informed screening decision is directly linked to the information gathered during the referral process. A lack of specific information, for example; an address or names of participants, does not necessarily justify screening the referral out. The totality of the circumstances should always be considered.

Screening staff responsible for receiving and recording referral information must be able to utilize interviewing techniques that will elicit thorough and pertinent information. It is recommended that PCSA's utilize skilled and experienced caseworkers at the screening level. A skilled screener will increase the efficiency and effectiveness of the PCSA's response in protecting children. The ability to be able to gather the information, analyze and evaluate the information, and make an unbiased decision are critical skills needed at the screening level.

Documentation within the intake narrative should not include specific information identifying the referent, since that information is confidential to encourage reporting suspected abuse/neglect without the fear of retaliation. For example, the referent's name, role, relationship to the child, the referent's place of employment, etc., or any other information that would indicate the identity of the referent. Documentation should be clear and concise and easily understood by a third party, including the use of quotes when appropriate.

Screening decisions are ***critical decisions***. Screening a referral is the first point at which a decision must be made about a child's safety. Gathering the appropriate information at the screening level can greatly increase the efficiency and effectiveness of the agency's response and can allow agencies to act quickly to protect children in danger.

The purpose of screening is:

- To determine whether an incoming allegation meets the criteria for assessment/investigation and is appropriate for Child Protective Services (CPS) involvement.
- To gather sufficient information to locate the family and child(ren), and to identify children who may be in danger.
- To determine whether the information indicates the need for an emergency response because a child appears to be unsafe.

In accordance with ORC section 2151.421, the PCSA shall investigate each report of known or suspected child abuse or child neglect, or threat thereof, which is referred. Furthermore, ORC section 5153.16(A)(1) also states that the PCSA shall make an investigation concerning allegations of an abused, neglected, or dependent child. Based on the information obtained from the referent, the agency must determine whether the allegation meets the criteria for assessment/investigation.

Engaging the Referent

The screener must be able to engage a referent to disclose essential information that may not be readily provided.

- It is optimal to speak with a referent immediately. In the event this is not possible, it is recommended to be cognizant of the referent's wait time and obtain information regarding concerns of a child or family accordingly.
- Affirm the referent's decision to contact the PCSA with their concerns.
- Guide the conversation by encouraging the referent to tell you about the situation, and concerns for the child and family.
- Be patient and professional.
- Once the referent has provided the information, actively interview the referent so that pertinent information is gathered to support the decision-making process that is critical to the report categorization and screening decision.
- Use open-ended questions in order to expand on the information the referent provided.
- Gather details specific to the child and family functioning that provide insight to possible underlying conditions, protective capacities, contributing factors, and child vulnerabilities.
- Determine the referent's relationship to the alleged child victim(s) and the family.
- Determine how the referent obtained knowledge about the alleged maltreatment (i.e., Did the referent witness it or was told by another individual?).
- Determine what prompted the referent to report the information to the PCSA.
- Provide assurance to the referent that you understand their concerns and that it is very important that they called.
- Let the referent know that it is important for you to hear what they think about the family's situation and not "just the facts".
- Educate the referent about the PCSA's procedures regarding screening and assessment/investigation.

- Describe the types of cases accepted by Child Protective Services (CPS) as well as the types of information needed from the referent.
- Be honest with the referent regarding the information that has been provided and how the PCSA may be responding.
- Be responsive to any referent that may have a cognitive delay, physical disability or limited speech that impacts their ability to communicate their concerns effectively.
- Gather any safety concerns known in the home in which the PCSA should be aware of; dogs, guns, environmental safety issues, anger issues, etc.
- Ability to multi-task while talking with the referent (i.e., talking, data entry, SACWIS searches, etc.).

Credibility of Information

Credible information is defined as "***information worthy of belief***." A screener should evaluate the credibility of the information provided by a referent, not the credibility of the referent. Asking a referent to describe specific behaviors or describe the impact on the child will assist in determining the credibility of the information reported. This is the first step in the assessment of a child's safety, as the assessment of safety relies on credible information.

Referencing the Screening Guidelines when determining how to categorize the information received will be beneficial to the screener. Definitions and examples designed to assist in making screening decisions are located within these Screening Guidelines.

Regardless of any suspicions about the motives of the referent, if the allegations meet the statutory definitions of abuse, neglect, or dependency the referral must be screened in as an assessment/investigation.

Things to Consider

{Examples of, but not limited to}

Obtaining the following information from a referent will assist in the categorization of the referral, completion of the screening decision, and assignment of a response priority.

General:

- Demographic information of the individuals involved.
  - Name of the alleged child victim (ACV) of the report.
  - Name of ACV's parent, guardian, or custodian.
  - Court ordered custody arrangements, including residential, shared parenting and/or visitation (a.k.a., parenting time).
  - Address of the ACV.

- Address of the ACV's parent, guardian, or custodian.
- Phone number of ACV.
- Phone number of ACV's parent, guardian, or custodian.
- Referent's name, address, and contact information.
- The alleged perpetrator's (AP) name and identifying information.
- AP's address.

- The type of maltreatment the referent is reporting.
- Information regarding the family/extended family and supports to the family.

Safety and Risk

A thorough description of the allegations; inclusive of current and past maltreatment allegations should be gathered. The surrounding circumstances related to the maltreatment as well as the services or intervention needed for the child will assist the agency in completing an informed decision. The below information regarding the ***"Who, What, Where, When and How"*** of the alleged maltreatment should be gathered if available:

- The extent, frequency, and duration of the maltreatment.
- When (date and time) the child maltreatment occurred.
- Where the child maltreatment occurred.
- How often does the maltreatment occur?
- The identity of the alleged perpetrator and relationship to the child.
- The ACV's current location and degree of safety.
- The ACV's current physical condition and health.
- Witnesses' name, address, relationship.
- How the referent received or knows about the information they are reporting.
- Gather the following information on all children in the home of the ACV:
  - Name
  - Age
  - Relationship to the adults
  - Vulnerability
- Gather the following information on all adults in the home of the ACV:
  - Name
  - Age
  - Relationship to the ACV

- Circumstances, underlying conditions, contributing factors
- Protective capacities

- AP's access to the ACV
- AP's access to other children

Vulnerability of the Child

Vulnerability describes the degree to which a child can avoid or modify the impact of safety threats or risk concerns. Any information regarding the following characteristics of the child will assist in completing a screening decision.

- Ability to protect self
- Age
- Ability to communicate
- Likelihood of serious harm
- Provocativeness of the child/s behavior or temperament
- Special needs: behavioral, emotional, or physical
- Access to individuals who can protect the child
- Family composition
- Role in the family
- Physical appearance, size, and robustness
- Resilience and problem-solving skills
- Prior victimization
- Ability to recognize and report abuse/neglect

Protective Capacities of the Caretaker

Protective capacities of the caretaker(s) describe the strengths or resources that reduce, control, or prevent threats of serious harm from arising or having an unsafe impact on a child. Identifying how the family utilizes the below protective capacities to ensure the child's safety is important in the screening decision.

- Demonstrates willingness to better understand the needs of the child

- Protects the child from potential harm
- Provides the child with supervision appropriate to age and state of development
- Active in the child's treatment, therapy, court ordered services, case plan goals, etc.
- Utilizes resources to meet the child's basic needs
- Tolerates the stress of parenting
- Takes the child to all necessary medical appointments
- Utilizes a support network to assist in caring for the child when necessary
- Provides for the child's basic needs
- Demonstrates love, empathy, and sensitivity toward the child
- Uses safe/effective coping skills when caring for the child
- Has accurate knowledge of age-appropriate supervision for the child
- Understands the child's development in relation to the child's age
- Understands the needs of the child supersede the needs of an adult
- Understands the child is dependent and must have their needs met by the caretaker

Types of Child Abuse and Neglect Assessments/Investigations

After determining the information contained in the referral constitutes a report of child abuse and/or neglect, the type(s) of assessment/investigation will be selected.
There are three types of assessment/investigations:

1. **An *Intra-Familial Investigation*** is an assessment/investigation conducted by a PCSA in response to a child abuse or neglect report and includes an alleged perpetrator who meets one or more of the following criteria:
    - Is a member of the alleged child victim's family.
    - Is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian, or custodian (regardless of continued access, the service needs of the child and family should be considered).
    - Is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.

    The requirements for conducting an *intra-familial assessment/investigation* are contained within OAC rule 5101:2-36-03.

2. **A *Specialized Assessment/Investigation*** is an assessment/investigation conducted by a PCSA in response to a child abuse or neglect report and includes an alleged perpetrator who meets one or more of the following criteria:
    - Is a person responsible for a child's care in out-of-home care as defined in ORC section 2151.011 and defined in OAC rule 5101:2-1-01 (e.g., a day camp counselor, a foster parent, a pre-finalized adoptive parent, a school teacher, an employee of a residential facility, or a licensed/approved childcare provider or facility; **this does not include kinship**).
    - Has access to the child by virtue of his/her employment or affiliation with an institution (i.e., a Boy/Girl Scout leader).
    - Has access to the alleged child victim through placement in an out-of-home care setting (See FAQs for examples at the end of this document).

    The requirements for conducting a *specialized assessment/investigation* are contained within OAC rule 5101:2-36-04.

3. ***A Stranger Danger*** investigation is a type of investigation identified under the "Family in Need of Services" (FINS) intake category and its definition is contained in the FINS section of this document (p. 54).

Conflict of Interest Requiring Third-Party Involvement

Third-Party Involvement in an Investigation requires the PCSA to request the assistance of law enforcement or another PCSA, or both, when conducting an assessment/investigation due to the potential conflict of interest a PCSA may have assessing/investigating an entity or person(s) when the following parties are involved as alleged perpetrators or principals of the report of child abuse or neglect:

- Any employee of an organization or facility that is licensed or certified by the Ohio Department of Job and Family Services (ODJFS) or another state agency and supervised by the PCSA. (i.e., PCSA's own licensed group home and child residential center).
- A foster caregiver or pre-finalized adoptive parent that is certified or approved by ODJFS and supervised by the PCSA. (i.e., PCSA's own approved pre-finalized adoptive home or PCSA's own certified foster caregiver).
- Any employee, or agent of ODJFS or the PCSA as defined in Chapter 5153. of the Revised Code. (i.e., PCSA's own employee or an ODJFS employee).
- Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
- A third-party investigation shall also be completed any time a PCSA determines that they have a conflict of interest.

Third-party involvement may be required for an intra-familial assessment/investigation or a specialized assessment/investigation depending upon the relationship of the alleged perpetrator with the alleged child victim.

Further direction and requirements for involving a third-party in the assessment/investigation of a child abuse or neglect report are contained within OAC rule 5101:2-36-08.

Final Screening Decision & Pathway Assignment

The screening decision determines which children and families will receive further assessment and/or investigation by the PCSA. A screening decision is based on the information received from the referent and the history of the family with CPS and public information. The screener should request any known information from the referent regarding the following:

- Active safety threats
- Child vulnerabilities
- Protective Capacities
- Risk Contributors

Gathering information from the referent during the screening process regarding the safety and risk of the child is crucial in completing an accurate screening decision. Optimally, the screening decision is based on thorough and credible information gathered by the screener. The information obtained is used to determine the screening decision and the immediacy of need for initiation (response time).

The PCSA shall complete the screening decision based on the information received from the referent/reporter and the child protective services records regarding the principals of the report. {OAC 5101:2-36-01(I)} These case records may provide historical information regarding previous injuries resulting from abuse, or conditions of neglect that may significantly impact the screening decision.

A supervisor, or designee, should be involved in the final screening decision to provide consistent screening decisions. Screening supervisors, or other staff reviewing screening decisions should ensure implicit biases are not occurring when determining whether to screen in or screen out a referral. These biases can unintentionally occur and affect judgments and decisions, resulting in referrals not being screened appropriately.

The use of Information and Referral reports should only be used when no other intake category or intake type applies. Per OAC 5101:2-1-01, “Information and/or referral” is an intake category in which information is provided to any person to assist in locating or using available and appropriate resources or both.

Screening Guidelines for Pathway Assignment

Pathway Assignment

A screened in report of child abuse and/or neglect shall be assigned to either an **Alternative Response** or **Traditional Response** Pathway for assessment/investigation. {Reference Screening Pathway Assignment in the next section}

ORC 2151.429

(A) The differential response approach, as defined in section 2151.011 of the Revised Code, pursued by a public children services agency shall include two response pathways, the Traditional Response Pathway, and the Alternative Response Pathway. ODJFS shall adopt rules pursuant to RC Chapter 119. setting forth the procedures and criteria for PCSAs to assign and reassign response pathways.

(B) The agency shall use the **Traditional Response** for the following types of screened in reports:

(1) Physical abuse resulting in serious injury or that creates a serious and immediate risk to a child's health and safety.
(2) Sexual abuse.
(3) Child fatality.
(4) Reports requiring a specialized assessment as identified in OAC 5101:2-36-04.
(5) Reports requiring a third-party assessment/investigation as identified in OAC 5101:2-36-08.

(C) For all other child abuse and neglect screened in reports, an **Alternative Response** shall be the **preferred response**, whenever appropriate and in accordance with rules adopted by the department.

OAC 5101:2-36-01 (L)

The PCSA shall assign the following types of reports of child abuse and/or neglect to the **Traditional Response** Pathway:

(1) Reports containing allegations that could result in charges of felony child endangering.
(2) Physical abuse resulting in serious injury or that creates a serious and immediate risk to a child's health and safety.
(3) Reports containing allegations that could result in charges of criminal sexual conduct.
(4) Reports containing allegations of the sexual abuse of a child or an abused child who is also a victim of sexual abuse.
(5) Reports containing allegations that could result in charges of homicide.
(6) Reports requiring a specialized assessment as identified in rule 5101:2-36-04 of the Administrative Code.
(7) Reports requiring a third-party investigative procedure as identified in rule 5101:2-36-08 of the Administrative Code.
(8) Reports containing allegations regarding a suspicious child fatality.

Serious injury/serious risk considerations for Traditional Response Pathway (examples of, not limited to):

Shaken baby, near Fatality, inflicted injury causing hospitalization, broken bone, burns, head trauma, internal injuries, exposure of manufacturing drugs, infants displaying withdraw symptoms from drug exposure.

Discretionary Reasons for Alternative Response Ineligibility:

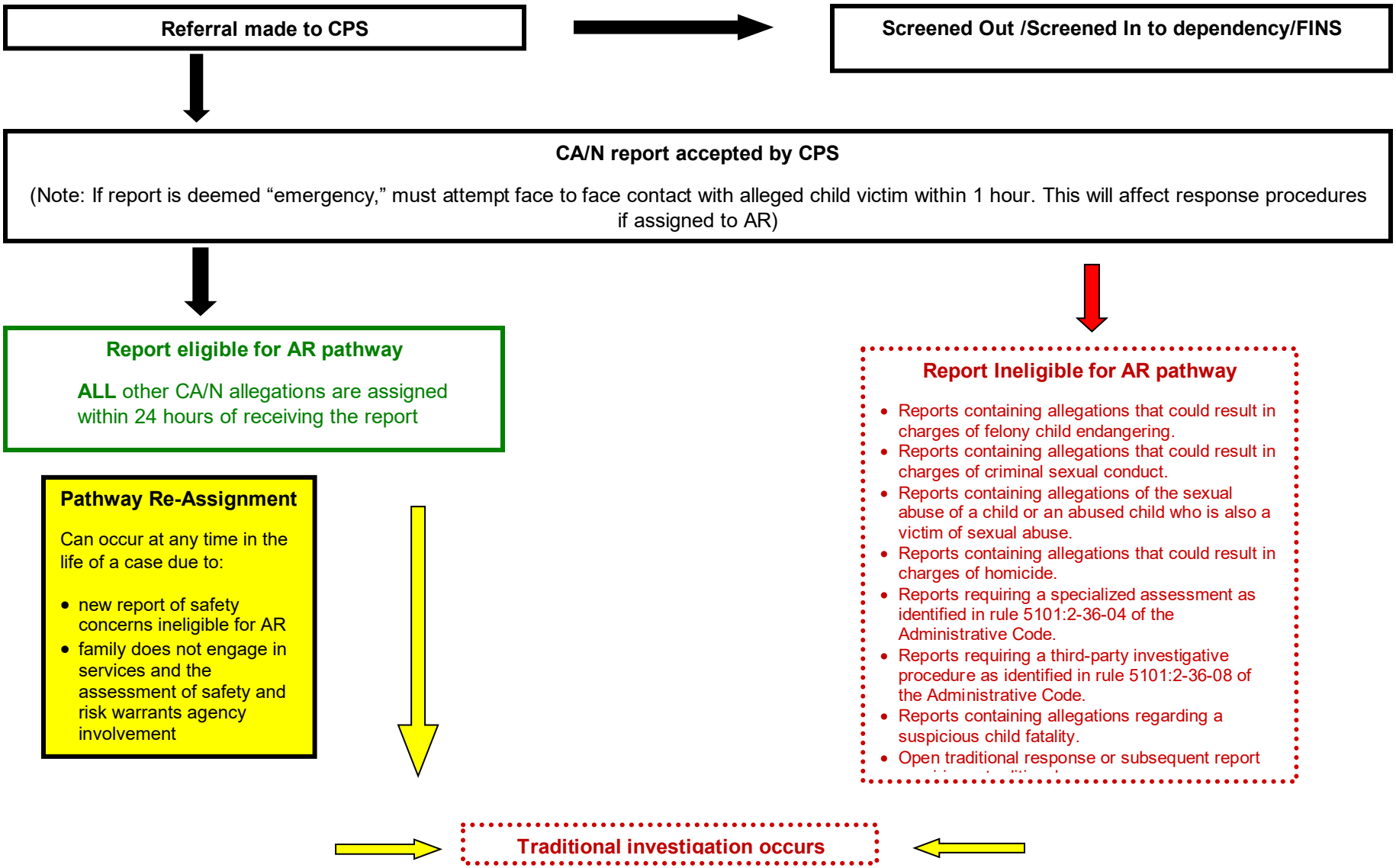
***Note: These reasons are based on County discretion whether a family qualifies for the Alternative Response Pathway and does not necessarily mean the report is ineligible.*

- Domestic Violence/Intimate Partner Violence (IPV)
- Frequency, similarity, or recentness of past reports
- Other local policy (specify in screening decision comments)
- Parent/legal guardian has declined services in the past
- Parent/legal guardian unable/unwilling to achieve child safety
- Past maltreatment concerns not resolved at previous case closing
- Positive toxicology
- Previous child harm offenses charged against the alleged perpetrator
- Serious drug involvement
- Staffing considerations/workload

Pathway Assignment for Subsequent Reports to Open Cases

- If there is an open Traditional case and a new report of child abuse and/or neglect is screened in the report cannot be assigned to the Alternative Response Pathway.
- If there is an open Alternative Response case and a new report of child abuse and/or neglect is screened in, the report can be assigned to the Alternative Response Pathway, unless the reported allegations meet mandatory Traditional Pathway criteria or criteria for a Dependency or a FINS report.

Pathway Assignment Flowchart



Making the Screening Decision

This section provides references to Ohio Revised Code and Ohio Administrative Code Rules specific to each category. Information to consider for each category is included to assist with consistency in screening decisions across Ohio's Child Welfare Agencies. Screen In and Screen Out examples are provided for each category.

SCREENING GUIDELINES FOR CHILD PHYSICAL ABUSE

Investigations of physical abuse reports shall be categorized to include **Intra-Familial Assessments/Investigations**, **Specialized Assessments/Investigations** and/or **Stranger Danger**.

- **Intra-Familial Investigations** of physical abuse include an alleged perpetrator who:
  - Is a member of the alleged child victim's family.
  - Is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian, or custodian (r*egardless of continued access, the service needs of the child and family should be considered).*
  - Is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.

  Examples of an Intra-Familial Alleged Perpetrator of physical abuse are mother, father, stepparent, paramour (living in the home) of the parent/caretaker, an uncle, kinship provider, neighbor, an unlicensed daycare provider, etc.

- **Specialized Assessment/Investigations** includes an Alleged Perpetrator of physical abuse who meets the definition of an Out-of-Home care setting; are responsible for the physical care/custody and control of a child; and/or has access to a child by virtue of his/her employment/affiliation to an institution. An example of a Specialized Assessment/Investigation Alleged Perpetrator includes a teacher, boy/girl scout leader, day camp counselor, licensed foster parent, licensed daycare provider, etc. ***This does not include kinship***).
  - "Out-of-Home Care Setting" is a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child day-care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children's residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody or control of a child.

- **Stranger Danger Investigations** of physical abuse include an Alleged Perpetrator who was unknown to the alleged child victim and the alleged child victim's family prior to the incident(s).
  - A PCSA shall conduct a Stranger Danger Investigation in response to a child abuse report alleging a criminal act against a child of assault as defined under Chapter 2903.

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

***Examples provided within the Screening Guidelines Handbook are not all inclusive. If more than one referral type is present, the totality of the circumstances should be used in the consideration of a screen in. If necessary, consult legal advisor.**

Physical Abuse

Physical Abuse is comprised into the following areas:

- Physical Abuse/Injury
- Corporal Punishment
- Endangered Child
- Substance Use (including CARA referrals)
- Ingestion
- Mental Injury/Emotional Maltreatment
- Trafficking in Persons

Physical Abuse/Injury

Related ORC and OAC Rules and Definitions:
Exhibits evidence of any physical or mental injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it. (ORC 2151.031; OAC 5101:2-1-01(B)(2)(c)).

*Except a child exhibiting evidence of corporal punishment or other physical disciplinary measure by a parent, guardian, custodian, person having custody or control or person in loco parentis of a child, if the measure is not prohibited by Chapter 2919.22 (see below).

Child is endangered, except that the court need not find any person has been convicted of the offense in order to find that a child is an abused child. (ORC 2151.031)

Keep in Mind:
When making screening decisions about Physical Injury, these considerations can help determine the threat of serious injury or death:

- Age of child

- Size of child
- Development of child
- Medical needs of child

✓ Consideration for a referral to the local Children's Advocacy Center (CAC) should be considered for all Trafficking in Persons allegations regardless of whether the referral is screened in or screened out.

NOTE: There is no time limit established in statute or rule specific to the timeframe of when the alleged physical abuse occurred.

Physical Abuse/Injury Examples	
Screen In	**Screen Out**
• Child deceased as result of suspected inflicted injury, regardless of whether there are other children in the home. • Serious suspected inflicted injuries and/or multiple injuries to any area of the body. • Suspected inflicted injury resulting in cuts, bruises, or abrasions. (except Corporal Punishment, see below). • Punching, hitting, or kicking a child in the head, torso or other sensitive area in a manner that could potentially cause serious injury even if there is no obvious external injury visible. • Other acts of physical violence that could result in serious harm or injury even if there is not obvious external injury visible (i.e., Suffocation, choking, electric shock, threat of harm with a weapon, throwing objects at a child). • Serious injury, resulting in cuts, bruises, or abrasions, not consistent with the explanation or the child's disclosure of how the injury occurred. (This doesn't necessarily mean a minor mark on the arm that a child has given an inconsistent story about should be screened in).	• Injury resulting from an accident (may need to refer to Neglect Guidelines). • Superficial welts and scratches on the arms or legs that do not require medical treatment (unless bruising is widespread). • Caretaker is attempting to keep the child safe and an injury results from the act of protection (i.e., a caretaker grabs a child's arm to keep them from running into the street and leaves bruising). • Suspected injury that results from sibling altercation (may need to refer to Neglect Guidelines regarding supervision). *Additional questions should be asked to ensure injury is consistent with age of other sibling and ability to inflict reported injury.

• Widespread bruising/injuries as a result of suspected maltreatment/abuse. • Serious injury in various stages of healing (i.e., scars and bruises, or new and healing fractures) as a result of maltreatment/abuse. Note: bruises cannot be reliably aged based on appearance. • Suspected Shaken Baby Syndrome/Abusive Head Trauma. • Shaking a toddler or infant.	

Corporal Punishment
Corporal Punishment: Related ORC and OAC Rules and Definitions: Exhibits evidence of any physical or mental injury or death, inflicted other than by accidental means, or an injury or death which is at variance with the history given of it. (ORC 2151.031; OAC 5101:2-1-01(B)(2)(c)) *Except a child exhibiting evidence of corporal punishment or other physical disciplinary measure by a parent, guardian, custodian, person having custody or control or person in loco parentis of a child, if the measure is not prohibited by Chapter 2919.22
Keep in Mind: ORC outlines that when corporal punishment is involved, the threshold for determining if a child is endangered is whether or not the child is at substantial risk of serious physical harm, NOT the presence of injury.

Corporal Punishment Examples	
Screen In	**Screen Out**
• Excessive physical discipline would include discipline that is: o Inappropriate to the age and/or development of the child. o Inconsistent, arbitrary, and designed not to educate. o The result of unreasonable expectations or demands on the child. o The caretaker loses control during discipline. • Injury to vulnerable or sensitive areas of the body (i.e., head, face, chest, torso, abdomen, eyes, genitalia).	• Corporal punishment to a child over one year resulting in minor injury to a non-sensitive area of the body (i.e., legs and/or arms) that does not require medical treatment. • Child smacked in the face as a result of corporal punishment and there is no injury. • Temporary redness as a result of corporal punishment.

• Bruises to torso (which includes chest, abdomen, back, buttocks, and genitals), ears, or neck in a child under four years of age. • Frenulum/oral injuries or bruising in non-mobile infants. • Bruises to the eyelids, angle of the jaw, fleshy cheek in infants and toddlers. • Corporal punishment of an infant (child under the age of one year).	• Superficial welts and scratches on the arms or legs that do not require medical treatment (unless bruising is widespread). • Corporal punishment occurred but child's skin and skeletal structure are free of bruises, cuts, burns and fractures. • Child is disciplined by washing their mouth with soap without digestion and/or illness. • A drop of hot sauce put into the child's mouth, but child is allowed to spit it out and it is not painful or toxic to the child.

Endangered Child

Related ORC and OAC Rules and Definitions:
Parent, guardian, custodian, person having custody and control or person *in locos parentis* of a child creates a substantial risk to the health or safety, by violating a duty of care, protection, or support (see ORC 2919.22).

That Person:

1. Abused a child.
2. Tortured or cruelly abused a child.
3. Administered corporal punishment or other physical disciplinary measure, or physically restrained the child in a cruel manner or for a prolonged period of time, which punishment, discipline, or restraint is excessive under the circumstances and creates a substantial risk of serious harm to a child.
4. Repeatedly administered unwarranted disciplinary measures to a child, when there is substantial risk that such conduct, if continued, will seriously impair, or retard the child's mental health or development.

Endangered Child Examples

Screen In	Screen Out
• Confines child to small, dark, or isolated space in lieu of providing supervision and care (i.e., child locked in cage, child locked in basement, child locked in shed, child locked in closet). • Ties, restrains or duct tapes a child to prevent the child from leaving, moving, or talking.	• Child in playpen, car seat, highchair, or bedroom for prolonged periods of time or without supervision (refer to Neglect Guidelines). • Caretaker uses age-appropriate devices to contain children in public spaces. • Teenager or pre-teen left in car who is capable of removing themselves from the situation.

• Subjects' child to severe weather conditions as a means of punishment or discipline. • Child is left in car and is unable to remove themselves from the situation and the temperature or weather condition could cause injury or harm. Factors to be considered determining this include length of time, age and development of child and child responsibility. • Child has a way of getting near or in contact with weapons or guns and this access creates a threat of harm to the child or others. • Child is at substantial risk of physical harm as a result of the prolonged effects of activity and/or ritualistic maltreatment by caretaker (i.e., child forced to run until they pass out).	• Toddler or infant in car unsupervised (refer to Neglect Guidelines). • Child has access to a gun, but child has been taught and understands gun safety. The child's age, development and mental health status should be considered. • Child has access to a gun or weapon but there is no ammunition available.

Substance Use

Related ORC and OAC Rules and Definitions:
Federal law requires that positive toxicology on a newborn and/or exhibiting physical indicators of withdrawal be reported. (PL 114-198) Comprehensive Addiction and Recovery Act (CARA)

Infant is defined as 12 months or younger per CARA.

Abuse of an illegal or legal substance during pregnancy is physical abuse as defined by:
ORC 2151.031 Abused child defined: "Abused child" includes any child who: D) Because of the acts of his parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare.

ORC 2151.031 supports OAC 5101:2-36-01:
(F)(1)(a) Physical abuse, in accordance with section 2151.031 of the Revised Code, and any report alleging either of the following: (i) An infant identified as affected by legal or illegal substance abuse or withdrawal symptoms resulting from prenatal or postnatal substance exposure pursuant to rule 5101:2-1-01 of the Administrative Code. (ii) An infant diagnosed with fetal alcohol spectrum disorder.

OAC 5101:2-36-01 (G) When a PCSA receives referral information the PCSA shall attempt to gather the following regarding the plan of safe care, which is defined in rule 5101:2-1-01 of the OAC: (1) the name(s) and address(es) of all of the following: (a) The child (b) The parent, guardian(s), or custodian(s)(c). All

household members (2) Identify the caregiver(s) for the infant (3) A description of the interaction between the mother/caregiver and infant (4) The name of the hospital or medical facility where the infant is receiving treatment (5) Any known medical information on the parent(s), guardian(s), caregiver(s), infants or household members (6) Information regarding any known legal or illegal substance abuse, which includes the history of legal or illegal substance abuse by parent(s), guardian(s), caregiver(s), and household members (7) Information regarding support systems for the parent(s), guardian(s), caregiver(s), or household members (8) Information on the managed care plan and insurance information.

OAC 5101:2-36-01 (H) The PCSA shall not screen out any referral categorized in paragraph (F)(1)(a) of this rule if: (1) The plan of safe care information listed in paragraph (G) of this rule is not obtained. (2) The plan of safe care has not been developed. (3) The plan of safe care is not adequate to address the safety of the infant.

Substance Use Examples

This section is specific to CARA (infants, under the age of 12 months who have been exposed to and/or affected by an illegal/legal substance)

Screen In	Screen Out

• Newborn has a positive toxicology result for an illegal substance, non-prescribed substance and/or misused prescribed controlled substance.
 	
• Newborn with clinical signs or symptoms of drug withdrawal as a result of prenatal exposure to an illegal substance, non-prescribed substance and/or misused prescribed controlled substance.
 	
• Mother of newborn tests positive for an illegal substance, non-prescribed substance and/or misused prescribed controlled substance.
 	
• Newborn diagnosis of Fetal Alcohol Spectrum Disorder.
 	
• Validation of prescription is not obtained for which the infant tested positive for.
 	
• There is NOT a documented and adequate plan of safe care in place at time of discharge from the delivering medical facility.
	• Newborn tests positive for a substance and/or exhibits signs of withdrawal, but the hospital can confirm substance is prescribed and is being used per the prescription. Examples could include, but are not limited to the following:
	  • Medication Assisted Treatment (MAT), mother is prescribed a drug to assist in recovery/sobriety and does not test positive for any other substances which are not prescribed.
	  • Mother has a prescription for ongoing health issues, infant is affected by this substance at birth, however prescription is verified and is being used accordingly.
	
	• If the above justification is used to screen out a referral, the information from the referent must:
	  ○ Document a detailed and adequate plan of safe care which addresses the withdrawal symptoms from prenatal or postnatal substance **exposure** for the infant.
	  ○ The plan of safe care should detail information for infant, mother and any other caretaker who resides in the home who is impacted by substance misuse.
	
	NOTE: If the Plan of Safe Care is **NOT** detailed and does **NOT** address substance treatment services, medical care, behavioral health care or any other necessary

For more information regarding CARA refer to the following link: https://jfskb.com/sacwis/index.php/cpspolicy/178-cara-community-kit/861-cara-community-kit	service for the infant, mother, and any family members, the referral **MUST BE SCREENED IN**. **For more information regarding CARA refer to the following link:** https://jfskb.com/sacwis/index.php/cpspolicy/178-cara-community-kit/861-cara-community-kit
Substance Use Ingestion Examples	
Screen In	**Screen Out**
• Forcing a child to eat a non-food item or food in an excessive amount that might be painful or toxic. • Child is over-medicated resulting in death or injury. • Over the counter medication given inappropriately which creates a threat of harm (i.e., giving an infant an adult Tylenol, giving young children a sleeping aid at level adults use to make them sleep). • Caretaker gives child medication prescribed for another child, which could result in harm. • Caretaker inappropriately gives psychotropic medication such as lithium which could cause harm to the child. • Caretaker provides excessive amounts of alcohol to child causing impairment, toxicity and/or resulting in potential harm or death. • Caretaker providing illegal substances to a child. • Caretaker and child using illegal substance together.	• Caretaker rubs a touch of whiskey on a teething child's gums. • Caretaker requires a child to try a food the child claims they dislike.

Mental Injury/Emotional Maltreatment	
Related ORC and OAC Rules and Definitions: Because of acts of his parents, guardian, or custodian, suffers physical or mental injury that harms or threatens to harm the child's health or welfare (ORC 2151.031). *Mental injury results in harm of a child due to the acts of the parent, guardian, or custodian. A child exhibits behavioral, cognitive and/or emotional concerns indicative of a possible mental disorder (diagnosis not required at receipt of referral).	
Mental Injury/Emotional Maltreatment Examples	
Screen In	**Screen Out**
• Caretaker threatens child with extreme or vague, but sinister punishment (i.e., torture tactics, dismemberment, threatens to kill pet, etc.). • Caretaker shaves a child's head in order to humiliate, punish or cause emotional harm to a child. • Caretaker kills a child's pet as a means to torture, humiliate or cause emotional harm to a child. • Caretaker encourages child to engage in criminal/delinquent behavior. • Child displays indicators of mental injury as a result of the prolonged effects of activity, threats of torture and/or ritualistic maltreatment by caretaker. • Suspicion of mental injury of a child may include multiple or a combination of stress related behaviors as a result of caretaker harm or threat of harm such as bedwetting, nightmares, cowering, etc. • Caretaker is constantly belittling the child in a way that is likely to result in mental injury or emotional trauma.	• Caretaker is loud and may yell at the child, but the child does not demonstrate fear or mental injury. • Disciplines child by yelling without threat of harm to child. • Child is exhibiting a mental health issue, not the result of the caretaker's behavior. • Caretaker exposes child to an isolated, frightening activity or distressful event with no likelihood of mental injury or emotional trauma and there is no intent to harm, humiliate or cause fear. • Caretaker shaves a child's head to treat severe and recurring head lice.

Trafficking in Persons and Compelling Prostitution
Related ORC and OAC Rules and Definitions: ORC 2905.32 (A) No person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, or knowingly attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, another person if any of the following applies: (1) The offender knows that the other person will be subjected to involuntary servitude or be compelled to engage in sexual activity for hire, engage in a performance that is obscene, sexually oriented, or nudity oriented, or be a model or participant in the production of material that is obscene, sexually oriented, or nudity oriented. (2) The other person is less than eighteen years of age or is a person with a developmental disability whom the offender knows or has reasonable cause to believe is a person with a developmental disability, and either the offender knows that the other person will be subjected to involuntary servitude or the offender's knowing recruitment, luring, enticement, isolation, harboring, transportation, provision, obtaining, or maintenance of the other person or knowing attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain the other person is for any of the following purposes: (a) To engage in sexual activity for hire. (b) To engage in a performance for hire that is obscene, sexually oriented, or nudity oriented. (c) To be a model or participant for hire in the production of material that is obscene, sexually oriented, or nudity oriented. ORC 2907.21 (A) No person shall knowingly do any of the following: (1) Compel another to engage in sexual activity for hire; (2) Induce, procure, encourage, solicit, request, or otherwise facilitate either of the following: (a) A minor to engage in sexual activity for hire, whether or not the offender knows the age of the minor; (b) A person the offender believes to be a minor to engage in sexual activity for hire, whether or not the person is a minor. (3)(a) Pay or agree to pay a minor, either directly or through the minor's agent, so that the minor will engage in sexual activity, whether or not the offender knows the age of the minor; (b) Pay or agree to pay a person the offender believes to be a minor, either directly or through the person's agent, so that the person will engage in sexual activity, whether or not the person is a minor. (4)(a) Pay a minor, either directly or through the minor's agent, for the minor having engaged in sexual activity pursuant to a prior agreement, whether or not the offender knows the age of the minor; (b) Pay a person the offender believes to be a minor, either directly or through the person's agent, for the person having engaged in sexual activity pursuant to a prior agreement, whether or not the person is a minor. (5)(a) Allow a minor to engage in sexual activity for hire if the person allowing the child to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the minor;

(b) Allow a person the offender believes to be a minor to engage in sexual activity for hire if the person allowing the person to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the person the offender believes to be a minor, whether or not the person is a minor.	
Trafficking in Persons and Compelling Prostitution Examples	
Screen In	**Screen Out**
• Child is subjected to forced labor (including labor in illicit industries such as drug trafficking) and/or commercial sex. • Child is "branded" (through tattooing or other means) for the purpose of or in relation to subjecting the child to forced labor (including labor in illicit industries such as drug trafficking) and/or commercial sex.	• Child is subjected to non-excessive corporal punishment to increase compliance with appropriate household chores.

SEXUAL ABUSE

Investigations of sexual abuse reports shall be categorized to include **Intra-Familial Investigations**, **Specialized Assessment/Investigations** and/or **Stranger Danger**.

- **Intra-Familial Investigations** of sexual abuse include an alleged perpetrator who:
  - Is a member of the alleged child victim's family.
  - Is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian, or custodian (r*egardless of continued access, the service needs of the child and family should be considered).*
  - Is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.

  Examples of an Intra-Familial Alleged Perpetrator of sexual abuse are mother, father, stepparent, paramour (living in the home) of the parent/caretaker, an uncle, kinship provider, neighbor, an unlicensed daycare provider, etc.

- **Specialized Assessment/Investigations** includes an Alleged Perpetrator of sexual abuse who meets the definition of an Out-of-Home care setting; are responsible for the physical care/custody and control of a child; and/or has access to a child by virtue of his/her employment/affiliation to an institution. An example of a Specialized Assessment/Investigation Alleged Perpetrator includes a teacher, boy/girl scout leader, day camp counselor, licensed foster parent, licensed daycare provider, etc. ***this does not include kinship***).
  - "Out-of-Home Care Setting" is a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child day-care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children's residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody or control of a child.

- **Stranger Danger Investigations** of sexual abuse include an Alleged Perpetrator who was unknown to the alleged child victim and the alleged child victim's family prior to the incident(s).
  - A PCSA shall conduct a Stranger Danger Investigation in response to a child abuse report alleging a criminal act against a child of assault or sexual activity as defined under ORC Chapter 2907.

To identify a child as an Alleged Perpetrator, the PCSA shall consider:

- The child's capacity to determine right and wrong and the consequences of his/her actions.
- The age of the child.
- Any developmental disabilities (OAC 5101:2-1-01 (B)(100); ORC 5123.01).
- If a pattern of behaviors is present and/or if extenuating circumstances exist.

*A child under the age of ten shall not be named as an Alleged Perpetrator unless the agency determines otherwise based on the severity of the allegations and/or history. The PCSA may consider serving a child under the age of ten or a child over the age of ten who does meet the above criteria to be named as an Alleged Perpetrator, as a victim of suspected sexual abuse with an Unknown Perpetrator.

Consider the following when making a Screening Decision:

- What was the response of parent to the alleged allegations?
- Was medical treatment sought for the ACV and if not, what were the circumstances?
- Were mental health services sought for the ACV and if not, what were the circumstances?
- Does a cross referral to Law Enforcement need to be made?
- Is the family currently involved in services?
- Should a referral to the local Children's Advocacy Center (CAC) be made?

Considerations for Sexual Activity Between Young Children of Similar Age:

- Opening two separate cases for each individual ACV with an Unknown AP; each ACV is named as a collateral and/or other involved child (OIC) on the reciprocal intake.
- Opening only on the "aggressor" as the ACV with an Unknown AP (consider the behavior/knowledge of the ACV).
- Parent(s) response to the information.
- Emotional response.
- Does the ACV have the cognitive ability to consent {website: www.DODD.ohio.gov}.

***Examples provided are not all inclusive. If more than one referral type is present, the totality of the circumstances should be used in the consideration of a screen in. If necessary, consult legal advisor.**

Sexual Abuse

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

Sexual Abuse has the following areas to consider:

- Sexual Abuse of a Child
- Sexting/Social Media
- Trafficking in Persons

✓ Consideration for cross reporting to law enforcement should be considered for all Sexual Abuse allegations regardless of whether the referral is screened in or screened out.

✓ Consideration for a referral to the local Children's Advocacy Center (CAC) should be considered for all Sexual Abuse allegations regardless of whether the referral is screened in or screened out.

Related ORC and OAC Rules and Definitions:

Rape
Engaging in sexual conduct with another who is less than thirteen years of age, whether or not the offender knows the age of the other person; engaging in sexual conduct with another when the offender purposely compels the other person to submit by force or threat of force; impairing the other's judgement or control by administering any drug, intoxicant or controlled substance by force, threat of force or deception. (ORC 2907.02)

Sexual Conduct means vaginal intercourse between a male and female; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion, however slight, of any part of the body or any instrument, apparatus, or other object into the vaginal or anal cavity of another. Penetration, however slight, is sufficient to complete vaginal or anal intercourse. (ORC 2907.01)

Sexual Battery
Engaging in sexual conduct with another when the offender coerces the other person to submit by any means that would prevent resistance by a person of ordinary resolution; the offender is the other person's natural or adoptive parent, stepparent, guardian, custodian, or person in loco parentis; the offender is a teacher, administrator, coach, or other person in authority employed by a school. (ORC 2907.03)
*See above for definition of sexual conduct

Unlawful Sexual Conduct with a Minor
Person who is eighteen or older engaging in sexual conduct with another, who is not the spouse of the offender, and the offender knows the other person is thirteen years of age or older, but less than sixteen years of age or the offender is reckless in that regard, (ORC 2907.04)

Gross Sexual Imposition
Person having sexual contact with another, not the spouse of the offender; causing another to have sexual contact with the offender; or cause two or more other persons to have sexual contact when any of the following apply:

1. The offender purposely compels the other person, or one of the other persons to submit by force or threat of force.
2. For the purpose of preventing resistance, the offender substantially impairs the judgement or control of the other person or of one of the other persons by administering any drug, intoxicant or controlled substance to the other person surreptitiously or by force, threat of force or deception.
3. The offender knows that the judgement or control of the other person or of one of the other persons is substantially impaired as a result of the influence of any drug or intoxicant administered to the other person with the other person's consent for the purpose of medical or dental examination, treatment, or surgery.
4. The other person, or one of the other persons, is less than thirteen years of age, whether or not the offender knows the age of that person.
5. The ability of the other person to resist or consent or the ability of one of the other persons to resist or consent is substantially impaired because of a mental or physical condition, and the offender knows or has reasonable cause to believe that the ability to resist or consent of the other person or of one of the other persons is substantially impaired because of a mental or physical condition.
   Knowingly touching the genitalia of another, when the touching is not through clothing, the other person is less than twelve years old, whether or not the offender knows the age of that person, and the touching is done with the intent to abuse, humiliate, harass, degrade, or arouse or gratify the sexual desire of any person. (ORC 2907.05)

Sexual Imposition means having sexual contact with another, cause another to have sexual contact with the offender; or cause two or more other persons to have sexual contact when the other person, or one of the other persons, is thirteen years or age or older but less than sixteen years of age, whether or not the offender knows the age of such person, and the offender is at least eighteen years of age and four or more years older than such other person. (RC 2907.06(A)(4))

Sexual Contact means any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttocks, pubic region, or, if the person is a female, a breast, for the purpose of sexually arousing or gratifying either person. (ORC 2907.01)

Disseminating Material Harmful to a Juvenile
No person shall recklessly do any of the following:

1. Sell, deliver, furnish, disseminate, provide, exhibit, rent or present to a juvenile any material or performance that is obscene or harmful to juveniles;
2. Offer or agree to sell, deliver, furnish, disseminate, provide, exhibit rent or present to a juvenile any material or performance that is obscene or harmful to juveniles;

3. Allow any juvenile to review or peruse any material or view any live performance that is harmful to juveniles (ORC 2907.31)

Illegal Use of Minor in Nudity-Oriented Material or Performance

A. No person shall photograph any minor who is not the person's child or ward in a state of nudity, or create, direct, produce or transfer any material or performance that shows the minor in a state of nudity, unless both of the following apply:
   1. The material or performance is, or is to be, sold, disseminated, displayed, possessed, controlled, brought or caused to be brought into this state, or presented for a bona fide artistic, medical, scientific, educational, religious, governmental, judicial or other proper purpose, by or to a physician, psychologist, sociologist, scientist, teacher, person pursuing bona fide studies or research, librarian, clergyman, prosecutor, judge, or other person having a proper interest in the material or performance;
   2. The minor's parents, guardians, or custodian consents in writing to the photographing of the minor, to the use of the minor in the material or performance, or to the transfer of the material to the specific manner in which the material or performance is to be used;

B. No person shall consent to the photographing of the person's minor child or ward, or photograph of person's minor child or ward, in a state of nudity or consent to the use of the person's minor child or ward in a state of nudity in any material or performance, or use or transfer a material or performance of that nature, unless the material or performance, is sold, disseminated, displayed, possessed, controlled, brought or caused to be brought into this state, or presented for a bona fide artistic, medical, scientific, educational, religious, governmental, judicial or other proper purpose, by or to a physician, psychologist, sociologist, scientist, teacher, person pursuing bona fide studies or research, librarian, clergyman, prosecutor, judge, or other person having proper interest in the material or performance (ORC 2907.323) *

*For explicit materials produced or exchanged for something of value, see screening guidance regarding trafficking in persons.

Sexual Abuse of a Child	
Sexual Abuse Examples	
Screen In	**Screen Out**
• Child under the age of eighteen, engaged in sexual activity with any intra-familial individual (i.e.., sexual activity between siblings- full, half, step) regardless of force or coercion. ○ When a report alleges that there is no longer ongoing contact with the AP, PCSA should consider the service needs of the child victim and family.	• Child sixteen years and older engaging in consensual contact with a non-related person(s) over the age of sixteen. • Child fifteen years old engaging in consensual sexual activity with an adult eighteen years of age. • Parents, relatives, or kin who take photographs of small child without clothing or partially clothed with no sexual innuendo (i.e., child's first bath, a toddler playing in the bathtub).

○ Any criterion of a sexually abused child that occurs with the AP being a caretaker of the child or an individual whose role and/or relationship with the child indicates coercion. ○ Anogenital injury, physical findings, or lab results (i.e., diagnosis of a Sexually Transmitted Disease) suspicious for sexual abuse in prepubertal children. • Sexual activity between any child thirteen to fifteen years of age and any person(s) more than four years older in age. • For the purpose of sexual gratification/exploitation, which can include but is not limited to the following: ○ Engages a child in touching adult's genitals ○ Touching child's genitals for reasons other than hygiene ○ Adult masturbates in presence of child ○ Adult engaging child in act of masturbation ○ Adult rubbing genitals against child's genital-rectal area, inner thigh, or buttocks ○ Making no effort to prevent child from observing sexual behavior ○ Disseminating or showing a child photographs, video and/or any pornographic material ○ Allowing/forcing child to view pornographic material ○ Photographing, videotaping and/or viewing the child without clothing or partially clothed for sexual gratification ○ Allowing child to be photographed, videotaped and/or viewed without clothing or partially clothed for sexual gratification ○ Enticing, tricking and/or forcing a child into sexual play • Convicted sexual offender has contact with child **AND** there is a suspicion of sexual contact.	• Sexual activities are discussed in presence of child with no intent to engage or entice child. • Child finds/views pornographic material in the home without consent of the caretaker(s) and the caretaker(s) are taking steps to prevent recurrence. • Child inadvertently observes sexual activity and caretaker takes steps to prevent a recurrence (no intent). • Sexual behaviors that may be considered normal and age-appropriate: ○ Masturbation in private ○ Masturbating in a place that may not be appropriate but can be redirected to stop ○ Playing doctor between similar age children ○ Mutual disrobing or exploration of the body without force or coercion when developmentally appropriate • A forcible sexual act between similar aged, developmentally similar minors (i.e., date rape).

• A suspicion of sexual contact may include a child exhibiting multiple or a combination of abnormal sexual behaviors and/or inappropriate sexual knowledge.	
Sexting/Social Media	
Sexing/Social Media Examples	
Screen In	**Screen Out**
• Adult known to the child and/or family requesting sexually explicit materials and/or communication from a child. • Adult known to the child and/or family sending sexually explicit materials and/or communication to a child. • Individual that is four years older than a minor child, requesting and/or sending sexually explicit materials and/or communication.	• Adult unknown to the child and/or family requesting sexually explicit materials and/or communication from a child. • Adult unknown to the child and/or family sending sexually explicit materials and/or communication to a child. • Child sending another similar aged child sexually explicit material and/or communication. • Child receives sexually explicit materials and/or communication and sends out to other people.
Trafficking in Persons and Compelling Prostitution	
Related ORC and OAC Rules and Definitions: ORC 2905.32 (A) No person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, or knowingly attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, another person if any of the following applies: (1) The offender knows that the other person will be subjected to involuntary servitude or be compelled to engage in sexual activity for hire, engage in a performance that is obscene sexually oriented, or nudity oriented, or be a model or participant in the production of material that is obscene, sexually oriented, or nudity oriented. (2) The other person is less than eighteen years of age or is a person with a developmental disability whom the offender knows or has reasonable cause to believe is a person with a developmental disability, and either the offender knows that the other person will be subjected to involuntary servitude or the offender's knowing recruitment, luring, enticement, isolation, harboring, transportation, provision, obtaining, or maintenance of the other person or knowing attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain the other person is for any of the following purposes: (a) To engage in sexual activity for hire. (b) To engage in a performance for hire that is obscene, sexually oriented, or nudity oriented.	

(c) To be a model or participant for hire in the production of material that is obscene, sexually oriented, or nudity oriented.

ORC 2907.21
(A) No person shall knowingly do any of the following:
(1) Compel another to engage in sexual activity for hire;
(2) Induce, procure, encourage, solicit, request, or otherwise facilitate either of the following:
(a) A minor to engage in sexual activity for hire, whether or not the offender knows the age of the minor;
(b) A person the offender believes to be a minor to engage in sexual activity for hire, whether or not the person is a minor.
(3)(a) Pay or agree to pay a minor, either directly or through the minor's agent, so that the minor will engage in sexual activity, whether or not the offender knows the age of the minor;
(b) Pay or agree to pay a person the offender believes to be a minor, either directly or through the person's agent, so that the person will engage in sexual activity, whether or not the person is a minor.
(4)(a) Pay a minor, either directly or through the minor's agent, for the minor having engaged in sexual activity pursuant to a prior agreement, whether or not the offender knows the age of the minor;
(b) Pay a person the offender believes to be a minor, either directly or through the person's agent, for the person having engaged in sexual activity pursuant to a prior agreement, whether or not the person is a minor.
(5)(a) Allow a minor to engage in sexual activity for hire if the person allowing the child to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the minor;
(b) Allow a person the offender believes to be a minor to engage in sexual activity for hire if the person allowing the person to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the person the offender believes to be a minor, whether or not the person is a minor. *

*If a child is being sexually exploited via a third party (meaning someone is compelling their engagement in commercial sex), the third party should be identified as an Alleged Perpetrator, whether known or unknown (ORC 2907.21, ORC 2905.32)

*If an individual is purchasing sex from a child, that person should be identified as an Alleged Perpetrator, whether known or unknown (ORC 2907.21, ORC 2905.32)

Trafficking in Persons and Compelling Prostitution Examples	
Screen In	**Screen Out**
Report to law enforcement	• Child exchanges explicit acts or materials with same-aged peers for non-commercial/survival purposes.

• Child is subjected to any of the above ORC 2905.32 and ORC 2907.21) by a known adult for commercial purposes, meaning child, caretaker, or a third party receives anything of value in exchange for explicit acts or materials, such as: o A caretaker is facilitating/allowing the sexual abuse of a child in exchange for money, drugs, housing, or anything of value. o A friend or romantic partner is facilitating/allowing the sexual abuse of a child in exchange for money, drugs, or anything of value. • Child is engaged in "survival sex" with known adults, in which child exchanges explicit acts or materials with others in order to meet child's needs. • Child is engaged in commercial sex with known adults, regardless of whether a third party is compelling child to engage. • Child is involved in the creation of sexually explicit materials (with or without the presence of force, fraud, or coercion) produced or disseminated in exchange for something of value. • Child is subjected to/compelled to engage in: o sexual activity for hire, or engage in a performance that is obscene, or o sexually oriented, or nudity oriented, or be a model or participant in the production of material that is obscene, sexually oriented, or nudity oriented.	

SCREENING GUIDELINES FOR CHILD NEGLECT

Investigations of reports of neglect shall be categorized to include: an **Intra-Familial Investigations** and **Specialized Assessment/Investigations**.

Intra-Familial Investigations of neglect include an alleged perpetrator who:

- Is a member of the alleged child victim's family.
- Is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian, or custodian (r*egardless of continued access, the service needs of the child and family should be considered).*
- Is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.

Examples of an Intra-Familial Alleged Perpetrator of neglect are mother, father, stepparent, paramour (living in the home) of the parent/caretaker, an uncle, kinship provider, neighbor, an unlicensed daycare provider, etc.

- **Specialized Assessment/Investigations** includes an Alleged Perpetrator of neglect who meets the definition of an Out-of-Home care setting; are responsible for the physical care/custody and control of a child; and/or has access to a child by virtue of his/her employment/affiliation to an institution. An example of a Specialized Assessment/Investigation Alleged Perpetrator includes a teacher, Boy/Girl Scout leader, day camp counselor, licensed foster parent, licensed daycare provider, etc. ***this does not include kinship***).
  - "Out-of-Home Care Setting" is a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child day-care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, children's residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody or control of a child.

***Examples provided are not all inclusive. If more than one referral type is present, the totality of the circumstances should be used in the consideration of a screen in. If necessary, consult legal advisor.**

Neglect

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

Neglect has the following areas to consider:

- Failure to Provide Basic Needs
- Lack of Utilities
- Homelessness
- Lack of Supervision
- Dirty of Unsafe Home
- Child's Poor Hygiene
- Insects or Rodents
- Substance Use/Drug Activity
- Child Substance Abuse
- Educational Neglect
- Failure to Thrive (non-organic)
- Medical Neglect
- Infant Safe Sleep

Failure to Provide Basic Needs

Related ORC and OAC Rules and Definitions:

Child who is abandoned by the child's parent, guardian, or custodian (ORC 2151.03)

- To constitute abandonment, a parent must willfully leave a child with the intention of causing perpetual separation. A child is presumed abandoned when the parent has failed to visit or maintain contact with the child for more than ninety days, regardless of whether the parent resumes contact with the child after that period of ninety days. (ORC 2151.011(C))

Child who lacks adequate parental care because of the faults or habits of the child's caretaker (ORC 2151.03)

- Adequate parental care is the provision of adequate food, clothing, and shelter to ensure the child's health and physical safety and the provision of specialized services warranted by the child's physical or mental needs. (ORC 2151.011)

Because of the omission of the child's caretaker, the child suffers physical or mental injury that harms or threatens to harm the child's health or welfare. (ORC 2151.03)

- "Mental Injury" is any behavioral, cognitive, emotional, or mental disorder in a child caused by an act or omission endangering a child and is committed by the parent or other person responsible for the child's care (ORC 2151.011).
  *See conditions of an endangered child in description of an abused child.

Failure to Provide Basic Needs Examples	
Screen In	**Screen Out**
• Child is deceased as a result of caretaker negligence, regardless of whether there are other children in the home • Caretaker leaves child with an inappropriate caretaker or no caretaker. • Caretaker can no longer provide for child's basic needs and parent's whereabouts are unknown. • Caretaker refuses to make alternate arrangements for child at caretaker's request. • Caretaker fails to provide child with food, shelter, or clothing. • Caretaker tells child not to return home and has not arranged for another to meet child's needs.	• Caretaker leaves child in the care of willing and appropriate relative or kin. • Child left with non-custodial parent beyond court ordered visitation. • Child living with a non-custodial adult and their needs are being met, including school and medical; caretaker is willing to continue caring for the child (refer dependency guidelines for re-homing criteria). • Caretaker allows child to reside with another who is providing for the child's basic needs. • Caretaker provides food and child refuses to eat.

Lack of Utilities	
Lack of Utilities Examples	
Screen In	**Screen Out**
• Lack of utilities without access to alternative provisions which cause a threat of serious harm to child, as a result of the faults or habits of caretaker (i.e., lack of electricity for an infant who requires an apnea monitor; no access to water for personal hygiene; no heat source in winter).	• Lack of utilities with access to alternative provisions and no threat of serious harm exists (i.e., no water in the home, but parent brings water into the home or utilizes neighbor's facilities).

Homelessness	
Homelessness Examples	
Screen In	**Screen Out**
• Homelessness and basic needs are not met. • Homelessness as a result of the faults and habits of the caretaker (i.e., substance abuse).	• Homeless however, basic needs being met by an alternate source.
Lack of Supervision	
Lack of Supervision Examples	
Screen In	**Screen Out**
• Factors to be considered in determining the need for supervision: age; development and maturity level of child; special needs of the child; unruly or delinquent behaviors of the child; mental health issues of the child; child's current environment; child's awareness of safety issues and ability to institute knowledge; responsibility for siblings or younger children. • Harm or potential harm exists because of being left alone or without monitoring. • Child out in community unsupervised or supervised by inappropriate caretaker and a threat of serious harm exists. • Young child playing with dangerous objects or in dangerous places without intervention. • Infants/toddlers in home or car without direct supervision. • Caretaker encourages or fails to intervene in sexual activity of a child as outlined in the Sexual Abuse Guidelines.	• Child understands safety issues and has access to resources (i.e., an adult by phone, neighbor, etc. when left alone). • Amount of time child is left is appropriate to child's age and development and child is not fearful.

• Caretaker is knowledgeable of and fails to intervene or allows unsupervised contact between an alleged perpetrator of indicated or substantiated sexual abuse and/or a convicted sexual offender and his/her victim.	
Dirty or Unsafe Home	
Dirty or Unsafe Home Examples	
Screen In	**Screen Out**
• Based on child's age and developmental status, home content presents health or safety hazard (i.e., clutter or debris are present to the point that it prevents entrance to or exit from dwelling; exposed wiring within reach of child; uncovered holes in exterior doors, walls, windows; unstable physical structure; fire hazard [combustible material near furnace]; excessive garbage or rotted food that threatens health; human/animal waste accessible in living quarters; bugs and/or rodents that pose a health and safety hazard; improper disposal of human waste). • Factors to be considered when determining if intervention is needed when a child has access to weapons/ammunition (i.e., knives, guns, sharps): age; development and maturity level of child; special needs of child; unruly or delinquent behaviors of the child; mental health issues of the child; child's current environment; child's awareness of safety issues and ability to institute knowledge.	• Dirty home without hazards or safety issues. • Clutter of dirty clothes, newspapers, boxes, etc. that does not interfere with entrance to and exit from the home. • Caretaker takes the appropriate steps to secure weapons/ammunition.
Child's Poor Hygiene	
Child's Poor Hygiene Examples	
Screen In	**Screen Out**
• Child's emotional and/or physical health is being impacted by this issue (i.e., bleeding, painful rash, skin condition, loss of teeth or hair, chronic tooth pain) and caretaker makes no attempt to address this issue.	• Child has poor hygiene, absent a health risk. • Child has dirty clothes. • Child has access and chooses not to wear clean clothing.

• Child is bullied, isolated, or made fun of due to poor hygiene and caretaker makes no attempt to rectify the situation.	
Insect/Rodents	
Insect/Rodents Screen Examples	
Screen In	**Screen Out**
• Insects and/or rodents (i.e., head lice, bed bugs, fleas, scabies, cockroaches, maggots, rats, mice, etc.) on a child or in a child's environment that pose a health or safety hazard and/or affect their social or educational development. • Child has untreated head lice with open sores or infection as a result of bites.	• Repeated head lice but being treated. • Presence of widespread bites (i.e., from head lice, bed bugs, fleas) but being treated by parent. • Child sent home or cannot return to school due to school's policy.
Substance Use/Drug Activity	
Substance Use/Drug Activity Examples	
Screen In	**Screen Out**
• Caretaker substance abuse results in lack of age-appropriate supervision. • Caretaker substance abuse results in the inability to meet child's basic needs. • Safety issues as a result of the presence of drugs/paraphernalia in the child's environment (i.e., drug raid, drug deal in the presence of child or in the child's home, caretaker allowing home to be used for drug activity and/or trafficking).	• Caretaker uses drugs/alcohol, however no effect on parenting ability. • Caretaker arrested for drug offense without the presence of the child and not impacting the care of the child.
Child Substance Abuse	
Child Substance Abuse Examples	
Screen In	**Screen Out**
• Caretaker has knowledge of and fails to seek/refuses treatment for child abusing drugs/alcohol.	• Substance abuse by a child however caretaker is attempting to seek treatment services and/or remove access/availability of substance.

	• Caretaker is unaware of child's substance abuse.

Educational Neglect

Related ORC and OAC Rules and Definitions:
Child whose caretaker neglect the child or refuses to provide proper or necessary subsistence, education, medical or surgical care or treatment, or other care necessary for the child's health, morals, or well-being. (ORC 2151.03)

***Compulsory School Age** is a child between six and eighteen years of age for the purpose of ORC sections 3321.01 to 3321.13. A child under six years of age who has been enrolled in kindergarten also shall be considered "of compulsory school age" for the purpose of ORC sections 3321.01 to 3321.13 unless at any time the child's caretaker, at the caretaker's discretion and in consultation with the child's teacher and principal, formally withdraws the child from kindergarten. The compulsory school age of a child shall not commence until the beginning of the term of such schools, or other time in the school year fixed by the rules of the board of the district in which the child resides. (ORC 3321.01)

***Habitual Truant** means any child of compulsory school age who is absent without legitimate excuse for absence from the public school the child is supposed to attend for thirty or more consecutive hours, forty-two or more hours in one school month, or seventy- two or more hours in a school year. (ORC 2151.011)

Educational Neglect Examples

Screen In	Screen Out
• Truancy officer and/or school staff have made reasonable efforts to engage caretaker in resolving enrollment/attendance issues with no resolution. • Truancy officer refers concerns to Juvenile Court and the court requests agency involvement. • Caretaker consistently has older sibling stay home from school to care for younger children. • Due to faults/habits of the caretaker, the child has missed school to the extent that academic progress is impeded.	• Community truancy officer and/or school staff engages caretaker for resolution. • Five-year-old child not attending kindergarten. • Child repeatedly misses school due to ongoing medical issues with verification of medical treatment. • Caretaker is home schooling child. • Teenager repeatedly truant, however caretaker attempts to intervene or has no knowledge of truancy.

	• Caretaker not participating in child's IEP and/or parent/teacher conferences. • Child is sent home or cannot return to school due to the school's policy.
Failure to Thrive (non-organic)	
Failure to Thrive (non-organic) Examples	
Screen In	**Screen Out**
• Child is diagnosed, or medical professional has suspicion of failure to thrive for non-organic reasons. • Child is diagnosed as organic failure to thrive, and caretaker is not willing or able to seek or follow through with medical treatment. • Caretaker is not providing adequate sustenance, care, etc. to sustain life, weight gain and/or growth.	• Child is diagnosed as failure to thrive (organic) and caretaker is seeking medical care.
Medical Neglect	
Medical Neglect Examples	
Screen In	**Screen Out**
• Caretaker uses for self and/or sells child's prescription and does not provide it to the child. • Failure to obtain or follow through with medical/mental health treatment that has an impact on the child's life functioning. • Failure to provide or unreasonable delay in seeking medical care for a condition that could cause permanent disability if not treated. • Failure to provide emergency medical care for a potential life-threatening condition, illness, or injury. • Failure to seek medical, psychological and/or psychiatric care for child who is verbalizing or making gestures that are attempts to	• Refusal and/or failure of medical treatment does not impact the child's health and safety; this could include decisions based on religious beliefs. • Child has minor symptoms that are not life threatening; this could include decisions based on religious beliefs. • Child has terminal illness/disease and caretaker chooses not to utilize and/or continue extraordinary medical treatment based on moral/religious beliefs. • Failure to attend well child check-ups. • Caretaker chooses not to immunize child.

cause serious harm to him/herself (i.e., self-mutilation, eating disorder, suicidal threat). • Caretaker acts against medical advice for a life-threatening condition or without seeking a second opinion.	• Caretaker chooses not to administer medical or mental health medication that does not have an impact on the child's life functioning. • Caretaker seeks medical or psychological care for child's suicide attempt.

Infant Safe Sleep

Related ORC and OAC Rules and Definitions:
Per ORC 3701.66 and 3701.67: PCSAs are required to distribute infant safe sleep education materials when the agency has initial contact with an infant's parent, guardian, or other person responsible for the infant.

NOTE: It is important to take into consideration cultural norms, values, and beliefs when screening infant safe sleep as co-sleeping is permissible and a parental decision.

Infant Safe Sleep Examples

Screen In	Screen Out
• Caretaker is co-sleeping with an infant while impaired. • Unsafe sleeping environment results in death or serious harm.	• Infant sleeps in the same room as caretaker, but in his/her own crib. • Infant sleeping alone on their back, and in a crib (a.k.a., ABC).

Trafficking in Persons and Compelling Prostitution

Related ORC and OAC Rules and Definitions:
ORC 2905.32
(A) No person shall knowingly recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, or knowingly attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain, another person if any of the following applies:
(1) The offender knows that the other person will be subjected to involuntary servitude or be compelled to engage in sexual activity for hire, engage in a performance that is obscene, sexually oriented, or nudity oriented, or be a model or participant in the production of material that is obscene, sexually oriented, or nudity oriented.
(2) The other person is less than eighteen years of age or is a person with a developmental disability whom the offender knows or has reasonable cause to believe is a person with a developmental disability, and either the offender knows that the other person will be subjected to involuntary servitude or the offender's knowing recruitment, luring, enticement, isolation, harboring, transportation, provision, obtaining, or maintenance of the other person or knowing attempt to recruit, lure, entice, isolate, harbor, transport, provide, obtain, or maintain the other person for any of the following purposes:
(a) To engage in sexual activity for hire;
(b) To engage in a performance for hire that is obscene, sexually oriented, or nudity oriented;
(c) To be a model or participant for hire in the production of material that is obscene, sexually oriented, or nudity oriented.

ORC 2907.21
(A) No person shall knowingly do any of the following:
(1) Compel another to engage in sexual activity for hire;
(2) Induce, procure, encourage, solicit, request, or otherwise facilitate either of the following:
(a) A minor to engage in sexual activity for hire, whether or not the offender knows the age of the minor;
(b) A person the offender believes to be a minor to engage in sexual activity for hire, whether or not the person is a minor.
(3)(a) Pay or agree to pay a minor, either directly or through the minor's agent, so that the minor will engage in sexual activity, whether or not the offender knows the age of the minor;
(b) Pay or agree to pay a person the offender believes to be a minor, either directly or through the person's agent, so that the person will engage in sexual activity, whether or not the person is a minor.
(4)(a) Pay a minor, either directly or through the minor's agent, for the minor having engaged in sexual activity pursuant to a prior agreement, whether or not the offender knows the age of the minor;
(b) Pay a person the offender believes to be a minor, either directly or through the person's agent, for the person having engaged in sexual activity pursuant to a prior agreement, whether or not the person is a minor.
(5)(a) Allow a minor to engage in sexual activity for hire if the person allowing the child to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the minor;
(b) Allow a person the offender believes to be a minor to engage in sexual activity for hire if the person allowing the person to engage in sexual activity for hire is the parent, guardian, custodian, person having custody or control, or person in loco parentis of the person the offender believes to be a minor, whether or not the person is a minor.

Trafficking in Persons and Compelling Prostitution Examples	
Screen In	**Screen Out**
• Caretaker is aware child is subjected to forced labor and/or sex trafficking (including survival sex and child engaging in commercial sex without apparent compulsion) and fails to report this information to appropriate authorities or attempt to keep child safe from exploitation. • Caretaker is aware child is involved in the creation of sexually explicit materials (with or without the presence of force, fraud, or coercion) produced or disseminated in exchange for something of value and fails to report this information to appropriate authorities or attempt to keep child safe from exploitation.	• Caretaker has no knowledge that child is being exploited.

SCREENING GUIDELINES FOR DOMESTIC VIOLENCE/INTIMATE PARTNER VIOLENCE

Investigations of domestic violence (DV)/Intimate Partner Violence (IPV) reports shall be categorized to include **Intra-Familial investigations** or **Specialized Assessment/Investigations**.

1. **Intra-Familial Investigations** of DV/IPV include an alleged perpetrator who:
    - Is a member of the alleged child victim's family or household.
    - Is known to the family or child and has had access to the alleged child victim, whether or not the access was known or authorized by the child's parent, guardian, or custodian (r*egardless of continued access, the service needs of the child and family should be considered).*
    - Is involved in daily or regular care for the alleged child victim, excluding a person responsible for the care of a child in an out-of-home care setting.

    Examples of an Intra-Familial Alleged Perpetrator of DV/IPV are mother, father, stepparent, paramour of the parent/caretaker, an uncle, kinship provider, neighbor, an unlicensed daycare provider, etc.

2. **Specialized Assessment/Investigations** of DV/IPV include an alleged perpetrator who meets the definition of an Out-of-Home care setting; is responsible for the physical care/custody and control of a child; and the placement is in a family-like setting (foster home, pre-adoptive home, group home with house parents).

Careful consideration should be given when determining roles of family members on the initial intake to reflect the alleged aggressor/batterer as the alleged perpetrator(s)/adult subject of the report.

When making screening decisions about screening in reports in which law enforcement made an arrest for DV, please ensure it adheres to the criteria outlined in this guide. In these circumstances, the screening decision should be made based on the information outlined in the narrative of a police report versus the actual charge prompting the arrest. If the narrative does not provide adequate information, it may be necessary to contact the reporting officer for additional detail to inform the screening decision.

The following should be considered when historical allegations meet the screen in examples:

- The alleged perpetrator has no current access to the child and/or family and no current safety threat.
- Regardless of continued access, the service needs of the child and family should be considered.

Domestic Violence/Intimate Partner Violence

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

Domestic Violence (DV)/Intimate Partner Violence (IPV) has the following areas to consider:

- Physical Abuse
- Neglect
- Emotional Maltreatment

Related ORC and OAC Rules and Definitions:

Crime of Domestic Violence (ORC 2919.25)

A. No person shall knowingly cause or attempt to cause physical harm to a family or household member.
B. No person shall recklessly cause serious physical harm to a family or household member.
C. No person, by threat of force, shall knowingly cause a family or household member to believe that the offender will cause imminent physical harm to the family or household member.

- Family or household member means any of the following who is residing or has resided with the offender: A spouse, a person living as a spouse, or a former spouse of the offender; parent, a foster parent or a child of the offender, or another person related by consanguinity or affinity to the offender; a parent or a child of a spouse, person living as a spouse, or former spouse of the offender, or another person related by consanguinity or affinity to a spouse, person living as a spouse, or former spouse of the offender; the natural parent of any child of whom the offender is the other natural parent or is the putative other natural parent.

- Person living as a spouse means a person who is living or has lived with the offender in a common law marital relationship, who otherwise is cohabiting with the offender, or who otherwise has cohabited with the offender within five years prior to the date of the alleged commission of the act in question.

Physical Abuse DV/IPV	
Related ORC and OAC Rules and Definitions: A DV/IPV incident(s) are considered physical abuse when the incident could have or has resulted in physical harm to a child. For ORC, see Physical Abuse Screening Guidelines	
Physical Abuse DV/IPV Examples	
Screen In	**Screen Out**
• Child received injury as a result of incident of DV/IPV. • Child witnessed an incident of DV/IPV. Consideration of intensity of incident and potential for serious harm should be taken into account. Refer to neglect or emotional maltreatment guidelines for further consideration. • Weapon or threat of a weapon involved in incident of DV/IPV	• Verbal argument • Child is not present for incident and is not aware of the incident or aware of injury sustained from incident. If the child is aware or the DV/IPV is interfering with the child's basic needs **refer to neglect or emotional maltreatment guidelines for consideration.**
Neglect DV/IPV	
Related ORC and OAC Rules and Definitions: A DV/IPV incident(s) are considered neglect when an incident or pattern of incidents interferes with a caretakers' ability to provide for the basic needs of their children. These DV/IPV incidents or patterns could include: • Coercive or controlling behaviors of the batterer over the survivor (caretaker) • Physical harm to the survivor (caretaker) For ORC, see Neglect Screening Guidelines	
Neglect DV/IPV Examples	
Screen In	**Screen Out**
• Alleged perpetrator/batterer prohibits the survivor from transporting the child to school, medical appointments or accessing financial means to provide food or hygiene items for the child and is not providing these needs as well.	• Verbal arguments and/or isolated DV/IPV incident in which children were not present and no impact on caretaker's ability to meet child's basic needs.

• Survivor's injury interferes with his/her ability to provide for the basic needs and daily care of the child and the alleged perpetrator/batterer is not providing these needs as well. • Pattern of DV/IPV in the household interferes with the caretakers' ability to meet child's physical, emotional and safety needs.	Note: Allegations in which the child's basic needs are being met by either the survivor or the batterer, **refer to emotional maltreatment guidelines** for consideration.
Emotional Maltreatment DV/IPV	
Emotional Maltreatment DV/IPV Examples	
Screen In	**Screen Out**
• Child received mental injury as a result of the DV/IPV incident. o Night terrors and bedwetting o Disruption of normal routine o Child reports fear due to the DV/IPV incident o Cowering o Child displaying violent behaviors towards others and/or animals • Child witnessed or has been exposed to repeated DV/IPV incidents. • Child witnessed DV/IPV incident that resulted in the death or serious harm of a family member that required hospitalization. • Threat of killing family member or pet during the DV/IPV incident	• Verbal argument • Child is not present for DV/IPV incident and is not aware of the incident or aware of injury sustained from incident.

SCREENING GUIDELINES FOR SPECIALIZED ASSESSMENT (OUT-OF-HOME CARE) REPORTS OF CHILD ABUSE & NEGLECT

An **Out-of-Home Care Setting** is a detention facility, shelter facility, foster home, pre-finalized adoptive placement, certified foster home, approved foster care, organization, certified organization, child day-care center, type A family day-care home, type B family day-care home, group home, institution, state institution, residential facility, residential care facility, residential camp, day camp, hospital, medical clinic, therapeutic wilderness camp, children's residential center, public or nonpublic school, or respite home that is responsible for the care, physical custody, or control of a child. (OAC 5101:2-1-01)

Out-of-Home Care means detention facilities, shelter facilities, certified children's crisis care facilities, certified foster homes, placement in a prospective adoptive home prior to the issuance of a final decree of adoption, organizations, certified organizations, child day-care centers, type A family day-care homes, type B family day-care homes, child care provided by in-home aides, group home providers, group homes, institutions, state institutions, residential facilities, residential care facilities, residential camps, day camps, private, nonprofit therapeutic wilderness camps, public schools, chartered nonpublic schools, educational service centers, hospitals, and medical clinics that are responsible for the care, physical custody, or control of children. ORC 2151.011 (28)

- **Organization** means any institution, public, semipublic, or private and any private association, society, or agency located or operating in the state, incorporated or unincorporated, having among its functions the furnishing of protective services or care for children, or the placement of children in certified foster homes or elsewhere.

A **Specialized Assessment/Investigation** includes an alleged perpetrator who meets the definition of an Out-of-Home care setting; are responsible for the physical care/custody and control of a child; and/or has access to a child by virtue of his/her employment/affiliation to an organization. (OAC 5101:2-36-04)

- Is a person responsible for the alleged child victim's care in an out-of-home setting as defined above;
- Has access to the child by virtue of his/her employment by or affiliation with an organization; or
- Has access to the child through (AP or child's) placement in an Out-of-Home care setting.

Examples: teacher, boy/girl scout leader, day camp counselor, foster parent, daycare provider, private music teacher, sports coach, etc.

Timelines for Out-of-Home Care (OHC) Notifications:

- OAC 5101:2-36-01 (J), Intake and Screening Procedures for Child Abuse, Neglect, Dependency and Family in Need of Services Reports; and Information and/or Referral Intakes. If the PCSA screens out a referral of abuse or neglect and a principal of the report is a person responsible for the child's care in an out-of-home care setting pursuant to rule 5101:2-1-01 of the Administrative Code, the PCSA shall notify licensing and supervising authorities, as appropriate, no later than four working days from the date of the screening decision to share information.

- OAC 5101:2-36-04 (L), PCSA Requirements for Conducting a Specialized Assessment/Investigation, paragraph. If the PCSA conducts a specialized assessment/investigation, the PCSA shall:

  (1) Within twenty-four hours of the screening decision contact the out-of-home care setting administrative officer, director, or other chief administrative officer, or if the administrative officer, director, or other chief administrative officer is alleged to be the perpetrator, the board of directors, county commissioners, or law enforcement as applicable in order to:
    (a) Share information regarding the report.
    (b) Discuss what actions have been taken to protect the alleged child victim.
    (c) Provide information about the assessment/investigation activities that will follow.

Cross-Referring Reports:

- 5101:2-36-12 (D), PCSA requirement for cross-referring reports of child abuse and/or neglect. The PCSA shall contact the following licensing and supervising authorities, as applicable, no later than the next working day from the date the referral was screened in to share information pursuant to rules 5101:2-33-21 and 5101:2-36-04 of the Ohio Administrative Code:
  (1) The Ohio Department of Developmental Disabilities (ODDD) Division of Developmental Centers Quality Assurance if the report involves a developmental center managed by ODDD; or the office of licensure if the report involves a foster or group home licensed by ODDD
  (2) The local county board of developmental disabilities (DD) if the report involves any program managed by the county board of DD.
  (3) The local board of alcohol, drug addiction, and mental health and the Ohio department of mental health and addiction services (ODMHAS) if the report involves a residential care facility licensed by ODMHAS.
  (4) The Ohio department of youth services' (ODYS) chief inspector if the report involves an institution or facility for delinquent children managed by ODYS; or the juvenile judge and ODYS' division of parole, courts, and community services if the report involves a detention or rehabilitation facility managed by a juvenile court and approved by ODYS.
  (5) The superintendent of the local schools or the Ohio department of education's (ODE) legal counsel if the report involves the school for the deaf or blind or early education programs managed by ODE.
  (6) The Ohio department of job and family services (ODJFS), foster care licensing, if the report involves a foster home, group home or children's residential facility licensed by ODJFS.
  (7) The ODJFS, child care licensing, if the report involves a childcare center (more than twelve children) which is or should be licensed by ODJFS.
  (8) The local county department of job and family services (CDJFS) if the report involves an in-home aide who is certified by the CDJFS or a type B.

Additional Guidance:

- Intra-Familial vs. OHC with a foster/adoptive parent: if foster parent is an AP for both their own child(ren) and foster child(ren), then two separate intake reports should be created; one as an Intra-Familial report and the other as an OHC/Specialized Assessment.
- Having access to a child/ACV through the organization or OHC setting that established their relationship, then it is an OHC report/Specialized Assessment.
- Information and Referral/Rule Violation is NOT an allegation of abuse and/or neglect. If there is an allegation of abuse and/or neglect that does not warrant an investigation, then the allegation is a screen out. A rule violation may need to be separately conducted by the licensing authority.
- If a child, between the age of 18 and 21, is in PCSA custody, all reports of maltreatment with them as the ACV should be considered for investigation.
- If there are allegations of maltreatment from a prior foster care placement, the intake report should be created under the prior foster care placement.
- Therapeutic Wilderness Camps
    - Private, nonprofit therapeutic "wilderness camp" means a structured, alternative residential setting for children who are experiencing emotional, behavioral, moral, social, or learning difficulties at home or at school in which all of the following are the case:
        1. The children spend the majority of their time, including overnight, either outdoors or in a primitive structure.
        2. The children have been placed by their parents or another relative having custody.
        3. The camp accepts no public funds for use in its operations. {ORC 5103.02 (F) (1-3)}
    - Review ORC 5103.50-5103.55 and OAC 5101:2-9-40
- Examples of the use of a Specialized Assessment vs. Intra-familial Investigation/Assessment:
    1. Former foster child connects with former foster parent's adult son out in community and engages in sexual activity. (Intra-familial: was known to the child and had access when the child placed with the foster parent)
    2. Current foster child connects with current foster parent's adult son out in community and engages in sexual activity. (Specialized Assessment: is known to the child and has access through the current foster care placement)
    3. Child attends private lessons (i.e., dance, tutoring, music, gymnastics, horseback riding, etc.) and maltreatment occurs by instructor. (Intra-familial: known to the child/family and has access to the child)

***Examples provided are not all inclusive. If more than one referral type is present, the totality of the circumstances should be used in the consideration of a screen in. If necessary, consult legal advisor.**

Specialized Assessment (Out-Of-Home Care) Reports of Child Abuse & Neglect

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

Out-of-Home Care Reports of Child Abuse & Neglect has the following areas to consider:

- Physical Injury
- Punishment
- Neglect

Physical Injury (Out-of-Home Care)

Related ORC and OAC Rules and Definitions:
Child is subjected to Out-of-Home care child abuse. (ORC 2151.031)

***Physical Restraint** means a therapeutic holding technique(s) with the intent to minimize or prevent harm when the child has lost control of his or her actions in such a way as to threaten harm to self or others. Physical restraint shall not be used as a planned intervention until after other less restrictive procedures or measures have been explored and found to be inappropriate. At no time shall physical restraint be used as punishment or for staff convenience. (OAC 5101:2-1-01(220))

***Out-of-Home Care Child Abuse** means any of the following when committed by a person responsible for the care of a child in Out-of-Home care:

1. Engaging in sexual activity with a child in the person's care.
2. Denial to a child, as a means of punishment, of proper or necessary subsistence, education, medical care, or other care necessary for a child's health.
3. Use of restraint procedures on a child that causes injury or pain.
4. Administration of prescription drugs or psychotropic medication to the child without the written approval and ongoing supervision of a licensed physician.
5. Commission of any act, other than by accidental means, that results in any injury to or death of the child in Out-of-Home care or commission of any act by accidental means that results in an injury to or death of a child in an Out-of-Home care and that is at variance with the history given of the injury or death. (ORC 2151.011 (B)(29))

When making screening decisions about Physical Injury. These considerations can help determine the threat of serious injury or death:

- Age of the child
- Size of the child
- Development of the child
- Medical needs of the child

Physical Injury (Out-of-Home Care) Examples	
Screen In	**Screen Out**
Please refer to the Abuse Screening Guidelines **Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred. *Notification to the OHC Licensing Entity (see above) • Restraint of a child that causes injury or pain, with consideration of the following: o Age, size, and development of child o Appropriate restraint o Child contributing to injury/pain (struggle) o Requires medical treatment specifically due to the injury from the restraint Examples: Broken bones, fractures, injuries to the face, neck, head, and sensitive areas of the body, choking or restriction to breathing. • Prone Restraint (face down). • Providing prescription drugs or psychotropic medication to the child without the written approval and ongoing supervision of a licensed physician. • Over/under medicating a child.	**Please refer to the Abuse Screening Guidelines** **Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred. *Notification to the OHC Licensing Entity (see above) • Restraint of a child that does not cause pain or injury, with consideration of the following: o Medical attention provided as part of a protocol for restraints, but no medical treatment required o Minor injuries resulting under reasonable circumstances given o Age, size, and development of child o Level of resistance o Securing a safe environment (i.e., attempting to injure another child or adult) o Actions taken by the responsible adult to prevent risk of serious self-inflicted injury (i.e., child jumping out of a window, child running into the street) • Medication given to a child without custodian (aka, caretaker PCSA) consent, knowledge, or approval.

Punishment (Out-of-Home Care)	
Punishment (Out-of-Home Care) Examples	
Screen In	**Screen Out**
• Denial of proper and necessary food and water. • Refusal to send child to school. • Failure to seek and/or prevent medical treatment for injury or illness as means of punishment.	• Child refuses to eat provided meal, take prescribed medication and/or attend school. • Failure to provide snacks. • Limiting child's liquid intake in the evening hours due to issues related to bed wetting.

Neglect (Out-of-Home Care)

Related ORC and OAC Rules and Definitions:

Child is subjected to Out-of-Home care child neglect.
ORC 2151.011(B)(30)

***Out-of-Home Care Child Neglect** means any of the following when committed by a person responsible for the care of a child in Out-of-Home care:

- Failure to provide reasonable supervision according to the standards of care appropriate to the age, mental and physical condition, or other special needs of the child.
- Failure to provide reasonable supervision according to the standards of care appropriate to the age, mental and physical condition, or other special needs of the child, that results in sexual or physical abuse of the child by any person.
- Failure to develop a process for all of the following:
  - Administration of prescription drugs or psychotropic drugs for the child
  - Assuring that the instructions of the licensed physician who prescribed a drug for the child are followed
  - Reporting to the licensed physician who prescribed the drug all unfavorable or dangerous side effects from the use of the drug
- Failure to provide proper or necessary subsistence, education, medical care, or other individualized care necessary for the health or well-being of the child.
- Confinement of the child to a locked room without monitoring by staff.
- Failure to provide ongoing security for all prescription and nonprescription medication.
- Isolation of a child for a period of time when there is substantial risk that the isolation, if continued, will impair, or retard the mental health or physical well-being of the child.

Neglect (Out-of-Home Care) Examples	
Screen In	**Screen Out**
****Please refer to the Neglect Screening Guidelines.** **Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred. • Locking child in confined space (i.e., room, basement, garage, closet, dog cage, etc.). • Restricting child's mobility through excessive means (i.e., chaining/tying child to bed, duct taping child). • Failure to provide reasonable supervision based upon the placement circumstances. • Failure to provide for basic needs of the child, proper and necessary food and water, refusal to send to school, failure to seek and/or prevent medical treatment for injury or illness. • Failure to follow custodial agency directives regarding physical and/or mental health treatment and/or medication. • Administration of prescription drugs or psychotropic medication to the child without the written approval and ongoing supervision of a licensed physician.	****Please refer to the Neglect Screening Guidelines.** **Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred. • Child is segregated with appropriate supervision. • Child denied snack. • Child refused to eat provided meals, take prescribed medication and/or attend school.

Child Dependency

NOTE: Dependency is not intended to be a "catch all" to streamline the categorization of referral information received.

The term "caretaker" is used throughout the Screening Guidelines outside of the definition in Ohio Revised Code (ORC). Within this document "caretaker" is used to represent; parent, guardian, custodian, and/or adult.

Related ORC and OAC Rules and Definitions:
Child who is homeless or destitute or without adequate parental care, through no fault of the child's parents, guardian, or custodian (ORC 2151.04(A))
Child who lacks adequate parental care by reason of the mental or physical condition of the child's parents, guardian, or custodian (ORC 2151.04(B))

- "Adequate parental care" is the provision of adequate food, clothing, and shelter to ensure the child's health and physical safety and the provision of specialized services warranted by the child's physical or mental needs (ORC 2151.011)

Child whose condition or environment is such as to warrant the state, in the interests of the child, in assuming the child's guardianship (ORC 2151.04(C)).

A child to whom, both of the following apply:

1. Is residing in a household in which a parent, guardian, custodian, or other member of the household committed an act that was the basis for an adjudication that a sibling of the child or any other child who resides in the household is an abused, neglected, or dependent child and
2. Is in danger of being abused or neglected by that parent, guardian, custodian, or member of the household, because of the circumstances surrounding the abuse, neglect or dependency of the sibling or other child and the other conditions of the household (ORC 2151.04(D)).

Child Dependency Examples

Screen In	Screen Out
• Caretaker overwhelmed with and/or incapable of providing for child's basic needs due to issues including, but not limited to: family experiencing a house fire, caretaker laid off from employment, etc.	• Caretaker incapacitated, incarcerated (absent a CA/N allegation) or death; however, arrangements have been made for an appropriate caretaker for the child.
• Caretaker overwhelmed with and/or incapable of providing for the extreme special needs of the child.	• Caretaker evicted from home with alternate arrangements for housing (i.e., shelter, a friend or family member's household).
• Caretaker does not have the mental or physical capacity to provide appropriate care for the child.	• Caretaker experiences financial hardship: however, child's basic needs are met.

• Caretaker incapacitated due to hospitalization, seeking drug treatment or mental illness and no other available, appropriate caretaker. • Caretaker incarcerated and no other available, appropriate caretaker. • Death of a caretaker and no other available, appropriate caretaker. • Birth of a new child on an ongoing case, especially with court involvement.	**Note:** • If there are allegations of drug use/abuse by caretaker, consider Abuse or Neglect criteria. • If caretaker is overwhelmed and calling in to seek services, consider FINS.

Family In Need of Services

Permanent Surrender	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
The parents, guardian or other persons having custody of a child may enter into an agreement with a public children services agency (PCSA) or private child placing agency (PCPA) to voluntarily surrender a child into the permanent custody of an agency when there is mutual agreement that a permanent surrender would be in the best interests of the child. (ORC 2151.011(B)(32), ORC 5103.15(B), OAC 5101:2-42-09)	• The parent/guardian/custodian requests to voluntarily surrender a child into the agency's permanent custody and the agency believes this to be in the child's best interest.

Safe Haven/Deserted Child	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
Deserted child is a child not older than thirty days, whose parent has voluntarily delivered the child to an emergency medical service worker, peace officer, hospital employee or a newborn safety incubator without expressing an intent to return for the child and who has no apparent signs of abuse or neglect. **OAC 5101:2-36-06:** A public children services agency (PCSA) shall conduct a deserted child assessment/investigation if all of the following apply to the child subject of the report: 1. The child is fewer than thirty-one days old. 2. The child was voluntarily left by the child's parent in the care of an emergency medical service worker, peace officer or hospital employee by the child's parent(s). 3. The child was left, and the child's parent(s) did not express an intention to return for the child. (OAC 5101:2-1-01; 5101:2-36-06)	• Infant, fewer than thirty-one days old, left with hospital staff, law enforcement officer and/or EMS staff by a parent with no plan for return to care for the child. **For further instructions, please see Safe Haven FAQ**

Stranger Danger	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
Per the PCSAs County Memorandum of Understanding and/or a request by law enforcement, when a PCSA receives a report alleging a criminal act against a child of assault or sexual activity involving stranger danger, the PCSA shall: • Establish police jurisdiction and refer the report to the appropriate law enforcement authority within twenty-four hours of receipt of the report. • Attempt a face-to-face or telephone contact within twenty-four hours of receipt of the report with a principal or collateral source to ensure that the child is safe and attempt a face-to-face contact with the alleged child victim as soon as possible. • Conduct a safety assessment of all children residing in the home of the alleged perpetrator upon the request of law enforcement. • The PCSA shall attempt face-to-face interviews with the alleged child victim's parents/caretakers. • Assess the safety of the alleged child victim by determining the access of the alleged perpetrator to the alleged child victim. • Assess the parents, caretakers or guardian's ability and willingness to protect the child. (OAC 5101:2-36-05)	• Law enforcement reports and requests PCSA assistance as a child was physically or sexually assaulted by an alleged perpetrator, who is not a family member, has no sanctioned or continued access and is not involved in daily or regular care of the child and had no relationship to the alleged child victim prior to the act. • Taxi/Uber driver with no established relationship physically/sexually assaults a child. **Screen Out Examples:** At PCSA's discretion, screen out and refer to law enforcement.
Post-Finalization-Adoption Service	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
Services provided or arranged by the PCSA, PCPA or PNA to support, maintain and assist an adopted child, adoptive family, or birth parent any time after finalization of an adoption. (OAC 5101:2-1-01)	• Adoptive parent requests agency services to address issues related to the post-finalization adoption process.
Courtesy Supervision	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
Interstate Compact for Placement of Children (ICPC): When the sending agency is a public agency, it may enter into an agreement with an authorized public or private agency in the receiving state providing for the performance	• An ICPC request to monitor parties to the case.

of one or more services by the latter as agent for the sending agency. (ORC 5103.20, 2151.56)	This does not include in-state PCSA requests; refer to FINS/Required Non-LEAD PCSA interview.
Required Non-Lead PCSA Interviews	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
When the lead PCSA requests a sister PCSA assist with conducting assessment/investigation activities related to principles of the case who may reside in the non-lead, non-contiguous county. (OAC 5101:2-36-10)	• The lead PCSA requests a non-contiguous PCSA to conduct an interview/assessment of a principle of a screened in report residing in a non-contiguous county.
Alternative Response Required Non-Lead PCSA Contacts	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
When the lead PCSA requests a sister PCSA assist with conducting assessment activities related to principles of the case who may reside in the non-lead, non-contiguous county. (OAC 5101:2-36-10)	• The lead PCSA requests a non-contiguous PCSA to conduct an assessment of a principle of a screened in report residing in a non-contiguous county.
Postnatal Placement Services to Infants of Incarcerated Mother	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
When the correctional facility notifies those postnatal services will be needed, the lead PCSA shall be the PCSA in the county in which the woman was a resident at the time of incarceration, or if not an Ohio resident, the PCSA in the county in which the woman was charged or sentenced. PCSAs are responsible for investigating and recommending a mother's placement arrangements or arranging placements for infants born to women who are incarcerated in correctional facilities. PCSAs shall establish policies and procedures for coordinating service arrangements on behalf of incarcerated women and their infants with correctional facilities, departments of job and family services and hospitals. (OAC 5101:2-42-60)	• Assessment and recommendation of placement arrangements for infant born to incarcerated mothers. <u>Instruction:</u> If mother was homeless, then the county where the mother committed the crime is the responsible PCSA.

Preventative Services	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
The PCSA shall make available supportive services to a child and his parent, guardian or custodian as the agency determines necessary. The PCSA shall make available supportive services to ensure reasonable efforts are made to: Prevent or eliminate the need for removal of a child from his own home. (ORC 5153.16) ***Preventative Services** means a type of family in need of services intake which describes services provided by the PCSA aimed at promoting awareness or preventing child abuse and neglect which have been requested by and provided to children and families who have no current allegations of child abuse, neglect, or dependency. (OAC 5101:2-1-01)	• Request from parent/guardian/custodian for parenting education, housing assistance, counseling, etc. • Prenatal positive screening for an illegal substance within second and third trimester (no other children residing in the home). Note: This is an optional program that some PCSAs offer, and others do not.
Unruly Delinquent	
ORC Definitions and/or OAC Rule Requirements	**Screen in Examples**
"Unruly Child" includes any of the following: (A) Any child who does not submit to the reasonable control of the child's parents, teachers, guardian or custodian, by reason of being wayward or habitually disobedient; (B) any child who is an habitual truant from school; (C) any child who behaves in a manner as to injure or endanger the child's own health or morals or the health or morals of others; (D) any child who violates a law, other than division (C) of section 2907.39, division (A) of section 2923.211, division (C)(1) or (D) of section 2925.55 or section 2151.87 of the Revised code, that is applicable only to a child. (ORC 2151.022) (E) "Delinquent Child" includes any of the following: (1) any child, except a juvenile traffic offender, who violates any law of this state of the United States, or any ordinance of a political subdivision of the state, that would be an offense if committed by an adult; (2) any child who violates any lawful order of the court made under this chapter, including a child who violates a court order regarding the child's prior adjudication as an unruly child for being an habitual truant; (3) any child who violates any lawful order of the court made under Chapter 2151 of the Revised Code other than an order issued under section 2151.87	• A court ordered home evaluation pertaining to an unruly/delinquency court case. • Court orders PCSA intervention and/or custody of an unruly/delinquent child to PCSA. Note: If there is an allegation of abuse and/or neglect then screen appropriately.

of the Revised Code; (4) any child who violates division (C) of section 2907.39, division (A) of section 2923.211, or division (C)(1) or (D) of section 2925.55 of the Revised Code (ORC 2151.02) On behalf of children in the county whom the public children services agency (PCSA) considers needing public care or protective services, the PCSA shall: Accept custody of children committed to the PCSA by a court exercising juvenile jurisdiction. (ORC 5153.16(A)(3)) The child abuse and neglect memorandum of understanding is a document required to set forth the normal operating procedure to be employed by all concerned officials in the execution of their respective responsibilities, including section 2919.24 "Contributing to unruliness or delinquency of a child." (OAC 5101:2-33-26) ****The PCSA should refer to their MOU****	
Child Fatality (non-child abuse/neglect)	
ORC Definitions and/or OAC Rule Requirements	**Screen In Examples**
On receipt by a public children services agency (PCSA) of a request for the release of information about a child under eighteen years of age who was a resident of the county served by the agency at the time of death and whose death may have been caused by abuse, neglect or other criminal conduct, the director of the agency immediately shall confer with the prosecuting attorney of the county; the director shall disclose the following information concerning a deceased child: Services provided to or purchased for the child or to which the child was referred by a PCSA; PCSA or PCPA shall have written policies and procedures regarding actions to be taken when a child in its custody dies. (ORC 5153.171; 5153.172; OAC 5101:2-33-14, OAC 5101:2-42-89)	• Per agency policy, Memorandum of Understanding, interagency requirements and/or a parent's request, PCSA provides services to a family in which a child has died as a result of natural causes/medical condition, case of sudden infant death syndrome and/or deferred rulings by the coroner.

The PCSA may provide intervention services to a family when information is received that there has been a child fatality in the family that is not the result of abuse and/or neglect.	
Home Evaluation/Visitation Assessment	
ORC Definitions and/or OAC Rule Requirements	**Screen In Examples**
A PCSA or PCPA having custody of a child may approve placement with substitute caregivers if the placement is determined to be in the child's best interest. The PCSA or PCPA shall approve or deny the relative or non-relative placement. (OAC 5101:2-42-18)	• Court requests an assessment to establish visitation or placement recommendations. Court or other PCSA requests an assessment of a kinship placement.

Post Emancipation Reports

Young Adult Services	
ORC Definitions and/or OAC Rule Requirements	**Screen In and Screen Out Examples**
Each PCSA shall, when requested, provide services and support to former foster care recipients, who emancipated from agency custody due to attaining eighteen years of age. A PCSA shall evaluate the strengths and needs of the young adult to determine the services to be offered. The services and supports are to complement the young adult's own efforts to achieve self-sufficiency, and shall be available until the young adult's twenty-first birthday (OAC 5101:2-42-19.2)	**Screen In Examples:** • Young adult who is 18 up to 21 years of age and an emancipated foster youth requesting agency services such as housing, utilities, education and financial. • Note: A youth who turns 21 cannot receive Emancipated Youth services and is not eligible for Emancipated Youth services. • Young adult can receive Emancipated Youth services through the County PCSA where they reside, it does not have to be through the County PCSA where the youth emancipated. **Screen Out Examples:** • Young adult is 21 years of age or older and is requesting services. • Youth emancipated, has children with their own open case and is requesting services such as housing, utilities, food, etc. All requested services should be addressed within the open case.

Information and Referral Reports

"Information and/or referral" means an intake category in which information is provided to any person to assist in locating or using available and appropriate resources or both. (OAC 5101:2-1-01 (163))

An Information and Referral report **is not** to be used for the following:

- Abuse and/or neglect allegations
- Referral source's intent to report maltreatment concerns

Information and/or Referral Types and Examples

All referral information categorized as information and/or referral pursuant to 5101:2-36-01 (F)(4) shall be recorded in SACWIS. The PCSA shall identify which of the following activities was completed by the PCSA.

Directed/advised to contact non-PCSA service provider within the county

- Caller requested a phone number for Community Action, Child Support, Child Care, etc.

Directed/advised to contact non-PCSA service provider outside the county

- Caller requested phone number for Children Services, Community Action, Child Support, etc. in another county

Provided information only/no referral of maltreatment made

- Parent asking about how to obtain custody of his/her child
- Age a child can be home alone and/or babysit

Additional information received on an open case that **is not** alleging abuse or neglect of a child
• Child did not return home from school back to their foster placement (see: OAC 5101:2-42-88) • Provide Information to agency (i.e., medication changes/permission to administer, child moved from a cottage) • Provider calling to report mother did not attend drug treatment Note: This information may be entered as an activity log for an open case. {OAC 5101:2-36-01 (K)}
Licensing Rule Violation
A Rule Violation is not an allegation of abuse and/or neglect. If there are allegations of abuse and/or neglect, the allegations should be categorized as such and given a screening decision by the PCSA. **If there is an allegation of abuse and/or neglect that does not warrant an investigation, then the allegation(s) are screened out and referred to the appropriate licensing authority.** The use of Rule Violation only pertains to Ohio Department of Job and Family Services (ODJFS) licensed providers (Adoptive/Foster Home and Residential) for non-child abuse/neglect concerns. Examples: • Locks on doors • Staff ratios • Failure to notify on criminal charges • Family member changes within foster homes • Medication (storage) A Licensing Rule Violation intake report is not to accompany a report of abuse and/or neglect regarding an ODJFS provider, regardless of the screening decision.

Practice Tips and Information

Cross Referrals:

- When an intake is screened in for a **specialized investigation/assessment**:
  - The PCSA shall contact the following licensing and supervising authorities, as applicable, no later than the next working day from the date the referral was screened in to share information pursuant to rules 5101:2-33-21 and 5101:2-36-04 of the Administrative Code:
    - The Ohio department of developmental disabilities (DODD) division of developmental centers quality assurance if the report involves a developmental center managed by DODD; or the office of licensure if the report involves a foster or group home licensed by DODD.
    - The local county board of developmental disabilities (DD) if the report involves any program managed by the county board of DD.
    - The local board of alcohol, drug addiction, and mental health and the Ohio department of mental health and addiction services (OMHAS) if the report involves a residential care facility licensed by OMHAS.
    - The Ohio department of youth services' (ODYS) chief inspector if the report involves an institution or facility for delinquent children managed by ODYS; or the juvenile judge and ODYS' division of parole, courts, and community services if the report involves a detention or rehabilitation facility managed by a juvenile court and approved by ODYS.
    - The superintendent of the local schools or the Ohio department of education's (ODE) legal counsel if the report involves the school for the deaf or blind or early education programs managed by ODE.
    - The Ohio department of job and family services (ODJFS), foster care licensing, if the report involves a foster home, group home or children's residential facility certified by ODJFS.
    - The ODJFS, childcare licensing, if the report involves a childcare center (more than twelve children) which is or should be licensed by ODJFS.
    - The local county department of job and family services (CDJFS) if the report involves a type A or type B family childcare home which is or should be licensed by ODJFS or an in-home aide who is certified by the CDJFS or a type B.
- When a referral of abuse/neglect is screened out, and a principal of the report is a person responsible for the child's care in an out-of-home care setting, the PCSA shall notify licensing and supervising authorities, as appropriate, no later than four working days from the date of the screening decision to share information.

Required Law Enforcement Notifications:

PCSAs are **required** to notify the appropriate **law enforcement agency**:

1. No later than seven calendar days after screening in all reports of **abuse** unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being contacted concerning the possible child abuse.
2. No later than seven calendar days after screening in reports of **neglect** if the PCSA enacts a safety plan (in-home safety plan, out-of-home safety plan, or legally authorized removal) due to neglect during that timeframe unless an arrest is made at the time of the report that results in the appropriate law enforcement agency being contacted concerning the possible child neglect. Best practice would support notification of law enforcement when a safety plan is enacted after the first seven calendar days.

It is recommended PCSAs use the "Law Enforcement Notification" letter in SACWIS to fulfill this requirement. If your PCSA does not use this letter, the cross-referral to law enforcement is to be documented in SACWIS. The "Law Enforcement Request for Assistance" letter is also available for use as needed.

Mandated Reporter Notifications:

PCSAs are required to send notifications to the **mandated reporter** if the mandated reporter provides their name and contact information when making the report *regardless of the mandated reporter's request to receive or opt out of receiving the notification.* The mandated reporter can choose whether they prefer to receive the notification via letter or electronically. The PCSA **must** send the following notifications:

1. Initial notification no later than seven calendar days after the screening decision that provides the status of the agency's assessment/investigation into the report, who the mandated reporter can contact for further information, and a description of the mandated reporter's rights.
2. An outcome notification for screened in reports informing that the agency has closed or transferred the assessment/investigation for ongoing services no later than seven calendar days after the assessment/investigation is completed.

It is highly recommended PCSAs use the mandated reporter letters in SACWIS as they include all required information. If your PCSA does not use the mandated reporter letters in SACWIS, see Activity Log coding instructions beginning on page 3 of this document.

Referring Allegations of Abuse/Neglect to Another PCSA:

- Take the information – do not tell reporter to call the other PCSA and end the call
- Document who was spoken to
- Receiving PCSA to copy intake and give formal screening decision

Unknown Family and/or Unknown Address:

- When it is an unknown family with a provided address and the allegations provided warrant a screened in report:
    - Screen in the report with the unknown participant(s).

- After determining the identities of the unknown participants, merge the unknown profiles with the known profiles in SACWIS.

- When it is a known family with an unknown address and the allegations provided warrant a screened in report:
  - Screen in the report with the unknown address.
- When it is an unknown family with an unknown address and the allegations provided warrant a screened in report:
  - Screen in the report with the unknown participant(s) and unknown address to complete due diligence in identifying and locating the child and/or family.

Specialized Assessments:

- Intake reports should be flagged as a specialized assessment when one or more of the following are applicable for the alleged perpetrator:
  - Is a person responsible for the alleged child victim's care in an out-of-home care setting as defined by OAC and ORC
  - Has access to the alleged child victim by virtue of their employment by or affiliation to an organization as defined by ORC
  - Has access to the alleged child victim through the child's placement in an out-of-home care setting.
    Examples:
    - Foster child is abused by foster parent's minor/adult child or relative who lives in the foster home.
    - Foster child is abused by foster parent's adult/minor child or relative who does not live in the home.
    - Foster child is abused by foster parent's neighbor or friend.
    - Foster child is abused by another foster child in their placement or respite home.

Third Party Involvement:

- The PCSA will request third party involvement for any assessment/investigation where there is potential conflict of interest because of one or more of the following is a ***principal of the report***:
  - Any employee of an organization or facility that is licensed or certified by ODJFS or another state agency AND supervised by the PCSA.
  - A foster caregiver, pre-finalized adoptive parent, adoptive parent, relative, or kinship provider who is recommended, approved, or supervised by the PCSA.
  - A Type B family childcare home or Type A family childcare home licensed by ODJFS when the CDJFS has assumed the powers and duties of the county children services function.
  - Any employee, or agency of ODJFS or the PCSA.
  - Any authorized person representing ODJFS or the PCSA who provides services for payment or as a volunteer.
  - A foster caregiver or an employee of an organization or facility licensed or certified by ODJFS, and the alleged child victim is in the custody of or receiving services from the PCSA that accepted the report.
  - Any time a PCSA determines that a conflict of interest exists.

Fatality and Near Fatality Intakes:

- An intake should be flagged as a fatality if a child is deceased, regardless of cause or suspicion of abuse/neglect.
    - If there are allegations of abuse and/or neglect that led to a child fatality, and there are no other children residing in the home, this would warrant a screened in report for assessment/investigation.
- An intake should be flagged as a near fatality if a child is in serious or critical condition, as certified by a physician, due to an act of abuse or neglect.

Safe Haven:

- An intake should be considered a Safe Haven and categorized as a Family in Need of Services, Safe Haven/Deserted Child when:
    - The child is less than 31 days old and;
    - The child was left by the parent(s) with no intention to return for the child and;
    - The child was left in the care of an emergency medical service worker, peace officer or hospital employee.
- If identifying information for the parent(s) is received as part of the Safe Haven process, this information should not be included in the intake report, nor should the parent(s) be listed as an intake participant.
    - If after the referral is received and parental information is entered into the intake report, and it is later determined that this is a Safe Haven situation, then the parental information is to be removed via SACWIS help desk (data fix).
- An intake should not be considered a Safe Haven and should be categorized as child abuse/neglect when:
    - The child's condition reasonably indicates abuse and/or neglect, which includes withdrawal symptoms.
    - The child was left by someone other than their parent(s).
    - It is determined that the child may be more than 30 days old.
    - The child was left with someone other than an emergency medical service worker, peace officer or hospital employee.
- If there are indications of child abuse and/or neglect, the parents' right to anonymity and immunity is forfeited and their information should be included in the intake report.

Ohio | Department of Job and Family Services

Mike DeWine, Governor
State of Ohio

Matt Damschroder, Director
Ohio Department of Job and Family Services

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SAFETY ASSESSMENT FIELD GUIDE

OAC Rule 5101:2-37-01 PCSA requirements for completing the safety assessment

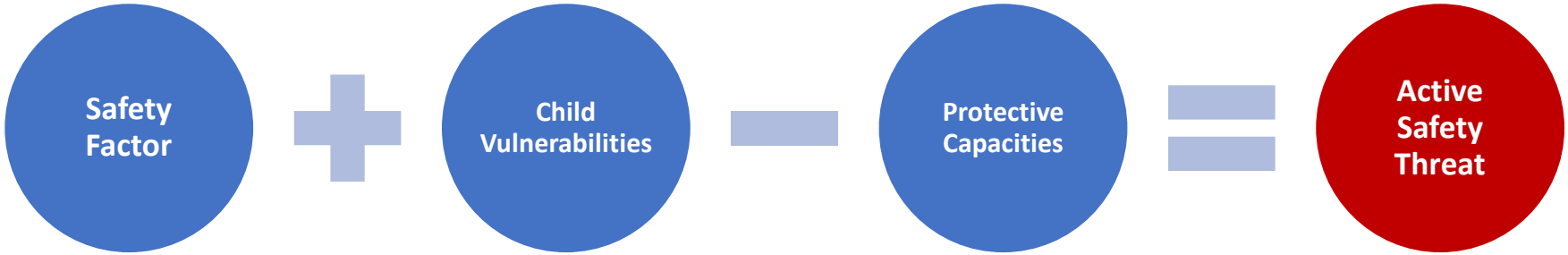
An assessment of safety is conducted in response to a child abuse and/or neglect report, dependency report, or any other instances in which safety needs assessed throughout the life of a case.

The Safety Assessment is completed on the family of the alleged child victim (ACV)/child subject of report (CSR). For completion of the Safety Assessment, family includes the following individuals, as applicable:

- ACV(s) / CSR(s)
- Siblings of ACV(s) / CSR(s)
- The parent(s) or caretaker(s) of the ACV(s) / CSR(s)
- Step/Half siblings of the ACV(s) / CSR(s) living within the ACV's / CSR(s) home
- Paramour of the parent/caretaker
- Children of the paramour residing in the home
- Other children residing in the home of whom the parent/ caretaker has custody/guardianship
- A related or unrelated adult residing in the home who has routine responsibility for the care of the ACV(s) / CSR(s) and his/her sibling(s) (e.g., provides supervision or assists in meeting the basic needs, such as feeding and/or bathing the child)

Note: At minimum, a face-to-face interview with each ACV/CSR and at least one parent, guardian, custodian, or a caretaker having routine responsibility for the care of the ACV/CSR must be conducted to complete the Safety Assessment.

There are 11 safety factors, with one safety factor conditional on the previous. All factors must be assessed to determine whether there are active safety threats at the time of assessment. Indicators of child vulnerabilities and the presence or absence of adult protective capacities are to be considered when determining if there is an active safety threat.



Safety Factors

Each safety factor has observations and evidence examples available to select if there is credible information to support the safety factor. An explanation shall include how the information was obtained and how the information supports the selected response.

The field guide includes suggested questions for caretakers, adults, and children designed to assist caseworkers in obtaining necessary information. When using the suggested questions, caseworkers must take into consideration the unique characteristics and development of each individual and family dynamics.

1. The family refuses access to the child or there is reason to believe the family will flee.

Observations and evidence examples:

- Caretaker refuses access to the home.
- Caretaker refuses to speak to CPS or court worker.
- Caretaker refuses to bring the child to court, attend court hearings, or refuses to pick-up a child upon release from a detention facility.
- Family has a history of moving frequently in response to CPS or court intervention.
- Family has no ties to the community such as a job, home, extended family, etc.
- Caretaker constantly deceives in respect to the child: the child's condition, home conditions, events and circumstances related to the report.
- Family has a history of avoidance with CPS workers, court workers and/or law enforcement.
- Caretaker refuses other community resources to have access into the home that could help the family/child: community action, early intervention, help me grow, home health nurse, medical personnel, etc.

Questions for caretaker(s) and adult(s):

- What is your understanding of why I am here?
- What concerns do you have for your child?
- What are you most afraid of happening?
- What do you need/want to permit me access to your child?
- How can I help you and your family?

Questions for child(ren):

- What is your understanding of why I'm here?
- Has anyone told you about my visit?
- Did anyone tell you what to say or not to say?

2. Child has inflicted physical injuries.

Observations and evidence examples:

- Cuts requiring stitches.
- Broken bones and/or dislocations.
- Positive toxicology with harm to a child identified (withdrawal symptoms).
- A medical professional has reported a presumed positive toxicology for an infant due to mother's admission, positive toxicology on mother, etc.
- Child experiences an overdose and/or other physical harm due to accidental ingestion of a substance.
- Burns (cigarette, scalding, submersion, etc.).
- Internal injuries (damage to internal organs or tissues, internal bleeding).
- Head injuries (concussion, retinal hemorrhage, skull fractures, etc.).
- Serious injury to sensitive body areas (genital, eyes, or ear drums).
- Brain damage.
- Injuries resulting in permanent sight, hearing, or mental impairment.
- Extensive or multiple bruising and/or other injury which may cover more than one area of the body.
- Extensive and multiple bruises or broken bones in various stages of healing which indicate a pattern of abuse.
- Non-accidental injuries to an infant (ages 0-12 months).
- Shaken baby syndrome.

Questions for caretaker(s) and adult(s):	Questions for child(ren):
• What happened? • Is it known who inflicted the harm to the child? • If yes, where is the individual and what is their access to the child? • When was the child's injury first noticed? • When did the child first appear to be sick or injured? • Where was the child? • Who was with the child? • How did the injury occur? • Who disciplines the child? • What types of discipline do you routinely use? • What constitutes the child being disciplined? • How often is the child disciplined? • Does the child need medical care? • Has the child been exposed to substances? What substances? • When and how often did the exposure occur? • Did your child ingest any substances? If so, what, and how much?	• What happened? Who did it? • Can you show me how it happened? • Can you show me your injury/booboo? • Did you have to see a doctor? • Did anyone see it happen? • Where did it happen? • When did it happen? • Has anything like this happened to you before? • What happens when you get into trouble?

2a. Caretaker has an unconvincing or insufficient explanation for the child's serious, inflicted physical injury.

Safety factor 2a. is conditional on selecting safety factor 2.

Observations and evidence examples:

- Caretaker(s) acknowledge(s) the presence of the serious injury or condition but cannot explain how it occurred.
- Caretaker's explanation for the serious injury is inconsistent with the type of injury.
- Medical evaluation indicates the serious injury is a result of abuse, but the caretaker denies or attributes the injury to accidental causes.
- Facts related to the conditions, the injury or the incident as observed by the CPS worker and/or documented by other professionals contradict caretakers' explanation.
- Caretaker's description of the injury or cause of the injury minimizes the extent of harm to the child.
- Caretaker(s) has no explanation or deny any knowledge as to how the serious injury or condition occurred.

Questions for caretaker(s) and adult(s):	Questions for child(ren):
• When was the injury first noticed and how did it appear? • How did the injury occur? • When did the child first appear to be sick or injured? • Where was the child? • Who was with the child? • What types of discipline do you routinely use? • Who disciplines the child? • If others discipline the child, what types of discipline do they use?	• What happened? Who did it? • Show me how it happened? • Did anyone see it happen? • Where did it happen? • Did anyone tell you not to say what happened? • Has anything like this happened to you before?

3. Any member of the family or other person having access to the child has made a credible threat, describes, or acts toward the child in extremely negative terms or has extremely unrealistic expectations of the child which would result in serious harm to a child.

Observations and evidence examples:

- Caretaker directly, or indirectly, threatens to cause serious harm to the child in a believable manner (e.g., kill the child, not feed the child, lock the child out of the home).
- Caretaker plans to retaliate against the child for CPS involvement.
- Caretaker threatens the child with extreme or vague but sinister punishment.
- Caretaker uses extreme gestures to intimidate the child.
- Caretaker committed an act that placed the child at risk of significant/serious pain, or which could have resulted in impairment or loss of bodily function.
- Caretaker uses extreme gestures to intimidate child.
- Caretaker repeatedly describes child in a demeaning or degrading manner.
- Caretaker transfers their feelings toward someone they hate onto the child.
- Caretaker believes the child is demonic, possessed, the devil, etc.
- Scapegoating that results in dangerous behaviors of the child (e.g., suicidal gestures, runaway, alcoholism/drug use/abuse, unruly/delinquent behaviors).
- Caretaker chooses not to assume the parental role and shows no interest in the child for extended periods of time (abandonment).
- Child is given responsibilities beyond their capabilities that are dangerous. (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant).
- Behavior indicates that child is assuming a parental role within the family.
- Child is consistently and actively excluded from family activities, blamed for everything negative that happens and physically punished for events beyond their control resulting in the need for psychiatric help.

Questions for caretaker(s) and adult(s):

- What frustrates/angers you?
- What do you do to calm yourself?
- What do your behaviors look like when you are stressed/overwhelmed?
- Are you aware of any direct or indirect threats to hurt your child? If so, who made the threat and what was said?
- Has anyone followed through with any threats made to your child? If so, what?
- Are you concerned about your child being harmed?
- Has anyone in the home threatened to kill or seriously injure the child?
- Who made the credible threat?
- What makes the threat credible (i.e., history with the family)?
- Is the individual making the threat emotionally stable?
- What access does the individual have to the child?
- How would you describe each child?
- Tell me something positive about your child.
- Are the rules different for each child?
- Do you believe your child feels safe? Why or why not?
- Does the child laugh and/or smile often?
- Is your child sad frequently?
- Does the child get along well with peers at school?

Questions for child(ren):

- Has anyone ever made any threats to harm you?
- Do you feel safe? Why?
- What are the family rules you must follow?
- Are the rules the same for all your brothers/sisters?
- What are your jobs/chores?
- What happens when you do something well?
- What happens when you get in trouble?
- Whom do you go to when you have a problem and need to talk?

- How do you reward your child?
- Do any of the child's behaviors concern you? If so, what?
- What are your child's chores?
- What are the rules with respect to this child?
- How are the child's peer relationships?
- What is their school behavior and performance like?

4. The behavior of any member of the family or other person having access to the child is violent and/or out of control including acts of family violence that pose an immediate and serious physical and/or emotional danger to the child.

Family violence is any abusive, violent, coercive, forceful, or threatening act or word inflicted by one member (youth included) of the family or household on another.

Domestic violence (also called intimate partner violence (IPV), domestic abuse or relationship abuse) is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship.

National Domestic Violence Hotline

Domestic Violence Support | The National Domestic Violence Hotline (thehotline.org)

Observations and evidence examples:

- Caretaker(s) or other persons who are impulsive, exhibiting physical aggression, temper outbursts or unanticipated and harmful physical reactions, such as smashing or throwing furnishings, breaking furniture, kicking, etc.
- Adult in the home has visible injuries resulting from being hit/beaten.
- Use of guns, knives, or other weapons to threaten or harm another person.
- Behavior that seems to indicate a serious lack of self-control.
- Individual displays extreme actions or reactions such as physical attacks, violent shaking, or choking.
- Caretaker uses brutal or bizarre punishment such as scalding, burning with cigarettes, forced feedings, killing or torturing pets.
- Bizarre cruelty (locking up children, torture, etc.).
- Family violence involving physical assault on a caretaker in the presence of a child.
- Family violence when assaults on a child occur or in which a child may be attempting to intervene.
- Family violence when a child could be inadvertently harmed even though they may not be the target of the violence.
- Due to family violence caretaker is unable to provide basic care and/or supervision for the child because of injury, incapacitation, forced isolation, or other controlling behavior.
- Abusive behavior includes frequent use of weapons or threats of homicide/suicide towards the adult or children.
- The family violence is escalating in behaviors.
- Family violence is occurring in which child witnesses and is fearful.

Questions for caretaker(s) and adult(s):

- Does anyone with access to the child exhibit extreme reactions to simple statements?
- Are their behaviors impulsive and out of control?
- Do home conditions indicate evidence of out-of-control behavior? (e.g., holes in walls, broken furniture, broken windows, broken doors, etc.).
- Has anyone been involved in a fight where someone was physically injured?
- Does anyone have access to weapons? What type?
- Where are weapons kept in the home?

Questions for child(ren):

- Tell me about the (fight, disagreement, etc.) that happened (last night, yesterday, few days ago, etc.) between (primary caregiver and partner)? Ask for details on when, where, and how it occurred.
- How did you respond? How did your (primary caregiver) respond? Do you ever try to stop them from fighting? How?
- How does it make you feel? Have you ever felt afraid? Explore reactions to items like injuries to parent, separation from family, incarceration of someone.

- Has anyone else in the household acted in a violent manner?
- When (caretaker) and (partner) are fighting, does anybody ever get hurt or does anything get broken? Is there yelling, name calling, cursing/bad words?
- What do you do when there is fighting?

Questions for the survivor of family violence:

- Tell me about the reported incident. (Ask for details about where, when, and how it occurred). Try to get specifics about the violence.
- How did you respond to incident (attempts to protect self and children)?
- Where were the children during the incident?
- Does your partner control who you see and/or what you do? Are you permitted to contact family/friends?
- How did your children respond to the incident at the time or how did they respond to the results afterwards (bruising, hearing the violence, separation from family, incarceration of batterer, etc.)?
- Does your partner allow you to leave the home when you want?
- Who has access to the money/bank account for the family for things like food, medical expenses, childcare, etc.?
- Does your partner verbally threaten you or demean you in any way?
- Have you ever felt afraid? If yes, in what way?
- Has your partner destroyed property (in the home or out of the home) or destroyed anything of value to you?
- Have the police or the court ever been involved with your family because of your partner's violence?
- What has been the worst violence your partner has done?
- Overall, is your partner's violent and/or controlling behavior getting worse or better?
- Has your partner ever been threatening or violent to anyone other than you?
- Has your partner's behavior ever made you feel afraid for the safety of your children?
- Have the children ever been hurt, on purpose or accidentally, because of your partner's behaviors?
- Has your partner ever used or threatened to use the children in any way to control you?
- Does your partner support you in how you handle the children?
- Do you have any concerns about your partner's behavior with the children when you are not around?
- How does your partner discipline the children?
- To keep yourself and your children safe, what has worked and has not worked for you in the past?

Questions for the batterer:

- Have you ever been arrested?
- Has a protection order ever been granted against you?
- Has a partner ever said you harmed them?
- Do you have access to any weapons?
- How does (specific violent behavior) impact your child?
- Does your partner have access to the bank account for things like food, medical expenses, childcare?
- How do you support your partner in (substance abuse or mental health treatment, day to day care of the children, etc.)?

5. Drug and/or alcohol use by any member of the family or any person having access to the child places the child in immediate danger of serious harm.

Observations and evidence examples:

- Individual has had multiple periods of incapacitating intoxication (e.g., passing out, emotional collapse) when child is present.
- Individual is abusing legal or illegal substances or alcohol to the extent that control of their actions is significantly impaired.
- Due to drug and/or alcohol abuse, the caretaker is unable, or will likely be unable, to care for the child.
- Due to drug and/or alcohol abuse, the caretaker has harmed, or is likely to harm, the child.

- Individual becomes threatening or aggressive while in the presence of the child during periods of substance use.
- Individual is currently being arrested and/or incarcerated due to substance abuse, use, and/or trafficking.

Questions for caretaker(s) and adult(s):

- What do you and your friends do together?
- What medication do you take (prescription or over the counter)?
- How often/much do you drink? Smoke?
- Have you ever used any illegal drugs?
- Do you take any prescribed medication? What is the dosage?
- Where is your medication kept? Can I see your medication?
- How frequently do you use?
- Where is your child when you use?
- Have you attempted prior treatment? If so, what, and how was that for you?
- Would you be willing to take a random drug test?
- Does anyone caring for the child consume alcohol or drugs while caring for the child? How often?
- Has anyone in the home been charged with drug abuse, possession, and/or trafficking of drugs?
- Has anyone in the home overdosed recently?
- Does the child have access to drugs and/or alcohol?

Questions for child(ren):

- Is there anything your caretaker does that worries/angers/scares you?
- Does anyone in your home use alcohol or drugs?
- Does anyone take any medicine? How do they take the medicine?
- Where is the medicine kept?
- When do people in your house usually sleep? Get up?
- Is it difficult to wake anyone up in your house?
- Have you ever seen any drugs, powder, pills, or needles in your home? If so, where?

6. Behavior(s) of any member of the family or any person having access to the child is symptomatic of mental illness or disability that places the child in immediate danger of serious harm.

Observations and evidence examples:

- Caretaker or individual living with the child is delusional, experiencing hallucinations.
- Mental health professional has identified need for the caretaker or others to receive treatment and identified concern for the child's safety if not treated.
- Caretaker(s) or others have a disorder that reduces their ability to control their behavior in ways that threaten safety.
- Caretaker(s) act out or exhibit distorted perception that seriously impedes ability to parent the child.
- Psychological illness or disability is present and negatively impacts the caretaker's ability to meet the basic needs of the child.
- Psychological condition requires lengthy and/or frequent periods of hospitalization in which the caretaker is unable to care for child.
- Intellectually impaired adult places child in physical danger and/or adult is unable to recognize and provide for child's basic needs.
- Motivation of the caretaker or individual was to harm the child and does not show remorse.
- Inability to understand and/or provide child's basic needs due to mental illness or disability.

Questions for caretaker(s) and adult(s):

- Are behaviors impulsive and out of control?
- Do home conditions indicate evidence of out-of-control behavior? (e.g., holes in walls, broken furniture, broken windows, broken doors).
- What frustrates or angers you?

Questions for child(ren):

- Do you feel safe?
- Who protects you? How?
- How often do you eat? Who fixes your meals?
- When do people in your house usually sleep? Get up?

- What do you do to calm yourself when you are frustrated or angry?
- Do you have any physical or medical diagnosis?
- Who is the doctor treating?
- Do you take any medications? Can I see your medication and where you store it?
- Are you attending counseling? Who is your counselor?
- Is it difficult to wake anyone up in your house?

7. Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm.

Observations and evidence examples:

- Caretaker leaves an infant, toddler, or preschooler (a vulnerable child) at home alone.
- Caretaker leaves a vulnerable child alone for days, or overnight (e.g., child expresses fear of being alone, child unable to meet own basic needs, child has unruly/delinquent behaviors).
- Caretaker allows child to be left for extended periods in the care of a person who is unable to care for the child.
- Caretaker provides no supervision or inadequate supervision.
- Caretaker does not intervene when a child freely plays with dangerous objects or in dangerous places.
- Caretaker does not respond to or ignores child's basic needs.
- Child has strong odor and suffers from a skin condition or loss of hair or teeth due to poor hygiene.
- Caretaker is unable or unwilling to provide a safe sleep environment for an infant including co-sleeping, inappropriate bedding in infant's sleep surface (stuffed animals, toys, pillows, quilts, blankets, wedge positioners, bumpers, or other loose bedding).
- Caretaker denies food or water for an extended period. Child is not fed food consistently.
- Child lacks adequate clothing for any environmental situation.
- Infant has bleeding and/or painful rash that is not being treated because of being left for extended periods of time in soiled diapers.
- Family lacks shelter and they do not access any resources to provide shelter.
- There is no heat in the home during winter.
- Caretaker is physically unable to provide any of the child's basic needs.

Questions for caretaker(s) and adult(s):

- How do you meet your children's basic needs?
- Can you show me your food supply?
- Who helps you when you are unable to provide for basic needs?
- Does your child ever stay home alone? How often? How long?
- How far away from home is your child allowed to go?
- What time must your child be home at night?
- Do the children beg/ask for food? How often?
- Do the children play unsupervised outside? How long? How often?

Questions for child(ren):

- Where do you sleep?
- What time do you usually go to bed?
- When do you get up in the morning?
- Who is up when you get up?
- What do you do after you get up?
- How many meals do you eat a day?
- What do you eat?
- Who makes the meals?
- Who watches you when caretaker is not here?

8. Household environmental hazards place the child in immediate danger of serious harm.

Observations and evidence examples:

- Excessive garbage or rotted or spoiled food which threatens health.
- Room covered with human feces, urine, or animal feces freely accessible to children.
- Medications, hazardous chemicals, alcohol/drugs, or loaded weapons accessible to children.
- Gas leak.

- The physical structure of the house is decaying or falling.
- Exposed electrical wiring within reach of children.
- Children have access to potentially dangerous pets in the home.
- Excessive cockroaches, mice, rats, etc. present in the home.

Questions for caretaker(s) and adult(s):

- Is there anything dangerous in your house that you think might hurt the child?
- Is there anything you would like to see changed about your housing situation?
- Where do you put your dirty clothes?
- Where do you put your trash?
- Do you have roaches, insects, mice, or rats in your home?
- Where do you use the toilet in your home?
- Can you show me around your home?
- Where does everyone sleep?
- Do you have a smoke detector/carbon monoxide detector? Can you show me?

Questions for child(ren):

- Does anything in your home scare you?
- Do you have access to chemicals, alcohol/drugs, weapons, needles, etc. in your home?
- Where do you put your dirty clothes?
- Where do you put your trash?
- Do you have roaches, insects, mice, or rats in your home?
- Where do you use the toilet in your home?
- If you could change something about the living conditions, what would it be?

9. Caretaker is unwilling or unable to meet the child's serious physical or mental health needs.

Observations and evidence examples:

- Care is not provided for a medical condition that could cause permanent disability if not treated.
- Emergency medical treatment not provided for a potentially life-threatening condition (injury, illness.)
- Unreasonable delay in obtaining medical services, which endanger child's life or place child at risk of permanent disability.
- Failure to give prescribed medication when such failure places child's health or functioning in danger of serious harm.
- Child medically diagnosed as failure to thrive for non-organic reasons.
- Child has a serious mental illness (e.g., suicidal, or homicidal) which is untreated.
- Child has untreated substance abuse needs.
- Caretaker does not recognize or comprehend the physical or mental health need or views the illness as less serious than it is.

Questions for caretaker(s) and adult(s):

- Does your child have any behavioral problems?
- Does your child have any medical ailments or conditions?
- How is your child's general health?
- When was the last time your child was seen by the doctor/mental health therapist?
- Does your child see a dentist?
- Have you followed through with the provided physical/mental health advice?
- Is your child on any medications for physical and/or mental health reasons?
- Is the medication taken according to the directions?

Questions for child(ren):

- What makes you feel sad? How often do you feel sad?
- Have you ever thought about hurting or harming yourself?
- Have you ever attempted to hurt or harm yourself?
- If so, did you or your caretaker seek mental health counseling?
- When was the last time you went to the doctor?
- Who takes you to the doctor?
- Do you receive medication as prescribed?
- How do you feel physically?
- Do you feel sick often?
- What happens when you feel sick?

- What is your understanding of your child's serious physical or mental health needs?
- Does anyone else assist you in meeting these needs?
- Did you follow through with recommendations?

10. Child sexual abuse/sexual exploitation is suspected, and circumstances suggest that the child may be in immediate danger of serious harm.

Note: If child begins to disclose, ask the questions for the child(ren) to gather basic details and refer the child to a Child Advocacy Center or a Forensic Interviewer for children. **DO NOT** force a child to answer. You may ask the same questions to a reliable adult/caretaker to minimize trauma and make a referral to a Child Advocacy Center or Forensic Interviewer for children.

Information on human trafficking:

Human Trafficking Resource Guide for Ohio's Public Children Services Agencies

Observations and evidence examples:

- The adult or older youth engages in sexual behavior for purpose of sexual gratification/exploitation:
  - Engages a child in touching adult's genitals.
  - Touching child's genitals for reasons other than hygiene.
  - Adult masturbates in presence of child.
  - Adult engaging child in act of masturbation.
  - Adult rubbing genitals against child's body.
  - Making no effort to prevent child from observing sexual behavior.
  - Disseminating or showing a child photographs, videos, and/or any pornographic materials.
  - Allowing/forcing child to view pornographic material.
  - Photographing, videotaping and/or viewing the child without clothing or partially clothed for sexual gratification.
  - Allowing child to be photographed, videotaped and/or viewed without clothing or partially clothed for sexual gratification.
  - Enticing, tricking and/or forcing a child into sexual play.
- Forcing child/youth into doing something sexually they are not comfortable doing.
- Any intra-familial individual engaged in sexual activity with the child regardless of force or coercion.
- Child exploited for commercial sex (trafficking): any sex act on account of which anything of value is directly or indirectly given, promised to, or received by any person.
- The person who forced the child/youth into the sexual act received money or other benefits for the sexual act.
- The child/youth receives money or anything of value (drugs, food, clothing, housing, etc.) for a sexual act.

Questions for caretaker(s) and adult(s):

- What conversations have you had with your child about keeping their body safe?
- What language do you use for their private parts?
- To your knowledge, has your child been exposed to sexual acts either intentionally or unintentionally?

Questions for child(ren):

- Has anyone talked to you about keeping your body safe?
- Is there someone around you that makes you feel uncomfortable, uneasy, unsafe, or weird?
- What happened? (Need enough information to imply sexual contact or conduct.)
- When did it happen? (Attempt to figure out if the sexual abuse is within 72 hours. If so, seek immediate medical attention.)
- Where did it happen? (Town, city, address).

- Have you ever had concerns for your child's interactions or contact with other adults and children?
- What changes have you observed with your child recently, such as sleeping or eating or play habits?
- Have you seen the child regress to old habits again, such as thumb-sucking, bed-wetting, baby-talk, etc.?
- Have you noticed the child touching themself or others?
- Does the child have bad dreams/nightmares?
- What kind of interest has the child shown in private parts, sexual activity, sexual talk, etc.?
- What assistance does your child need with their toileting routine (i.e., do they need assistance with wiping/dressing)? Do you have any concerns for their toileting routine?
- What is naptime (bedtime) like?
- What is bath-time like? Who bathes the child, how often, child's reactions, any special routines, etc.?
- Is there anything that seems to upset the child?
- What access to electronics does your child have? How do you monitor?
- Are there any other victims or witnesses that the child is aware of?
- Who is the offender and when was the last contact with this person?
- Can you name the parts of your body? (If the child does not name his or her buttocks, genitals, breasts, etc., the child should be asked to name the parts of the body covered by a bathing suit.)
- Who helps you take care of your body?
- Who helps you put on your clothes; use the toilet; take a bath?
- Has anyone touched you that made you feel uncomfortable?
- If someone touched you, who could you tell?
- Online and electronic activity:
    - When you use electronics, what do you watch?
    - What kind of sites or apps do you use? How did you learn about these sites?
    - Have you ever agreed to meet someone you met online or through the internet/phone app?
- Commercial sex:
- Have you or someone else received something of value like money, a place to stay, food, clothes, gifts, favors, or drugs in exchange for your performing a sexual activity?

Safety Response

The safety response decision is based on the assessment of all available information related to the family history of child abuse and neglect, safety factors, child vulnerabilities, and protective capacities. Different safety responses may apply to different children in the family. Identify a safety response and provide rationalization of why the safety response was selected for each child.

Safety Response	A safety plan is implemented when the assessment of safety determined there is an active safety threat. An active safety threat is present when an assessment of a child(ren) has determined the presence of a safety factor (yes response), a vulnerable child, and an absence of parental protective capacities.
Safe	A child is deemed safe when there are no current threats of serious harm, or the protective capacities of the family can control or manage any identified safety factors.
In-home safety plan	An in-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) remains in the home. This safety plan is implemented when a safety threat can be controlled by moving a responsible person into the home of the child(ren).
Out-of-home safety plan	An out-of-home safety plan provides interventions necessary to immediately protect the child(ren) while the child(ren) is *voluntarily* placed out of the home. Custody of the child(ren) does not change and remains with the parent, guardian, or custodian. This safety plan is implemented when the home conditions or parent's behavior in the home continues to pose a safety threat to the child(ren) even with a responsible person present in the home.
Legally Authorized Out-of-home	A legally authorized out-of-home safety plan is when the child(ren) is legally removed from the home and custody is transferred from the parent/guardian/custodian to the agency or relative/kin. This safety plan is implemented when the assessment of safety has determined the parent's lack of ability or willingness to engage in voluntary safety planning.
Deceased	Select this safety response if the child included on the Safety Assessment is deceased at the time of the safety response decision. **Note:** At minimum, the alleged child victim/child subject of report must be included on the Safety Assessment for completion.

CHILD VULNERABILITIES AND FUNCTIONING

PHYSICAL

- Child is young (birth to five years of age).
- Child cannot verbalize that maltreatment is occurring.
- Child is obese.
- Child's soft spot (on the head) has not yet closed.
- Child has a chronic physical illness/diagnosis.
- Child requires intensive physical care (medically fragile, hearing impaired, blind, etc.).
- Child has a physical disability (temporary or permanent) that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired, etc.).
- Child is small in height or weight.
- Child is physically unable to remove themself from a situation.
- Child is immobile.
- Child has a disfigurement/deformity.
- Child has an acute physical illness that requires special care and attention.
- Child is not visible to others outside of the family system (does not attend daycare, school, extracurricular activities, etc.
- Child's appearance provokes parental hostility (resembles an individual the caretaker does not like).

EMOTIONAL

- Child has a mental health diagnosis (depression, anxiety, PTSD, OCD, etc.).
- Child has difficulty adapting to disruptions, transitions, or changes without distress.
- Child is overly distractible and cannot tolerate external events or stimulation as it interferes or diverts the child from an ongoing activity.
- Child overreacts to audible noises.
- Child is passive and easily influenced.
- Child is overly sensitive to physical touch.
- Child does not demonstrate an attachment to caretaker and/or significant others (siblings, friends, relatives, etc.).
- Child is withdrawn, disengaged, or antisocial.
- Child cannot tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules).
- Child lacks the ability to deescalate themself.
- Child requires intense emotional support from their caretaker.
- Child blames self for abuse/neglect occurring.

COGNITIVE

- Child cannot recognize actions that are neglectful.
- Child has a cognitive disability (Autism, Down Syndrome, ADD, etc.).
- Child has a mental health diagnosis that impacts understanding/reasoning.
- Child has cognitive developmental delays.
- Child does not have the ability to problem solve.
- Child cannot recognize actions that are abusive.
- Child has a learning disability or learning difficulty (reading, writing, math, etc.).
- Child is unable to communicate.
- Child is unable to understand actions of "cause and effect".
- Child believes they are powerless.

BEHAVIORAL

- Child is exhibiting signs of withdrawal (trembling, irritability, excessive crying, poor feeding, etc.).
- Infant is colicky or cannot be consoled.
- Child has difficulty sleeping.
- Child is in a stage of development that creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites).
- Child is argumentative.
- Child seeks negative attention by agitating others.
- Child is unable to soothe self or self-regulate.
- Child engaged in criminal activity.
- The child has a diagnosis that impacts their behaviors (Autism, attention deficit/hyperactivity).

- Child demonstrates provocative behaviors.
- Child demonstrates sexually provocative behaviors.
- Child is defiant towards others.
- Child is physically aggressive towards others.
- Child is sexually aggressive towards others.
- Child is oppositional to authority figures (parents, caregivers, teachers, law enforcement, etc.).
- Child has engaged in self-harm or is actively suicidal.
- Child runs away or is a flight risk.
- Child's energy level is high.
- Child has the inability to maintain peer relationships.
- Child is in constant motion.
- Child is involved with juvenile court (unruly/delinquent).
- Child is verbally aggressive towards others.
- Child is parentified.
- Child reacts intensely to events in their environment.
- Child uses substances.
- The child demonstrates fear of a member of the family system.

HISTORICAL

- Child has a history of abuse (physical, sexual, emotional).
- Child has experienced chronic neglect in their life.
- Child is non-communicative regarding their history of abuse/neglect.
- Child has experienced repeated victimization.
- Child has feared a member of the family system.
- Power and control were used to intimidate the child within the family system.
- Child is passive as a result of prior maltreatment.
- Child reported feeling powerless in the past.
- Child has a history of juvenile justice system involvement (delinquency/unruly, abuse/neglect/dependency).
- Child is aggressive as a result of prior victimization.
- Child has a history of trauma.

ADULT PROTECTIVE CAPACITIES

BEHAVIORAL

- The caretaker has a history of protecting.
- The caretaker is physically able to parent.
- The caretaker creates an organized and routine home environment for the child.
- The caretaker demonstrates support for the child.
- Caretaker demonstrates willingness to better understand the needs of the child.
- The caretaker assigns chores appropriate to the child's age and development.
- The caretaker provides the child with supervision appropriate to age and stage of development.
- The caretaker has a capable/competent person supervising the children in the caretaker's absence.
- The caretaker protects the child from potential harm.
- Caretaker is active in the child's treatment, therapy, court ordered services, case plan goals, etc.
- The caretaker exhibits self-control.
- The caretaker possesses adequate energy.
- The caretaker demonstrates the ability to adjust to change.
- The caretaker utilizes resources to meet the child's basic needs.
- The caretaker tolerates the stress of parenting.
- The caretaker takes the child to all necessary medical appointments.
- The caretaker utilizes a support network to assist in caring for the child when necessary.
- The caretaker demonstrates adequate skill in fulfilling caretaking responsibilities.
- The caretaker displays affection for the child (hugs, tenderness, consoles the child).
- Caretaker has the ability/demonstrates the ability to focus on children with special or behavioral needs.
- The caretaker comforts the child.
- The caretaker provides the child's basic needs.
- The caretaker provides structure for their child.
- The caretaker physically intervenes when child attempts dangerous act.
- The caretaker demonstrates love, empathy, and sensitivity toward the child.
- The caretaker defers their own needs to meet the needs/wants of the child.
- The caretaker uses safe/effective coping skills while caring for the child.
- The caretaker actively attempts to correct any problems and/or challenges.
- Caretaker demonstrates the ability to care for each child in the home and balance each child's individual needs.
- The caretaker demonstrates impulse control.

COGNITIVE

- The caretaker is reality oriented.
- The caretaker has accurate knowledge of age-appropriate supervision for the child.
- The caretaker understands the child's development in relation to the child's age.
- The caretaker understands the child's physical abilities in relation to age.
- The caretaker understands the basic needs of the child.
- The caretaker understands the child's ability to complete chores.
- The caretaker understands the child's physical disability.
- The caretaker recognizes his or her own frustration when caring for the child.
- The caretaker understands the developmental needs of the children.
- The caretaker is aligned with the child.
- The caretaker understands the stressors of parenting.
- The caretaker has realistic expectations of his or her children.
- The caretaker understands his/her protective role.
- The caretaker understands that children need to be protected.
- Caretaker understands the child's diagnosis and the child's needs related to the diagnosis.
- The caretaker has the cognitive ability to reason.
- The caretaker can articulate a plan to protect the child.
- The caretaker recognizes the need to address their own emotional needs.
- The caretaker has accurate perceptions of the child.
- The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks.
- The caretaker does not have cognitive delays or impairments.
- The caretaker can effectively/safely problem solve.
- The caretaker understands the child is dependent and must have his needs met by the caretaker.
- The caretaker understands children need to be comforted emotionally.
- The caretaker understands the needs of the child supersede the needs of an adult.
- The caretaker understands the child's needs.

EMOTIVE	
○ The caretaker expresses love for the child.	○ The caretaker is clear that the number one priority is the well-being of the child.
○ The caretaker is emotionally stable.	○ The caretaker has the desire to care for the child.
○ The caretaker assumes the authority figure in relation to the child.	○ The caretaker verbalizes a healthy attachment to their child.
○ The caretaker is willing to care for the needs of their child.	○ The caretaker is emotionally able to intervene to protect the child.
○ The caretaker has a healthy attachment to the child.	○ The caretaker speaks fondly of the child.
○ The caretaker's emotional attachment to the child bolsters their ability to defer their own emotional needs in favor of the child.	○ The caretaker reacts to the child appropriately.
	○ The caretaker meets their own emotional needs.
○ The caretaker is resilient.	○ The caretaker verbally expresses empathy to and for the child.
○ The caretaker and child have a strong bond.	○ Caretaker experiences empathy in relation to the child's perspective and feelings.

Clinical Risk Assessment

Strengths and Needs Assessment

Strengths and Needs Assessment is a systematic evaluation of all the elements to determine the family's strengths and needs and help identify any contributing factors and underlying conditions that may influence the maltreatment dynamic. It is dependent upon gathering relevant information. Caseworkers should engage family members in a process to understand their strengths and needs. (5) This is done by possessing interviewing skills in order to gather appropriate information from each child in the household, each adult in the household, including the parent, guardian, or custodian, and collateral contacts in relation to assessing the family's functioning. The information gathered from these individuals will be used to assess the strengths and needs of each member of the family as well as the family as a whole.

Four categories with associated elements under each category have been identified. Elements are rated by the caseworker as No Risk Contributor (NRC) or Risk Contributor (RC). The caseworker assesses how each element affects the family's functioning and impacts the risk of child maltreatment. An assessment element would be considered a risk contributor if it contributes to identifying or explaining the child maltreatment dynamic within the family system and/or creates or increases the likelihood of maltreatment to a child. No risk contributor would be an assessment element that neither contributes to identifying or explaining the child maltreatment dynamic within the family system and/or reduces nor has no influence on the likelihood of child maltreatment. Examples of ratings for all elements can be found in the Family Assessment Field Guide.

A family may have many positive attributes or characteristics. Caseworkers should review all the assessment elements which are not contributing to risk identifying how they interact with those elements contributing to risk. Should one element reduce the risk posed by another, a worker should consider the element reducing risk as a strength. Strengths promote child well-being and family functioning. The absence of risk does not always equate with a strength.

The caseworker must provide a rationale for the category to support the ratings for each assessment element contained in that category. The rationale must include each person in the family being rated and should discuss how the individual elements interact with one another, including if any strengths for the individual exist. Specific behavioral facts, observations or statements should be included in the rationale. Caseworkers should strive to describe family traits specifically, not in general terms.

If there is not enough credible information available to evaluate whether an assessment element is contributing to risk, the caseworker may rate this element as "No Risk Contributor." However, in those instances where no information is available and efforts have been made to obtain the necessary information, the element may be rated "Unknown." The use of this rating is permissible only with supervisory approval.

"Others" residing in the home, but not included within the definition of family, are other adults residing in the household who have no responsibilities for the care of the ACV(s) and his/her sibling(s) and/or other children residing in the home regardless of their parent, guardian, or custodian's status or involvement in the report. These identified "others" will be interviewed and assessed. Their presence and impact on the family will be recorded within each category's rationale.

Child Functioning

The assessment of the child functioning elements is based on the existence of the characteristics and is not conditional to the adult's responses and parenting behaviors for the risk assessment.

Self-Protection

The caseworker should note the child's age and past experiences of abuse and/or neglect, including how the past experiences may increase the risk of the child being abused or neglected. All children 0-5 years of age should be identified as "RC" for this element. Children 6 years of age and older should be assessed per the remaining criteria.

Examples of Risk Contributors			
	Is 0 – 5 years of age.	Is not visible to others outside of the family system.	
	Does not verbalize that maltreatment is occurring.	Denies abuse/neglect.	
	Accepts abusive/neglectful behavior as a way of life.	Blames self for the abuse/neglect.	
	Is passive as a result of history of CA/N.		

Physical/Cognitive/Social Development

This element refers to the degree to which a child's physical, cognitive, or social development may increase the risk of the child being abused or neglected.

Examples of Risk Contributors			
	Inability to maintain peer relationships.	Is immobile.	
	Unable to recognize actions that are neglectful.	Has a specific learning disability.	
	Unable to problem solve.	Unable to communicate.	
	Has a cognitive disability.	Small stature and under weight.	
	Unable to understand actions of "cause and effect."	Unable to recognize actions that are abusive.	
	The soft spot (on the head) has not yet closed.	Has a cognitive delay relative to age.	
	Requires intensive physical care (medically fragile, hearing impaired, blind).	Physical appearance does not fit cultural norms (disfigured, obese).	
	Tests positive for drugs/alcohol at birth and displays signs of withdrawal or other symptoms.	Physical appearance provokes parental hostility (resembles an individual the caretaker does not like).	
	Has a mental health diagnosis that impacts understanding/reasoning.	Seeks out confrontational interactions with same aged peers.	
	Current stage of development creates parental frustration (e.g., the child is not potty trained, has temper tantrums, bites).	Diseases affecting motor coordination (e.g., cerebral palsy, muscular dystrophy).	
	Displays developmental delays *(i.e., 6 month old shows little social/emotional response to environment; 9 month old unable to grasp objects, control head, sit up; 3 year old has little or no language development; 3 year old cannot dress or feed self; 4 year old not engaging in interactive play).*	Has a physical disability/diagnosis that requires special care and attention (physical therapy, diabetic, developmentally disabled, hearing impaired).	

Emotional/Behavioral Functioning

This element refers to the child's emotional attachment and behavioral reactions/actions that may increase the risk of the child being abused or neglected.

Examples of Risk Contributors			
	Is argumentative with caregiver.	Has an eating disorder.	
	Seeks negative attention by agitating others.	Cries excessively.	
	Overreacts to audible noises.	Has a high energy level; in constant motion.	
	Is overly sensitive to physical touch.	Unable to soothe self.	
	Lacks the ability to deescalate self.	Runs away from home.	
	Demonstrates sexually provocative behaviors.	Uses or has an addiction to alcohol and/or drugs.	
	Involved with juvenile court (unruly/delinquent).	Resistant to toilet training.	
	Exhibits anti-social behavior (lying, destruction of	Is defiant (physically and/or verbally) to	

	property, fire-setting, abuses or tortures animals).	caregiver/authority.	
	Engages in committing crimes (vandalism, shoplifting, selling drugs, sex trafficking).	Requires intense emotional support from his or her caretaker.	
	Unable to adapt to intrusions, transitions, and changes without distress.	Does not demonstrate an attachment to his or her caretaker.	
	Unable to tolerate external events or stimulation that interferes with or diverts the child from an ongoing activity.	Unable to tolerate frustration – (how easily the child can withstand the disorganizing effects of limits, obstacles, and rules).	
	Is oppositional to authority (parent, teachers, neighbors, other adults).	Behavior escalates in response to limit-setting or punishment by caretaker.	
	Continues to incite adult even after hostile exchange begins.	Does not demonstrate an attachment to his or her caretaker.	
		Is sexually and/or physically aggressive toward other children.	

Adult Functioning

The assessment of the adult functioning elements is based on the existence of the adult characteristics and certain elements are relative to the unique child's characteristics for a thorough assessment of risk.

Cognitive Abilities

This element refers to the degree to which a caretaker's/adult's cognitive functioning may increase the risk of the child being abused or neglected.

Examples of Risk Contributors

	Is not reality oriented.	Lacks understanding and reasoning skills.	
	Organic or inorganic cognitive impairment.	Cognitive delay subjects child to unsafe situations.	
	Cognitive impairment allows child to be exploited.	Does not understand supervision of a child.	
	Does not understand the basic needs of the child.	Does not understand the child's physical abilities in relation to age.	
	Does not have accurate knowledge of age-appropriate supervision for the child.	Cognitive impairment inhibiting adult from responding to an emergency situation.	
	Does not understand the child's development in relation to the child's age	Unable to recognize the child's basic needs due to cognitive impairment.	
	Does not understand the child's ability/inability to complete chores.	Does not understand the common stressors of parenting; has unrealistic expectations of the child.	
	Caretaker does not recognize/understand need to protect child.	Cognitive delay impacts understanding of sanitary home/disposal of waste.	

Physical Health

This element refers to the degree to which a caretaker's/adult's physical health may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's ability to interact, protect, and parent the child.

Examples of Risk Contributors

	Physical condition inhibits adult from responding to an emergency situation.	Chronic illness reduces capacity to provide for child's basic needs.	
	Episodic physical impairment that results in an inability to provide for child's basic needs.	Physical condition requires lengthy and/or frequent periods of hospitalization during which the adult is unable to care for the child.	
	Permanent physical impairment that results in an inability to provide for child's basic needs.	Physical injury that results in an inability to provide for child's basic needs.	

Emotional/Mental Health Functioning

This element refers to the degree to which a caretaker's/adult's emotional and mental health functioning may increase the risk of the child being abused or neglected. The assessment should address the caretaker's/adult's

ability to interact, protect, and parent the child. The assessment should include the caretaker's/adult's ability to control impulses, anger, hostility, and physical violence.

Examples of Risk Contributors

Is not reality oriented.	Lacks understanding and reasoning skills.
Actions reflect desire to harm the child.	Describes child in degrading or demeaning way.
Mental health impairment allows child to be exploited.	Excludes child from family activities regularly.
Does not understand the basic needs of the child.	Does not understand the need to supervise a child.
Does not have accurate knowledge of age-appropriate supervision for the child.	Mental health impairment inhibiting adult from responding to an emergency situation.
Does not understand the child's ability/inability to complete chores.	Does not understand the common stressors of parenting; has unrealistic expectations of the child.
Does not understand the child's development in relation to the child's age	Unable to recognize the child's basic needs due to mental health impairment.
Does not understand the child's physical abilities in relation to age.	Caretaker does not recognize/understand need to protect child.
Does not demonstrate love, empathy, or sensitivity to child.	Mental health impairment impacts understanding of sanitary home/disposal of waste
Blames child for the circumstances/incidents occurring or occurred that are beyond the child's control.	Mental health impairment subjects child to unsafe situations.
Frequent and severe alteration in mood produces extreme fluctuation in the adult's response to the child.	Mental health condition requires lengthy and/or frequent periods of hospitalization during which the caretaker/adult is unable to care for the child.
Emotional instability during which the caretaker/adult is unable to care for the child's basic needs.	Believes that child's misbehavior is intentional to provoke the caretaker/adult.

Domestic Relations (Domestic Violence)

This element refers to the degree to which a caretaker's/adult's current and historical relationships and interactions may increase the risk of the child being abused or neglected. The assessment considers the relationship dynamics between the caretakers/adults. The assessment should examine whether a pattern of coercive control exists and results in conflictual or violent interactions thereby impacting the interaction, protection, and care of the child.

Examples of Risk Contributors

Uses weapons to threaten or harm another person.	Has visible inflicted injuries.
Caretaker/adult believes the other adult will kill him/her.	Family violence in which a child attempts to intervene.
Uses strangulation to threaten or harm another person.	The family violence is escalating.
Exhibits physical aggression, temper outbursts or unwarranted reactions.	Authoritarian or controlling behaviors over other adult/caretaker.
Uses gestures or actions to intimidate or threaten other adults or children in the home.	Exhibits assaultive behaviors toward an caretaker/adult or child.
Acts of family violence interferes with parenting practices.	Family violence in which a child is harmed while attempting to intervene.
Current moderate level of marital or domestic discord that interferes with family functioning.	Little communication, support or attachment between adults; few positive interactions.
Relationships characterized by domestic conflicts, often involving physical violence, that require intervention by police, family, or others.	Caretaker/adult has a history of abusing, torturing or killing a family pet.
Acts of family violence impact the child regardless if the child witnessed the incident (disruption of daily routine, injuries on adult, damage to residence, arrest, and interactions between adults).	

Substance Use

This element refers to the degree to which a caretaker's/adult's substance use may increase the risk of the child

being abused or neglected. The assessment considers the substance use and its impact on the following: emotional responses/attachment, physical health, interactions with the child and adults, family finances, employment, and criminal activity. The severity, frequency and types of substances should be considered including the caretaker's/adult's history of substance use.

Examples of Risk Contributors

	Has periods of incapacitating intoxication.	Inability to care for child due to substance abuse.	
	Substance use creates problems in social functioning.	Caretaker/adult encourages or allows substance use by minors.	
	Use, abuse or addiction to substances inhibits judgment pertaining to parenting.	Admissions or hospitalizations for detoxification or physical problems due to substance abuse.	
	Abusing substances to the extent that control of actions is significantly impaired.	Patterns and/or frequency of substance use is increasing.	
	Becomes threatening or aggressive during periods of substance use.	The needs of the child become secondary to the use of substances.	
	Caretaker's/adult's substance use subjects child to unsafe situations.	Regularly uses illegal substances in presence of child.	
	Arrest(s) and/or incarceration(s) due to substance trafficking.	Substance use causes conflict in the relationships with other adults or children.	
	Traffic violations, arrest(s) and/or incarceration(s) due to substance abuse/use.		

Response to Stressors

This element refers to the degree the caretaker's/adult's response to stressors may increase the risk of the child being abused or neglected. The assessment considers the impact the stressors have on the caretaker's/adult's emotional responses/attachments, physical health, and interactions. The assessment should identify the stressor(s), the resulting behavior(s), and the impact on the care of the child. This element is an assessment of the caretaker's/adult's ability to react and "manage" stressors. The caretaker's/adult's reactions to stressors should be documented as well as addressing how the reactions impact parenting practices. Responses to stressors which do not have negative impacts on the child's care, supervision or provision of basic needs should be identified to support the NRC rating.

Examples of Risk Contributors

	Is not reality oriented.	Lacks understanding and reasoning skills.	
	Caretaker/adult subjects child to unsafe situations.	Has an unrealistic expectation of the child.	
	Inhibits caretaker/adult from responding to an emergency situation.	Does not provide the basic needs of the child.	
	Exacerbates caretaker's/adult's pre-existing condition such as substance use/abuse, mental health, or physical condition.	Caretaker/adult rationalizes his/her lack of intervention or blames the child for the abuse and/or neglect	

Parenting Practices

This element refers to the degree to which the caretaker's/adult's parenting practices may increase the risk of the child being abused or neglected. The assessment considers the caretaker's/adult's view of the child, expectations of the child's behaviors, responsibilities assigned to the child, discipline techniques, limit setting, establishing clear boundaries, and parenting decisions. The assessment is of the parenting skills demonstrated by the caretaker/adult in relation to the elements identified within the child functioning category, such as the child's physical health and development. The assessment should identify the parenting practices which are contributing to risk (RC).

Examples of Risk Contributors

	Does not provide basic needs of the child regularly.	Child is not fed food consistently.	
	Overwhelmed by task of parenting and results in unsanitary or poor home conditions	Does not dress child in clothes suitable for the season regularly.	
	Caretaker denies child food or water for an extended period of time.	Does not respond to or ignores child's phsycial, social or emotional needs.	
	Does not attend to child's personal hygiene that results	Does not access resources to provide shelter for	

	in rashes, dirty hair or body odor regularly.	child.	
	Does not attend medical appointments regularly.	Does not administer required medication to child as directed.	
	Does not use a capable/competent person to supervise the child in the caretaker's absence.	Does not provide the child with supervision appropriate to age/development.	
	Child is given responsibilities beyond his/her capabilities that are potentially dangerous (e.g., young child cooking, ironing, doing carpentry, climbing ladders, caring for infant).	Does not recognize or has little understanding of child's level of development and abilities for behaviors/tasks.	
	Caretaker's behaviors indicate an unwillingness or lack of interest in parenting.	Child's request for attention or affection is ignored or met with hostility.	
	Does not respond to an emergency situation involving the child.	Caretaker/adult knowingly places child at risk (e.g., leaves child with known perpetrator).	
	Caretaker's/adult's typical response to misbehavior is anger and harsh punishment (verbal or physical).	Regularly excludes child from family activities.	
	Provokes child to misbehave (e.g., caretaker/adult teases child to the point that child misbehaves).	Child(ren) appears to be scapegoated in family.	
	Does not establish clear boundaries, limits or consistent consequences.	Actions reflect desire to harm the child.	
	Does not demonstrate love, empathy, or sensitivity to child.	Predominately describes child in degrading or demeaning manner.	
	Only responds to child's negative behavior.		

Family Functioning

The assessment of the family functioning elements is based on an examination of all members of the family, how they interact and impact one another and the family home environment.

Family Roles, Interactions, and Relationships

This element assesses each member's relationships and roles in the family that may increase the risk of the child being abused or neglected. The dynamics and quality of the relationships between the caretaker and child; child and other adults; child and siblings; and adults should be examined. Caseworkers should also assess the history of these interactions and how they impact family functioning.

Examples of Risk Contributors

	Caretaker/adult projects blame for family problems onto the child.	Almost complete lack of interaction among family members.	
	Caretaker/adult denies any problem in the family and any ill effects these problems have on the child.	A member of the family demonstrates almost a total inability to form a relationship with other children/adults in the home.	
	Child's physical/cognitive/social development negatively impacts the other family members' relationships/roles.	Child's emotional/behavioral functioning negatively impacts the other family members' relationships/roles.	
	Caretaker's/adult's cognitive abilities negatively impact the other family members' relationships/roles.	Caretaker's/adult's physical health negatively impacts the other family members' relationships/roles.	
	Caretaker's/adult's domestic relations negatively impacts the other family members' relationships/roles.	Caretaker's/adult's substance use negatively impacts the other family members' relationships/roles.	
	Caretaker's/adult's response to stressors negatively impacts the other family members' relationships/roles.	Caretaker's/adult's parenting practices negatively impact the other family members' relationships/roles.	
	Caretaker's/adult's emotional/mental health negatively impacts the other family members' relationships/roles.		

Resource Management and Household Maintenance

This element refers to the degree to which the family's income, economic resources, and home conditions may

increase the risk of the child being abused or neglected. This element refers to the financial resources available to the family to meet and maintain basic needs. The availability and utilization of familial or community services should be examined. An assessment of whether the family has the economic resources to meet the basic needs of the family, including shelter, utilities, food, medical care, and/or clothing should be completed. Additionally, the information regarding the family's living conditions should be included.

Examples of Risk Contributors

	Housing is unsanitary, filthy, infested, a health hazard.	Exposed electrical wiring within reach of children.	
	Poor home conditions.	Piles of clothing, trash, boxes, or debris pose a fire hazard.	
	Family is homeless or moves frequently because they cannot afford to pay rent.	The physical structure of the house is unstable: holes in the floor, ceiling, and walls.	
	Excessive cockroaches, mice, rats, etc present in the home.	Caretaker's/adult's decision making regarding how to use available income impacts the ability to meet the basic needs of the child.	
	Family is frequently unable to provide for basic needs, such as food, clothing, utilities, and/or medical care.	Family is not eligible for needed community services to meet basic needs of the family.	
	Excessive garbage or rotted or spoiled food is not disposed in container.	Room covered with animal feces or urine.	
	Services needed by the family are available but unknown to the family.	Services/resources needed by the family are not available.	

Extended Family, Social and Community Connectedness

This element refers to the degree to which the dynamics, quality, and frequency of interactions the family has with extended family, friends, kin, and the community that may increase the risk of the child being abused or neglected. The assessment is to include an examination of the family's extended social support network. The assessment should identify whether familial, social and community connections exist, are available, are accessible and positively impact each family member. This element prompts the identification and assessment of familial activities, family and social connections, and cultural norms to determine how they influence identified risk contributors. Caseworkers should assess whether there is a history of stressful or conflictual interactions between family members and their social supports and how the conflict impacts the family system.

Examples of Risk Contributors

	Does not utilize resources to assist with meeting the family's need for assistance with housing, utilities, transportation.	Unaware of local resources to assist with meeting the family's need for assistance with housing, utilities, transportation.	
	Lack of or has connections negatively impact the child's physical/cognitive/social development.	Lack of or has connections that negatively impact the child's emotional/behavioral functioning.	
	Lack of or has connections that negatively impact the adult's emotional/mental health.	Lack of or has connections that negatively impact the adult's physical health.	
	Lack of or has connections that negatively impact the adult's domestic relations.	Lack of or has connections that negatively impact the adult's substance use.	
	Lack of or has connections that negatively impact the adult's response to stressors.	Lack of or has connections that negatively impact the adult's parenting practices.	

Historical

The assessment of the historical elements explores the dynamic of the impact on the adults current functioning and risk to the child based on the adults past experiences.

Caretaker's Victimization of Other Children

This element assesses whether the caretaker and any other adults in the home have a history of victimizing children that may increase the risk of the child being abused or neglected. The caseworker should consider a review of all PCSA and law enforcement records, including any court intervention. The assessment should include the identification of any pattern of abusing children such as the age or gender of the child, specific types of maltreatment, and /or the relationship of the alleged perpetrator to the child's parent. Patterns of victimization should be identified within and outside of the children residing in the current household.

Examples of Risk Contributors	
Caretaker's/adult's past involvement with law enforcement related to crimes against children.	Caretaker/adult has previously had an involuntary termination of parental rights of a biological child.
Caretaker/adult has been identified as an alleged perpetrator in previously substantiated report(s) of abuse/neglect.	Caretaker/adult has a pattern of receiving ongoing services by a child protective services agency.

Caretaker's Abuse/Neglect as a Child

This element assesses the caretaker's/adult's history of abuse and/or neglect as a child that may increase the risk of the child being abused or neglected. The caseworker should consider how past victimization as a child influences the parental role and parenting practices and can be associated with risk contributors identified in the Adult Category and Family Category.

Examples of Risk Contributors	
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting cognitive abilities.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical health.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting emotional/mental health.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting domestic relations.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting substance use.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting response to stressors.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting parenting practices.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting physical family roles, interactions and relationships.
Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting resource management and household maintenance.	Caretaker/adult's childhood physical, sexual or emotional abuse or neglect is impacting extended family, social and community supports.

Impact of Past Services

This element assesses the caretaker's/adult's utilization and effectiveness of past services that may increase the risk of the child being abused or neglected. The element considers all of the elements within the adult functioning category that are rated as risk contributors. The caseworker should assess if past parenting practices have been impacted by the past services received. Any behavioral change resulting from the service received should be identified.

Examples of Risk Contributors	
Caretaker's/adult's are not willing to attend a needed service as a result of a prior negative experience.	Caretakers/adults have felt the need to utilize services but have not used a service.
Service providers have refused to provide services to the caretakers/adults as a result of non-compliance or over utilization.	Caretakers/adults have been resistive to receiving any assistance from community support/services.
The service available did not target the specified need of the caretaker's/adult's.	

Assessment Notes

Actuarial Risk Assessment

Family Risk Assessment of Abuse/Neglect (40)

The family risk assessment is an actuarial risk assessment tool completed as the assessment/investigation is ending and the decision to close the case or open it for ongoing PCSA services needs to be made.

The family risk assessment is a research-based tool intended to assist caseworkers identify how likely families are to maltreat or re-maltreat their children in the future. In CPS, there are thousands of pieces of information a caseworker can know about a family, but to estimate the likelihood of future maltreatment, the list of characteristics must be limited to those with a demonstrated relationship to actual case outcomes. The tool focuses on family characteristics that are likely to be available at the conclusion of an assessment/investigation. Finally, the tool incorporates as many concrete and easily observable characteristics as possible. This increases the reliability of the risk assessment.

Risk Assessment classifies families based on similar characteristics with families who have re-maltreated or not re-maltreated their children. Actuarial risk assessment tools differentiate cases with intensive, high, moderate, or low classification categories. The difference between risk levels is substantial. High risk families have significantly higher rates than low risk families of subsequent child abuse and/or neglect report and substantiation and are more often involved in serious abuse or neglect incidents. Research demonstrates targeting resources to families in the high and intensive risk categories significantly reduces their recidivism rates.

To complete the risk assessment, the caseworker will identify a primary caregiver and if applicable, a secondary caregiver. The primary caregiver is the adult (typically the parent) living in the household who has legal responsibility. When two adult caregivers are present and both have legal responsibility, select the one who provides the majority of child care. When two caregivers are present and only one has legal responsibility, select the one who is legally responsible for the children (even if they do not assume the most responsibility for child care). If this rule does not resolve the question, the legally responsible adult who was a perpetrator should be selected. Only one primary caregiver can be identified.

The secondary caregiver is defined as an adult living in the household who has routine responsibility for child care, but less than the primary caregiver. A paramour residing in the home may be a secondary caregiver even if he/she has minimal responsibility for care of the child(ren).

The risk scales are based on empirical studies of abuse and neglect cases that examine the relationships between family characteristics and the outcomes of subsequent confirmed abuse and neglect. The scales do not predict recurrence for a specific family, rather they estimate how likely it is that families with similar characteristics will have

another abuse/neglect incident if no intervention is provided. One important result of these studies is the finding that a single instrument should not be used to assess risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence separate scales are used to assess the future likelihood of abuse or neglect. The caseworker must complete both the abuse scale and the neglect scale on every assessment/investigation when child abuse or neglect has been alleged.

The actuarial risk assessment is only completed when child abuse and/or neglect has been alleged. If the Family Assessment is being completed in response to a Dependency or a Family in Need of Services report, this section is not applicable. Furthermore, since most of the elements of each risk scale are contained within an assessment element in the Strengths and Needs Assessment, the rationales supporting the score for the risk assessment are provided within the appropriate Strengths and Needs Assessment element.

Neglect Scale

N1. Current Report is for Neglect.

Caseworker will indicate "Yes" if the current assessment/investigation is for neglect or both abuse and neglect. Include any problem under investigation not identified in the original report.

N2. Number of Prior Reports

Count all prior CA/N reports that were assessed/investigated, whether they were substantiated or not. Prior reports for any type of abuse or neglect, even if the perpetrator in prior reports no longer lives in the home or current caregiver(s) has had CA/N reports in another family should be included. CA/N reports which occurred in other counties or states should also be included. Caseworker will not include the current report.

N3. Number of Children in the Home

Count the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

N4. Number of Adults in the Home at the Time of Report

Count number of individuals 18 years of age or over residing in the home at the time of the current report. Any person 18-21 years old who is developmentally delayed and was counted as a "child" in the prior questions should be excluded.

N5. Age of Primary Caregiver

Caseworker will determine the age of the primary caregiver at the time of the assessment/investigation.

N6. Characteristics of Either Caregiver - Check and add scores for each caregiver characteristic:

a. Not applicable

b. Parenting skills are major problem

This includes an inability or unwillingness to care for/supervise children, or uses excessive physical punishment resulting in significant bruises or injury or use of mechanical restraints; or deprives the child of basic needs as punishment; or minimal knowledge of child development and age-appropriate expectations for children, repeated use of disciplinary methods not appropriate for child's age; and/or fails to keep guns/weapons locked and inaccessible.

c. Mental Health Issue

The caseworker will examine whether the caregiver reports/displays chronic and/or extreme lack of confidence, self-doubt or disparagement, or is withdrawn. It includes whether a caregiver reports or appears overwhelmed to the point of not caring about self or children as evidenced by a recent substantial decline in hygiene, energy level and/or physical appearance (which is not related to illness or injury). It also includes other evidence of mental health problems. The caseworker will consider if the caregiver has been referred by a physician for a mental health evaluation or treatment.

N7. Either Caregiver Involved in Harmful Relationships

a. No

b. Yes, some problems, but no history of domestic violence

This includes adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) that are harmful to domestic functioning or child care, or harmful adult relationships inside the home no at the level of domestic violence. Current moderate level of marital or domestic discord that interferes with family functioning should be viewed as affirmative evidence. Lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners are also included in this scale.

c. Yes, major domestic conflict and/or domestic violence

A relationship characterized by domestic conflicts, often involving physical violence, that require intervention by police, family or others would be included in this scale. Either caregiver has a history of domestic violence defined as adult mistreatment of one another, as evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, frequent separation/reconciliation, involvement in law enforcement and/or domestic violence programs, restraining orders or criminal complaints all would be included in this scale. Chronic serious arguments and disagreements between caregivers and/or other adults in the household or little communication, support or attachment between caregivers are also examples of this scale.

N8. Either Caregiver has a Current Substance Abuse Problem

This includes a current alcohol/drug abuse problem as evidenced by substance abuse causing the CA/N report, ongoing conflict in the home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use. Substance use in and of itself should not be considered a problem unless there have been negative consequences.

N9. Household is Experiencing Severe Financial Difficulty

Determine if family cannot consistently pay for one or more basic household necessities (rent, heat, light, food, and clothing). This includes whether the lack of income or household not living within its means is due to the caregiver's actions. Homeless families should be scored "yes."

N10. Primary Caregiver's Motivation to Improve Parenting Skills

The caseworker assesses the primary caregiver's motivation to improve parenting skills by observing the primary caregiver's response to a tentative service plan or offers of agency assistance made during the investigation. The assessment should be based on the caregiver's motivation at the end of the assessment/investigation period.

a. Motivated and realistic

No need to improve parenting skills has been identified or there is a need and the primary caregiver is willing and able to work with the agency.

b. Unmotivated

The primary caregiver is able, but has not demonstrated a willingness to address issues with parenting skills.

c. Motivated but unrealistic

The primary caregiver is willing to make agreed upon changes but his/her physical, intellectual, or mental ability precludes making the changes.

N11. Caregiver(s) Response to Investigation and Seriousness of Complaint

The caseworker should base the response on the caregiver who is the least cooperative or whose attitude is least consistent with the seriousness of the allegation. Assessment should be based on the caregiver's overall response at the end of the assessment/investigation period.

a. Attitude consistent with seriousness of allegation and complied satisfactorily

To make this choice, a single caregiver or both show a level of concern that is consistent with the nature of the allegation. The caregiver's focus is on the well-being of the children and he/she comply by answering questions, making the child(ren) available, making safety plans for the child(ren), etc.

b. Attitude not consistent with seriousness of allegation (minimizes)

Either caregiver views the allegation less seriously than warranted or minimizes the level of harm to the child(ren) is an example of this scale.

c. Failed to comply satisfactorily

Either caregiver refuses involvement in the assessment/investigation and/or refuses access to the child(ren) during the assessment/investigation, etc. would be examples of this scale.

d. Both b and c

Either caregiver has an attitude that is not consistent with seriousness of the allegation and did not cooperate during the investigation would be included in this scale.

Abuse Scale

A1. Current Report is for Physical or Emotional Abuse

The caseworker would mark "Yes" if the current report is for physical or emotional abuse or both physical/emotional abuse and neglect. This includes any problem under investigation not identified in the report.

A2. Prior Abuse Reports

This includes all reports, substantiated or not, assigned for assessment/investigation for any type of abuse prior to the current assessment/investigation, even if the alleged

perpetrator on prior reports no longer lives in the home or even if the current caregiver(s) has had a CA/N report in another family.

A3. Prior Child Protective Services (CPS) Service History

Consider whether a family received CPS or foster care services as a result of a prior report of abuse and/or neglect.

A4. Number of Children in the Home

Include the number of individuals under 18 years of age (or under 21 if developmentally delayed or disabled) residing in the home at the time of the current report. If a child is removed as a result of the assessment/investigation or is on runaway status, the child should be counted as residing in the home.

A5. Either Caregiver Abused as Child(ren)

Based on agency records and credible statements by the caregiver(s) or others, either or both caregivers were abused as children. Abuse includes physical, sexual and other types of abuse (exclude neglect).

A6. Secondary Caregiver has a Current Substance Abuse Problem

Assess whether the secondary caregiver has a current alcohol/drug abuse problem as evidenced by use causing CA/N report, frequent conflict in home, extreme behavior, financial difficulties, frequent illnesses, job absenteeism, job changes or unemployment, or driving under the influence, traffic violations, criminal arrests, or life organized around substance use.

If responding "Yes" to this scale, check all that apply, but there is only one score.

A7. Either Caregiver has History of Domestic Violence

The caseworker considers whether either caregiver has a history of domestic violence- as a perpetrator or victim- defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, threats, intimidation, ultimatums, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints.

A8. Either Caregiver has Major Parenting Skills Problem (Uses excessive discipline, over-controlling parenting skills)

The caseworker assesses whether either caregiver employs excessive and/or inappropriate disciplinary practices to punish children in the home. The circumstances of the current incident and past practices may be considered. Examples of excessive or inappropriate disciplinary practices may include discipline that routinely involves use of

an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining a child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.

Assess whether either caregiver over-controls children, as evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction, or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical: they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

Assess whether the caregiver's inability or unwillingness to care for/supervise children, or use of excessive physical punishment results in significant bruises or injury or use of mechanical restraints; or whether the caregiver deprives child of basic needs as punishment; or whether the caregiver has minimal knowledge of child development and age-appropriate expectations for children and repeatedly uses disciplinary methods not appropriate for child's age; and whether the caregiver fails to keep guns/weapons locked and inaccessible.

A9. Child in the Home has Special Needs or History of Delinquency

(Caseworker scores 1 if either special needs or history of delinquency exist or if both exist)

a. No

No history of either.

b. Yes- Special Needs

There is evidence that a child has a special need including serious medical conditions, mental retardation, attention deficit disorder, learning disability, conduct disorder or other diagnosed psychological/psychiatric disorder.

Yes- History of Delinquency

Any child has been arrested and/or referred to juvenile court for delinquent or status offenses (truancy, runaway, incorrigible). Offenses not brought to court attention but which create within the household should also be scored here (e.g., drug or alcohol problems). If yes, check appropriate boxes.

Actual Risk Level

The actuarial risk level is determined by scoring each of the scales, totaling the score, and taking the highest level from either the abuse or neglect scale. Using the following matrix, the caseworker will determine the family's scored risk level, called the actual risk level.

Neglect Score	Abuse Score	Risk Level
0-3	0-2	Low
4-5	3-4	Moderate
6-9	5-7	High
10-17	8-12	Intensive

Policy Overrides

After completing the risk scales, the caseworker determines if any of the policy overrides are applicable. Policy overrides reflect the presence of an active voluntary in-home or out-of-home safety plan, non-accidental physical injury to any age child requiring medical treatment and child vulnerability concerns. These policy overrides have been determined to be case situations that warrant the highest level of service from the PCSA regardless of the risk scale score. If any policy overrides apply, the final risk level is increased to intensive. If no policy overrides apply, the final risk level is the higher of the two scored risk levels (the actual risk level).

Policy overrides are as follows:

1. An in-home or out-of-home safety plan is still active.

An active in-home or out-of-home safety plan reflects that active safety threats still exist in the family and without a controlling intervention, there would be a high likelihood of serious harm to a child. Because the only intervention to ensure child safety is by a voluntary agreement with the family, it is imperative that the PCSA provide the family with the highest level of PCSA service. This policy override does not include legally authorized out-of-home placement safety plans (children in substitute care or in custody of a relative) because the safety plan involves a legal transfer of custody away from the parent, guardian, or custodian.

2. Non-accidental physical injury to any age child requiring medical treatment.

Such injuries might include, but are not limited to: brain damage, skull or bone fractures, dislocations, sprains, internal injury, poisoning, burns, scalds, severe cuts, suffocating, gun shot wound, bruises, welts, bite marks, choke marks, etc. which seriously impair the health and/or well-being of the child and require medical treatment.

3. Death (previous or current) of a caregiver's child or any other child in their care as a result of abuse or neglect.

An example may include a mother who had a child die from shaken baby syndrome and has given birth to another child. Risk is considered intensive in this case. Another example may include a mother who is babysitting her neighbor's child. Mother abuses the neighbor's child resulting in death of that child. Risk is now considered intensive for the mother's own children in her care.

4. Sexual abuse cases where the alleged perpetrator is likely to have immediate access to the child victim.

When considering "immediate access," the caseworker will determine if a non-offending caregiver is available and whether the caregiver demonstrates the ability and willingness to protect the child from any unsupervised contact with or by the alleged perpetrator. No policy override applies if the alleged perpetrator's access to the child is restricted. The policy override only applies if the non-offending caregiver demonstrates questionable willingness and ability to protect the child.

5. Cases with non-accidental physical injury to an infant.

Infant is defined as ages 0-12 months. Non-accidental injuries include, but are not limited to: bruises, bites, burns, and other such injuries. While these types of injuries may not require medical attention/treatment, in this case these injuries are considered very serious. Families with infants who sustain such injuries are considered intensive risk in part because the children cannot talk, defend, or otherwise protect themselves.

6. Positive toxicology screen of child at birth.

A positive toxicology screen (any drug, including alcohol) of a child at birth indicates that the mother used drugs and/or alcohol during the later portion of her pregnancy. Risk in this case is intensive as the mother's possible continued drug use may have a negative impact on her ability to provide for her newborn baby's basic needs.

Service Review

Risk Reassessment Scale of Abuse/Neglect (51)

The risk reassessment is designed to primarily inform whether the risk of future maltreatment has been reduced, increased, or remained the same following the provision of services or changing circumstances within the family. Risk reassessment also assists in making decisions regarding child permanency planning and service provision.

A risk reassessment is completed on all cases in which an initial risk assessment has been completed. A risk reassessment will not be completed on non-child abuse and/or neglect cases (e.g., Dependency, Unruly/Delinquent).
While the initial risk assessment has separate scales for abuse and neglect, there is only one scale for risk reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed and/or on whether certain events in the family have occurred since the last assessment. The first four (4) items are those strongly related to the probability of subsequent abuse and/or neglect and generally do not change from the initial assessment. The next four (4) items are also strongly related to the probability of subsequent abuse/neglect, but they relate to events that did or did not occur since the last assessment. The final two (2) assessment items specifically relate to the caregiver's progress in relation to the case plan, including participation in services and the extent to which those services have had an impact on problematic behaviors/conditions.

Risk Reassessment Scale of Abuse/Neglect

R1. Number of Prior Reports

Count all reports that were investigated whether substantiated or not. Include investigations for any type of abuse and/or neglect prior to the investigation that led to the current case opening. Do not include the current abuse and/or neglect report if the risk reassessment is being completed due to a subsequent report.

R2. Number of Children in the Home

The number of individuals under 18 years of age residing in the home at the time of the most recent investigation. If a child had been removed as a result of the investigation or was on runaway status, count the child as residing in the home.

R3. Number of Adults in the Home

Number of individuals 18 years of age or over residing in the home at time of the most recent referral. (Exclude here any person 18-21 who is developmentally delayed and was counted as a "child" in the prior question.)

R4. Current Age of Primary Caregiver

The current age of the primary caregiver (as of the reassessment date).

R5. Either Caregiver Currently has Major Parenting Skills Problems

(a) No- none of the following conditions exist.

(b) Yes- score this item as a "yes" if any of the following circumstances exist:

1. Either caregiver currently uses **excessive and/or inappropriate disciplinary practices** to punish children in the home. Examples include discipline that routinely involves use of an instrument (belt, board, etc.) that results in marks, bruises, contusions, etc.; restraining child with rope, duct tape, or other mechanical means; denial of food or other necessities as punishment; or use of disciplinary practices that are inappropriate given the child's age or development.

2. Either caregiver **over-controls** child(ren) evidenced by unreasonable and/or excessive rules, being overly demanding or overbearing; overreaction and/or berating/demeaning responses to relatively minor infractions. Over-controlling parents may be referred to as tyrannical; they use cruel and unjust power and authority. Parents who are simply strict and firm in their disciplinary practices should not be considered over-controlling.

3. Either caregiver is unable or unwilling to care for/supervise children, or has minimal knowledge of child development and age-appropriate expectations for children, or repeatedly uses disciplinary methods not appropriate to child's age; or fails to keep guns/weapons locked and inaccessible.

   If major parenting skills problems previously identified as a risk factor, and the child(ren) have been out of the home since the last assessment, and all visitation has been supervised, and treatment providers report no change in behavior associated with the poor parenting skills, consider the problem to be currently present.

R6. Either Caregiver is Currently Involved in Harmful Relationships

(a) No, none of the following circumstances currently exist.

(b) Yes, some or major problems, and/or domestic violence- score this item as a "yes" if:

1. Adult relationships outside the home (e.g., friends involved in drug lifestyle or criminal activities) are harmful to domestic functioning or child care .

2. Harmful adult relationships inside the home are characterized by a currently moderate level of marital or domestic discord that interferes with family functioning. This may include lack of cooperation or communication between partners, open disagreements on how to handle child problems/discipline; or frequent and/or multiple live-in partners.

Also score this item as "yes" if there are major problems with adult relationships in the home or any domestic violence. This includes a relationship currently characterized by domestic conflicts, which may involve physical violence, that require intervention by police, family or others. Either caregiver is currently involved in domestic violence defined as adult mistreatment of one another, evidenced by hitting, slapping, yelling, berating, verbal/physical abuse, physical fighting (with or without injury; with or without weapon), continuing threats, intimidation, ultimatum, frequent separation/reconciliation, involvement of law enforcement and/or domestic violence programs, restraining orders or criminal complaints. Chronic or serious arguments and disagreements between caregivers and/or other adults in the household are occurring. Little communication, support or attachment between caregivers exists. There are few positive interactions.

R7. Either Caregiver has a Current Substance Abuse Problem

Caregiver(s) has a current problem of alcohol/drug abuse, evidenced by substance use causing:

- a new child abuse and/or neglect report;
- conflict at home;
- problems providing appropriate care for children;
- extreme behaviors/attitudes;
- financial difficulties;
- frequent illness;
- job absenteeism, job changes, or unemployment;
- driving under the influence, traffic violations, or criminal arrests;
- disappearance of usual household items (especially those easily sold); or
- life organized around substance use.

a.) No- No problems with substances or has successfully completed treatment (may currently be in aftercare) and shows no evidence of current problem.

b.) Yes- either or both caregivers abuse alcohol and/or other drugs, as defined above. This includes persons currently in substance abuse treatment programs and those in aftercare who show evidence of relapse.

c.) Yes, and refuses treatment- Caregiver(s) has a current alcohol/drug abuse problem; treatment has been offered or recommended for the caregiver(s) and has been refused by the caregiver(s).

R8. New Reports of Abuse/Neglect Since Last Assessment

Rate this item based on whether reports, alleging abuse or neglect, have been received since the last risk assessment.

a.) No, referral was screened out or report was unsubstantiated.

No reports have been received since the last risk assessment, or a referral was screened out or a report was unsubstantiated.

b.) Yes, a new report was received since the last risk assessment and it was substantiated or indicated.

R9. Primary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the primary caregiver's participation in the case plan and whether he/she is mastering skills learned from participation in program(s).

a) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plan; observations/reports show caregiver's application of learned skills in interactions between child(ren) and caregiver, caregiver to caregiver, and caregiver to significant adult(s) or self-care, home maintenance, financial management, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan.

b) Moderate participation in pursuing objectives in case plan- The caregiver is participating in services, has made progress, but is not fully complying with the objectives in the case plan. Or, caregiver willing to participate in services, but the services are not available.

c) Minimal participation or refuses involvement or failed to comply/participate as required- The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

R10. Secondary Caregiver's Progress Toward Case Plan Goals

Rate this item based on the secondary caregiver's participation in the case plan and whether he/she is mastering the skills learned from participation in program(s).

a) Not applicable, only one caregiver in the home. There is no secondary caregiver in the home. **Check line next to a.).**

b) Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in case plans; observation/reports show caregiver's application of learned skills in interaction(s) between child(ren)/caregiver, caregiver to caregiver, and caregiver to other significant adult(s); or self-care, home maintenance, financial maintenance, or mastery of skills toward reaching the behavioral objectives agreed upon in the case plan. **Check line next to b.).**

c) Moderate participation in pursuing objectives in the case plan- The caregiver is participating in services, has made progress but is not fully complying with the objectives in the case plan. Or, the caregiver is willing to participate in services, but the services are not available.

d) Minimal participation or refuses involvement in programs or failed to comply/participate as required. The caregiver refuses services, sporadically follows the case plan or is not demonstrating the necessary skills due to a failure or inability to participate.

Actual Risk Level

The actual risk level is determined by scoring each item and totaling the score. Using the following matrix, the caseworker will determine the family's scored risk level.

Score	Risk Level
0 - 3	**Low**
4 - 7	**Moderate**
8 - 12	**High**
13 - 22	**Intensive**

Policy Overrides

After completing the risk scale, the caseworker then determines whether or not any of the policy override reasons exist. Policy overrides have been determined to be case situations that warrant the highest level of service from a PCSA agency regardless of the risk scale score at the initial assessment or any reassessments. If any policy override reasons exist, the risk level is increased to intensive. Note that the conditions associated with the policy overrides must have occurred during the reassessment period. That is, just because a policy override was applied at the initial assessment, which does not automatically mean that it will be applied now. A policy override is only used at reassessment if the event occurred since the last assessment.

Definitions of the policy overrides can be found in the Family Assessment section of this manual.

Discretionary/Optional Overrides

The caseworker determines whether or not any discretionary/optional override reasons exist. At risk reassessment, a discretionary/optional override may be applied to **increase or decrease the risk level by one level** in any case where the caseworker believes information obtained supports the risk level set by the scales as being too low or too high. All overrides must be approved in writing by the supervisor. If the override is to increase the risk level, approval from additional managers may be required per agency policy.

Final Risk Level
The final risk level is the risk level with any policy or discretionary/optional overrides applied. If no policy or discretionary/optional overrides were implemented, the scored risk level will be the same as the final risk level.

Case Status
The case status is the determination of whether the agency should continue to provide services to the family. It is based upon the information obtained through the review of safety and case plan, the update of strengths and needs assessment, and the reassessment of risk.

If the **family continues to be in need of agency services**, the caseworker will indicate the type of agency services: in-home supportive services, protective supervision, or out-of-home placement.

If the agency plans to **terminate services**, the caseworker will indicate the reason why agency services will be terminated. These reasons include: family is no longer in need of agency services; services are terminated against agency recommendations; and family refused agency services and/or court petition denied.

The caseworker will also provide a description to support the case status selected above. The description will include a discussion as to how the risk reassessment, safety review, family perception, case progress review (including strengths and needs summary), and services review informs change readiness in the family, permanency planning, and service provision.

If the **case is being closed**, the caseworker will provide a summary justifying case closure.