CALIFORNIA
SDM® HOTLINE TOOLS

Referral Name:_____

Referral #: ____-____-____-____ **Date:** _____ **County:** _____

Is there any information that indicates a child in this household is, or may be, an Indian child? ○ Yes ○ No, not at this time. If yes: ○ Reason to know ○ Reason to believe

If yes, were Tribal social workers or representatives consulted during the information gathering and screening process?
○ Yes ○ No If no: ○ Contact with Tribe(s) attempted ○ Contact with Tribe(s) not attempted

STEP I. PRELIMINARY SCREENING

☐ Review of screening criteria is not required
- ☐ Evaluate out
  - ☐ No child under age 18.
  - ☐ Duplicate referral that contains no new information
  - ☐ Referred to another county
- ☐ Safely surrendered baby

If any of the above are selected, the screening decision has been made and the assessment is completed. No further SDM assessments are required.

STEP II. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

Does the report contain allegations of abuse or neglect in out-of-home care to a dependent or ward child/youth?

○ **Yes** – When applying definitions of screening and response priority tools, the definition of "caregiver" should include "a person responsible for the child's care and welfare (including a licensee, administrator, or employee of any facility licensed to care for children)" in accordance with Cal. Penal Code § 11165.5.

○ **No** – Apply screening and response priority tool definitions using the standard Structured Decision Making® (SDM) definition of "caregiver."

A. Screening Criteria (Elicit reporter's concerns and select all that apply.)

Physical Abuse (if not automatic 24-hour, go to physical abuse tree)

☐ Non-accidental or suspicious injury
- ☐ Death of a child due to abuse (automatic 24-hour)
  - ○ Death of only child or all children in home; no other children reported to be in the home
  - ○ Other children reported to be in the home
- ☐ Severe (automatic 24-hour)
- ☐ Other injury (other than very minor unless child is under 1 year old)

☐ Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
☐ Prior death of a child due to abuse AND there is a new child of any age in the home

Emotional Abuse (go to emotional abuse tree)

☐ Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
☐ Emotional harm related to domestic violence

Neglect

☐ Severe neglect (if not automatic 24-hour, go to neglect tree)
- ☐ Diagnosed malnutrition (automatic 24-hour)
- ☐ Non-organic failure to thrive
- ☐ Child's health/safety is endangered
- ☐ Death of a child due to neglect (automatic 24-hour)
  - ○ Death of only child or all children in home; no other children reported to be in the home
  - ○ Other children reported to be in the home

☐ General neglect (go to neglect tree)
- ☐ Inadequate food
- ☐ Inadequate clothing/hygiene
- ☐ Inadequate/hazardous shelter
- ☐ Inadequate supervision
- ☐ Inadequate medical/mental health care
- ☐ Caregiver absence/abandonment
- ☐ Involving child in criminal activity
- ☐ Failure to protect

☐ Threat of neglect (go to neglect tree)
- ☐ Prior failed reunification or severe neglect, and new child in household (in-home only)
- ☐ Allowing child to use alcohol or other drugs
- ☐ Prior death of a child due to neglect AND there is a new child of any age in the home. (in-home only)
- ☐ Substance-affected newborn (in-home only)
- ☐ Other high-risk birth (in-home only)

Sexual Abuse (go to sexual abuse tree)

☐ Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator

☐ Physical, behavioral, or suspicious indicators consistent with sexual abuse

☐ Sexual act(s) among siblings or other children living in the home

☐ Sexual exploitation
- ☐ Caregiver actively involved child/youth in acts of exploitation or trafficking
- ☐ Child/youth is exploited or trafficked by someone other than a caregiver.

☐ Threat of sexual abuse
- ☐ Known or highly suspected sexual abuse perpetrator lives with child
- ☐ Severely inappropriate sexual boundaries

B. Screening Decision

○ Evaluate out: No criteria are selected.
- ☐ Cross-report to another agency is required.

For differential response counties, proceed to Step IV. A. Path Decision for Evaluate Out.
For counties not implementing differential response, stop. No further SDM assessments required.

○ In-person response: One or more criteria are selected. *Proceed to Step III. Response Priority.*
- ☐ Cross-report to another agency is required.

Tribal Agreement:

If the child is or may be an Indian child, is the Tribe in agreement with the final screening decision?
- ○ Yes
- ○ No
- ○ Unknown

Overrides

☐ In-person response. No criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply.
- ☐ Interview based on local protocol
  - ○ Law enforcement's request
  - ○ Tribal agency request
- ☐ Residency verification
- ☐ Response required by court order
- ☐ Local protocol (specify): _____
- ☐ Other (specify): _____

☐ Evaluate out. One or more criteria are selected, but report will be evaluated out. No further SDM assessments required. Select all that apply.
- ☐ Insufficient information to locate child/family
- ☐ Another community agency has jurisdiction, AND the report does not allege abuse or neglect in out-of-home care to a dependent or ward child/youth. *(Cross-report should be made as required by state regulation.)*
- ☐ Historical information only

STEP III. RESPONSE PRIORITY

Select if applicable.

☐ Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24-hour)

☐ Child is already in custody (automatic 24-hour)

If not applicable, complete the appropriate decision tree(s).

A. Decision Trees

Physical Abuse

Do ANY of the following apply?
- ☐ Medical care currently required due to alleged abuse
- ☐ Caregiver's behavior is alleged to be dangerous or threatening to child's health or safety (reasonable person standard)
- ☐ Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent)

Yes → Within 24 Hours

No ↓

- ☐ Is there a non-perpetrating caregiver or facility administrator aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

Yes → Within 10 Days

No ↓

Do ANY of the following apply?
- ☐ Child is vulnerable or fearful
- ☐ There is prior history of physical abuse by this caregiver (in-home only)
- ☐ There is current concern that domestic violence will impact the safety of the child within the next 10 days (in-home only)

Yes → Within 24 Hours

↓

Within 10 Days

Emotional Abuse

- ☐ Child is exhibiting behavior that threatens the health or safety of the child or others AND caregiver is unable or unwilling to seek appropriate help or control the child's behavior
- ☐ Caregiver's behavior is alleged to be cruel, bizarre, or dangerous to the emotional health or safety of the child

Yes → Within 24 Hours

No ↓

Within 10 Days

Neglect

Do ANY of the following apply?
- ☐ Child requires immediate medical/mental health evaluation or care
- ☐ Child's physical living conditions are immediately hazardous to health or safety
- ☐ Child is currently unsupervised and in need of supervision
- ☐ Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge (in-home only)

Yes → Within 24 Hours

No ↓

Within 10 Days

Sexual Abuse

- ☐ Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?

No → Within 10 Days

Yes ↓

- ☐ Is there a non-perpetrating caregiver or facility administrator aware of the alleged abuse/exploitation who is demonstrating a response that is appropriate and protective of the child?

No/ Unknown → Within 24 Hours

Yes ↓

Within 10 Days

B. Overrides

Policy
Increase to 24 hours whenever:
☐ Law enforcement requests an immediate response;
☐ Forensic considerations would be compromised by slower response; or
☐ There is reason to believe that the family may flee.

Decrease to 10 days whenever:
☐ Child safety requires a strategically slower response;
☐ The child is in an alternative safe environment; or
☐ The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period.

Discretionary
☐ Increase response level
☐ Decrease response level (requires supervisory approval)
Reason: _____

Final Response Priority: ○ 24 hours ○ 10 days

Do reported concerns involve out-of-home care of a dependent or ward child/youth?

○ Yes
- ○ If response priority is 24 hours, the county where the approved or licensed facility is geographically located should respond to the report.
- ○ If response priority is 10 days, the report should be referred to the placing county as soon as possible.

○ No

STEP IV. PATH OF RESPONSE DECISION

A. Path Decision for Evaluate Out (for differential response counties only)
Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

Yes	No	
○	○	Prior investigations (indicate number of prior investigations) ☐ One or two ☐ Three or more
○	○	Prior failed reunification, or death of a child not due to abuse or neglect
○	○	Current caregiver substance abuse, domestic violence, or mental health issues
○	○	Identified need that can be addressed with community services ☐ Clothing ☐ Housing ☐ Counseling ☐ Medical ☐ Education ☐ Food ☐ Financial ☐ Other (specify):_____
○	○	Other (specify): _____

Path Decision (select one): ○ No response ○ Path 1

B. Path Decision for In-Person Response (for differential response counties only)

Review the following factors/considerations when making the path decision. Select yes or no for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer no.

(If final response priority is 24 hours)

Apply automatic Path 3? ○ Yes ○ No

Yes	No	
○	○	Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident
○	○	Allegation involves sexual abuse
○	○	Prior investigations (indicate number of prior investigations) ☐ One or two ☐ Three or more
○	○	Prior child protective services (previous ongoing case)
○	○	Four or more alleged child victims
○	○	Caregiver has a current mental health issue ☐ Primary caregiver ☐ Secondary caregiver ☐ Both caregivers
○	○	Primary caregiver has a history of abuse/neglect as a child
○	○	Any child with (select all that apply): ☐ Mental health/behavioral problems ☐ Developmental or physical disability ☐ Medically fragile or failure to thrive ☐ Positive toxicology screen at birth ☐ Delinquency history
○	○	Housing is unsafe or family is homeless
○	○	Prior injury to a child due to abuse or neglect
○	○	Domestic violence in the last 12 months
○	○	Caregiver has a current substance abuse issue ☐ Primary caregiver ☐ Secondary caregiver ☐ Both caregivers
○	○	Other (specify): _____

Path Decision (select one): ○ Path 2 ○ Path 3

CALIFORNIA
SDM® HOTLINE TOOLS
DEFINITIONS

Information exists that a child in the household is, or may be, an Indian child. The duty to inquire begins at initial contact and continues until a tribe provides confirmation of tribal membership status or the court makes a finding that proper and adequate further inquiry has been conducted and there is no reason to know whether the child is an Indian child.

- Reason to know. Information exists at the time of the report that **indicates** a child in the household is an Indian child, including
  - » The child, family, or a person having interest in the child provides direct information that the child is an Indian child
  - » The residence of the child, the child's parents, or Indian custodian is on a reservation or in an Alaskan Native village.
  - » Any participant in a court proceeding, officer of the court, Indian tribe, Indian organization, or agency provides information indicating the child is an Indian child;
  - » The child gives reason to know that the child is an Indian Child.
  - » The child is or has been a ward of a tribal court.
  - » The parent or child possesses an identification card indicating membership or citizenship in an Indian tribe.

- Reason to believe. Information exists at the time of the report that **suggests** that either the child or a parent of the child may be eligible for membership in an Indian tribe or may have Indian ancestry. Further inquiry is required.

Note: If reason to know or reason to believe exist, a social worker or representative from the tribe should be included in the information gathering and screening decision whenever possible. See BIA list of ICWA designees to support noticing and collaborative assessment.

This contact should not prevent or delay the agency from responding within the required timeframe, when indicated.

Tribal social workers or representatives included in the information gathering and screening process.
A social worker or representative from the tribe was successfully contacted and included in the information gathering and screening process. Details of the contact must be documented in CWS/CMS, including which tribe(s) were contacted, a summary of information discussed, and the impact on decision making.

If contact with tribe was attempted but not successful, document efforts within CWS/CMS.

STEP I. PRELIMINARY SCREENING

Review of screening criteria is not required

- Evaluate out.
  - » *No child under age 18*. The current referral may allege abuse or neglect, but the alleged victim is 18 years of age or older. *Examples include:*

    ***Do not* apply this item if the report concerns the death of the only child(ren) in the household where death is suspected to be related to abuse or neglect, or for nonminor dependents reported to be endangered by caregiver, per WIC 16504 (c).**
  - » *Duplicate referral that contains no new information*. The report duplicates an existing referral (this is commonly known as a secondary referral). This report does not contain new allegations from an existing referral.
  - » *Referred to another county*. A referral has been received for a child who lives in another county. The caller was both referred to that county and provided with contact information, or the county was notified and the referral was recorded in that county. Refer to local protocol for this type of referral.
- Safely surrendered baby. The referral concerns a child 72 hours of age or younger whose caregiver has voluntarily surrendered physical custody of the child to any employee on duty at a public or private hospital emergency room or any additional site approved as a Safe Surrender Site. Follow procedures outlined in ACIN I-88-10.

STEP II. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE
Determine if the report contains allegations of abuse or neglect in out-of-home care to a dependent or ward child/youth.

A dependent or ward in out-of-home care is defined as a child/youth who is under the jurisdiction of the county child welfare or probation department AND is currently placed in a licensed foster home, group home, short-term residential therapeutic program, or residential treatment facility.
If yes: When applying definitions of screening and response priority tools, the definition of "caregiver" should include "a person responsible for the child's care and welfare (including a

licensee, administrator, or employee of any facility licensed to care for children)" in accordance with Cal. Penal Code § 11165.5.

If no: Apply screening and response priority tool definitions using the standard Structured Decision Making® (SDM) definition of "caregiver."

A. Screening Criteria (Elicit reporter's concerns and select all that apply.)
Consider age, developmental status, and other child vulnerabilities when assessing referrals for allegations of abuse or neglect.

Physical Abuse (if not automatic 24-hour, go to physical abuse tree)

Non-accidental or suspicious injury
The child has a current or previously unreported injury or impairment AND the caregiver deliberately caused the injury/impairment OR there is a basis to be suspicious that a caregiver caused it and it was non-accidental. Basis for suspicion may include but is not limited to:

- Physician reports that the injury type is consistent with non-accidental injuries;
- Injury to a non-ambulatory child with no plausible alternative explanation;
- Explanation for injury does not match injury;
- Injury is in the shape of an object (e.g., loop marks); or
- Credible disclosure by the child to the reporting party or other adult.

Identify the type of non-accidental or suspicious physical injury.

- *Death of a child due to abuse (automatic 24-hour)*. There was a death of a child in the home; and circumstances are suspicious for abuse, or abuse has been identified as the cause of death in this report or investigation. Select one of the following options.
  - » Death of only child or all children in home; no other children reported to be in the home.
  - » Other children reported to be in the home.
- *Severe (automatic 24-hour)*. A severe injury is one that, if left untreated, would cause permanent physical disfigurement, permanent physical disability, or death. Include visible injuries and suspected injuries due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc.

- *Other injury (other than very minor unless child is under 1 year old)*. Any visible or suspected injury that is not severe. Any "other" non-accidental injury to a child under 1 year old should not be considered very minor.

    » Any non-accidental or suspicious injury to a child who is non-ambulatory, including very minor injuries such as welts, scratches, abrasions, swelling, or injuries that cause even brief pain.

    » Injuries caused to a child during a domestic violence incident.

    » "Other" injuries may require assessment/treatment but are not life-threatening and are not likely to result in temporary or permanent disability or disfigurement. These may include bruises, welts, or abrasions in areas of the body that do not pose a threat of serious injury or disfigurement (arms, legs, buttocks).

    » Very minor injuries are defined as those that involve only mild redness or swelling, minor welts/scratches/abrasions, or brief and minor pain.

Caregiver action that likely caused or will cause injury (other than very minor unless child is under 1 year old)
It is not necessary for a reporter to determine that an injury occurred. Examples of caregiver action that is likely to have caused or will cause injury include but are not limited to the following:

- Shaking or throwing an infant or child under 3 years old.
- Inappropriate physical discipline, such as choking, suffocation, tying child up, locking child in closet/kennel, physical activity exceeding child's ability to perform, etc.
- Hitting a child with enough force or using objects to strike a child that could cause a significant injury, such as a broken bone, concussion, significant bruising or lacerations, or internal injuries.
- Exposing a child to dangerous weather or environmental hazards (e.g., locking child out of the home, confining child to garage with dangerous fumes/exhaust, dropping child off far from home with no resources to get to a safe place).
- Dangerous behavior toward the child or in immediate proximity of the child, including violence by one or more adult household members that occur while the child is present in ways that child could be physically injured. Consider combination of child location, type of incident (e.g., pushing, throwing objects, use of a weapon), and child vulnerability.

- Caregiver has made credible threats to cause physical harm to the child that, if carried out, would constitute child abuse, and it is likely that, without intervention, the caregiver will carry out these threats. **If threats are clearly for the sole purpose of emotional abuse, select "Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others" under emotional abuse. If the purpose cannot be discerned, select both this section and the emotional abuse item mentioned above.**

Prior death of a child due to abuse AND there is a new child of any age in the home
There was a death of a child in the home due to abuse or circumstances were suspicious for abuse prior to the current referral AND there is a new child currently in the care of the identified/suspected perpetrator.

Emotional Abuse (go to emotional abuse tree)

Caregiver actions have led or are likely to lead to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others
Caregiver action(s), statement(s), or threat(s) have led or are likely to lead to child's emotional damage (e.g., severe anxiety, depression, withdrawal); behavioral concerns (e.g., untoward aggressive behavior toward self or others); and/or adverse impact on the child's emotional development, including but not limited to delayed speech development, abnormal attachment behaviors, and impulse control behaviors. The adverse impact may result from a single event or from a consistent pattern of behavior and may be currently observed and/or predicted as supported by evidence-based practice. Types of emotional maltreatment include but are not limited to the following:

- Rejecting and/or degrading the child.
- Isolating and/or victimizing the child by means of cruel, unusual, or excessive methods of discipline.
- Exposing the child to brutal or intimidating acts or statements, including but not limited to:
  - » Harm or threatened harm to animals;
  - » Threats of suicide or harm to family members (including the child);
  - » Confining the child in places such as closets or animal cages; or
  - » Consistently scapegoating the child; consistently berating, belittling, blaming, targeting, or shaming the child.

The adverse impact on the child may or may not be apparent depending on the child's age, cognitive abilities, verbal ability, and developmental level. Adverse impact is not required if the action/inaction is a single incident that demonstrates a serious disregard for the child's welfare.

Emotional harm related to domestic violence
The child has experienced or is likely to experience emotional harm related to exposure to domestic violence. Child may exhibit harm through symptoms of depression, significant anxiety or withdrawal, or self-destructive or aggressive behavior from witnessing or intervening in physical altercations, serious verbal threats, coercion, or intimidation by one adult household member against another.

Domestic violence (including intimate partner violence) includes circumstances in which one person chooses a pattern of behavior that exerts coercive power and control over the other person. As a result, family functioning is disrupted, and the child is or may be adversely impacted. The perpetrator's pattern of behavior may include physical violence, emotional abuse, sexual abuse, constraining family or social relationships, controlling finances, undermining the victim's parenting, sobriety, or mental health, disrupting housing or creating housing instability, or any other behavior that has the impact of gaining power over or control of the victim.

Note: If a child has been injured or is threatened with injury, also select "non-accidental or suspicious injury" or "caregiver action that likely caused or will cause injury" under "Physical Abuse."

<u>Neglect</u>

Severe neglect (if not automatic 24-hour, go to neglect tree)

- *Diagnosed malnutrition (automatic 24-hour)*. The child has a current diagnosis by a qualified medical professional of severe malnutrition due to inadequate or unbalanced diet, OR a qualified medical professional states that there are indicators of malnutrition but a formal diagnosis has not yet been made.

- *Non-organic 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.

- *Child's health/safety is endangered*. The caregiver has willfully not provided adequate clothing, shelter, supervision, care, or medical care AND there is imminent risk of serious illness or injury; or serious illness, serious injury, or death has already occurred. Consider child's age, behavior, and vulnerability.

For example:

» The child's clothing is so inappropriate for weather that the child suffered hypothermia or frostbite;

» Housing conditions result in lead poisoning, severely exacerbated asthma due to smoke exposure, and/or multiple bites from pest infestations;

» There is methamphetamine production in the home/residence;

» Medical care has not been provided for an acute or chronic condition and, as a result, the child has required or is likely to require hospitalization or surgery; or the condition may worsen to the extent that unnecessary permanent disability, disfigurement, or death results;

» Caregiver is willfully not meeting child's mental health needs and child has demonstrated suicidal or homicidal behavior/ideation;

» Child is not supervised to the extent that the child has been seriously injured, is at risk of being seriously injured, or avoided serious injury only due to intervention by a third party;

» A young child is left in a motor vehicle during extreme temperature conditions;

» A caregiver behaves recklessly in proximity to child (e.g., driving under the influence as found by law enforcement, using weapons, etc.); or

» Caregiver is breastfeeding while using dangerous substances (type of substances and/or amount resulted in or is likely to result in serious injury/illness to child).

- *Death of a child due to neglect (automatic 24-hour)*. There has been a death of a child in the home due to neglect or circumstances that are suspicious for neglect. Select one of the following options.

» Death of only child or all children in home; no other children reported to be in the home.

» Other children reported to be in the home.

General Neglect (go to neglect tree)
Consider age/developmental status of children. Minor or no injury or illness has occurred.

Note: General neglect does not include a parent's economic disadvantage. This applies to all the subcategories below

Inadequate food. The caregiver does not provide sufficient food to meet minimal requirements for the child to maintain health and growth. The child experiences unmitigated hunger; lack of food has a negative impact on school performance. Caregiver's use of food stamps and/or food pantries as sources of food should not be considered failure to provide food.

- *Inadequate clothing/hygiene*. The caregiver has failed to meet the child's basic needs for clothing and/or hygiene to the extent that the child's daily activities are negatively impacted and/or the child develops or suffers a worsening medical condition. Examples include but are not limited to:
  - » Sores, infection, or severe diaper rash;
  - » Clothing that is inappropriate for the weather and results in health or safety concerns;
  - » Inability to attend school due to lack of clean clothing; and/or
  - » Experiencing shame or isolation from peers due to poor hygiene/extreme body odor.
- *Inadequate/hazardous shelter*. The residence is unsanitary and/or contains hazards that have led or could lead to injury or illness of the child if not resolved. Examples include but are not limited to:
  - » Housing that is an acute fire hazard or has been condemned;
  - » Exposed heaters, gas fumes, or faulty electrical wiring;
  - » No utilities (e.g., water, electricity, heat source if needed) AND these are necessary based on current conditions and age/developmental status or special needs of the child;
  - » Pervasive and/or chronic presence of rotting food, human/animal waste, or infestations;
  - » Presence of poisons, guns, or drugs within reach of child; and/or
  - » Lack of safe sleeping arrangements for infant/child.

- *Inadequate supervision*. Caregiver is present but not attending to the child, or caregiver has made inadequate care arrangements for the child. Injury has occurred due to lack of supervision or been avoided due to third-party intervention. Examples include but are not limited to the following:
  - » Caregiver fell asleep in the apartment/house and young child wandered from the home into the hallway/street.
  - » Child plays with dangerous objects (e.g., sharp knife, gun, matches).
  - » Non-mobile infant left in car seat or carrier for extended periods of time.
  - » Caregiver is unable to care for child due to substance use, mental illness, or developmental disability.
  - » Caregiver is unable to protect child in the home from a sibling with violent behavior.
- *Inadequate medical/mental health care*. Child has a medical or mental health condition, and the caregiver is not seeking or following medical treatment causing the child's condition to deteriorate; OR the child has a severe, chronic condition and the caregiver's care is partial, but important components of the child's medical needs are unmet and causing harm to child.
- *Caregiver absence/abandonment*.
  - » Caregiver is unable to care for the child due to incarceration, hospitalization, or unavoidable absence AND **there is no safe adult to care for the child**. If the caregiver is incarcerated, hospitalized, or absent and has made a plan of care for the child with a safe adult or is otherwise able to safely mitigate the impact of his/her absence on the child, this item should not be selected.
  - » Caregiver has deserted the child with no apparent plans for return. Abandonment may be indicated by quitting jobs, establishing another residence, and taking clothing and other belongings.
  - » Child is being discharged from a facility and caregiver refuses to accept child back into his/her home AND has not participated in discharge planning or caregiver cannot be found.
  - » Caregiver has kicked child out of the home/refuses child entry to the home and has not provided a safe alternative.

» Caregiver left child with family or friends who state an intention to discontinue care and caregiver refuses to accept child back or cannot be located.

» Child is or has been left without an identified caregiver for a period of time inappropriate to the child's age or developmental status. Consider presence of support systems such as relatives and neighbors and child's ability to access support systems by phone or access within immediate walking distance.

- *Involving child in criminal activity*. The caregiver causes the child to perform or participate in illegal acts that:

  » Create danger of serious physical or emotional harm to the child;
  » Expose the child to being arrested; or
  » Force a child to act against his/her wishes.

- *Failure to protect*.

  NOTE: Concerns related to domestic violence should be assessed under emotional abuse and physical abuse items.

  » Caregiver knowingly left child in the care of a person known to neglect or abuse children; a person unknown to the caregiver; or a person known to be violent, use alcohol/drugs, or have serious mental health concerns to the extent that his/her ability to provide care is significantly impaired;

  » Caregiver does not intervene despite knowledge (or reasonable expectation that the caregiver should have knowledge) that the child is being harmed (includes physical, sexual, or emotional abuse or neglect) by another person;

  OR

  » A child has been exploited by a third party, and the person responsible for the child's care is aware of the exploitation and has not acted protectively. This includes situations where the person responsible for the care of the child has been coerced or is otherwise complacent with exploitation.

    ▪ Children and youth aged 17 years old and younger are sexually exploited when they have engaged in, solicited for, or been forced to engage in sexual conduct or performance of sexual acts (e.g., stripping) in return for a benefit, such as money, food, drugs, shelter, clothing, gifts, or other goods, or for financial or some

other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.

Threat of Neglect (go to neglect tree)
No event has occurred; however, conditions exist where, without statutory intervention, the child will be subject to one of the neglect categories above.

- *Prior failed reunification or severe neglect, and new child in household (in-home only)*. There is credible information that a current caregiver had one or more children for whom there was:

  » A failed reunification as a result of child abuse or neglect; OR

  » A current caregiver was previously substantiated for severe neglect;

  AND

  » A new child is now living in the home and conditions exist that create a substantial likelihood that the child will be neglected.

- *Allowing child to use alcohol or other drugs*. Caregiver provides (offers or knowingly allows the child to consume) alcohol, illegal drugs, or inappropriate prescription drugs to a child to the extent that it could endanger the child's physical health or emotional well-being or result in exposure to danger because the child's thinking and/or behavior are impaired. Consider child's age and substance type, including the following:

  » Providing methamphetamine, heroin, cocaine, or similar drugs to a child of any age.

  » Providing enough alcohol to result in intoxication.

  » Providing alcohol over time so that the child is developing a dependency.

  » Providing medications (includes prescription and over-the-counter) that are not prescribed for the child, for the purpose of altering the child's behavior or mood.

  » Providing glue or other inhalants to a child of any age.

  Examples of substance use that should not be included are:

» Use of small amounts of alcohol for religious ceremonies; and

» An older child is permitted to try a small amount of alcohol at a family occasion that did not result in intoxication.

- *Prior death of a child due to neglect AND there is a new child of any age in the home (in-home only)*. There has been a death of a child in the home due to neglect or circumstances are suspicious for neglect prior to the current referral, AND new children are currently in the care of the identified/suspected perpetrator.

- *Substance-affected newborn (in-home only).* There is an infant born and identified as affected by substance use

  AND

  There is indication that the caregiver will be unable to fulfill the basic needs of the infant upon discharge from the hospital.

  When assessing caregiver's ability to provide minimum sufficient level of safe care, consider factors such as willingness to implement a plan of safe care, demonstrations of safe care of other children, plans for safe feeding, and availability of and willingness to use a support network.

  Note: A positive toxicology screen at the time of the delivery of an infant is not in and of itself an indication of neglect. Screeners should explore and document the assessment completed pursuant to Section 123605 of the Health and Safety Code which identified indicators of risk affecting the infant's health and safety.

- *Other high-risk birth (in-home only)*. No acts or omissions constituting neglect have yet occurred; however, conditions are present that suggest that the only reasons neglect has not occurred are the external supports of the hospitalization or the limited time since birth. Examples include but are not limited to the following:

  » Sole caregiver or both caregivers have not attended to the newborn in the hospital.

  » A mother of any age with apparent physical, emotional, or cognitive limitations has no support system and may be unable or unwilling to meet the newborn's basic needs.

» A child was born with medical complications, and sole caregiver's or both caregivers' response suggests caregiver(s) will be unable to meet the child's exceptional needs (e.g., does not participate in medical education to learn necessary care, indicates denial of diagnosis, etc.).

Sexual Abuse (go to sexual abuse tree)

Any sexual act on a child by an adult caregiver or other adult in the household, or unable to rule out household member as alleged perpetrator.
Based on verbal or nonverbal disclosure, medical evidence, or credible witnessed act. If child knows that the alleged perpetrator is not a household member but does not know his/her identity, DO NOT SELECT.

Physical, behavioral, or suspicious indicators consistent with sexual abuse.
Suspicious indicators include but are not limited to the following:

- Toddler or elementary school–aged child displays highly sexualized aggressive behaviors.
- Pre-adolescent child has initiated sexual acts or activities with caregivers, family members, or peers that are outside age-appropriate exploration or development, and this has led to a concern that he/she is a victim of sexual abuse.
- Child complains of pain in the genital or anal area AND there are other indications of sexual abuse.

Sexual act(s) among siblings or other children living in the home.
Children living in the home engage in sexual behavior that is outside of normal exploration or involves coercion or violence.

Sexual Exploitation
Children and youth age 17 years and younger are sexually exploited when they have engaged in, been solicited for, or been forced to engage in sexual conduct or performance of sexual acts in return for a benefit—such as money, food, drugs, shelter, clothing, gifts, or other goods—or for financial or some other gain for a third party. The sexual conduct may include any direct sexual contact or performing any acts, sexual or nonsexual, for the sexual gratification of others. These acts constitute sexual exploitation regardless of whether they are live, filmed, or photographed.

- *Caregiver actively involved child/youth in acts of exploitation or trafficking*. Caregiver involves the child in obscene acts or engages the child in prostitution or pornography. This includes a child being commercially sexually exploited and/or sex trafficked by or with knowledge and consent of caregiver. **In this circumstance, an allegation of sexual abuse should be applied to the caregiver AND any third-party perpetrators.**

- *Child/youth is exploited or trafficked by someone other than a caregiver*. Child/youth is being commercially sexually exploited by a person who is not a caregiver.

  Select if an in-person response is needed to assess the extent to which a caregiver has acted protectively or has the ability to protect. **If this item is selected, an allegation of sexual abuse should be applied to *only* the alleged perpetrator(s) of the actual exploitation. Do not apply an allegation of sexual abuse to the caregiver.**

Threat of sexual abuse
No sexual act or exploitation has occurred; however, the caregiver behaves in ways that create a substantial likelihood that the child will be sexually abused.

- *Known or highly suspected sexual abuse perpetrator lives with child*. An individual with a known or suspected criminal history of sexual crime, regardless of whether they have been arrested or convicted, lives in the same residence as the child.

- *Severely inappropriate sexual boundaries*. *Note*: This does not include incidents that are accidental or inadvertent unless the report indicates that the behavior is persistent or frequently occurring.

  » Adults in the home allow children to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status.

  AND

  » This has resulted in the child exhibiting age-inappropriate sexual behavior OR emotional distress.

  » Adult(s) in the household exhibits behaviors suggesting the purpose is sexual gratification for the adult.

B. Screening Decision

Evaluate out: No criteria are selected.
Select this decision if no criteria in Section A are selected, which means that the report does not meet statutory requirements for an in-person response. For differential response counties, proceed to Step IV. A. Path Decision for Evaluate Out. For counties not implementing differential response, stop. No further SDM® assessments required.

Consider whether a cross-report to another agency (Community Care Licensing, law enforcement, or other county jurisdiction or agency) as required by state statute and regulations and local policy; if so, select the checkbox. **Make the cross-report immediately or as soon as possible to the appropriate jurisdiction according to state and local policy.**

In-person response: One or more criteria are selected.
Select this decision if any criteria in Section A are selected, which means that at least one reported allegation meets statutory requirements for an in-person response. Proceed to Step III. Response Priority.

Consider whether a cross-report to another agency (Community Care Licensing, law enforcement, or other county jurisdiction or agency) as required by state statute and regulations and local policy; if so, select the checkbox. **Make the cross-report immediately or as soon as possible to the appropriate jurisdiction according to state and local policy.**

Tribal agreement with the final screening decision
If it has been indicated that the child may be an Indian child and contact with the tribe(s) has been made, review the assessment information and screening decision collaboratively with the tribe(s). Select if the tribe is in agreement with the final screening decision, is not in agreement or if it is unknown.

NOTE: While agreement with the decision is not required, attempts to reach consensus are considered best practice.

Document details about the collaborative assessment and the tribe's position on the final screening decision in CWS/CMS.

Overrides

In-person response. No criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply.

Select this decision if no criteria in Section A are selected, which means that the report does not meet statutory requirements for an in-person response; however, a referral will be opened in the child welfare services case management system (CWS/CMS) for an in-person response due to local protocol or state regulation.

- *Interview based on local protocol.* A local protocol exists that determines that law enforcement or a Tribe may request a courtesy interview for in-person response. Select this override only after reviewing the allegation thresholds to confirm that the reported concern does not meet the legal requirement for an in-person response, but local protocol requires a response.

- *Residency verification.*
- *Response required by court order*
- *Local Protocol*
- *Other*

Evaluate out. One or more criteria are selected, but report will be evaluated out. No further SDM assessments required. Select 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. Select ONLY after following county protocol for attempting to discern identity/location from information provided by caller.

- *Another community agency has jurisdiction, AND the report does not allege abuse or neglect in out-of-home care to a dependent or ward child/youth*. Local protocol determines that an agency such as law enforcement, probation, or court will be the investigating entity for this issue AND a child welfare response is not required. **Cross-report to Community Care Licensing and/or the appropriate agency as required by state regulation.**

- *Historical information only*. Child is at least 10 years old AND the alleged maltreatment occurred more than one year ago, AND there were no reports of abuse or neglect since the alleged incident, AND the conditions that contributed to the alleged incident are no longer present. If reported incident is sexual abuse, all of the above criteria must apply AND the reported perpetrator must be either an unidentifiable non-household member or deceased.

STEP III. RESPONSE PRIORITY

A. Decision Trees

Physical Abuse

Medical care currently required due to alleged abuse.
Medical care is immediately necessary and if not provided will seriously and possibly permanently affect the child's health and well-being. This includes treatment and/or evaluation of an injury that is needed or currently in progress. It does not include medical examination completed solely for forensic purposes.

Caregiver's behavior is alleged to be dangerous or threatening to child's health or safety (reasonable person standard).

Caregiver acted in brutal or dangerous ways; or the caregiver has made threats (other than empty threats or threats made solely for intimidation) of brutal or dangerous acts toward the child AND absent intervention, it is likely that the child will experience an injury within the next 10 days.

Include concerns of caregiver substance use/abuse or current mental health issues that may increase the risk of physical injury or result in physical injury.

Examples include but are not limited to:

- Hitting with closed fist;
- Hitting child's head, back, or abdomen with substantial force;
- Choking, kicking, or hitting with belt buckle or other dangerous object;
- Using restraints;
- Poisoning; or
- Other actions that could reasonably result in severe injury, such as:
  - » Dangling the child from heights;
  - » Exposing the child to dangerous temperature extremes; or
  - » Throwing objects at the child that could cause severe injury.

Allegation of physical injury to non-mobile child or any child under age 2 (or capability equivalent).
The child has not reached his/her second birthday, or a child of any age has the capability of a child younger than 2 years of age due to developmental, physical, or emotional disability.

Is there a non-perpetrating caregiver or facility administrator aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?
A non-perpetrating caregiver or facility administrator is aware that physical abuse has been alleged AND demonstrates the ability to prevent the alleged perpetrator from having access to the child. The non-perpetrating caregiver or facility administrator will not pressure the child to

change his/her statement and will obtain or has obtained medical treatment for the child as needed.

Child is vulnerable or fearful .

- A child is vulnerable if, due to age, developmental status, or physical disability, they are unable to protect themself OR will not be seen within the next week by other adults who would report concerns (e.g., school personnel).

- The child expresses credible fear of harm going or remaining home.

There is prior history of physical abuse by this caregiver (in-home only).
There is credible information that there are one or more prior investigations for physical abuse. (Include all investigations assigned for in-person response. If for a differential response county, include Path 2 and Path 3 referrals.)

Credible information includes statements by a reporter, verified information in CWS/CMS, or police reports.

There is current concern that domestic violence will impact the safety of the child within the next 10 days (in-home only).
There are physical altercations between the caregiver and another adult living in the home. Include situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways toward household members.

Emotional Abuse

Child is exhibiting behavior that threatens the health or safety of the child or others AND caregiver is unable or unwilling to seek appropriate help or control the child's behavior.
Examples of behavior that threatens the health or safety of the child or others include but are not limited to the following:

- Attempted or threatened suicide.
- Cutting or other self-harmful behavior.
- Violent behavior toward others involving weapons.
- Threats of violence that involve weapons and there is reason to believe the child will carry out the threat.
- Violence toward very young or vulnerable children.
- Torturing or killing animals.
- Fire-setting behavior.

Caregiver's behavior is alleged to be cruel, bizarre, or dangerous to the emotional health or safety of the child.
Examples include but are not limited to the following:

- The caregiver harms him/herself, others, or pets in the child's presence.
- The caregiver threatens to harm him/herself, others, or the child's pet.
- Unusual forms of discipline that rely on humiliation, fear, and intimidation, such as forcing a 10-year-old to wear diapers.
- Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status.
- Domestic violence incidents that involve weapons or result in serious injury to any adult, or during which the child attempts to intervene or is directly in the path of violence.

Neglect

Child requires immediate medical/mental health evaluation or care.
Medical or mental health care is necessary. If not provided within the next 10 days, the child's health and well-being will be seriously, and possibly permanently, affected. In addition to medical conditions, this includes extreme dental and mental health conditions.

Child's physical living conditions are immediately hazardous to health or safety.
Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. Examples include but are not limited to the following:

- Leaking gas from stove or heating unit.
- Substances or objects accessible to the child that may endanger his/her health and/or safety.
- Lack of water or utilities (e.g., heat, plumbing, electricity) and no alternative or safe provisions have been made.
- Open/broken/missing windows.
- Exposed electrical wires.
- Excessive garbage or rotted or spoiled food that threatens the child's health.
- Child has suffered serious illness or significant injury due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
- Evidence of human or animal waste throughout living quarters.
- Guns and other weapons are not locked.
- Illegal drug production in the home.

Child is currently unsupervised and in need of supervision.
Based upon local community standards, the child is not receiving appropriate supervision from his/her caregiver, and there is no appropriate alternative plan for supervision within the next 10 days. Examples include:

- Child is currently alone (time period varies with age and developmental stage).

- Caregiver does not attend to the child to the extent that need for care/protection goes unnoticed or unmet (e.g., child being harmed by another person in the home/failure to protect; the caregiver is present, but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored).

- Child is presently receiving inadequate and/or inappropriate child care arrangements.

- Child has been abandoned and has no caregiver willing and able to provide care for a minimum of 10 days.

- Child/youth is being sexually exploited or trafficked, and information exists that the caregiver is unable or failing to provide supervision that would address immediate safety concerns within the next 10 days.

Substance-exposed newborn will be discharged within 10 days AND no caregiver appears willing and able to provide for the infant upon discharge (in-home only).
A newborn who is substance-exposed or otherwise at high risk has been discharged or will be discharged within 10 days, AND the sole caregiver or both caregivers appear unwilling and unable to provide for the child upon discharge OR there is reason to believe the caregiver will remove the child against medical advice. Indicators include the following:

- The caregiver uses substances, such as methamphetamine, heroin, or cocaine, that typically result in severely impaired ability to function.

- The frequency and/or quantity of caregiver substance use suggests a high probability that he/she will be unable to meet the needs of the newborn upon discharge.

- Prior failed reunification.

<u>Sexual Abuse</u>

Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?
Disclosure may be verbal or nonverbal (e.g., extreme sexual acting-out behavior). Medical evidence includes medical findings related to sexual abuse and suspicious findings such as sexually transmitted diseases in young children.

Is there a non-perpetrating caregiver or facility administrator aware of the alleged abuse/exploitation who is demonstrating a response that is appropriate and protective of the child?
A non-perpetrating caregiver or facility administrator is aware that sexual abuse has been alleged, and he/she supports the child's disclosure AND demonstrates the ability to prevent the alleged perpetrator from having access to the child. The non-perpetrating caregiver or facility administrator will not pressure the child to change his/her statement and will obtain or has obtained medical treatment for the child as needed.

B. Overrides

Policy
Increase to 24 hours whenever:

Law enforcement requests an immediate response. A law enforcement officer is requesting an immediate child protective services response.

Forensic considerations would be compromised by slower response. Physical evidence necessary for the investigation will 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 that 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.

Decrease to 10 days whenever:

Child safety requires a 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 multi-agency response outweighs the need for immediate response.

The child is in an alternative safe environment. The child is no longer in the same place or no longer with the caregiver who is the alleged perpetrator, and the child is not expected to return within the next 10 days (five days in Los Angeles).

The alleged incident occurred more than six months ago AND no maltreatment is alleged to have occurred in the intervening time period. The incident being reported occurred at least six months prior to the report AND no other maltreatment is alleged to have occurred in the intervening time period.

Final Response Priority
If reported concerns involve out-of-home care of a dependent or ward child/youth, the county where the approved or licensed facility is geographically located should respond to reports with a 24-hour response priority. Reports with a 10-day response priority should be referred to the placing county as soon as possible.

STEP IV. PATH OF RESPONSE DECISION

A. Path Decision For Evaluate Out (for differential response counties only)
For all referrals that are evaluated out, select yes or no to indicate whether any of the following are applicable based on information reported or available at the time of the report. If unknown at the time of report, answer no.

Prior investigations (indicate number of prior investigations)
Credible information shows that there have been prior investigated referrals alleging maltreatment by a current caregiver of the child. (Credible information includes statements by a reporter, verified information in CWS/CMS, or police reports.) Include all allegation types and all dispositions (e.g., substantiated, inconclusive, unfounded). For differential response history, include all Path 2 and Path 3 responses. If prior investigation history is present, indicate the number of prior investigations as either one or two, or three or more.

Prior failed reunification, or death of a child not due to abuse or neglect
Credible information shows that a current caregiver of the child has or has had a prior failed reunification for other children in his/her care, or a child in his/her care has died (not due to substantiated abuse or neglect).

Current caregiver substance abuse, domestic violence, or mental health issues
Credible information shows that there is a current concern for the caregiver in one of the following areas:

- A caregiver has a substance abuse problem. The caregiver's recurring use of alcohol or drugs causes functionally significant impairments, such as health problems, disability, or failure to meet responsibilities at work, school, or home.

- An adult household member exerts physical violence or patterns of power and control over another adult living in the home, impacting family functioning, regardless of whether children were present. This includes situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home but continues to behave in threatening ways toward household members.

- A caregiver has current mental health concerns based on a diagnosis of a major mental illness (e.g., schizophrenia, bipolar disorder, depression) or exhibits

symptoms that suggest a probability that such a diagnosis exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

Identified need that can be addressed with community services
The reporter describes a service or resource need that does not rise to the level of screening threshold but could be addressed through a community agency.

Other (specify)
Specify any other information that was used in determining the final path decision for evaluate out.

B. Path Decision for In-Person Response (for differential response counties only)

Likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident
If conditions alleged by the reporter are true, they would constitute a crime against the child or would constitute the basis for a juvenile court dependency petition.

Allegation involves sexual abuse
Current allegation is for sexual abuse.

Prior investigations (indicate number of prior investigations)
Credible information shows that there have been prior investigated referrals alleging maltreatment by a current caregiver of the child. (Credible information includes statements by a reporter, verified information in CWS/CMS, or police reports.) Include all allegation types and all dispositions (e.g., substantiated, inconclusive, unfounded). For differential response history, include all Path 2 and Path 3 responses. If prior investigation history is present, indicate the number of prior investigations as either one or two, or three or more.

Prior child protective services (previous ongoing case)
There has been an open family maintenance, family reunification, or permanency planning case involving any current caregiver; or there have been previous ongoing child protective services in another jurisdiction.

Four or more alleged child victims
There are four or more children residing in the home who are alleged as victims of abuse or neglect in the current incident. Do not count children alleged to be "at risk" of abuse and/or neglect.

Caregiver has a current mental health issue
There is credible information that the primary, secondary, or both caregivers have a current mental health concern based on diagnosis of a major mental illness (e.g., schizophrenia, bipolar disorder, depression) or exhibit symptoms suggesting a probability that such a diagnosis exists,

such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect.

Primary caregiver has a history of abuse/neglect as a child
There is credible information that the primary caregiver was abused or neglected as a child.

Any child with (select all that apply):

- *Mental health/behavioral problems* not related to a physical or developmental disability (includes ADHD/ADD). This could be indicated by a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking psychoactive medication.

- *Developmental or physical disability*, defined as a severe, chronic impairment that creates substantial functional limitations in three or more of the following areas of major life activity: self-care, language, learning, mobility, self-direction, potential for independent living, and potential for economic self-sufficiency as an adult.

- *Medically fragile or failure to thrive*, defined as having a diagnosed medical condition that can become unstable and change abruptly, resulting in a life-threatening situation (e.g., uncontrolled diabetes, required use of monitor, child is non-ambulatory and requires 24-hour care, required nasal gastric or gastronomy tube, tracheotomy) or diagnosis of failure to thrive.

- *Positive toxicology screen at birth*. Any child had a positive toxicology screen for alcohol or another drug at birth.

- *Delinquency history*. Any child in the household has been referred to juvenile court for delinquent or status-offense behavior. Status offenses that have not been brought to court attention but have created stress within the household should also be scored, such as children who run away or are habitually truant.

Housing is unsafe or family is homeless

- The family has housing, but the current housing situation is physically unsafe to the extent that it does not meet the health or safety needs of the child (e.g., exposed wiring, inoperable heat or plumbing, roach/rat infestations, human/animal waste on floors, rotting food).

- The family is homeless or was about to be evicted at the time the investigation began. Consider as homeless people who are living in a shelter and those living on a short-term basis with relatives or friends.

Prior injury to a child due to abuse or neglect
There is credible information that a current caregiver injured a child due to abuse or neglect prior to the current allegation.

Domestic violence
An adult household member exerts physical violence or patterns of power and control over another adult living in the home, impacting family functioning. This includes situations where one of the adults does not live in the home but has substantial contact in the home, or has lived in the home and continues to behave in threatening ways toward household members.

Caregiver has a current substance abuse issue

There is credible information that the caregiver's recurring use of alcohol or drugs causes functionally significant impairments, such as health problems, disability, or failure to meet responsibilities at work, school, or home.

Specify whether this applies to the primary, secondary, or both caregivers.

Other (specify)
Specify any other critical risk factor that was used in determining the final path decision for in-person response.

CALIFORNIA
SDM® HOTLINE TOOLS
POLICY AND PROCEDURES

The purpose of the hotline tools is to assess:

- Whether a referral meets the statutory threshold for an in-person CWS response;
- If not, whether a referral to an alternative community response is appropriate; and
- If so, how quickly to respond and the path of response.

	PRELIMINARY SCREENING AND APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE	RESPONSE PRIORITY	PATH OF RESPONSE DECISION*
Which Cases	All referrals that are created in CWS/CMS.	All referrals that meet statutory threshold for an in-person response, per the Preliminary Screening and Appropriateness of a Child Abuse/Neglect Report for Response tools.	All referrals that did not meet the statutory threshold for in-person response are assessed using A, Path Decision for Evaluate Out. All referrals that meet statutory threshold for in-person response are assessed using B, Path Decision for In-Person Response.
Who	Worker receiving the referral.	Worker receiving the referral.	Worker receiving the referral OR the designated differential response worker.
When	Immediately upon receipt of the call.	Immediately upon receipt of the call.	Referrals with a 24-hour response priority—complete immediately. Referrals with a 10-day response priority—complete within 24 hours. Referrals that are evaluated out—complete within five working days.
Decision	Does the referral meet statutory threshold for in-person CWS response (yes or no)?	How quickly to respond. First face-to-face contact should begin or be attempted within 24 hours or within 10 days.	Records the path of response decision and documents criteria present at the time of the referral.

*Path of response refers to the response track for referrals under the State of California differential response system. Refer to your local differential response program for specific definitions and practice guidelines related to response paths. The path of response decision is only used in counties with a differential response program.

APPROPRIATE COMPLETION

If a referral was/will be created in CWS/CMS, complete a hotline tool.

Complete all assessment header information as indicated.

- Record the referral number and date of the hotline assessment.
- Intake staff must inquire whether the reporting party has any information that indicates that a child in the household is or may be an Indian child, as required by WIC § 224.2(a) and ACL 20-38.
- If there is reason to know or reason to believe that a child may be an Indian child, intake staff should make efforts to contact all appropriate tribe(s) as soon as possible for further information gathering and decision-making, as described in MPP 31-105.114. This contact should not prevent or delay the agency from responding within the required timeframe, when indicated.
- Details of the contact/attempted contact with tribe(s), a summary of information, and the impact on decision making must be documented in CWS/CMS.
- In the event intake staff are unable to contact the tribe(s) and the referral is screened in, child welfare staff are required to continue efforts to engage the tribe in information gathering and shared decision-making throughout the investigation, as described in MPP 31-101.522.

STEP I. PRELIMINARY SCREENING

If the referral does not involve a child under 18 (does not apply in reports of death of the only child or all children in household where death is suspected to be related to abuse or neglect), is a duplicate referral, is being referred to another county, or concerns a safely surrendered baby, select the specific reason under "Review of screening criteria is not required."

In these cases, the screening decision is complete. Step II, Appropriateness of a Child Abuse/Neglect Report for Response; Step III. Response Priority; and Step IV. Path of Response Decision are not required.

Record the specific reasons in CWS/CMS.

STEP II. APPROPRIATENESS OF A CHILD ABUSE/NEGLECT REPORT FOR RESPONSE

For reports of alleged maltreatment in out-of-home care to a dependent or ward child/youth ONLY, the definition of caregiver should include "a person responsible for the child's care and

welfare (including a licensee, administrator or employee of any facility licensed to care for children)" in accordance with PC 11165.5. All other reports should be screened using the standard SDM definition for caregiver.

A. Screening Criteria

Based on the caller's concerns, select all criteria that apply. Do not select items if the caller's information does not reach the threshold of the definition for an item.

B. Screening Decision

Indicate the screening decision. If one or more criteria are selected, the referral is assigned for an in-person CWS response. (Proceed to Step III. Response Priority.) Note that not all referrals assigned for in-person response require the same investigatory action. Refer to state regulatory guidance, the Policy and Procedures sections of the SDM safety and risk assessments, and local protocol to determine the type of CWS response required and the SDM tools that will apply.

If no criteria are selected, the referral will be evaluated out (for differential response counties, go to Step IV. A. Path Decision for Evaluate Out.; all others require no further action).

Overrides
If an override is used to assign a referral for in-person response when no screening criteria are selected in Step II, Section A, no further SDM assessments are required.

Tribal Agreement:
If it has been indicated that the child may be an Indian child and contact with the tribe(s) has been made, review the screening decision collaboratively with the tribe(s). While agreement with the decision is not required, document the tribe's position on the final screening decision.

STEP III. RESPONSE PRIORITY

A. Decision Trees

- Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24-hour). Select if the child is in out-of-home care as a dependent or ward child/youth, and the allegations concern the substitute care provider, AND county policy requires a response within 24 hours, making the referral an automatic 24-hour response. If not applicable, proceed to the decision trees.

- Child is already in custody (automatic 24-hour). If a child has already been taken into protective custody, the referral will be an automatic 24-hour response. Workers in differential response counties should proceed to Step IV. Path of Response Decision.

Select the response priority decision tree that corresponds with the allegation type (physical abuse, emotional abuse, neglect, or sexual abuse). If there is more than one allegation, begin with the most serious allegation. Start with the first question, and gather information from the caller that will lead to an answer of yes or no. Be sure to consult definitions. The response will lead to either a decision regarding response time or to another question. Continue to ask as many questions as are required to arrive at a recommended response time.

- Additional allegations. Once a response time of 24 hours is reached, it is not necessary to complete additional decision trees, even if there are other allegations. If the first tree leads to a time of 10 days, complete additional decision trees until all allegations are completed or a 24-hour response time has been determined, whichever comes first.

- Unknown answers. If the reporter's information cannot clearly distinguish between a yes or no response to a question, try asking additional questions, or asking questions in different ways. If it remains unclear, answer in the way that is most protective of the child.

B. Overrides
After completing all required decision trees, proceed to the overrides and determine whether any apply. Consider overrides even if response priority trees have been bypassed based on screening criteria.

- Policy. If 10 days is the presumptive response, consider whether any of the policy overrides to 24 hours apply. If 24 hours is the presumptive response, consider whether any of the policy overrides to reduce response priority by one level apply.

- Discretionary. If the caller reported any information, or information from any other source suggests that the child's safety, permanency, or well-being is best served by a different response time than the presumptive response, select whether the response time will be increased or decreased. For example, consider the ability to locate child/caregiver and protective capacities. Briefly describe the fact(s) that led to this conclusion. Discuss a discretionary override with a supervisor and obtain approval.

Final Response Priority
Indicate a final response priority.

If reported concerns involve alleged harm in out-of-home care to a dependent or ward child/youth, the county where the facility is geographically located should respond to reports with a 24-hour response priority. Reports with a 10-day response priority should be referred to the placing county as soon as possible.

STEP IV. PATH OF RESPONSE DECISION (differential response counties only)
Based on screening criteria, complete either Path Decision for Evaluate Out OR Path Decision for In-Person Response.

A. Path Decision for Evaluate Out
If the county has a differential response system, all referrals that were evaluated out will be considered for Path 1 assignment. Select any applicable items listed that were present at the time of the referral based on reported information. Record the path decision for referrals that did not meet any screening criteria (No Response or Path 1).

B. Path Decision for In-Person Response
If the county has a differential response system, all referrals that are assigned for in-person response should be forwarded to the differential response coordinator. If the response priority

decision is within 24 hours, the worker may bypass the criteria and select "yes" for automatic Path 3 response. The criteria that resulted in the 24-hour response time would often also result in a Path 3 decision. Alternatively, the worker may review the criteria and base the path decision on the criteria.

Practice Considerations

Workers will make every effort to elicit information from the reporter to make the key hotline decisions of whether to initiate an in-person response, how quickly to respond, and the path of response. To the extent time allows and if the reporter has additional information, the worker should also elicit information regarding the reporter's knowledge of family strengths, use of services, and the reporter's perspective on family needs.

In all calls, workers will gather as much identifying information as the reporter has available, information on the family's language, cultural identity, current location of child and ability to locate, and issues that have an impact on the safety of responding workers (e.g., weapons, propensity to violence, dangerous animals).

Note: The following guidelines were developed in consultation with several SDM counties to provide recommendations for a consistent process to document subsequent referrals received for the same incident/allegation, or referrals of new information received prior to the first face-to-face contact. Some counties may use different CWS/CMS documentation practices to record these types of referrals. Whatever the county's method, ensure that these referral types are appropriately identified/coded so that it is clear that additional SDM assessments are not required.

1. Duplicate or secondary referrals. If, after gathering all information from the reporter, it is apparent that all of the allegations made by the reporter are identical to allegations made in an existing open referral, the worker should create a second referral in CWS/CMS and select items accordingly. This second referral may contain an additional description of the family/events but should not contain a new incident or allegation. No new hotline tool is required for a secondary referral. (If the second call contains information that would change screening, response priority, or path decision, that is an indicator that it is NOT a secondary referral.)

2. Associated referrals. If a second or subsequent call is received that does contain new information, but the worker has not yet made a first face-to-face contact with the family, the referrals should be combined in CWS/CMS as an associated referral. The hotline worker should complete a new hotline tool to determine whether the response should change. However, the investigating worker will complete only one safety and risk assessment that will be linked to all associated referrals. If the second call is received AFTER an initial safety assessment was completed but BEFORE a risk assessment was completed, the worker should associate the referrals in CWS/CMS. In WebSDM,

complete the risk assessment in the first referral. With rare exceptions, a second safety assessment should be added to the first referral based on changing circumstances.

3. Changing decisions. Prior to worker contact with the family, it is possible that additional information will lead to different answers to the various components of the hotline tool. Retain the original completed tool to show what decision was made and the basis for that decision. If a field supervisor determines—based on new or additional information received prior to the initial in-person response but after the screening, response priority, or path decision has been made—that a screening, response priority, or path decision will be changed, the field supervisor should document the change in the response decision section of the automated case management system. Provide a brief explanation of the basis for the change. **The change must be consistent with decision criteria, or an appropriate override reason should be stated.**