

Ohio Child Protective Services Screening Guidelines

Guidelines for Screening

The Screening Guidelines were developed by the Ohio Department of Job and Family Services (ODJFS) / Department of Children and Youth (DCY), 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 are 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.

Table of Contents

I.	<u>The Screening Decision</u>	Pg. # 3
II.	<u>Pathway Assignment</u>	Pg. # 13
III.	<u>Screening Guidelines</u>	Pg. # 15
IV.	<u>Physical Abuse</u>	Pg. # 16
V.	<u>Sexual Abuse</u>	Pg. # 26
VI.	<u>Neglect</u>	Pg. # 35
VII.	<u>Domestic Violence/Intimate Partner Violence</u>	Pg. # 46
VIII.	<u>Specialized Assessment (Out-of-Home Care)</u>	Pg. # 50
IX.	<u>Dependency</u>	Pg. # 56
X.	<u>Family in Need of Services (FINS)</u>	Pg. # 58
XI.	<u>Post Emancipation Services</u>	Pg. # 64
XII.	<u>Information and Referral</u>	Pg. # 65
XIII.	<u>Practice Tips and Information</u>	Pg. # 67

The Screening Decision

The screening decision is a formal process that is completed by the county PCSA and documented in Ohio comprehensive child welfare information system (CCWIS). All reported information the referent believes may place a child at risk of abuse or neglect must be documented in Ohio CCWIS, 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 and intake types within Ohio CCWIS:

Intake Category	Intake Type
<p align="center">CA/N Report</p>	<ul style="list-style-type: none"> • Medical Neglect/Disabled Infant • Emotional Maltreatment • Medical Neglect • Neglect • Physical Abuse • Psychical Abuse Shaken Baby • Sexual Abuse
<p align="center">Dependency Report</p>	<ul style="list-style-type: none"> • Dependent Child
<p align="center">Family in Need of Services</p>	<ul style="list-style-type: none"> • Adoption Subsidy Only • Alternative response required non-lead PCSA contacts • Child Fatality (non-child abuse/neglect) • Courtesy Supervision • Home Evaluation/Visitation Assessment • ICAMA • ICPC • Permanent Surrender • Post-Finalized Adoption Services • Postnatal Placement Services to Infant of Incarcerated Mother • Preventative Services • Required Non-Lead PCSA Interviews • Safe Haven/Deserted Child

	<ul style="list-style-type: none"> • Stranger Danger • Unruly Delinquent
Information and/or Referral	<ul style="list-style-type: none"> • Additional Non-CA/N Information on an Open CPS case • Directed to contact non-PCSA service Provider in county • Directed to contact non-PCSA services Provider out of county • Information only • Licensing Rule Violation
Post Emancipation	<ul style="list-style-type: none"> • Young Adult Services

A referral is the allegation of child abuse, neglect, dependency, or family in need of services made by telephone, in person, or electronically. It includes, but is not limited to, allegations involving individuals, families, and out-of-home care settings.

A report is the referral accepted or screened-in by the PCSA because of the 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 is to 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 is to be entered in Ohio CCWIS 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 are to gather sufficient information from the referent to determine if PCSA intervention is necessary.

The screener is to attempt to obtain, at a minimum, the following information from a referent 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, and all household members.
- 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 the above listed information is not required 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 2151.421](#), the PCSA is to assess/investigate each report of known or suspected child abuse or child neglect, or threat thereof, which is referred. Furthermore, [ORC 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 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, CCWIS 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(s), address(es), and phone number(s) of the child(ren).
- Name(s), address(es), and phone number(s) of the parent(s), guardian(s), custodian(s), or caretaker(s).
- Court ordered custody arrangements, including residential, shared parenting and/or visitation (a.k.a., parenting time).
- Referent’s name, address, and contact information.
- The alleged perpetrator’s (AP) name, identifying information, and contact information.
- The type of maltreatment the referent is reporting.
- Information regarding the family/extended family and supports to the family.

Determining Lead Agency

OAC rule 5101:2-36-02 *PCSA requirements for determining lead agency for screening and assessments/investigations* includes a preferential order of factors to consider when determining the lead agency. The lead agency should be determined based on the PCSA best suited to meet the family’s needs.

If a lead agency cannot be determined based on the preferential order, reach out to your agency's legal representation for further guidance and case specific questions.

The lead public children services agency (PCSA) or children services agency (CSA) is to be determined according to the following preferential order:

- (1) The PCSA or CSA located in the county in which the alleged child victim/child subject of the report has a residence or legal settlement. A child has the same residence or legal settlement as their parent, legal guardian, or custodian who stands in loco parentis pursuant to [ORC 2151.06](#).
- (2) The PCSA or CSA located in the county in which the alleged child abuse, neglect, and/or dependency occurred.
- (3) The PCSA or CSA located within the county in which a juvenile court has jurisdiction over an active participant of the case.
- (4) The PCSA receiving the referral if the PCSA is unable to determine the lead PCSA or CSA within twenty-four hours from receipt of the information.

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 interventions 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 the access was known or authorized by the child's parent, guardian, custodian, or caretaker (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 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 2151.011](#) and defined in [OAC 5101:2-1-01](#) (e.g., a day camp counselor, a foster parent, a pre-finalized adoptive parent, a schoolteacher, 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 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.

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 DCY 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 DCY 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 DCY or the PCSA as defined in [ORC 5153](#). (i.e., PCSA’s own employee or a DCY employee).
- Any authorized person representing DCY or the PCSA who provides services for payment or as a volunteer.
- A third-party investigation should 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 5101:2-36-08](#).

Final Screening Decision

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 is to 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](#) 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. [“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.

Pathway Assignment

Differential Response as defined in [ORC 2151.011](#), means an approach that a public children services agency may use to respond to accepted reports of child abuse or neglect with either an alternative response or a traditional response.

ORC 2151.429 Traditional and Alternative Response Pathways

A screened in report of child abuse and/or neglect will be assigned to either an **Alternative Response** or **Traditional Response** pathway for assessment/investigation.

Traditional Response is to be used for the following types of reports:

- Physical abuse resulting in serious injury or that creates a serious and immediate risk to a child's health and safety.
 - Examples of serious injury/serious risk: Shaken baby, inflicted injury causing hospitalization, broken bone, burns, head trauma, internal injuries, exposure of manufacturing drugs, infants displaying withdraw symptoms at time of birth.
- Sexual abuse.
- Reports requiring a specialized assessment as identified in [OAC 5101:2-36-04](#).
- Reports requiring a third-party assessment/investigation as identified in [OAC 5101:2-36-08](#).
- Reports containing allegations of known or suspected child abuse or neglect resulting in a child fatality or near fatality.

Alternative Response is the **preferred response**, whenever appropriate.

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.

Screening Guidelines

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 are to 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 the access was known or authorized by the child's parent, guardian, custodian, or caretaker (*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. 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 will conduct a Stranger Danger Investigation in response to a child abuse report alleging a criminal act against a child of assault as defined under [ORC 2903](#).

***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, staff should consult their agency's legal counsel.**

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 [ORC 2919.22](#) (see below).

Child is endangered, except that the court need not find any person has been convicted of the offense 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

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
<ul style="list-style-type: none"> • Child is 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). • 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 an informant of toddler. 	<ul style="list-style-type: none"> • 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). <p>*Additional questions should be asked to ensure injury is consistent with age of other sibling and ability to inflict reported injury.</p>

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 [ORC 2919.22](#).

Keep in Mind:

ORC outlines when corporal punishment is involved, the threshold for determining if a child is endangered is whether the child is at substantial risk of serious physical harm, NOT the presence of injury.

Corporal Punishment Examples

Screen In	Screen Out
<ul style="list-style-type: none"> • Excessive physical discipline would include discipline that is: <ul style="list-style-type: none"> ○ Inappropriate to the age and/or development of the child. ○ Inconsistent, arbitrary, and designed not to educate. ○ The result of unreasonable expectations or demands on the child. ○ The caretaker loses control during discipline. • Injury to vulnerable or sensitive areas of the body (i.e., head, face, chest, torso, abdomen, eyes, genitalia). • 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). 	<ul style="list-style-type: none"> • 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. • 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.

	<ul style="list-style-type: none"> • 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.
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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
<ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • 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. • 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.

<ul style="list-style-type: none"> • 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). 	
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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) - [S.524 - 114th Congress \(2015-2016\): Comprehensive Addiction and Recovery Act of 2016 | Congress.gov | Library of Congress](#)

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.

[OAC 5101:2-36-01](#) (E) When a PCSA receives a referral of a substance affected infant, the PCSA is to attempt to gather all information need for a plan of safe care/family care plan as defined in [OAC 5101:2-1-01](#).

[OAC 5101:2-36-01](#) (F) The PCSA will not screen out any referral of a substance affected infant if: (1) The plan of safe care/family care plan information listed in this rule is not obtained. (2) The plan of safe care/family care plan has not been developed. (3) The plan of safe care/family care plan 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> • 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/Family Care Plan in place at time of discharge from the delivering medical facility. <p>For more information regarding CARA refer to the following link: DCY Website CARA Plan of Safe Care/Family Care Plan</p>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Document a detailed and adequate Plan of Safe Care/Family Care Plan which addresses the withdrawal symptoms from prenatal or postnatal substance exposure for the infant. ○ The Plan of Safe Care/Family Care Plan should detail information for infant, mother and any other caretaker who resides in the home who is impacted by substance misuse. <p>NOTE: If the Plan of Safe Care/Family Care Plan is NOT detailed and does NOT address substance treatment services, medical care, behavioral health care or any other necessary service for the infant, mother, and any family members, the referral MUST BE SCREENED IN.</p> <p>For more information regarding CARA refer to the following link: DCY Website CARA Plan of Safe Care/Family Care Plan</p>
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Substance Use Ingestion Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> • 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. 	
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Mental Injury/Emotional Maltreatment

Related ORC and OAC Rules and Definitions:

Because of acts of the child’s parents, guardian, custodian, or caretaker, 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> • 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. 	
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Trafficking in Persons and Compelling Prostitution

Related ORC and OAC Rules and Definitions:

[ORC 2905.32](#) Trafficking in persons

(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](#) Compelling prostitution

(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.

✓ **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.**

Trafficking in Persons and Compelling Prostitution Examples

Screen In	Screen Out
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Child is subjected to non-excessive corporal punishment to increase compliance with appropriate household chores.

SEXUAL ABUSE

Investigations of sexual abuse reports will 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 (*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.

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 is to 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 2907.01](#) Sex offenses general definitions.

To identify a child as an Alleged Perpetrator, the PCSA should 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 child/youth displaying the sexual behavior(s) 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

Sexual Abuse has the following areas to consider:

- Sexual Abuse of a Child
 - Sexting/Social Media
 - Trafficking in Persons
- ✓ **At minimum, the PCSA is to make a cross referral to law enforcement 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. ([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. ([ORC 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
<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ 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. ○ 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. 	<ul style="list-style-type: none"> • 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). • 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).

<ul style="list-style-type: none"> • For the purpose of sexual gratification/exploitation, which can include but is not limited to the following: <ul style="list-style-type: none"> ○ 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. • A suspicion of sexual contact may include a child exhibiting multiple or a combination of abnormal sexual behaviors and/or inappropriate sexual knowledge. 	<ul style="list-style-type: none"> • Sexual behaviors that may be considered normal and age-appropriate: <ul style="list-style-type: none"> ○ 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).
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Sexting/Social Media

Sexting/Social Media Examples

Screen In	Screen Out
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.

<ul style="list-style-type: none"> • Individual that is four years older than a minor child, requesting and/or sending sexually explicit materials and/or communication. 	<ul style="list-style-type: none"> • 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.
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Trafficking in Persons and Compelling Prostitution

Related ORC and OAC Rules and Definitions:

ORC 2905.32 Trafficking in persons

(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 Compelling prostitution

(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
<p>**Report to law enforcement**</p> <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ A caretaker is facilitating/allowing the sexual abuse of a child in exchange for money, drugs, housing, or anything of value. ○ 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. 	<ul style="list-style-type: none"> • Child exchanges explicit acts or materials with same-aged peers for non-commercial/survival purposes.

- 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:
 - sexual activity for hire, or engage in a performance that is obscene, or
 - 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 will 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 (*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.

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

Neglect has the following areas to consider:

- Failure to Provide Basic Needs
- Lack of Utilities
- Homelessness
- Lack of Supervision
- Dirty or 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](#))
- "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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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). 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • Homelessness and basic needs are not met. • Homelessness as a result of the faults and habits of the caretaker (i.e., substance abuse). 	<ul style="list-style-type: none"> • Homeless however, basic needs being met by an alternate source.

Lack of Supervision

Lack of Supervision Examples

Screen In

- 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.
- 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.

Screen Out

- 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.

Dirty or Unsafe Home	
Dirty or Unsafe Home Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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 is bullied, isolated, or made fun of due to poor hygiene and caretaker makes no attempt to rectify the situation. 	<ul style="list-style-type: none"> Child has poor hygiene, absent a health risk. Child has dirty clothes. Child has access and chooses not to wear clean clothing.

Insect/Rodents	
Insect/Rodents Screen Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Caretaker has knowledge of and fails to seek/refuses treatment for child abusing drugs/alcohol. 	<ul style="list-style-type: none"> 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 caretakers 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 3321.01](#) to [ORC 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Child is diagnosed as failure to thrive (organic), and caretaker is seeking medical care.
Medical Neglect	
Medical Neglect Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> • 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 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. 	<ul style="list-style-type: none"> • 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. • 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.

Withholding Medically Indicated Treatment from a Disabled Infant

Related [OAC 5101:2-36-07](#) PCSA requirement for conducting an assessment/investigation of the alleged withholding of medically indicated treatment from a disabled infant with life-threatening conditions.

Medically indicated treatment includes the medical care most likely to relieve, or correct, the life-threatening condition. Nutrition, hydration, and medication, as appropriate for the infant's needs, are medically indicated for all disabled infants; as well as the completion of appropriate evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions on behalf of the disabled infant.

Withholding Medically Indicated Treatment from a Disabled Infant Examples

Screen In	Screen Out
<ul style="list-style-type: none"> • Failure to consent to or provide appropriate nutrition, hydration, medication or other medically indicated treatment. • Caretaker refuses the evaluations or consultations necessary to make informed medical decisions on behalf of the disabled infant. • Caretaker refuses treatment due to ideas about lower “quality of life” for the disabled infant. 	<ul style="list-style-type: none"> • Medically indicated treatment does not include the failure to provide treatment if the treating physician’s medical judgement identifies any of the following: <ul style="list-style-type: none"> ○ The disabled infant is chronically and irreversibly comatose. ○ The provision of treatment is useless and will prolong dying. ○ The provision of treatment would not be effective in bettering or correcting all the infant’s life-threatening conditions. ○ The provision of treatment to the disabled infant is inhumane.

Infant Safe Sleep

Related ORC and OAC Rules and Definitions:
 Per [ORC 3701.66](#) and [ORC 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
<ul style="list-style-type: none"> • Caretaker is co-sleeping with an infant while impaired. • Unsafe sleeping environment results in death or serious harm. 	<ul style="list-style-type: none"> • 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](#) **Trafficking in persons**

(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](#) **Compelling prostitution**

(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
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• 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 will 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 (*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. 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

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.

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)).

See [Physical Abuse Screening Guidelines](#) for additional information regarding physical abuse.

Physical Abuse DV/IPV Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> Child received injury because of incident of DV/IPV. Child witnessed an incident of DV/IPV. Consideration of intensity of incident and potential for serious harm should be considered. Refer to neglect or emotional maltreatment guidelines for further consideration. Weapon or threat of a weapon involved in incident of DV/IPV 	<ul style="list-style-type: none"> 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	
<p>Related ORC and OAC Rules and Definitions:</p> <p>A DV/IPV incident(s) is 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:</p> <ul style="list-style-type: none"> Coercive or controlling behaviors of the batterer over the survivor (caretaker) Physical harm to the survivor (caretaker) <p>For ORC, see Neglect Screening Guidelines</p>	
Neglect DV/IPV Examples	
Screen In	Screen Out
<ul style="list-style-type: none"> 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. 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. 	<ul style="list-style-type: none"> 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. <p>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.</p>

Emotional Maltreatment DV/IPV

Emotional Maltreatment DV/IPV Examples

Screen In	Screen Out
<ul style="list-style-type: none">• Child received mental injury as a result of the DV/IPV incident.<ul style="list-style-type: none">○ Night terrors and bedwetting○ Disruption of normal routine○ Child reports fear due to the DV/IPV incident○ Cowering○ 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	<ul style="list-style-type: none">• 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](#) (I), 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 [OAC 5101:2-1-01](#), the PCSA shall notify licensing and supervising authorities, as appropriate, by the next working day from the date of the screening decision to share information.
- [OAC 5101:2-36-04](#) (L) No later than the next working day from the date the referral was screened in the PCSA is to notify the out-of-home care setting licensing and supervising authorities pursuant to [ORC 2151.421](#).

Cross-Referring Reports:

- [OAC 5101:2-36-12](#) should be referenced for PCSAs to meet requirements for child abuse and/or neglect cross referrals.

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](#), - [ORC 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

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](#) (224))

***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
<p data-bbox="275 233 844 261">Please refer to the Abuse Screening Guidelines</p> <p data-bbox="96 305 1024 370">**Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred.</p> <p data-bbox="96 410 724 438">*Notification to the OHC Licensing Entity (see above)</p> <ul data-bbox="96 483 1024 1088" style="list-style-type: none"> <li data-bbox="96 483 1024 727">• Restraint of a child that causes injury or pain, with consideration of the following: <ul data-bbox="142 557 1024 727" style="list-style-type: none"> <li data-bbox="142 557 611 584">○ Age, size, and development of child <li data-bbox="142 591 447 618">○ Appropriate restraint <li data-bbox="142 625 695 652">○ Child contributing to injury/pain (struggle) <li data-bbox="142 659 1024 727">○ Requires medical treatment specifically due to the injury from the restraint <p data-bbox="142 734 1024 799"><u>Examples:</u> Broken bones, fractures, injuries to the face, neck, head, and sensitive areas of the body, choking or restriction to breathing.</p> <li data-bbox="96 841 485 868">• Prone Restraint (face down). <li data-bbox="96 911 1024 1015">• Providing prescription drugs or psychotropic medication to the child without the written approval and ongoing supervision of a licensed physician. <li data-bbox="96 1057 512 1084">• Over/under medicating a child. 	<p data-bbox="1247 233 1816 261">Please refer to the Abuse Screening Guidelines</p> <p data-bbox="1052 305 2018 370">**Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred.</p> <p data-bbox="1052 410 1680 438">*Notification to the OHC Licensing Entity (see above)</p> <ul data-bbox="1052 483 2018 1015" style="list-style-type: none"> <li data-bbox="1052 483 2018 906">• Restraint of a child that does not cause pain or injury, with consideration of the following: <ul data-bbox="1098 557 2018 906" style="list-style-type: none"> <li data-bbox="1098 557 2018 621">○ Medical attention provided as part of a protocol for restraints, but no medical treatment required <li data-bbox="1098 628 1885 656">○ Minor injuries resulting under reasonable circumstances given <li data-bbox="1098 662 1566 690">○ Age, size, and development of child <li data-bbox="1098 696 1367 724">○ Level of resistance <li data-bbox="1098 730 2018 795">○ Securing a safe environment (i.e., attempting to injure another child or adult) <li data-bbox="1098 802 2018 906">○ 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) <li data-bbox="1052 948 2018 1015">• 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
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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
<p>**Please refer to the Neglect Screening Guidelines.</p> <p>**Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred.</p> <ul style="list-style-type: none"> • 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. 	<p>**Please refer to the Neglect Screening Guidelines.</p> <p>**Allegations should be considered regardless of whether the ACV is residing in the OHC setting when the allegation occurred.</p> <ul style="list-style-type: none"> • 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.

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
<ul style="list-style-type: none"> • 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 overwhelmed with and/or incapable of providing for the extreme special needs of the child. • Caretaker does not have the mental or physical capacity to provide appropriate care for the child. • Caretaker incapacitated due to hospitalization, seeking drug treatment or mental illness and no other available, appropriate caretaker. 	<ul style="list-style-type: none"> • Caretaker incapacitated, incarcerated (absent a CA/N allegation) or death; however, arrangements have been made for an appropriate caretaker for the child. • Caretaker evicted from home with alternate arrangements for housing (i.e., shelter, a friend or family member’s household). • Caretaker experiences financial hardship: however, child’s basic needs are met. <p>Note:</p> <ul style="list-style-type: none"> • If there are allegations of drug use/abuse by caretaker, consider Abuse or

<ul style="list-style-type: none">• 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.	<p>Neglect criteria.</p> <ul style="list-style-type: none">• If caretaker is overwhelmed and calling in to seek services, consider FINS.
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Family In Need of Services

Permanent Surrender

ORC Definitions and/or OAC Rule Requirements

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](#))

Screen in Examples

- 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.

Deserted Child/Safe Haven

ORC Definitions and/or OAC Rule Requirements

Deserted Child/Safe Haven is a child not older than thirty days, whose parent has voluntarily delivered the child to an emergency medical service worker, peace officer, peace officer support employee, 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 5101:2-1-01](#))

A public children services agency (PCSA) is to conduct a deserted child/safe haven assessment/investigation if all of the following apply to the child subject of the report: ([OAC 5101:2-36-06](#))

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, peace officer support employee, 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.

Screen in Examples

- Infant, fewer than thirty-one days old, left voluntarily with emergency medical staff, hospital staff, peace officer, or peace officer support employee by a parent with no plan for return to care for the child.

**For further information, see [Safe Haven for Newborns](#) **

Stranger Danger	
ORC Definitions and/or OAC Rule Requirements	Screen in Examples
<p>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 will:</p> <ul style="list-style-type: none"> • 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 is to 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. <p>(OAC 5101:2-36-05)</p>	<ul style="list-style-type: none"> • 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. <p>Screen Out Examples: At PCSA’s discretion, screen out and refer to law enforcement.</p>
Post-Finalization-Adoption Service	
ORC Definitions and/or OAC Rule Requirements	Screen in Examples
<p>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.</p> <p>(OAC 5101:2-1-01)</p>	<ul style="list-style-type: none"> • 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
<p>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</p>	<ul style="list-style-type: none"> • An ICPC request to monitor parties to the case.

<p>private agency in the receiving state providing for the performance of one or more services by the latter as agent for the sending agency. (ORC 5103.20, ORC 2151.56)</p>	<p>This does not include in-state PCSA requests; refer to FINS/Required Non-LEAD PCSA interview.</p>
<p style="text-align: center;">Required Non-Lead PCSA Interviews</p>	
<p style="text-align: center;">ORC Definitions and/or OAC Rule Requirements</p>	<p style="text-align: center;">Screen in Examples</p>
<p>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)</p>	<ul style="list-style-type: none"> 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.
<p style="text-align: center;">Alternative Response Required Non-Lead PCSA Contacts</p>	
<p style="text-align: center;">ORC Definitions and/or OAC Rule Requirements</p>	<p style="text-align: center;">Screen in Examples</p>
<p>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)</p>	<ul style="list-style-type: none"> 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.
<p style="text-align: center;">Postnatal Placement Services to Infants of Incarcerated Mother</p>	
<p style="text-align: center;">ORC Definitions and/or OAC Rule Requirements</p>	<p style="text-align: center;">Screen in Examples</p>
<p>When the correctional facility notifies that 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.</p> <p>PCSA's 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.</p> <p>PCSA's are to 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)</p>	<ul style="list-style-type: none"> Assessment and recommendation of placement arrangements for infant born to incarcerated mothers. <p><u>Instruction:</u> If mother was homeless, then the county where the mother committed the crime is the responsible PCSA.</p>

Preventative Services	
ORC Definitions and/or OAC Rule Requirements	Screen in Examples
<p>The PCSA will 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)</p> <p>*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)</p>	<ul style="list-style-type: none"> 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). <p>Note: This is an optional program that some PCSAs offer, and others do not.</p>
Unruly Delinquent	
ORC Definitions and/or OAC Rule Requirements	Screen in Examples
<p>“Unruly Child” ORC 2151.022 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 ORC 2907.39 https://codes.ohio.gov/ohio-revised-code/section-2907.39, division (A) of ORC 2923.211, division (C)(1) or (D) of ORC 2925.55 or ORC 2151.87, 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 ORC 2151 other than an order issued under ORC 2151; (4) any child who violates division (C) of ORC 2907.39,</p>	<ul style="list-style-type: none"> 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. <p>Note: If there is an allegation of abuse and/or neglect then screen appropriately.</p>

<p>division (A) of section ORC 2923.211, or division (C)(1) or (D) of ORC 2925.55 (ORC 2151.022)</p> <p>On behalf of children in the county whom the public children services agency (PCSA) considers needing public care or protective services, the PCSA will: Accept custody of children committed to the PCSA by a court exercising juvenile jurisdiction. (ORC 5153.16 (A)(3))</p> <p>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 ORC 2919.24 “Contributing to unruliness or delinquency of a child.” (OAC 5101:2-33-26)</p> <p>**The PCSA should refer to their MOU**</p>	
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Child Fatality (non-child abuse/neglect)

ORC Definitions and/or OAC Rule Requirements	Screen In Examples
<p>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 will confer with the prosecuting attorney of the county; the director is to 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 will have written policies and procedures regarding actions to be taken when a child in its custody dies. (ORC 5153.171; ORC 5153.172; OAC 5101:2-33-14, OAC 5101:2-42-89)</p> <p>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.</p>	<ul style="list-style-type: none"> 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.

Home Evaluation/Visitation Assessment

ORC Definitions and/or OAC Rule Requirements

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 will approve or deny the relative or non-relative placement. ([OAC 5101:2-42-18](#))

Screen In Examples

- Court requests an assessment to establish visitation or placement recommendations. Court or other PCSA requests an assessment of a kinship placement. ([OAC 5101:2-42-18](#))

Post Emancipation Reports

Young Adult Services

ORC Definitions and/or OAC Rule Requirements

Each PCSA will, 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 is to 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 will be available until the young adult's twenty-first birthday ([OAC 5101:2-42-19.2](#))

Screen In and Screen Out Examples

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 [OAC 5101:2-36-01](#) (F)(4) will be recorded in Ohio CCWIS. The PCSA will 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 DCY 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 a DCY 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 will 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 [OAC 5101:2-33-21](#) and [OAC 5101:2-36-04](#):
 - 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 DCY, foster care licensing, if the report involves a foster home, group home or children's residential facility certified by DCY.
 - The DCY, childcare licensing, if the report involves a childcare center (more than twelve children) which is or should be licensed by DCY.
 - 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 DCY 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 is to 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:

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

1. Within 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. Within 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 Ohio CCWIS to fulfill this requirement. If your PCSA does not use this letter, the cross-referral to law enforcement is to be documented in Ohio CCWIS. 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 Ohio CCWIS as they include all required information. If your PCSA does not use the mandated reporter letters in Ohio CCWIS, the mandated letter notification must be documented in Ohio CCWIS.

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 Ohio CCWIS.
- 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 DCY 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 DCY when the CDJFS has assumed the powers and duties of the county children services function.
 - Any employee, or agency of DCY or the PCSA.
 - Any authorized person representing DCY 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 DCY, 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/Deserted Child:

- 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 Ohio CCWIS 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.

Runaway Youth

- If the referent is a runaway youth or a youth reporting incidents in their placement, inquire if the youth feels safe where they are, if they told anyone they were going to leave, and the information regarding any incidents of abuse or neglect in their living environment. It is important to respect what they are reporting and to treat them with belief and care.
- If the referent is an out of home care provider reporting that a youth has run away, ask the following:
 - Did the youth tell you they were going to leave?
 - Do you know where the youth is currently staying?
 - Has the youth run away before?
 - Do you know where they have previously stayed?
 - Are you able to provide information regarding their friends or who they usually spend time with?
 - Are they continuing to go to school?
 - Do you have ideas on why the youth would run from the placement?
 - Was there something that happened prior to the youth running away?
 - Has a report been filed regarding the youth running away?