

SDM® INTAKE ASSESSMENT

Policy and Procedures Manual



**Kentucky Cabinet for
Health and Family
Services**

December 2021

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SDM® INTAKE ASSESSMENT

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

r: 12/21

Report Name: (First Name, Last Name) **Intake ID #:** _____ **Intake Worker:** _____

Report Date: _____ **Report Time:** _____ ○ a.m. ○ p.m.

SECTION 1. PRE-SCREENING CRITERIA

AUTOMATIC SCREEN OUT FOR CHILD PROTECTION INVESTIGATION

- Reported victim is age 18 or older, age 18–21 and not in KCHFS placement, and/or is not seeking recommitment. *If seeking recommitment, select "Not applicable" below and continue.*
- Alleged perpetrator is not a person responsible for, given access to, or entrusted to care for the alleged child victim(s). *Do not select if the report is for human trafficking and/or female genital mutilation concerns.*
- Does not meet jurisdiction for Kentucky
- Not applicable

Non-investigatory response by the agency may be required, but no further use of Structured Decision Making® (SDM) tools is required.

- Safe Infant Path
- Safety Net Path
- Status Offender Path
- Safety Check and Review/Border Agreement
- Safety Check and Review/Court Ordered
- Non-Specific Court Orders/Court-Ordered Activity
- Out-of-State Requests for Assistance
- Not applicable

**IF ANY ITEM IN SECTION 1 IS SELECTED, THE SDM INTAKE ASSESSMENT IS COMPLETE.
NO FURTHER SCREENING IS REQUIRED.**

SECTION 2. ALLEGATION AND SCREENING DECISION

PART A. MALTREATMENT ALLEGATION

Physical abuse

- Non-accidental physical injury
- Suspicious physical injury
- Excessive or cruel punishment
- Female genital mutilation
- Threat of physical abuse

- N/A

Sexual abuse

- Caretaker has engaged in or has attempted to engage in sexual contact with a child (sexual contact with a child)
- Caretaker has exposed child to sexually explicit conduct or materials (non-contact sexual abuse)
- Threat of sexual harm

- N/A

Human trafficking

- Child sex trafficking, and caretaker is alleged perpetrator
- Child sex trafficking, and non-caretaker is alleged perpetrator
- Child labor trafficking, and caretaker is alleged perpetrator
- Child labor trafficking, and non-caretaker is alleged perpetrator

- N/A

Neglect

- Omission of an act resulting in failure to thrive
- Inadequate clothing or hygiene
- Inadequate shelter/exposure to unsafe home and immediate environment
- Inadequate food/nutrition or malnutrition
- Inadequate medical, dental, and/or mental health care

- Inadequate supervision
- Caretaker absence or abandonment
- Educational neglect/truant child
- Substance-affected infant
- Exploitation

- N/A

Emotional injury

- Caretaker action has caused or is likely to cause emotional injury to the child
- Threat of emotional injury

- N/A

If any maltreatment types were selected, please indicate whether there was a:

- Child fatality—no other children in the home
- Child fatality/near fatality another child(ren) in the home
- Allegations are only in a facility, foster home, placement, or daycare
- Second incident

- N/A—none of these apply

PART B: INITIAL SCREENING RECOMMENDATION

- Screen in:** One or more criteria are selected
- Screen out:** No criteria are selected

PART C: OVERRIDES

Policy Overrides

Consider policy overrides. If no policy overrides are present, check "No overrides apply" and record the final screening decision.

- Screen in for non-investigatory response:** No abuse or neglect type is present, but referral will be screened in and assigned; no further SDM assessments required.
 - Law enforcement assist path
 - Dependency
 - Recommitment

- Screen out:** One or more abuse or neglect types are selected, but referral will be screened out; no further SDM assessments are required.
 - Insufficient information to locate child/family
 - Duplicate referral; information will be included with referral assigned for investigation
 - Referral already investigated; no new allegations

Discretionary Override to Screen Out

Consider if a discretionary override is needed to change the initial screening recommendation to screen out. If a discretionary override is not applied, check "No overrides apply" and record the final screening decision.

- Screen out:** One or more abuse or neglect types are selected, but referral will be screened out. Supervisory approval is required. No further SDM assessments are required.

Reason:

- No overrides apply**

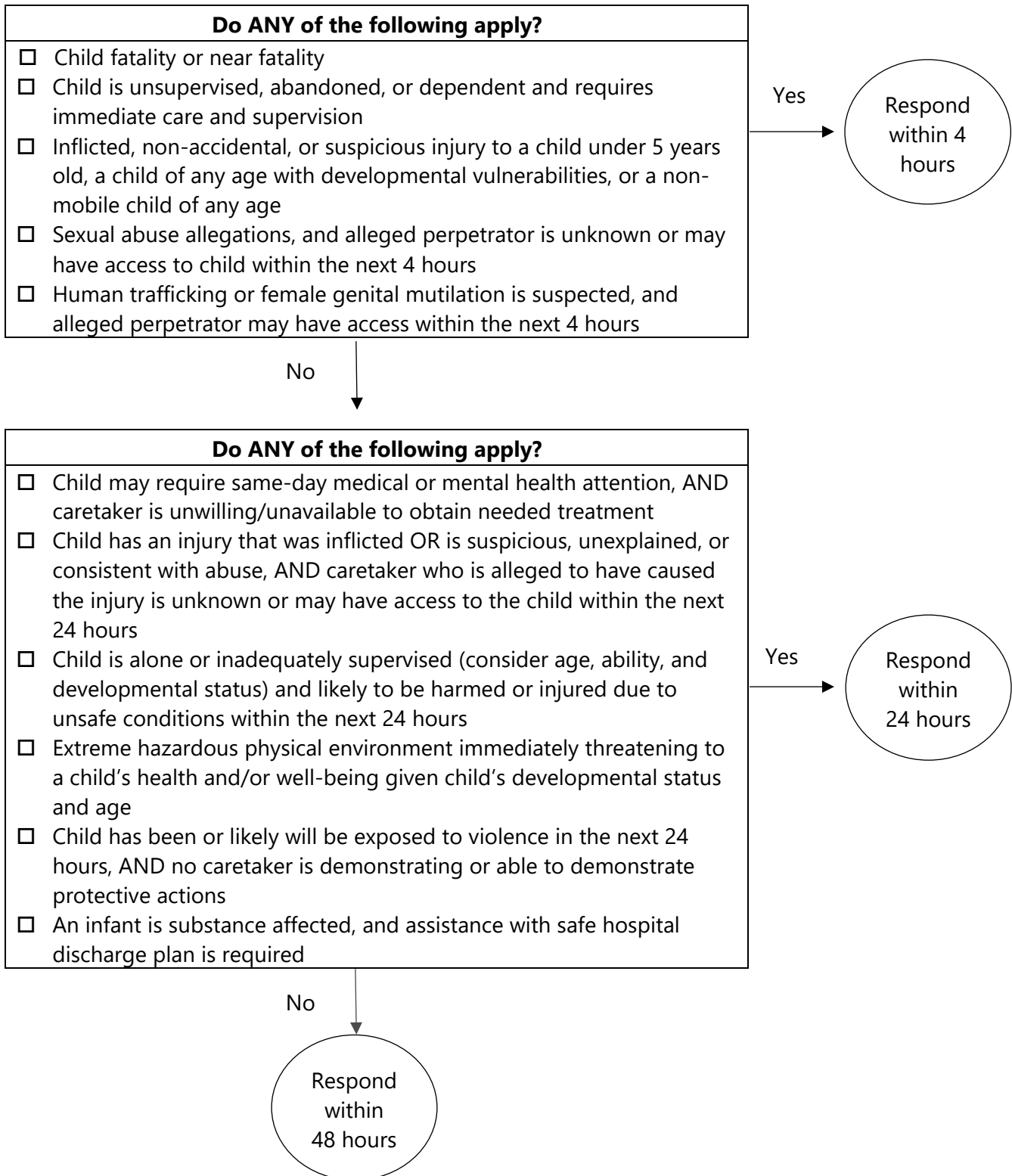
PART D: FINAL SCREENING DECISION

Record the final screening decision after consideration of overrides. If no overrides apply, the final decision will be the same as the initial recommended decision.

- **Screen in:** At least one abuse or neglect type is selected. Complete Section 3, Response Time and Type Decision.
- **Screen in:** At least one abuse or neglect type is selected, AND this is a second incident. Complete Section 3, Response Time and Type Decision.
- **Screen in:** At least one abuse or neglect type is selected. Child fatality/near fatality and another child is in the home. Complete next Section 3, Response Time and Type Decision.
- **Screen in for non-investigatory response:** No abuse or neglect type is selected. A non-investigatory response is indicated. No further SDM assessments are required.
- **Screen in for child fatality investigation:** Child fatality AND no other children are in the home. No further SDM assessments are required.
- **Screen in for allegations in facility, foster home, placement, or daycare.** No further SDM assessments are required.
- **Screen out:** No abuse or neglect type is selected, OR referral was screened out based on an override. *For all screened-out reports, proceed to consideration of resource linkage criteria.*

SECTION 3. RESPONSE TIME AND TYPE DECISION

For all accepted reports, review all items, starting with the top and progressing until a response time has been established.



PRELIMINARY RESPONSE TIME

- Within 4 hours
- Within 24 hours
- Within 48 hours

RESPONSE TIME OVERRIDE

Must provide rationale in text box below; supervisory approval required.

- Accelerate response time to 4 hours**
 - Perpetrator is unknown or may have access to child within the next 4 hours
 - Home is suspected to be an active methamphetamine lab
 - Child’s medical or mental health condition is potentially life threatening, and immediate intervention is required
 - Law enforcement is requesting immediate response
 - Forensic considerations would be compromised
 - There is reason to believe the family may flee
 - Other: Provide rationale below for accelerating response time

- Accelerate response time to 24 hours:** Perpetrator is unknown or may have access to child within the next 24 hours

- Accelerate response time by one response timeframe**

- Slow response time (slow response time by one)**
 - A caretaker is demonstrating protective actions, OR child is in an alternate safe environment
 - Allegations are regarding education neglect, and no other maltreatment types are present
 - Child safety requires strategically slower response
 - Alleged incident occurred more than 6 months ago, AND no abuse or neglect is alleged to have occurred in the intervening time period
 - Other: Provide rationale below for slowing response time

- No override (no change to response time/type)**

Rationale:

Supervisor Review and Approval: _____

FINAL RESPONSE TIME

- Within 4 hours
- Within 24 hours
- Within 48 hours
- Within 72 hours

FINAL RECOMMENDATION

- Screen in:** At least one abuse or neglect type is selected. Response time:
 - 4 hours
 - 24 hours
 - 48 hours
 - 72 hours
- Screen in:** At least one abuse or neglect type is selected AND this is a second incident. Response time:
 - 4 hours
 - 24 hours
 - 48 hours
 - 72 hours
- Screen in:** At least one abuse or neglect type is selected. Child fatality/near fatality and another child is in the home. Response time:
 - 4 hours
 - 24 hours
- Screen in for non-investigatory response:** No abuse or neglect type is selected. A non-investigatory response is indicated. No further SDM assessments are required. Response time:
 - 4 hours
 - 24 hours
 - 48 hours
 - 72 hours
- Screen in for child fatality investigation:** Child fatality AND no other children are in the home. No further SDM assessments are required. Response time:
 - 4 hours
 - 24 hours
- Screen in for allegations in facility, foster home, placement, or daycare.** No further SDM assessments are required. Response time:
 - 4 hours
 - 24 hours
 - 48 hours
 - 72 hours
- Screen out:** No abuse or neglect type is selected, OR referral was screened out based on an override. *For all screened out reports, proceed to consideration of resource linkage criteria.*

SDM® INTAKE ASSESSMENT DEFINITIONS

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

GENERAL DEFINITIONS

Child refers to any person under 18 years and younger *or* 18–21 years and in KCHFS care.

Caretaker refers to any of the following persons.

- A person responsible for a child’s health, welfare, or care, including:
 - » The child’s parent;
 - » The child’s guardian;
 - » The child’s foster parent;
 - » An employee of a public or private residential home, agency, or institution;
 - » Any other person legally responsible under state law for the child’s welfare in a residential setting; or
 - » Any staff person providing out-of-home care, including center-based child daycare, family daycare, or group daycare.
- A person given access to a child, defined as someone permitted personal interaction with a child by the person responsible for the child’s health, welfare, or care, or by a person entrusted with the care of a child.
- A person entrusted with the care of a child, defined as someone given access to a child by a person responsible for the health, welfare, or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring, or mentoring.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Only a person responsible, a person given access, or a person entrusted as defined above may be classified as a perpetrator of child abuse and/or neglect.

SECTION 1. PRE-SCREENING CRITERIA

AUTOMATIC SCREEN OUT FOR CHILD PROTECTION INVESTIGATION

A report is ruled out if one or more elements of child abuse/neglect are not met. The following situations require ruling out a report.

Reported victim is age 18 or older, age 18–21 and not in KCHFS placement, and/or is not seeking recommitment.

Applies if abuse or neglect allegations are limited to individuals over age 18. When the alleged victim is older than KCHFS jurisdiction allows, allegations should be forwarded to law enforcement, adult protective services, or another appropriate agency.

Alleged perpetrator is not a person responsible for, given access to, or entrusted to care for the alleged child victim(s). Do not select if the report is for human trafficking and/or female genital mutilation concerns.

When the alleged perpetrator is not the caretaker, guardian, person given access, or entrusted person, then the allegations should be forwarded to law enforcement.

Does not meet jurisdiction for Kentucky

Select this criterion if the child DOES NOT reside in Kentucky. Information regarding the abuse or neglect of a child in Kentucky, for a child who resides out of state, should be referred to the state of residence for investigation.

NON-INVESTIGATORY RESPONSE BY THE AGENCY MAY BE REQUIRED, BUT NO FURTHER USE OF STRUCTURED DECISION MAKING® (SDM) ASSESSMENTS IS REQUIRED.

There may be a non-investigatory response required by KCHFS. If any of the following are selected, no further SDM® assessments are required.

Safe Infant Path

Based on the parameters of the Kentucky Safe Infants Act. As long as there are no other indicators of abuse or neglect, children left at appropriate “safe places” will be entered on this path. A child is less than 30 days old and is not otherwise abused or neglected at an emergency medical provider, hospital, police station, fire station, or participating place of worship. See SOP4.21 Safe Infants Act.

Safety Net Path

For use when family support reports discontinuance from the K-Tap program and refers a family for a needs assessment and potential distribution of safety net funds.

Status Offender Path

Reports that involve a referral where the child has been adjudicated as a status offender by a court of competent jurisdiction and referred by the court to the Department for Community Based Services (DCBS) for a status offender assessment. This report can be opened for services and requires a worker to complete a court report.

Safety Check and Review Path/Border Agreement

This path is selected by the intake worker when a state with a current border agreement requests an emergency assessment of a relative's home for possible placement. Border agreement information can be found in SOP 10.6.

Safety Check and Review Path/Court Ordered

This path is selected by the intake worker when a relative/fictive kin is being assessed for placement of a child OR when the court orders an assessment of a relative/fictive kin's home.

Non-Specific Court Orders/Court-Ordered Activity

Court orders that specify an action other than a risk assessment or safety check and review, a status offender case, or a guardianship action. A judge issues a court order requesting DCBS to perform a specific action for a child/family that does not have an active case and does not otherwise meet criteria for a maltreatment referral.

Out-of-State Requests for Assistance

This path is selected by the intake worker when another state requests a walkthrough of a home, interview of a child/individual, or service referral information to a family. **This does not include a safety check and review, background check (AOC/CANS), or court documents.**

SECTION 2. ALLEGATION AND SCREENING DECISION

PART A. MALTREATMENT ALLEGATION

Physical abuse

Non-accidental physical injury

A caretaker caused a physical injury with intent to harm, AND the injury was more than superficial. The injury can also be unseen (i.e., internal injury). If the injury is superficial, or if there is no known injury but injury cannot be ruled out (the child's age and vulnerability should be considered), review for threat of physical abuse: excessive physical force.

Examples include the following.

- Child has a bruise caused by caretaker punching, kicking, or slapping child.
- Child has an internal injury caused by caretaker hitting child.
- Child's breathing or airway is restricted by a caretaker, causing the child to be unable to breathe, to be in significant pain, or to fear caretaker

OR

A caretaker intentionally carried out a disciplinary action that resulted in physical injury that was more than superficial, even if the intent was not to harm. If the injury is superficial, or if there is no known injury but injury cannot be ruled out, (the child's age and vulnerability should be considered), review for threat of physical abuse: excessive physical force.

Examples include the following.

- Child has an eye injury caused when caretaker attempted to use a belt to hit child on bottom.
- Child has a dislocation caused when caretaker attempted to physically restrain or move child.

OR

Caretaker's reckless actions resulted in an injury that was more than superficial. If the injury is superficial, or if there is no known injury but injury cannot be ruled out (the child's age and vulnerability should be considered), review for "Neglect: supervision" or "Dangerous actions near child."

Examples include the following.

- Child receives injury during a domestic violence incident.

Suspicious physical injury

The child has an injury that is more than superficial, and the reporter does not know how it was caused, AND the nature of the injury suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent with abuse.

Examples include the following.

- Non-superficial injuries on non-mobile children.
- Severe injuries with no explanation, an explanation that is not consistent with an injury, or conflicting explanations (e.g., injuries on multiple planes with a history of a single impact).
- Non-superficial injuries on protected surfaces or areas of soft tissue of the body. Includes injuries to the thighs, calves, genitals, buttocks, cheeks, ears, lips, neck, and back.
- Patterned injuries (i.e., marks are in the shape of an object used to hit child or in a shape consistent with intentional injury, such as burns on the feet without splash marks), even if the method used cannot be determined.
- An adult human bite mark on a child.
- Bruises to multiple planes or body surfaces (e.g., left and right) on a child without a known event is concerning for abuse as this pattern does not typically result from minor household accidents.
- A child is provided with illegal drugs, alcohol, or medication not according to prescription or directions, which has caused or was likely to have caused bodily harm. Harm includes burning, internal injury, or alteration in bodily function (e.g., suppressed breathing or heart rate or altered consciousness).

Excessive or cruel punishment

Excessive or cruel punishment likely to cause serious physical injury includes situations in which the caretaker is responding to and attempting to correct the child's behavior but uses physical discipline that is age inappropriate or bears no resemblance to reasonable discipline. This includes inappropriate restraint.

Examples include the following.

- Punching, kicking, strangling, shaking, or suffocating child.
- Striking child hard enough to cause child to fall.
- Striking child extremely hard or multiple times in critical areas such as abdomen, lower back, or head.
- Was intoxicated or in an uncontrolled rage when hitting child.
- Hitting child frequently, and child cannot defend self (e.g., infant or toddler, physically limited).
- Forcing child to perform physical activity to the extent that child becomes injured.

Female genital mutilation

A caretaker engages in circumcision or removal, cuts or repositioning of the whole OR any part of the female genitalia on a child under 18 years of age, regardless of whether the procedure is part of religious practice, AND the procedure is not a medically necessary procedure ordered by and performed by a physician.

This includes all other harmful procedures to the female genitalia for non-medical purposes, such as infibulating, removing, narrowing, pricking, piercing, incising, scraping, sealing, and cauterizing the genital area.

Threat of physical abuse

Caretaker behaviors will likely cause serious injury without intervention. It is not necessary for a reporter to determine that an injury occurred. Consider the child's age and development in combination with the Caretaker action. Note: If the child has been injured, check one of the applicable physical injury definitions (i.e., suspicious death of a child due to abuse, and another child in care of caretaker; non-accidental physical injury; OR unexplained or suspicious physical injury) above.

Examples of caretaker action that could cause injury include but are not limited to the following.

- Caretaker has struck a child with a closed fist, implement, or object.
- Caretaker has struck or used physical discipline on critical areas (e.g., above the neck, abdominal area, genitals).
- Caretakers' action/behavior toward child is escalating, and there is a history of caretaker causing physical injury when this occurs.
- Caretaker has previously physically abused a child and that child is no longer in the care of the caretaker due to the abuse, and a child is currently living in the household.
- Caretaker has made credible threats (heard or seen) to cause serious physical harm to the child that, if carried out, would constitute child abuse, and it is likely that, without intervention, the caretaker will carry out these threats.

Sexual abuse

Caretaker has engaged in or has attempted to engage in sexual contact with a child (sexual contact with a child)

An adult has contacted a child's genitals, caused a child to touch the genitals of another person, or has other physical contact with a child for the purpose of sexual gratification.

Examples include but are not limited to the following.

- Rape.
- Sodomy (oral or anal).
- Incest.
- Sexual penetration with a foreign object.
- Kissing a child in an intimate manner.
- Touching and fondling that is sexual in nature.
- A child 17 years of age or younger has engaged in sexual activity with a caretaker.

Caretaker has exposed child to sexually explicit conduct or materials (non-contact sexual abuse)

Though no sexual contact is reported, an adult seeks sexual stimulation in a way that involves a child, with or without the child's knowledge.

Examples include the following.

- Exposing oneself before a child in a sexual manner.
- Exposing the genitals of a child in a sexual manner.
- Promotion of sexual contact with animals.
- Exposing a child to sexual activity.
- Any incident involving child non-accidental exposure to sexual behavior.

Non-accidental incident of or exposure to sexual behavior includes but is not limited to the following, whether or not a specific perpetrator is identified.

- Rape.
- Penetration (digital, penile, or foreign object).
- Oral/genital contact.
- Indecent exposure for the purpose of the offender's sexual gratification or for purposes of shaming, humiliating, shocking, or exerting control over the victim.
- Incest.
- Fondling, including kissing, for the purpose of the offender's sexual gratification or for purposes of shaming, humiliating, shocking, or exerting control over the victim.
- Coercing or forcing a child to participate in or be negligently exposed to pornography and/or sexual behavior.

Threat of sexual harm

Child has been reported as exhibiting physical, behavioral, or other suspicious indicators concerning for sexual abuse (regardless of disclosure). Evidence of such includes but is not limited to the following.

- Diagnosis of a child with a disease or condition that arises from sexual transmission.
- Sexual acting out by the child in ways that are inappropriate to the child’s age and/or development.
- Reporter indicates an act of sexual abuse or sexual exploitation involving a child may occur.
- CPS record or court record documents that a person in a caretaking role has committed child sexual abuse.
- There are specific statements alleging past sexual abuse by a current caretaker.
- A child is left unsupervised with a person listed on the sex offender registry.
- A person on the sex offender registry has continued access to the child.

Human Trafficking

Human trafficking can be found in overt situations, such as an individual specifically offering money, drugs, alcohol, etc. to a minor for sexual favors. Alternatively, a minor may be seen working in dangerous situations and reporting being forced to pay off a “debt” to their employer. Human trafficking can be hard to detect when it is covert.

In covert human trafficking, a parent/guardian may benefit from an illegal relationship between their minor child and an adult. This could be the parent “turning a blind eye” to what is going on, in exchange for getting rides to the store, childcare, groceries, etc.

“Survival sex” is engaging in sexual intercourse or sexual acts to secure basic human needs, such as food, clothing, or shelter. These acts can be in-person sexual acts, including intercourse; or sending inappropriate photographs online. This is a form of commercial sexual exploitation. A minor does not have to have a “trafficker” to be considered a victim of human trafficking with this version of exploitation.

Child sex trafficking, and caretaker is alleged perpetrator

Any incident involving alleged human trafficking of a child, including sex trafficking.

- Child sex trafficking. This involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation.
- Worker will review the Sexual Abuse maltreatment allegation for additional victim/perpetrator pairing programs regarding caretaker abuse. The definition for trafficking is met, AND the purpose is to engage the child in sexual activities by a caretaker.

Examples include the following.

- » Forces or coerces child to exchange sex for food, a place to stay, clothing, or anything the child needs or wants.

- » The commercial exchange of the child to meet the needs or wants of caretaker, such as the caretaker allowing someone else to engage in sexual activity with the child in exchange for drugs or rent.
- » A child makes money or is required to earn a quota for a "boyfriend"/"pimp"/"controller"/"manager"/"daddy."
- » A person posts sexually explicit pictures of the child on the internet for the purpose of making money.
- » Caretaker possesses, manufactures, or distributes child pornography, including electronically.
- » Caretaker solicits child online for sexual acts.
- » Caretaker distributes obscene materials depicting child.

Child sex trafficking, and non-caretaker is alleged perpetrator

Any incident involving alleged human trafficking of a child, including sex trafficking.

- Child sex trafficking. This involves any sex act involving a minor in exchange for anything of value. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation.
- This involves any sex act involving a minor in exchange for anything of value. This includes the offer or intent to exchange something of value for sexual favors.

The definition for trafficking is met, AND the purpose is to engage the child in sexual activities by a non-caretaker.

Examples include the following.

- Forces or coerces child to exchange sex for food, a place to stay, clothing, or anything the child needs or wants.
- The commercial exchange of the child to meet the needs or wants of caretaker, such as the caretaker allowing someone else to engage in sexual activity with the child in exchange for drugs, or rent.
- A child makes money or is required to earn a quota for a "boyfriend"/"pimp"/"controller"/"manager"/"daddy."
- A person posts sexually explicit pictures of the child on the internet for the purpose of making money.
- Non-caretaker possesses, manufactures, or distributes child pornography, including electronically.
- Non-caretaker solicits child online for sexual acts.
- Non-caretaker distributes obscene materials depicting child.

Child labor trafficking, and caretaker is alleged perpetrator

- Child labor trafficking. This involves any labor services provided by the child using force, fraud, or coercion; subjecting the child to involuntary servitude, debt, or slavery.
- The most common industries in which child labor trafficking occurs are agriculture, domestic work, health and beauty, restaurants/small business, gang-involved drug sales and gun carrying, traveling sales crews, and peddling or begging rings.

Examples include the following.

- Children forced to hit a quota of magazine or candy sales in order to receive food, water, shelter, or have other basic needs met.
- Threats of being deported in exchange for labor
- Withholding immigration paperwork in exchange for labor
- Forced to work in inhumane environments for little to no pay in exchange for a need being met.
- Threats of violence against a person or their family in exchange for labor.
- Wages garnished to pay off smuggling fees leading to debt bondage.

Child labor trafficking, and non-caretaker is alleged perpetrator

- Child labor trafficking. This involves any labor services provided by the child using force, fraud, or coercion; subjecting the child to involuntary servitude, debt, or slavery.
- The most common industries in which child labor trafficking occurs are agriculture, domestic work, health and beauty, restaurants/small business, gang-involved drug sales and gun carrying, traveling sales crews, and peddling/begging rings.

Examples include the following.

- Children forced to hit a quota of magazine or candy sales in order to receive food, water, shelter, or have other basic needs met.
- Threats of being deported in exchange for labor.
- Withholding immigration paperwork in exchange for labor.
- Forced to work in inhumane environments for little to no pay in exchange for a need being met.
- Threats of violence against a person or their family in exchange for labor.
- Wages garnished to pay off smuggling fees leading to debt bondage.

Neglect

Omission of an act resulting in failure to thrive

The child has a current diagnosis by a qualified medical professional of non-organic failure to thrive; OR a qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made.

Inadequate clothing or hygiene

Caretaker has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities are adversely impacted or the child has experienced medical consequences. This includes serious physical symptoms that do not require medical treatment due to poor care (e.g., frostbite, scabies, impetigo, severe diaper rash). This also includes serious repeated infestations of lice that impair the health or well-being of the child or the child smelling of urine, feces, or other strong body odor.

Inadequate shelter/exposure to unsafe home and immediate environment

Caretaker is unable or unwilling to provide basic shelter for the child, or the child's home environment contains hazards that could lead to injury or illness of the child if not resolved.

Examples of such hazards include but are not limited to the following: exposed gas fumes; faulty electrical wiring; no utilities (e.g., heat, water, electricity); no working toilet; broken windows or stairs; human or animal excrement; exposure to chemicals that are used to make meth; exposure to an area where the production of meth has occurred, past or present; access to illegal drugs or prescription/non-prescription medication; lead based paint; clutter that creates a fire or safety hazard; infestation of insects, vermin, or rodents.

Inadequate food/nutrition or malnutrition

Caretaker has not provided child with adequate food for a period of time, OR the child has special dietary needs that are not being met, considering the child's age or physical needs, AND as a result, the child shows symptoms of malnutrition, failure to thrive, or dehydration, or the lack of food provisions interferes with the child's health needs, based on height or weight norms.

Examples include the following.

- The child is malnourished as assessed by a medical professional.
- The child appears substantially undernourished (i.e., unexplained weight loss or other physical symptoms).
- The child experiences severe hunger that interferes with their functioning based on height or weight norms for the child's age (e.g., unable to concentrate in school or participate in activities).

- The caretaker does not feed the child or withholds food or water to the extent that a negative impact on the child's health is likely.

Note: Reports that allege only "no food in the house" are not taken as a report unless the child's health is being affected.

Inadequate medical, dental, and/or mental health care

The unreasonable delay, refusal, or failure of the caretaker to seek, obtain, and/or maintain necessary medical, dental, or mental health care when caretaker knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child. Impact may include life-threatening conditions, permanent impairment, impeded normal physical function, and conditions that worsen without treatment. Also include serious threat to the child's health due to the outbreak of a vaccine-preventable disease, unless the child is granted an exception pursuant to KRS 214.036. Such actions may include but are not limited to the following.

- Frequently missed appointments, therapies, or other necessary medical and/or mental health treatments, and such actions may have an adverse impact on the child.
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical or mental health conditions.
- Withholding medically indicated treatment from disabled infants with life-threatening conditions.

Note: Failure to provide the child with immunizations or routine well-child care does not constitute medical neglect in and of itself. In cases where caretakers are citing religious reasons for not seeking medical treatment, an investigation would occur if conditions in the above criteria are met, but the caretakers cannot be found negligent based on religious beliefs alone. Court action may be necessary to protect the child(ren).

Inadequate supervision

Caretaker is present but inattentive to child's actions or needs, or the caretaker has made inadequate care arrangements for the child, AND injury has occurred or is likely to occur due to lack of supervision.

Examples include but are not limited to the following.

- Caretaker is present but is under the influence of OR is misusing substances and/or unable to care for the child to the extent that an injury has or may occur without intervention.
- Caretaker is with the child but is not responding to threats to child safety (e.g., child is putting dangerous objects into mouth and caretaker is not responding; child walks out while caretaker is asleep or passed out).
- Caretaker has left child unsupervised with responsibilities beyond their capabilities and/or without a support system. Consider length of time unsupervised, time of day, and age/ability of child.

- Caretaker knew and allowed a child age 15 or younger to have sexual contact with another child or adult, or caretaker should have known about such contact.
- Caretaker knowingly leaves child with a person who is mentally or physically unable to protect child or meet child's needs, or a person under the influence who is impaired to the point of inability to provide basic care and shelter.

Caretaker absence or abandonment

A child has been abandoned. Examples of abandonment include but are not limited to the following.

- The caretaker left a child unattended; the child is unable to identify their self, and there is no evidence available to identify the child's family.
- There is evidence that the Caretaker will not assume further responsibility for the child and/or Caretaker did not intend for the child to survive (e.g., infant left in a dumpster).
- It is not known where the caretaker is or approximately when the caretaker will return.

Educational neglect/truant child

Educational neglect occurs when a school-aged child is excessively absent from school through the caretaker's intent or neglect, and there is a documented negative impact on the child's educational performance. Consider the following when determining whether this situation applies.

- The school system has exhausted its resources to correct the problem and complied with its duties pursuant to KRS.159.140; and
- The caretaker's neglect prevents the child from attending school or receiving appropriate education such that it has a documented negative impact on educational performance.

Note: Excessive absenteeism and school avoidance may be presenting symptoms of a failure to meet the physical, emotional, or medical needs of a child. Intake staff shall consider these potential additional allegations at the time of referral.

The following criteria apply according to age.

- For children school-aged to age 12, excessive absenteeism may be indicative of the caretaker's failure to meet the educational needs of the student.
- For children older than 12, excessive absenteeism, coupled with a failure by the caretaker to engage in efforts to improve the child's attendance, may be indicative of educational neglect.

Note: Reports from entities other than the appropriate school system are not accepted but are referred back to the school system.

For children older than 12, excessive absenteeism through the child's own intent, despite the caretaker's efforts, is not educational neglect. Rather, this is truancy, which is handled through the school district.

In determining the criteria for excessive absenteeism, the following characteristics of the child shall be considered by the social worker.

- Age.
- Health.
- Level of functioning.
- Academic standing.
- Dependency on caretaker.

In determining the criteria for excessive absenteeism, the following characteristics of the caretaker shall be considered by the social worker.

- Rationale provided for the absences.
- Efforts to communicate and engage with the educational provider, and failure to enroll a school-aged child in appropriate educational programming (including home schooling).

Except as noted below, a school-aged child is a child 6 years of age and older and under 18 years of age who is not a high school graduate.

Exceptions (in accordance with KRS.159.140) include the following.

- A caretaker or person having control of a child may exercise the option of not sending the child to school prior to the age of 6 years by personally appearing at the school district office and signing an option form. In these cases, educational neglect occurs if the caretaker or person having control of the child has enrolled the child at age 6 years and then does not allow the child to attend school or receive home instruction.
- Failure to sign a registration option form for such a child is not in and of itself educational neglect.
- A caretaker or person having control of a child 17 years of age may consent to the child's withdrawal from school. Such caretaker or person having control of the child shall personally appear at the school district office and sign a withdrawal form.

Substance-affected infant

A child born with non-prescribed drugs in their system or showing signs of withdrawal from non-prescribed drugs (refer to 42 USC 5106a(b)(2)(A)(ii) and KRS 620.030(2)).

Exploitation

Caretaker uses a child for financial gain; entices a child to become involved in criminal activities.

Emotional Injury

Caretaker action has caused or is likely to cause emotional injury to the child

Caretaker has a pattern of negative behavior; repeated destructive interpersonal interactions; OR a single, significant destructive interaction toward the child that has or likely will have an impact on the child's emotional well-being. The child may exhibit harm through symptoms of depression, significant anxiety or withdrawal, self-destructive or outwardly aggressive behavior, or delayed development. Caretaker behavior that constitutes emotional maltreatment may include but is not limited to repeated and/or extreme episodes of the following actions.

- The caretaker is exhibiting persistent or severe symptoms of mental illness. The child is worried that the caretaker will harm themselves, child must care for a chronically depressed caretaker, or child worries about their own safety due to caretaker's symptoms.
- Rejecting or degrading the child. This may include singling one child out to criticize or punish, belittling the child, or shaming the child for expressing normal emotions such as affection or grief.
- Withholding affection or cognitive stimulation, failing to express care and love for the child, and/or using affection as a reward.
- Terrorizing the child. This may include threatening harm or actually harming self or a child's loved ones, including pets; intentionally placing the child in dangerous situations; or otherwise intentionally causing the child to experience extreme fear.
- Isolating the child. This may include intentionally denying the child opportunities for interacting with peers or other adults.
- Exploiting the child. One caretaker uses child for their own gain, such as talking negatively about another caretaker in an effort to sabotage the child's relationship with that caretaker.
- Corrupting the child. Caretaker actions encourage the child to develop self-destructive, antisocial, criminal, or deviant behaviors.

Threat of emotional injury

Child is exposed to one or more incidents of violence between caretakers and/or other household members as indicated by the child seeing, hearing, or trying to intervene in the incident of violence, OR the child is known to experience the buildup of tension or aftermath of the assault (e.g., observing victim depression, bruises, or other injuries). Incidents of violence include but are not limited to physical conflict; sexual assault; verbal altercations that include coercion, intimidation, or threats; manipulation or control of children; isolation; or unreasonable control of the adult victim.

If any maltreatment types were selected, please indicate whether there was a:

- Child fatality—no other children in the home
- Child fatality/near fatality—another child(ren) in the home
- Allegations are only in a facility, foster home, placement, or daycare
- Second incident
- N/A—none of these apply

PART B: INITIAL SCREENING RECOMMENDATION

Screen in: One or more criteria are selected.

Select this decision if any abuse or neglect type in Part A is selected, which means that at least one reported allegation meets statutory requirements for an investigation.

Screen out: No criteria are selected.

Select this decision if no abuse or neglect type in Part A is selected, which means that the referral does not meet statutory requirements for an investigation.

PART C: POLICY OVERRIDES

If, after considering both, no overrides will be applied, select “No overrides apply” and go to the final screening decision.

Screen in for non-investigatory response: No abuse or neglect type is present, but referral will be screened in and assigned; no further SDM assessments required (select all that apply)

Select this decision if no abuse or neglect types in Section 1 are selected, which means that the referral does not meet statutory requirements for an investigation. However, a referral will be opened and assigned for investigation for one of the following.

Law enforcement assist path

No maltreatment has been reported at this time. Law enforcement requests assistance from CPS.

Dependency

This path is chosen when a report is received about a child's improper care, custody, control, or supervision that is not due to an intentional act or lack of action by a caretaker (922 KAR 1:330). Examples include the following.

- Caretaker dies or is incapacitated, and no alternative caretaker is available.
- Caretaker cannot meet a child's special needs and has exhausted all available resources.
- A minor is in the US without an adult to care for them.
- A minor is re-entering the community setting from a DJJ commitment but does not have a safe home or custodian to return to.

Recommitment

This path is chosen when a report is received regarding an eligible youth requesting to be permitted to reinstate their commitment to the Cabinet prior to attaining 19 years of age. This reinstatement or recommitment will allow the youth to be committed to the Cabinet until age 21 and to receive transitional living support.

Examples include the following:

- A youth who exited care at 18 or older;
- A youth who previously reinstated their commitment and left and is still under 19 years old.

Screen out: One or more abuse or neglect types are selected, but referral will be screened out (select all that apply)

Indicate the reason.

Insufficient information to locate child/family

The caller was unable to provide enough information about the child's identity and/or location to enable an investigation. Do not select this item if enough partial information is available to potentially locate family.

Duplicate referral; information will be included with referral assigned for investigation

A report of the same specific incident that has previously been investigated or assessed within the past 30 days, and there is no new information or change in circumstances. **A duplicate referral involves the same child and the same event.**

Referral already investigated; no new allegations.

A report was previously received, investigated, and closed. The information reported matches the prior allegations in all respects.

PART D. FINAL SCREENING DECISION (after consideration of policy overrides)

Record the final screening decision after consideration of overrides. If no overrides apply, the final decision will be the same as the initial recommended decision.

Screen in: At least one abuse or neglect type is selected. Complete Section 3, Response Time and Type Decision.

One or more criteria in Section 1 are selected, which means that at least one reported allegation meets statutory requirements for an investigation. For all referrals in which the final screening decision is to screen in, a response time must be identified.

Screen in: At least one abuse or neglect type is selected, AND this is a second incident. Complete Section 3, Response Time and Type Decision.

One or more criteria in Section 1 are selected, which means that at least one reported allegation meets statutory requirements for an investigation; AND this is the second incident. For all referrals in which the final screening decision is to screen in, a response time must be identified.

Screen in: At least one abuse or neglect type is selected. Child fatality/near fatality and another child is in the home. Complete Section 3, Response Time and Type Decision.

At least one abuse or neglect type is selected, there was a child fatality/near fatality, and another child is in the home. Reported allegations meet statutory requirements for an investigation and a response time must be identified.

Screen in for non-investigatory response: No abuse or neglect type is selected. A non-investigatory response is indicated. No further SDM assessments are required.

Screen in for child fatality investigation: Child fatality AND no other children are in the home. No further SDM assessments are required.

At least one abuse or neglect type is selected, and there was a child fatality involving the only child in the home.

Screen in for allegations in facility, foster home, placement, or daycare. No further SDM assessments are required.

One or more abuse or neglect type is selected, and allegations are only in a facility, foster home, placement, or daycare. No further SDM assessments are required.

Screen out: No abuse or neglect type is selected, OR referral was screened out based on an override. For all screened out reports, proceed to consideration of resource linkage criteria.

No abuse or neglect type in Section 1 is selected, OR referral was screened out based on an override, which means that the referral does not meet statutory requirements for an investigation.

SECTION 3. RESPONSE TIME AND TYPE DECISION

Review criteria and select any that may apply. If any criteria are selected “yes,” a four-hour response is required. If no criteria are selected, consider the next set of criteria to determine whether a 24- or 48-hour response is required.

If any of the following apply, a four-hour response is required.

Child fatality or near fatality

Select if there was a child fatality or near fatality, regardless of whether there are other children in the home.

Fatality. Maltreatment involving a deceased child. Allegation must meet criteria for acceptance for abuse and/or neglect or there is a suspicion/indication that the alleged maltreatment contributed to the child’s death.

Near fatality. An act or injury that, as certified by a physician, places a child in serious or critical condition. Certification of condition by physician (serious or critical) can be made verbally and/or in writing. Hospital application of the terms “serious” or “critical” will vary, depending on which physician specialty is asked (e.g., emergency department physician, intensive care unit physician, primary care physician).

If any of the following conditions are reported by a medical provider, consider a near fatality.

- Life-saving procedures have been performed (e.g., CPR, intubation).
- Child will be/was admitted to the intensive care unit (ICU), including pediatric intensive care (PICU) and neonatal intensive care unit (NICU), or step-down unit, as a result of the injury and/or alleged neglect.

- The condition of the child admitted to the ICU/step-down unit must be considered. If the child is admitted for observation, such as after surgery, the condition MAY NOT meet that of a near fatality.
- Emergently transferred to a referral or specialty hospital.
- There is or was a substantial risk of death as a result of the condition.

There is a distinction between an injury being of a serious nature versus a child being classified in serious condition. The level and extent of medical intervention may be an indicator in this distinction. For example, a child may have a serious bone fracture, but that does not mean the child's overall condition is serious—this would not be a near fatality.)

Child is unsupervised, abandoned, or dependent and requires immediate care and supervision

The likelihood of the child being injured or becoming ill is high if a same-day response does not occur. The weather, age of child, clothing child is wearing, and immediate environment all should be considered when determining whether a same-day response is required. Examples may include but are not limited to the following.

- The caretaker is unable to care for the child due to arrest, illness, or hospitalization or incapacitation.
- The caretaker left the child unsupervised, and the child is developmentally unable to care for self, AND either appropriate arrangements for the child's care were not made, or CPS is unsure whether appropriate arrangements were made.
- The caretaker died, and there are no arrangements for the child's care.
- The caretaker stated that the child cannot remain in the home today or is forcing the child to leave the home today and is not making appropriate alternative arrangements for the child's care.
- The caretaker abandoned or has immediate plans to abandon a child, meaning the caretaker voluntarily surrendered the child and relinquished their rights as a caretaker.

Inflicted, non-accidental, or suspicious injury to a child under 5 years old, a child of any age with developmental vulnerabilities, or a non-mobile child of any age

Suspicious physical injury: The child has an injury that is more than superficial, and the reporter does not know how it was caused, AND the nature of the injury suggests that it is non-accidental. Include all injuries that a medical professional describes as consistent with abuse.

Sexual abuse allegations, and alleged perpetrator is unknown or may have access to child within the next 4 hours

Allegations include current concerns of sexual abuse, and either the alleged perpetrator is unknown OR the alleged perpetrator may have access to the child within the next four hours.

Human trafficking or female genital mutilation is suspected, and alleged perpetrator may have access within the next 4 hours

Allegations are of human trafficking or female genital mutilation, and either the alleged perpetrator is unknown OR the alleged perpetrator may have access to the child within the next four hours.

If any of the following apply, a 24-hour response is required.

Child may require same day medical or mental health attention, AND caretaker is unwilling/unavailable to obtain needed treatment

This includes situations where injuries or illnesses pose a danger of death/near fatality, physical impairment, disfigurement, or disability. Examples include but are not limited to the following.

- A child has symptoms associated with a diagnosis of failure to thrive, and no medical attention is being provided currently, or the child's appearance and symptoms suggest that they should receive medical attention today.
- The caretaker is unwilling or refusing to obtain medical treatment; without such medical treatment, the child's condition may become life threatening or may result in permanent impairment (e.g., blood transfusions, insulin required at regular intervals for diabetes treatment).
- A child is experiencing extreme mental health behaviors, such as psychosis, as part of an escalating pattern of behaviors such as threats to self or others, AND caretaker is unwilling or unable to keep the child safe.
- A child has a serious illness or injury that has not been medically assessed, and the child's condition is worsening (e.g., young child experiencing prolonged vomiting or diarrhea, evidence of a worsening infection or chronic medical condition that affects child's breathing or ability to eat or drink).

Child has an injury that was inflicted OR is suspicious, unexplained, or consistent with abuse, AND caretaker who is alleged to have caused the injury is unknown or may have access to the child within the next 24 hours

- Any of the following physical indicators of injury resulting from a caretaker's action or lack of action are currently present: internal injuries; bruising; broken bones; burns; fractures; injuries alleged to have been caused by an object (e.g., imprint of a belt buckle); or superficial injuries such as cuts, welts, or abrasions.
- Include situations in which the exact cause of an injury may be unknown, but a caretaker is suspected as having caused the injury, **OR** the intent of the caretaker is unknown but there is a basis to suspect the injury was non-accidental.

Child is alone or inadequately supervised (consider age, ability, and developmental status) and likely to be harmed or injured due to unsafe conditions within the next 24 hours

Examples of inadequate supervision include but are not limited to the following:

- The caretaker is present but is under the influence of OR is misusing substances and/or unable to care for the child to the extent that an injury has occurred or may occur without intervention.
- The caretaker is with the child but is not responding to threats to child safety (e.g., child is putting dangerous objects into mouth and caretaker is not responding; child walks out while caretaker is asleep or passed out).
- The caretaker has left the child unsupervised with responsibilities beyond the child's capabilities and/or without a support system. Consider length of time unsupervised, time of day, and child's age/ability.
- The caretaker knew and allowed a child age 15 or younger to have sexual contact with another child or adult, or the caretaker should have known about such contact.
- The caretaker knowingly leaves a child with a person who is mentally or physically unable to protect child or meet child's need, or a person under the influence who is impaired to the point of inability to provide basic care and shelter.

Consider age, ability, and developmental status when determining whether these criteria apply.

Extreme hazardous physical environment immediately threatening to a child's health and/or well-being given child's developmental status and age

Physical living environment is immediately threatening to a child's health and/or well-being, as indicated by the presence one or more of the following.

- Guns that are easily accessible to young and/or untrained children.
- Drugs or drug paraphernalia left within easy access of young children.
- Live exposed wires in the home.
- Broken glass left within access of young children.
- Human or animal excrement within access of young children.
- Excessive garbage within the home or clutter that creates a fire hazard.
- Infestation of vermin and/or insects.

Child has been or likely will be exposed to violence in the next 24 hours, AND no caretaker is demonstrating or able to demonstrate protective actions

Due to the nature of the violence, a 24-hour response is required both to assess and ensure the physical safety of the child. Examples of exposure to violence that require a 24-hour response may include but are not limited to circumstances described below.

- An adult required medical attention as a result of a violent incident, and the child was present in the home when the assault occurred.
- Evidence shows that weapons or objects were used to physically assault or threaten the victim in the home, and the child was present.
- Information is received that a caretaker and their child are planning to return to a partner who has a history of abuse. No information suggests that circumstances have changed, and CPS:
 - » Has previously responded on the same day to a report involving violence;
 - » Has new information to suggest that the partner was seriously injured (required hospitalization) during a violent dispute; or
 - » Has information that a child was previously injured during a violent dispute.

An infant is substance affected, and assistance with safe hospital discharge plan is required

If none of the above criteria apply, a 48-hour response is required.

RESPONSE TIME OVERRIDE

Accelerate response time to 4 hours

Unusual circumstances not captured by the response time criteria support a faster response time than recommended by the tool. Consider and select any of these criteria that apply. Selecting this item requires supporting documentation in the corresponding rationale box.

Perpetrator is unknown or may have access to child within the next 4 hours

Home is suspected to be an active methamphetamine lab

Child's medical or mental health condition is potentially life threatening, and immediate intervention is required

A child has a serious illness or injury that has not been medically assessed, and the child's condition is worsening (e.g., young child experiencing prolonged vomiting or diarrhea, evidence of a worsening infection or chronic medical condition that affects child's breathing or ability to eat or drink).

Child has attempted or is threatening suicide, and the caretaker does not respond appropriately (e.g., does not seek urgent medical or psychiatric attention or follow recommendations of a mental health professional currently involved with the child's care),,

Law enforcement is requesting immediate response

A law enforcement officer is requesting an immediate CPS response.

Forensic considerations would be compromised

Physical evidence necessary for the investigation would be compromised if the investigation does not begin immediately, OR there is reason to believe statements will be altered if interviews do not begin immediately.

There is reason to believe the family may flee

The family has stated an intent to flee or is acting in ways that suggest an intent to flee, OR there is a history of the family fleeing to avoid investigation.

Accelerate response time to 24 hours: Perpetrator is unknown or may have access to child within the next 24 hours

Unusual circumstances not captured by the response time criteria support a faster response time than recommended by the tool.

Accelerate response time by one

Unusual circumstances not captured by the response time criteria or overrides support a faster response time than recommended by the tool. Selecting this item requires supporting documentation in the corresponding rationale box.

Slow response time (slow response time by one)

Unusual circumstances not captured by the response time criteria or overrides support a slower response time than recommended by the tool. Consider and select any of these criteria that apply. Selecting this item requires supporting documentation in the corresponding rationale box.

A caretaker is demonstrating protective actions, OR child is in an alternate safe environment

The child is no longer in the same place or is with a caretaker who is not the alleged abuser, and that caretaker is demonstrating protective actions.

Allegations are regarding education neglect, and no other maltreatment types are present

Child safety requires strategically slower response

The child's current location is such that initiating contact may create a threat to the child's safety, OR the value of coordinating a response from multiple agencies outweighs the need for an immediate response.

Alleged incident occurred more than six months ago, AND no abuse or neglect is alleged to have occurred in the intervening time period

SDM® INTAKE ASSESSMENT POLICY AND PROCEDURES

KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES

The purpose of the intake assessment is to assess whether a CPS report meets agency criteria for a child abuse investigation.

WHICH CASES

The tool is completed for all reports of child abuse/neglect. This includes reports by telephone and all other means; it also includes new reports of child abuse/neglect on open cases.

WHO

The intake worker.

WHEN

The tool is completed as soon as possible when processing the report, no later than the end of the worker's shift. Non-accepted reports must be approved by a supervisor before the end of the worker's shift.

DECISIONS

The tool guides whether a report requires a CPS intervention. AND if so, how quickly to begin investigation.

APPROPRIATE COMPLETION

PRE-SCREENING CRITERIA

Select any of these criteria that apply. If any pre-screening items apply, the report will not be screened using the SDM assessment tool. No further SDM assessments are applied including the intake assessment.

NON-INVESTIGATORY RESPONSE CRITERIA

Select any of these criteria that apply. If any of these criteria apply, actions outside of a child protection investigation are required. No further SDM assessments are applied including the intake assessment.

SCREENING ASSESSMENT

Select the specific criteria for all allegations indicated in the report under the appropriate maltreatment category. If any maltreatment criteria were selected, the report will be screened in for child protection investigation. Reports that do not meet any of the screen-in criteria will be screened out.

Consider both policy and discretionary overrides. If a policy override is applied to screen in a report, no further SDM assessments are required.

RESPONSE TIME

Information gathered by agency staff must be analyzed to assess the urgency for response. The response time criteria structure this analysis to determine a response time level. The response time criteria sections ask a series of questions. Answers to each question, consisting of "yes" or "no" responses, will lead to a response time level.

Consider all overrides. An override may be applied if, after consideration of response time criteria, the worker and supervisor determine that there are unique conditions not captured by the tool that warrant a different response time. The overrides available to select are those that accelerate or slow the response time by one level.