SDM® HOTLINE TOOLS

California Department of Social Services

r: 11/23

Referral Name:	Referral Number:			
Date Completed:	County:			
IS THERE ANY INFORMATION HOUSEHOLD IS, OR MAY BE,	THAT INDICATES THAT A CHILD IN THE AN INDIAN CHILD?			
O No, not at this time. O Yes: O Child is an Indian child	O Reason to know O Reason to believe			
	or representatives consulted during the information gathering necessary for the tribe to determine membership or eligibility?			
If no: O Contact with tribe(s) at	tempted O Contact with tribe(s) not attempted			
STEP I. PRELIMINARY SCREEN	ING			
Review of screening criteria is not require	ed if any of the following apply.			
 ○ Evaluate out (select all that apply) □ No child under age 18 (do not apwhere death is suspected to be reduced by the properties of the properties				
If any of the above are selected, the	screening decision has been made and the assessment is			

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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? Select one.

- O **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.
- O **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 the screening criteria below in which the described threshold is met. In some cases, you also may be prompted to select subtypes. Once you have completed this section, go to the corresponding response priority tree for that screening category unless the screening category indicates it is an automatic 24-hour response.

Physical Abuse

	Non-accidental or suspicious injury (If yes, select any below that apply) ☐ Death of a child due to abuse (automatic 24-hour response) ☐ 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 response) ☐ Other injury (exclude very minor injuries unless the 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
Em	otional Abuse
	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 yes, select any below that apply) □ Diagnosed malnutrition (automatic 24-hour response)
	□ Non-organic failure to thrive
	☐ Child's health/safety is endangered
	 Death of a child due to neglect (automatic 24-hour response; if yes, select one below) 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 (If yes, select any below that apply)
	□ 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 (If yes, select any below that apply)
	☐ 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)
Sex	cual Abuse
	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 (If yes, select any below that apply)
	☐ 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 (If yes, select any below that apply)
	☐ Known or highly suspected sexual abuse perpetrator lives with child
	☐ Severely inappropriate sexual boundaries

B. SCREENING DECISION

- O No concerns meet the threshold described for criteria above, evaluate out. Determine if cross-report to another agency is required.
 - O For differential response counties, proceed to Step IV. A. Path Decision for Evaluate Out.
 - O For counties not implementing differential response, stop. No further SDM assessments required.

0	If one or more criteria are selected, an in-person response is required. Determine if cross-report to another agency is required. <i>Proceed to Step III. Response Priority</i> .
Tri	bal Agreement
	he child is an Indian child or there is reason to know a child is an Indian child, does the tribe agree with final screening decision?
0	Yes No: Unknown O Did not ask O No response from tribe by time of screening decision O Other:
Ov	errides
0 0	Override to in-person response. No screening criteria are selected, but report will be opened as a referral. No further SDM assessments required. Select all that apply. Interview per local protocol Law enforcement's request Tribal agency request Residency verification Response required by court order Other local protocol (specify): Other (specify): Override to evaluate out. One or more screening criteria are selected, but the report will be evaluated out. No further SDM assessments required. Select all below 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
Fin	al Screening Decision
	Screen in Evaluate out
ls d	cross report required?
	Yes No

STEP III. RESPONSE PRIORITY

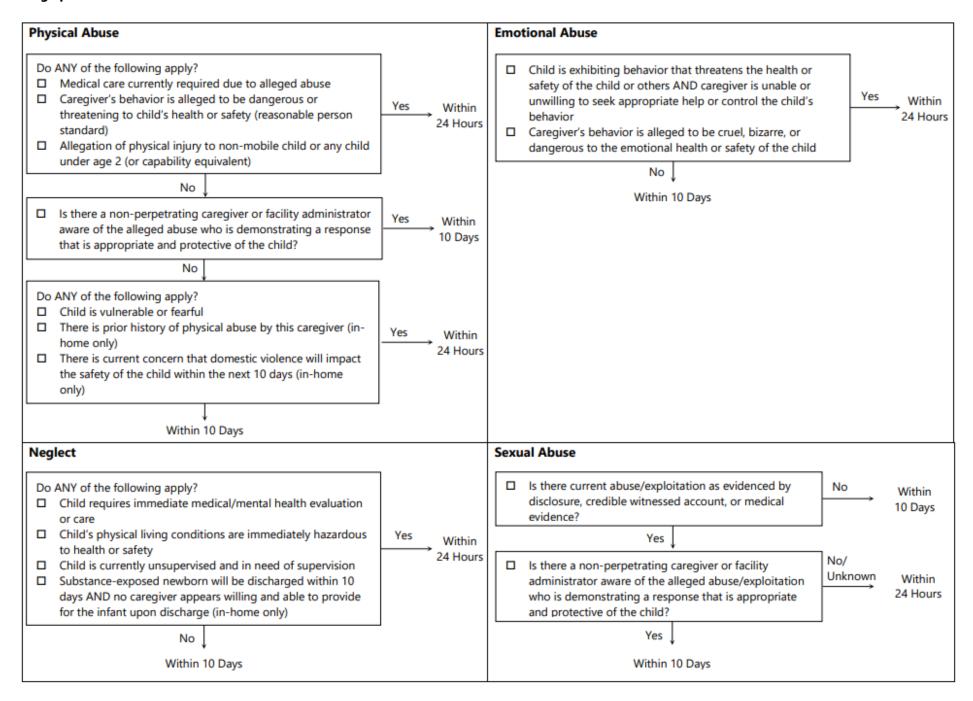
A. DECISION TREES

Sel	ect below if applicable.
_ _	Allegation concerns maltreatment by current substitute care provider AND county policy requires response within 24 hours (automatic 24-hour response) Child is already in custody (automatic 24-hour response)
lf r	none is applicable, complete the appropriate decision tree(s).
Ph	ysical 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)
	If yes: Respond within 24 hours If no: Proceed to next question
	here a non-perpetrating caregiver or facility administrator aware of the alleged abuse who is monstrating a response that is appropriate and protective of the child?
	If yes: Respond within 10 days If no: Proceed to next question
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)
	If yes: Respond within 24 hours If no: Respond within 10 days

Emotional Abuse

Do	either of the following apply?
	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
	If yes: Respond within 24 hours If no: Respond within 10 days
Ne	eglect
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)
	If yes: Respond within 24 hours If no: Respond within 10 days
Se	xual Abuse
	Is there current abuse/exploitation as evidenced by disclosure, credible witnessed account, or medical evidence?
	If yes: Proceed to next question If no: Respond within 10 days
	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?
	If yes: Respond within 10 days If no: Respond within 24 hours

Image placed here as a visual aid.



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
If applicable, select one and provide reason.
O Increase response time O Decrease response time
Reason:
Seek supervisor review and approval for any override.
Final Response Priority
O 24 hours O 10 days

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.

1. Pr	rior investigations (Indicate number of prior investigations).
	Yes (Select below) O One or two O Three or more No
2. Tł	here is a prior failed reunification, or death of a child not due to abuse or neglect.
O Y	
3. Cı	urrent caregiver substance abuse, domestic violence, or mental health issues.
O Y	
4. Id	lentified need that can be addressed with community services.
0 0 0 0	Ves (select any that apply) Clothing Counseling Education Financial Housing Medical Food Other (specify):
0 N	No
5. O	ther
Spec	cify:
Y O	

Path Decision
O No response O 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 the response priority decision is within 24 hours, the worker may bypass the criteria below and select "yes" for automatic Path 3 response.
Apply automatic Path 3?
O Yes. Skip to the Path Decision and select Path 3.O No. Answer the following questions.
1. There is a likelihood of caregiver arrest or juvenile court involvement as a result of alleged incident
O Yes O No
2. Allegation involves sexual abuse
O Yes O No
3. Prior investigations (indicate number of prior investigations)
O Yes (select below) O One or two O Three or more O No
4. Prior child protective services (previous ongoing case)
O Yes O No
5. Four or more alleged child victims
O Yes O No

6.	Caregiver has a current mental health issue
0	Yes (select all that apply) ☐ Primary caregiver ☐ Secondary caregiver
0	☐ Secondary caregiver No
7.	Primary caregiver has a history of abuse/neglect as a child
	Yes No
8.	Any child with any of the following:
	Yes (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 No
9.	Housing is unsafe or family is homeless
	Yes No
10	. Prior injury to a child due to abuse or neglect
	Yes No
11	. Domestic violence in the last 12 months
	Yes No
12	. Caregiver has a current substance abuse issue
0	Yes (select all that apply) ☐ Primary caregiver ☐ Secondary caregiver No

Other (specify	 		

Path Decision (Select one)

- O Path 2
- O Path 3