

**CHILD ABUSE &
NEGLECT
SCREENING &
RESPONSE TIME
ASSESSMENT**

**POLICY & PROCEDURES
MANUAL**

INDIANA DEPARTMENT OF CHILD SERVICES

August 2011

Updated: June 2021

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INDIANA DEPARTMENT OF CHILD SERVICES
SDM® CHILD ABUSE AND NEGLECT SCREENING AND RESPONSE TIME ASSESSMENT

r: 03/21

Report Name (last, first): _____ **Referral Date:** ____/____/____
MAGIK #: _____ **Referral Time:** ____:____ a.m. p.m.
Hotline Worker : _____

SECTION 1. PRELIMINARY SCREENING

One or more elements of the child abuse/neglect (CA/N) policy are not met:

- No victim is currently a child
- Child/young person was allegedly abused/neglected outside Indiana and there is no current risk of harm
- Alleged perpetrator is not a parent, guardian, or custodian as defined by Indiana law AND the report does not include allegations of sexual abuse

Report does not require screening, but does require a non-investigatory response by the agency:

- Service request/courtesy interview for another jurisdiction
- Safe Haven case
- Mental Health and Developmental Disability Family Evaluation
- Other: _____

If any item in Section 1 is marked, the screening and response time assessment is complete.

SECTION 2. MALTREATMENT TYPE

SUSPICIOUS DEATH OF A CHILD

- Suspicious death or near fatality of a child before his/her third birthday
- Suspicious death of a child and there is concern of abuse or neglect

PHYSICAL ABUSE

- Injury that appears non-accidental, suspicious, or is inconsistent with explanation
- Caregiver action that will likely cause injury

SEXUAL ABUSE

- Rape of a child
- Child molestation
- Child exploitation
- Child pornography
- Child seduction
- Sexual misconduct with a minor
- Public indecency
- Child prostitution
- Patronizing a child prostitute
- Promoting child prostitution
- Incest
- Sexual trafficking
- Sexual battery
- Vicarious sexual gratification
- Child solicitation

NEGLECT

General Neglect

- Drug-exposed newborn
- Giving child toxic chemicals, alcohol, or drugs
- Inadequate food, or signs of malnutrition
- Exposure to unsafe conditions in the home
- Inadequate clothing or hygiene
- Lack of supervision
- Unaccompanied minor in a shelter
- Exposure to domestic violence (violence between intimate partners) in the home
- Known sexual perpetrator has unsupervised or unrestricted access to child
- Sexual predator in the home
- Exposure to or forced participation in illegal activity
- Risk of sexual abuse
- Living in the same household with an adult who committed or is charged with human or sexual trafficking
- Known trafficker has unsupervised or unrestricted access to a child
- Labor trafficking

Failure to Protect

- The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person

Abandonment

- A child of any age has been abandoned
- A child is being discharged from a facility and parents refuse to accept the child back or make appropriate alternative arrangements

Risk of Harm

- Current open case and a new child is now living in the home
- Prior failed case and a new child is now living in the home
- Prior death or serious injury of a child due to child abuse or neglect, services were not offered or successfully completed, and a new child is now in the home
- Child's basic needs are likely to be unmet due to caregiver impairment

Medical Neglect

- The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care

Educational Neglect

- A child age 5 or 6 is currently or was previously enrolled in school, and the parent is now refusing to allow or failing to support the child in attending school
- A child is age 7–12 and there is unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain education for the child
- A child is age 13 or older, enrolled in school, and not attending to the extent that educational neglect is present

EMOTIONAL INJURY

- A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member
-
-

SECTION 3. RECOMMENDATION AND OVERRIDES**Initial Screening Recommendation**

- Screen out (select only if no maltreatment type is marked in Section 2. One or more of the sub-items must be selected.)
 - Allegation does not reach threshold of abusive or neglectful behavior by parent/caregiver. Community resource information provided to reporter, if appropriate.
 - Family has a currently open case; information indicates possibility of a failed safety plan. Provided to ongoing case worker for response.
 - Criminal matter that will be handled exclusively by the police.
 - Other, specify: _____

- Screen in (one or more maltreatment types are marked)

Overrides (must select one of the items below)

- No overrides apply: Initial screen-in or screen-out recommendations will be followed.
- Screen out: Initial recommendation is to screen in, but referral will be screened out because (*mark all that apply*):
 - Insufficient information to locate child/family.
 - Report of historical event and no current risk of harm described. (Time since alleged incident: _____)
 - Allegations have been assessed for the same incident of alleged physical abuse, sexual abuse, or neglect.
 - Meets statutory definition of sexual abuse but consideration of factors (age differential, cognitive functioning, behavior, force, parental response) do not warrant an assessment.
 - Other (specify): _____
- Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because (*mark all that apply*):
 - Local office staff requesting assessment for their office.
 - Other (specify): _____

Final Screening Decision (*after consideration of overrides*)

- Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked.
- Screen in: At least one maltreatment type OR screen-in override is marked. Complete Section 4, Response Time Decision.

SECTION 4. RESPONSE TIME DECISION (*Complete for all screened-in reports. Review immediate response criteria for all allegations and expedited response criteria for neglect allegations. Mark all that apply. Quickest response time marked will be assigned response time.*)

- Immediate response required based on one or more criteria below** (*mark all that apply*):
 - Child fatality or near fatality
 - Serious injury to child, and that child or other children remain in home
 - Child under 3 years old and physical abuse perpetrator lives with or has access to the child
 - Child left alone/abandoned and requires immediate care
Age of youngest child in years: _____
 - Sexual abuse; perpetrator lives with or has access to the child
 - Active meth lab
 - Child currently in the hospital and same-day release anticipated
 - Other (specify): _____

○ Neglect allegation, within-24-hours response time required

- Neglect allegation, and domestic violence incident occurred within past 48 hours
- Domestic violence incident that involved a deadly weapon is part of the allegation
- Parent victim or child reporting domestic violence
- Alleged victim has an open or pending case type for a different allegation
- Alleged victim is under 3 years old
- Child in hospital or emergency room
- Unattended minor in a shelter
- Labor trafficking
- Other (specify): _____

○ No immediate or expedited response criteria exist. The report includes the following allegation type(s) and requires quickest identified response time:

- Physical abuse—**response within 24 hours**
- Sexual abuse—**response within 24 hours**
- Neglect—**response within 5 days**
- Screen-in override—**indicate response time** _____

Worker: _____

Date: ____/____/____

Supervisor: _____

Date: ____/____/____

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM[®] CHILD ABUSE AND NEGLECT
SCREENING AND RESPONSE TIME ASSESSMENT
DEFINITIONS**

SECTION 1. PRELIMINARY SCREENING

One or more elements of the child abuse/neglect (CA/N) policy are not met:

No victim is currently a child.

Child/young person was allegedly abused/neglected outside Indiana and there is no current risk of harm.

Alleged perpetrator is not a parent, guardian or custodian as defined by Indiana law AND the report does not include allegations of sexual abuse. Any report that includes sexual abuse allegations requires screening against the sexual abuse criteria and the different relationships between alleged perpetrator and alleged victims detailed in those criteria. For non-sexual abuse allegations, the alleged perpetrator must have a parental, guardian, or custodial relationship with the alleged victim as defined in Indiana law, which includes but may not be limited to biological and adoptive parents; court-appointed guardians; foster parents; owners, operators, employees, and volunteers of residential child care facilities, child care centers, child care homes, child care ministries, and school; child caregivers (babysitters or nannies); or household members of non-custodial parents.

Report does not require screening, but does require a non-investigatory response by the agency:

Service request/courtesy interview for another jurisdiction. Another state or county child protection agency is completing an investigation of child abuse or neglect, and is requesting a courtesy interview of an alleged perpetrator, child victim, or sibling of an alleged child victim who is currently in Indiana.

Safe Haven cases.

Mental Health and Developmental Disability Family Evaluation. Child is a danger to self or others and does not have access to resources. Through actions or expressions, the child is a danger to self (suicidal threats, actions, ideations, reckless behavior) or others (violent, physically aggressive behavior) AND the family has attempted but is unable to access resources to protect the child. Do not check this item if the caregiver is aware of serious mental health issues, including suicidal threats, actions, or ideations, and is delaying, refusing, or failing to seek, obtain, or maintain mental health care (check medical neglect).

Other.

SECTION 2. MALTREATMENT TYPE

SUSPICIOUS DEATH OF A CHILD

Suspicious death or near fatality of a child before his/her third birthday. Report of a child death OR near fatality that is sudden, unexpected, AND unexplained, AND victim has not yet reached his/her third birthday.

Suspicious death of a child and there is concern of abuse or neglect. Report of a child death that is sudden AND unexpected, AND there is concern that abuse or neglect by a caregiver contributed to or caused the child's death.

PHYSICAL ABUSE: Act committed by parent, caregiver, or custodian.

Injury that appears non-accidental, suspicious, or is inconsistent with explanation. Child has a concerning physical injury (bruise, cuts/laceration, burns, scalds, fractures, dislocations, sprains, strains, displacements, hematomas, concussions or other head injuries, pain, or other indicators of internal injuries) and available information meets one or more of the following:

1. Injury appears to have been inflicted by the caregiver, regardless of motive. Include injury that results from a domestic violence incident, but exclude injuries that result from sexual abuse (record under appropriate sexual abuse allegation).
2. Caregiver or child provides details of an incident that are inconsistent with the injury; may be a pattern of injuries.
3. Extent, location, and type of injury or injuries are concerning, or consistent with abuse.

Caregiver action that will likely cause injury. It is not necessary for a reporter to determine that an injury occurred. Consider the child vulnerabilities (children under age 7 and/or disabled children are more vulnerable than older children) in combination with caregiver action. Examples of caregiver action that likely to cause injury include but are not limited to the following:

- Shaking, shoving, or throwing an infant or young child;
- Choking, torture, suffocation, tying child up, or the use of dangerous objects (e.g., whips) to strike child;
- Striking a child in the head, stomach, or other areas where internal injury may occur;
- Manufacturing of drugs in the home or in the presence of children that has or will likely impact the physical health or cause injury to the child;

- The caregiver has made threats to cause physical harm to the child that, *if carried out, would constitute child abuse*, and information suggests that without intervention the child will be harmed.

SEXUAL ABUSE

Rape of a child. Report includes allegations that a child of any age was compelled by force or imminent threat of force to have sexual intercourse or submit to other sexual conduct (oral sex, anal sex, or any type of penetration). This includes situations in which a child is:

- Of an age and reasoning ability that consent for sexual intercourse cannot be given;
- Under the influence of drugs, alcohol, or other controlled substances.

Child molestation. Child under the age of 14 has been the victim of or subject to any of the following sexual acts:

- Sexual intercourse;
- Deviate sexual conduct;
- Fondling or touching, with the intent to arouse or satisfy sexual desires.

Child exploitation.

- A person knowingly or intentionally manages, produces, sponsors, presents, exhibits, photographs, films, videotapes, or creates a digitized image of any performance or incident that includes sexual conduct by a child under the age of 18.
- A person disseminates, exhibits, offers to disseminate or exhibit, or brings to Indiana for dissemination or exhibition matter that depicts or describes sexual conduct by a child under 18.
- A person makes available to another person a computer, knowing that the computer's fixed drive or peripheral device contains matter that depicts or describes sexual conduct by a child under 18.

Child pornography. A person knowingly or intentionally possesses a picture, drawing, photograph, negative image, undeveloped film, motion picture, videotape, digital image, or any pictorial representation that depicts or describes sexual conduct by a child whom the person knows to be less than 18 years old, or who appears to be less than 18 years old; and that lacks serious literary, artistic, political, or scientific value.

Child seduction. A guardian, adoptive parent, adoptive grandparent, custodian, or stepparent of; child care worker for; person in a position of trust; or a professional with undue influence such as a teacher, sports coach, or mental health professional; or a military recruiter who is attempting to

enlist a child at least 16 years of age but less than 18 years of age, engages with the child in sexual intercourse, deviate sexual conduct, or any fondling or touching with the intent to arouse or satisfy the sexual desires of either the child or the adult.

Sexual misconduct with a minor. A person at least 18 years of age engages in one of the following sexual acts with a child who is 14 or 15 years of age:

- Sexual intercourse;
- Deviate sexual conduct;
- Fondling or touching with the intent to arouse or satisfy sexual desires.

Public indecency.

- A person at least 18 years of age who knowingly or intentionally, in a public place, appears in a state of nudity with the intent to be seen by a child less than 16 years of age.
- A person who knowingly or intentionally in a public place engages in sexual intercourse, engages in deviate sexual conduct, appears in a state of nudity with the intent to arouse the sexual desires of the person or another person; or fondles the person's genitals or the genitals of another person.
- A person who, in a place other than a public place, with the intent to be seen by persons other than invitees and occupants of that place:
 - » Engages in sexual intercourse;
 - » Engages in deviate sexual conduct;
 - » Fondles the person's genitals or the genitals of another person; or
 - » Appears in a state of nudity.

Child prostitution. For money or other property, a child performs, or offers or agrees to perform, sexual intercourse or deviate sexual conduct; or fondles, or offers or agrees to fondle, the genitals of another person.

Patronizing a child prostitute. A person who knowingly or intentionally pays, offers, or agrees to pay money or other property to a child or another person for the opportunity to engage in any sexual activity (sexual intercourse, other sexual conduct, fondling, etc.) with a child.

Promoting child prostitution. A person:

- Knowingly or intentionally entices or compels a child to engage in prostitution.
- Knowingly or intentionally procures, offers, or agrees to procure a child for another person for the purpose of prostitution.
- Having control over the use of a place, knowingly or intentionally permits another

person to use the place for prostitution with a child.

- Manages a child with the expectation they will receive money or property for that child's engagement in sexual activity.
- Knowingly or intentionally conducts/directs another person to a place for the purpose of child prostitution.

Incest. Sexual intercourse or deviate sexual conduct by person 18 years of age or older with a minor to whom he/she is biologically related as a parent, child, grandparent, grandchild, sibling, aunt, uncle, niece, or nephew.

Sexual trafficking. A child of any age is alleged to have been a willing or unwilling participant (e.g., forced, threatened, coerced) in prostitution, child exploitation, forced marriage, or having been trafficked for purpose of prostitution or sexual conduct. Participation could include being recruited, harbored, transported, recruiting for, or engaged in the above activities. Any monetization (money, property, etc.) of a child's sexual activity should be considered sexual trafficking. The child's relationship with the alleged perpetrator is irrelevant.

Sexual battery. Report includes allegations that a child of any age was subjected by force or imminent threat of force to touching with the intent to arouse sexual desires of the perpetrator or another person, including the victim. A child of any age is touched on their genitals, pubic area, buttocks, or female breasts when a child is:

- Of an age and/or reasoning ability that consent for the touching cannot be given.
- Under the influence of drugs, alcohol, or other controlled substances.
- Unaware the touching is occurring (asleep, unconscious, etc.).

Vicarious sexual gratification. An adult who knowingly or intentionally, with the intent to arouse or satisfy the sexual desires of a child or the adult himself/herself:

- Directs, aids, induces, or causes a child under the age of 16 to touch or fondle himself or herself or another child under the age of 16.
- Directs, aids, induces, or causes a child under the age of 16 to engage in sexual intercourse with another person or child.
- Directs, aids, induces, or causes a child under the age of 16 to engage in sexual conduct with an animal other than a human being.
- Engages in sexual intercourse, engages in other sexual conduct, or touches or fondles the adult's own body, in the presence of a child less than 16 years of age, with the intent to arouse or satisfy the sexual desires of the child or the adult himself/herself.

- A 16-year-old or a 17-year-old was subjected by force or imminent threat of force to any of the above.

Child solicitation. An adult who knowingly or intentionally solicits via any means of communication (e.g., writing, social media, cell phone, in-person):

- A child under 16 years of age to engage in:
 - » Sexual intercourse.
 - » Other sexual conduct.
 - » Any fondling or touching intended to arouse or satisfy the sexual desires of either the child or the adult himself/herself.
 - » Sending sexually explicit photos, video, materials, etc., of the child.

This also includes situations in which a parent, guardian, or custodian (e.g., teacher, institutional staff member, person in a position of trust) knowingly or intentionally solicits via any means of communication:

- A child 16 or 17 years of age to engage in:
 - » Sexual intercourse.
 - » Other sexual conduct.
 - » Any fondling or touching intended to arouse or satisfy the sexual desires of either the child or the adult himself/herself.
 - » Sending sexually explicit photos, video, materials, etc., of the child.

This also includes situations in which a person under the age of 18 knowingly or intentionally solicits, via any means of communication:

- A child under 14 years of age, and/or of a reasoning ability that consent to the following cannot be given, to engage in:
 - » Sexual intercourse.
 - » Other sexual conduct.

- » Any fondling or touching intended to arouse or satisfy the sexual desires of either the child or the adult himself/herself.
- » Sending sexually explicit photos, video, materials, etc., of the child.

NEGLECT is an act of omission by a parent, guardian, caregiver, or legal custodian in failing to provide for the adequate care and attention of the child's needs, resulting in physical or mental harm to the child or substantial risk of physical or mental harm to the child.

General Neglect

Consider age/developmental status of the child. Injury need not have occurred.

Drug-exposed newborn. Infant is born drug-exposed, as indicated by a positive toxicology screen for scheduled drugs or alcohol, symptoms of withdrawal, mother's admission of using alcohol or one or more scheduled drugs during the pregnancy, or other indicators as determined by medical personnel.

Giving child toxic chemicals, alcohol, or drugs (forcing, allowing, feeding, or otherwise encouraging consumption or introduction into the body) that caused or could cause harm, such as the following:

- Poison, gasoline, kerosene, bleach, cleaning agents;
- Prescription medication that has not been prescribed to the child; or
- An inappropriate dosage of medication that caused or could cause harm.

Inadequate food, or signs of malnutrition. The caregiver does not provide sufficient food to meet minimal nutritional requirements for the child. The child experiences an ongoing pattern or significant lack of food, or unmitigated hunger due to lack of food. Exclude fasting for religious reason.

Exposure to unsafe conditions in the home. The child's house is significantly unsanitary and/or contains hazards that have led or could lead to injury or illness of the child if not resolved. Consider age, developmental ability, and functioning of the children in the home. Examples may include the following:

- Housing that is an acute fire hazard or has been condemned;
- Unsafe sleeping arrangements;
- Exposed heaters;
- Gas fumes;
- Faulty electrical wiring;
- No utilities or access to an alternative (e.g., heat, water, electricity);
- Broken windows, doors, or stairs;
- Vermin or human or animal excrement; and
- Accessible drugs or hazardous chemicals.

Inadequate clothing or hygiene. Caregiver 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 (unable to attend school due to lack of clothing, not allowed to participate in activities due to poor hygiene) and/or the develops or suffers worsening injury or illness (e.g., sores, infection, tooth loss, severe diaper rash, physical illness, hypothermia, or frostbite). Consider age, developmental ability, and functioning of the children in the home.

Lack of supervision. Child is not supervised to the extent that he/she has been injured, or avoided injury despite lack of attention or supervision by the caregiver. This includes situations where a parent knowingly placed his/her child in the care of an inappropriate caregiver. Consider age, developmental ability, and functioning of the children.

- A child has been left alone or without support systems for periods of time or with responsibilities beyond his or her capabilities:
 - » For longer than brief periods, without information about personal safety; and what to do in an emergency;
 - » To care for children such as younger siblings;
 - » With responsibilities beyond his or her capabilities.
- A child age 12 or over is left alone in the following circumstances:
 - » For long hours, including overnight, without information about personal safety; and what to do in an emergency; or
 - » With responsibilities beyond his or her capabilities.

Unaccompanied minor in a shelter. A child (under age 18) has entered a homeless or emergency shelter without the presence or consent of a parent, guardian, or custodian.

Exposure to domestic violence (violence between intimate partners) in the home. Screen in reports that meet any of the following criteria:

- Child is present during one or more domestic violence incidents. This includes incidents of physical conflict and/or verbal altercation that include threats of violence, coercion, or unreasonable control. If the alleged incident occurred more than six months ago, consider age of the child, pattern of parental behavior, and impact of the incident on child's ability to function.
- The alleged domestic violence offender has killed, kidnapped, or substantially harmed, or is making a believable threat to kill, kidnap, or substantially harm anyone in the family, including extended family members and pets.

- The alleged domestic violence offender has made threats of homicide or suicide and has access to weapons or other means of carrying out this threat.
- The alleged domestic violence offender does not allow non-offending parent and/or child access to basic needs, impacting their health and safety.
- Non-offending parent has sustained serious injury at the hands of the alleged domestic violence offender (examples: broken bones, internal bleeding or injury, extensive bruising or lacerations, poisoning, suffocating, strangling, shooting or severe malnourishment).
- Alleged domestic violence incident involved the use or threatened use of weapons.

Known sexual perpetrator has unsupervised or unrestricted access to child. Caregiver allows unsupervised and/or unrestricted access to the child by a person known to be a registered sex offender, a prior substantiated perpetrator of sexual abuse against the child, or charged with a sex offense (rape, criminal deviate conduct, child molesting, child exploitation or possession of child pornography, child seduction, sexual misconduct with a minor, public indecency, or incest) and awaiting trial.

Sexual predator in the home. A person known to be a registered sexual offender or charged with a sex offense (rape, criminal deviate conduct, child molesting, child exploitation or possession of child pornography, child seduction, sexual misconduct with a minor, public indecency, or incest) and awaiting trial is living in the same home as a minor child.

Exposure to or forced participation in illegal activity. Caregiver exposes child to or forces participation in illegal activity that has caused or could cause harm to the child. Examples may include the caregiver exposing child to or forcing participation in:

- Illegal drug sales within or outside of the home;
- Prostitution within or outside of the home;
- Engaging in extreme violence (e.g., use of weapons, cause severe injury, shooting, strangling, etc.);
- Severe family violence (e.g., use of weapons, cause severe injury, shooting, strangling, etc.). If reported violence is between intimate partners, score under Domestic violence and not in this item; and
- Human trafficking.

Risk of sexual abuse. A child in the household is engaging in concerning sexual behavior without a disclosure or identified allegation of sexual abuse by a caregiver or others. There must be both concerning sexual behavior by the child AND EITHER caregiver lack of response or concern about potential caregiver response. Examples of concerning behavior may include:

- Preadolescent child making explicit, descriptive sexual threats to peers or others;
- Preadolescent child displaying highly aggressive, sexualized behavior that is otherwise unexplainable.

AND

The caregiver is not responding in a manner that addresses these concerns and/or there are concerns over sharing details of the behavior with the caregiver.

Living in the same household with an adult who committed or is charged with human or sexual trafficking. A person who has been convicted of a human or sexual trafficking offense (e.g., forced labor, involuntary servitude, prostitution, child exploitation, forced marriage, promotion of prostitution, or other trafficking activities), or who has been charged with a human or sexual trafficking offense and is awaiting trial, is living with a minor child.

Known trafficker has unsupervised or unrestricted access to a child. Caregiver allows unsupervised and/or unrestricted access to the child by a person who has been convicted of a human or sexual trafficking offense (e.g., forced labor, involuntary servitude, prostitution, child exploitation, forced marriage, promotion of prostitution, or other trafficking activities), or who has been charged with a human or sexual trafficking offense and is awaiting trial.

Labor trafficking. A child of any age is alleged to have been required to participate in labor via force, fraud, or coercion. Participation could include being recruited, harbored, transported, recruiting for, or being engaged in the above activities. A child working for a parent's business (e.g., restaurant, farm, etc.) would not be considered an example of labor trafficking.

Failure to Protect

The caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical or sexual abuse, neglect, or mental injury) by another person. Report includes information that, if true, indicates that child is being harmed by someone other than the caregiver, and the caregiver was made aware or reasonably should know of the harm, and there is no information or indication that the caregiver has acted to protect the child from further harm. If the person causing harm is a caregiver, parent, or other household member, consider also screening in a referral of physical or sexual abuse or neglect on the alleged maltreater.

Abandonment

A child of any age has been abandoned. A child of any age has been left alone and without a willing and able adult to care for or support him or her. Examples include the following:

- A child left alone in a public place, without means of identifying him/herself or his/her parent/caregiver.
- Child left with family members or friends with no means of support or contact from the parent/caregiver.

Unharmful infants (30 days or younger) surrendered under the Safe Haven statute should not be investigated unless there are questions regarding the infant's care since birth. The law allows for unharmful infants 30 days old or younger to be relinquished to a responsible individual, who in turn must give the infant to law enforcement or a hospital. A parent, family member, friend, minister or priest, social worker, or any responsible adult may give up custody of a baby less than 30 days old to a ***hospital emergency room, fire station or police station in Indiana***. Such situations should not be handled as investigations and should be referred for a CPS intervention.

A child is being discharged from a facility and the parent(s) refuse to accept the child back or make appropriate alternative arrangements. Parent refuses to accept the child back into his/her home AND refuses to allow for or arrange alternative placement of the child. Consideration should be given to the need for continued treatment; risk to the child; family, community, and resource availability.

Risk of Harm

Conditions exist that create a substantial likelihood that the child will be harmed due to caregiver's neglect. It is not necessary for injury to have occurred.

Current open case and a new child is now living in the home. A family has a currently open case in Indiana or there is credible information that the caregiver has a currently open case in another jurisdiction and there is a new child now living in that home.

Prior failed case and a new child is now living in the home. All three of the following elements must be present for a report to be screened in on this criterion.

1. There is credible information that a current caregiver has had a child permanently removed from his/her care due to a child abuse or neglect concern.
2. Rehabilitative services for that incident were either not offered to the caregiver at the time OR the caregiver did not successfully complete rehabilitative services that were offered. Services may not have been offered because the caregiver voluntarily removed him/herself from a caregiving role (e.g., transferred custody of other children to a family member or moved out of the home), was involuntarily removed from a caregiving role (e.g., incarcerated), made him/herself unavailable for

services (e.g., unable to locate), or no other children resided with him/her at the time.

3. There is now a new child living in the home.

Prior death or serious injury of a child due to child abuse or neglect, services were not offered or successfully completed, and a new child is now in the home. All three of the following elements must be present for a report to be screened in on this criterion.

1. There is credible information that a current caregiver was responsible for the death or serious injury of a child due to neglect/abuse.
2. Rehabilitative services for that incident were either not offered to the caregiver at the time OR the caregiver did not successfully complete rehabilitative services that were offered. Services may not have been offered because the caregiver voluntarily removed him/herself from a caregiving role (e.g., transferred custody of other children to a family member or moved out of the home), was involuntarily removed from a caregiving role (e.g., incarcerated), made him/herself unavailable for services (e.g., unable to locate), or no other children resided with him/her at the time.
3. There is now a new child living in the home.

Child's basic needs are likely to be unmet due to caregiver impairment. Caregiver's ability to parent appears to be substantially impaired to the extent that the caregiver would be unable to respond to or meet the basic needs of the child (food, clothing, shelter, education, health care) and the caregiver has not made other arrangements for supervision or care of the child. Impairment may be caused by mental or physical health conditions or active substance use.

Medical Neglect

The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when caregiver knows, or should reasonably be expected to know, that such actions may cause adverse impact on the child's health and welfare, and a caregiver's inattention or alternative treatment is causing the condition to worsen. Such actions may include but are not limited to the following:

- Missed appointments, therapies, or other necessary medical and/or mental health treatments;
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical conditions;
- Failing to provide comfort measures to infants and children with life-ending conditions;

- The child has been diagnosed as having non-organic failure to thrive or has indicators of failure to thrive, and a caregiver’s inattention or alternative treatment is causing the condition to worsen;
- Caregiver is aware of serious mental health issues, including suicidal threats, actions, or ideations, and is delaying, refusing, or failing to seek, obtain, or maintain mental health care.

Educational Neglect

A child age 5 or 6 is currently or was previously enrolled in school, and the parent is now refusing to allow or failing to support the child in attending school.

Child needs to have at least 10 unexcused absences AND there is a significant adverse impact to academic progress (e.g. significant drop in grades, in jeopardy of retention). Consider whether the school has made reasonable efforts to address the issue with the parents (e.g. mailed letters, attempted phone calls, home visits).

A child is age 7–12 and there is unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain education for the child.

Child needs to have at least 10 unexcused absences AND there is a significant adverse impact to academic progress (e.g. significant drop in grades, in jeopardy of retention). Consider whether the school has made reasonable efforts to address the issue with the parents (e.g. mailed letters, attempted phone calls, home visits).

A child is age 13 or older, enrolled in school, and not attending to the extent that educational neglect is present.

- Child has over 10 unexcused absences during the current school year;
- There is a significant adverse impact to the child’s academic progress (e.g. significant drop in grades, in jeopardy of retention);
- Caregiver has been made aware of the situation; AND
- Information provided indicates that the caregiver refuses to allow or appears unable to support the child in attending school.

EMOTIONAL INJURY is an observable, identifiable, and substantial impairment of a child’s mental or psychological ability to function as a result of child abuse or neglect.

A child has an observable, identifiable, and substantial impairment of his/her mental or psychological ability to function as a result of an act or failure to act by a parent, caregiver, or household or family member. These acts may include the following:

- Implied or overt threats of death or serious injury of the child or others;
- Implied or overt threats in the form of pet or animal torture; or
- Constant denigration.

Failure to act may include the following:

- Extensive emotional or physical isolation;
- Confinement;
- Severe lack of engagement or stimulation.

SECTION 3. RECOMMENDATION AND OVERRIDES

Initial Screening Recommendation

Screen out (no maltreatment type is marked)

Mark this decision if no maltreatment type in Section 2 is marked, which means that the referral does not meet statutory requirements for an in-person response.

Screen in (one or more maltreatment types are marked)

Mark this decision if any maltreatment type in Section 2 is marked, which means that at least one reported allegation meets statutory requirements for an in-person response.

Overrides

No overrides apply.

Screen out: Initial recommendation is to screen in, but referral will be screened out because (mark all that apply):

- 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 in-person response. *Do not mark this item if partial information is available.* Screener should either follow up on information to establish child's identity/location or forward screened-in referral for investigation.
- Report of historical event and no current risk of harm described. (Time since alleged incident: _____)
- Allegations have been assessed for the same incident of alleged physical or sexual abuse.
- Other (specify).

Screen in: Initial recommendation is to screen out, but referral will be opened and assigned for child protective services (CPS) assessment because (mark all that apply):

Mark this decision if no maltreatment types in Section 2 are marked, which means that the referral does not meet statutory requirements for an in-person response. However, a referral will be opened and assigned for assessment for local office staff requesting assessment for their office or another reason as specified.

Final Screening Decision *(after consideration of overrides)*

Screen out: No maltreatment type is marked AND no screen-in overrides apply OR a screen out override is marked. Mark this decision if no maltreatment type in Section 2 is marked, which means that the referral does not meet statutory requirements for an in-person response, AND no screen-in overrides in Section 3 are marked or a maltreatment type in Section 2 is marked, which means that the referral meets statutory requirements for an in-person response but a screen-out override has been marked.

Screen in: At least one maltreatment type or screen-in override is marked. Mark this decision if any criteria in Section 2 are marked, which means that at least one reported allegation meets statutory requirements for an in-person response, or at least one screen-in criterion was identified AND no screen-out criteria were marked. For all referrals in which the final screening decision is to screen in, a response time must be identified.

SECTION 4. RESPONSE TIME DECISION

For all screened-in referrals, review criteria for immediate response and mark all that apply. If any apply, immediate response is required by the local agency. If no immediate response criteria exist, mark the type(s) of maltreatment that were identified in the allegations. Response time will be based on the most severe type of maltreatment alleged.

**INDIANA DEPARTMENT OF CHILD SERVICES
SDM[®] CHILD ABUSE AND NEGLECT
SCREENING AND RESPONSE TIME ASSESSMENT
POLICY AND PROCEDURES**

- Which Cases:** The CA/N screening and response time assessment is completed on all referrals. This includes new referrals of child abuse and neglect on open cases.
- Who:** The hotline worker completes the assessment and the supervisor reviews and approves.
- When:** The screening and response time assessment is completed upon receipt of information that constitutes a referral. This generally occurs while the screener is talking with the reporter making a referral (either over the phone or in person). Occasionally the screener may need to gather information from additional sources as part of the screening process. For these referrals, the screening assessment is completed as soon as all necessary information is gathered.
- Decision:** The screening and response time assessment determines whether a referral requires an investigation. If an investigation is required, the immediate response criteria identify if an immediate response is required.

Appropriate Completion

SECTION 1. PRELIMINARY SCREENING

Complete this section based on information provided by reporter. If any items in this section are selected, the report does not meet criteria for an investigation. A non-investigatory response by the agency may be identified.

SECTION 2. MALTREATMENT TYPE

Proceed with review of screening criteria and mark all applicable maltreatment types, using the definitions to ensure that the referral information meets criteria.

SECTION 3. RECOMMENDATION AND OVERRIDES

If any maltreatment type in Section 2 is marked, check “Screen in.” If no maltreatment type is marked, check “Screen out.”

There are some instances when the initial screening recommendation, based on the presence of maltreatment criteria, does not apply. If the initial screening recommendation is “Screen in,” the worker should review only the override reasons for “screen out” to see if any apply. Likewise, if

the initial screening recommendation is “Screen out,” the worker should review only the override reasons for “screen in.” Check any override reasons that apply.

Record the final screening decision based on the impact of any overrides.

SECTION 4: RESPONSE TIME DECISION

For all referrals in which the final screening decision is to investigate, the immediate (within 24 hours) response criteria must be reviewed. If any of the immediate response criteria are present in a given referral, the response time for the referral is immediate.

Referrals that do not include criteria that meet the need for immediate response will be assigned the statutory response time based on the most severe allegation reported.