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CHILD PROTECTION REPORTING GUIDE

HUMBOLDT COUNTY

August 2021

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ACKNOWLEDGMENTS

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AGENCY

2-1-1 Humboldt

Bear River Band of the Rohnerville Rancheria

Big Brothers Big Sisters of the North Coast

Bridgeville School

California Center for Rural Policy

California Department of Social Services

Center for the Study of Social Policy

Changing Tides Family Services

Child Abuse Prevention Coordinating Council

College of the Redwoods - Foster & Kinship Care Education Program

Community Members/Foster Parents

Eureka Police Department

Eureka City Schools

Fortuna Elementary School

Humboldt County Department of Health and Human Services (DHHS) Administrative Programs

Humboldt County DHHS Behavioral Health

Humboldt County Child Support Services

Humboldt County DHHS Child Welfare Services

Humboldt County Counsel

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Humboldt County Child Welfare Services Cultural Coaches

Humboldt County District Attorney

Humboldt County Office of Education

Humboldt County Probation Department

Humboldt County DHHS Public Health

Humboldt County Sheriff's Office

Humboldt County DHHS Social Services

Humboldt County Superior Court

Humboldt County Transition Age Youth Collaboration

Humboldt Court Appointed Special Advocate (CASA)

Humboldt Domestic Violence Services

Humboldt Network of Family Resource Centers

Humboldt Recovery Center

Humboldt State University

North Coast Health Improvement and Information Network

Northcoast Children's Services

Open Door Community Health Centers

Redwood Coast Action Agency

Red Deer Consulting

St. Joseph Hospital

Southern Humboldt Community Healthcare District

Star Network

Humboldt County CWS Tribal Consultant

Wiyot Tribe

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PURPOSE

This CPRG is intended to assist reporters who are concerned about possible abuse or neglect of a child and who must decide whether to report their concerns to a child protection agency (CPA), which includes Child Welfare Services (CWS), Humboldt County Sheriff's Office (HCSO), or any other law enforcement agency. When a report is recommended, this CPRG directs users to CWS.

The reporting decision is not an easy one, and the consequences of the decision are considerable. Humboldt County has undertaken the effort to develop a multidisciplinary reporting guidance tool in order to achieve the following goals.

- Assist reporters as they gain familiarity with the reporting threshold.
- Help ensure that children and families requiring a child protection response are promptly reported.
- Provide alternative options for reporters to assist children and families who would be better served outside of the statutory child protection system.
- Help child protection agencies increase direct family contact for reports requiring response by eliminating time spent on reports that could be diverted for more appropriate service(s).

This guide is intended to complement rather than replace critical thinking and does not prohibit a reporter from any course of action the reporter believes is appropriate. The guide incorporates design principles that help focus on the most critical pieces of information for the decision at hand. The guide reflects the consensus of multiple child protection agencies and community partners concerning situations that are best served through a formal child welfare response and those that are best served through alternative interventions.

Finally, this guide is a dynamic document. Continuing feedback and evaluation will be used to refine this manual over time. If you have feedback on the CPRG, please email cws-cprg@co.humboldt.ca.us.

REPORTING RESPONSIBILITIES

Based on the Child Abuse and Neglect Reporting Act (CANRA)[1] and California Welfare and Institutions Code

WHO IS A MANDATED REPORTER?

Mandated reporters are individuals required by law to report known or suspected child maltreatment. They are primarily people who have contact with children in a professional capacity or within the scope of their employment. In California, mandated reporters are required to report any known or suspected instances of child abuse or neglect to the county child welfare department or to a local law enforcement agency. Other citizens, though not required by law to do so, may also report.

Adapted from Penal Code (PC) 11165.7

EDUCATION

- A teacher.
- An instructional aide.
- A teacher's aide or teacher's assistant employed by a public or private school.
- A classified employee in a public school.
- An administrative officer or supervisor of child welfare and attendance, or a certified pupil personnel employee of a public or private school.
- An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
- A Head Start program teacher.
- An administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.

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[1] Penal Codes 11164–11174.3,
http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=PEN&division=&title=1.&part=4.&chapter=2.&article=2.5

- An employee or administrator of a public or private postsecondary educational institution whose duties bring the administrator or employee into contact with children on a regular basis or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution (does not alter lawyer-client privilege).
- An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten or for grades 1 to 12, inclusive.
- Any athletic coach, including but not limited to an assistant coach or a graduate assistant, involved in coaching at public or private postsecondary educational institutions.

MENTAL HEALTH

- A psychiatrist, psychologist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.
- An alcohol or drug counselor who is providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol program. *Note*: Alcohol and/or drug use are not, in and of themselves, a sufficient basis for reporting child abuse and neglect.
- A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.
- An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

SERVICES FOR CHILDREN IN CARE

- An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- A child visitation monitor who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

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- An individual certified by a licensed foster family agency as part of a certified family home, as defined in Section 1506 of the Health and Safety Code.
- An individual approved as a resource family as defined in Section 1517 of the Health and Safety Code and Section 16519.5 of the Welfare and Institutions Code.

Child or Youth Services

- An administrator of a public or private day camp.
- An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- A licensee, an administrator, or an employee of a licensed community care or child daycare facility.
- A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code (supportive service).

Other Family Service

- An employee of a county welfare department.
- A public assistance worker.
- A social worker, probation officer, or parole officer.

Public Safety

- An employee of any police department, county sheriff's department, county probation department.
- An employee of a school district police or security department.
- A district attorney investigator, inspector, or local child support agency caseworker, unless working with an attorney pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- A firefighter, except volunteer firefighters.
- An animal control officer employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

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- A humane society officer appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

Faith-Based

- A clergy member, as specified in subdivision (d) of Section 11166 (i.e., a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization).
- Any custodian of records of a clergy member.

Medical

- A physician and surgeon, psychiatrist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with section 1797) of the Health and Safety Code.
- A state or county public health employee who treats a minor for venereal disease or any other condition.
- A coroner.
- A medical examiner or other person who performs autopsies.

Legal

- A custodial officer as defined in Section 831.5.
- An employee or volunteer of a Court Appointed Special Advocate program as defined in Rule 5.655 of the California Rules of Court.

Regulatory

A licensing worker or licensing evaluator employed by a licensing agency as defined in Section 11165.11.

Media and Technology

- A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166.
- A commercial computer technician as specified in subdivision (e) of Section 11166 who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component. (See (43)(A) for more detail.)

WHAT ARE THE LEGAL RESPONSIBILITIES OF A MANDATED REPORTER?

WHAT MUST BE REPORTED?

Child abuse and neglect, as defined in CANRA, includes:

Child Sexual Abuse

- Rape (PC 261)
- Incest (PC 285)
- Sodomy (PC 286)
- Oral copulation (PC 288a)
- Lewd and lascivious acts with a child (PC 288)
- Child annoyance or molestation (PC 647.6)

Sexual Exploitation (PC 311.1–311.2)

- Promoting, permitting, or coercing a minor to engage in unlawful sexual activity such as:
    - » Prostitution
    - » A live performance involving obscene sexual conduct
    - » Production or distribution of child pornography (i.e., an image or representation of a child under the age of 18 engaged in sexual conduct; PC 311 and PC 11166(e)(2))

Physical Abuse (Child Neglect)

Note that emotional harm *may* be reported, but reporting it is not mandated. (PC 11166.05)

This CPRG is intended to help recognize what constitutes these abuse and neglect types.

HOW CERTAIN MUST I BE TO REPORT?

You should report anything for which you have at least reasonable suspicion. It is not necessary that you are certain that abuse or neglect occurred. Conversely, you are not required to report the slightest suggestion that abuse or neglect occurred. Reasonable suspicion means that it is "objectively reasonable for a person to entertain a suspicion, based upon *facts* [emphasis added] that could cause a reasonable person in a like position, drawing, when appropriate, on his or her training and experience, to suspect child abuse and neglect" (PC 11166 [a][1]).

To answer questions in this CPRG, the reporter should select "Yes" or "No" based on reasonable suspicion.

WHAT MUST A MANDATED REPORTER DO?

A mandated reporter who knows or suspects child abuse or neglect must notify the county child welfare department or a local law enforcement agency. In Humboldt County, reports can be made to the Humboldt County Child Welfare Service (CWS), any police department, or the Humboldt County Sheriff's Office (HCSO).

HOW SHOULD A REPORT BE MADE?

There are two requirements.

1. Immediately, or as soon as practicably possible, make an initial report by telephone to a child protection agency, which includes CWS, HCSO, or any other law enforcement agency. This guide directs reports to CWS.
2. Prepare and send a written report to the child protection agency within 36 hours of receiving the information. The written report is known as a Suspected Child Abuse Report (SCAR), or form 8572. The SCAR form is available at https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf? and instructions are at https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/8572_instruct.pdf. The SCAR may be faxed or emailed.

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COUNTY CHILD PROTECTION AGENCY	PHONE	FAX
Humboldt County Child Welfare Services	(707) 445-6180	(707) 445-6254
Humboldt County Sheriff's Office	(707) 445-7251	(707) 445-7298
Arcata Policy Department	(707) 822-2428	(707) 822-7936
Eureka Police Department	(707) 441-4060	(707) 441-4334
Ferndale Police Department	(707) 786-4025	(707) 786-4015
Fortuna Police Department	(707) 725-7550	(707) 725-7574
HSU University Police	(707) 826-5555	(707) 826-4637
Rio Dell Police Department	(707) 764-5642	(707) 764-2569

TRIBAL POLICE DEPARTMENTS	PHONE	FAX
Bear River Band of the Rohnerville Rancheria	707-733-1900	707-733-1723
Blue Lake Rancheria	707-668-5101	707-668-7198
Hoopa Valley Tribal Police	530-625-4204	530-625-4265
Yurok Police Department	707-482-8185	707-482-8375

CAN I TELL MY SUPERVISOR INSTEAD OF REPORTING TO CWS OR LAW ENFORCEMENT?

No. Informing any person other than a California child protection agency, which includes CWS or any law enforcement agency, does not relieve a mandated reporter of the responsibility to notify a child protection agency (PC 11166 [i][3]).

IF MORE THAN ONE PERSON SUSPECTS CHILD ABUSE OR NEGLECT, MUST EACH PERSON REPORT?

Yes, *unless* all persons have agreed on who will report. With mutual agreement, a single telephone report may be made and a single SCAR submitted. However, all mandated reporters should sign the SCAR. Also, every mandated reporter remains responsible for reporting in the event that the designated person does not make the report (PC 11166 [h]).

WHAT CAN HAPPEN IF I DO NOT REPORT?

You can be charged with a misdemeanor (PC 11166). If convicted, you are subject to possible jail time or a fine. The maximum jail time is six months, and the maximum fine is $1,000. If you did not report abuse or neglect that subsequently results in death or great bodily injury to the child, the maximum jail time is one year, and the maximum fine is $5,000 (PC 11166.01 [b]).

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AM I RESPONSIBLE TO REPORT EVEN IF I HAVE NOT BEEN TRAINED?

Yes, the absence of training does not excuse a mandated reporter from the duties of reporting (PC 11165.7 [f]).

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WORKING ACROSS DIFFERENCE

WORKING WITH DIVERSE COMMUNITIES

Culture and experience influence parenting and caregiving practices, and it is critical that reporters maintain a focus on the impact of the behavior or practice on the child and ask, “Does this cause or threaten significant harm?”

A reporter should not report behaviors or practices that are influenced by culture simply because they are different or unfamiliar to the reporter. A reporter should also not report behaviors or practices if the reporter does not believe they are causing significant harm or placing the child at risk of significant harm.

Where parent behaviors cause concern about risk of significant harm to the child, reporters must take the necessary reporting actions. Behaviors suspected of causing significant harm or placing the child at risk of significant harm should not be minimized or dismissed on cultural grounds.

Reporters with information about the possible bearing of cultural, linguistic, or migration factors on the matter are encouraged to share this information as part of their report to the CWS Hotline. Information about culture, tribal affiliation, family constellation, network members, and support systems can be critical to reinforcing child safety and supporting a balanced and rigorous assessment.

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PROCEDURES

WHO WILL USE THE GUIDE

This CPRG is designed to be used by those mandated to report child abuse and neglect and any other person concerned about the safety or well-being of a child in Humboldt County.

WHICH CHILDREN

The CPRG is designed to be used for children who may be abused or neglected by their parent or caregiver, or who may be trafficked by any person.

The CPRG is designed to be used with children living in Humboldt County, children who are currently in Humboldt County, and children who were in Humboldt County when the concern occurred.

Also use this guide for concerns related to a child who is temporarily residing outside of Humboldt County. If a report is made to CPA and the child is expected to return to Humboldt County within six months, CPA will seek assistance from the CPA jurisdiction where the child is currently or will assess once the child has returned to Humboldt County.

PRACTICE GUIDANCE
Concerns about children who may be harmed by persons who are not the child's parent or caregiver may be reported to law enforcement. If you are concerned that the child was harmed by another person because the child's parent or caregiver did not provide protection or supervision that might have prevented the harm, use this guide to determine whether a report for Neglect: Inadequate Supervision or Neglect: Does Not Protect should be made.

WHEN TO USE THIS GUIDE

The CPRG should be used when concerns you have about a child are causing you to consider reporting the matter to CPA.

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DECISIONS

The CPRG provides a recommendation to either:

- Report to CPA; or
- Not report to CPA at this time.

When no report is indicated, potential alternative action and resource information will be provided for the reporter.

If a child has been or is currently in danger of being harmed in a way that may be a crime or requires immediate attention, report to law enforcement immediately.

COMPLETION INSTRUCTIONS

Select the decision tree that most closely matches the concern you have. Refer to "Tips for Selecting a Decision Tree." After selecting the applicable decision tree, you will be asked several questions about the circumstances causing you concern. Read the accompanying definitions and answer "Yes" or "No" for each.

- Unless otherwise specified (i.e., mention of a pattern or multiple incidents), a single incident that meets the definition is sufficient.
- Unless otherwise specified, "Yes" should be selected only if the condition or circumstance described in the definition is current or recent (within about the last 12 months).
  - For injuries to a child and actions by a parent that narrowly avoided injury to a child, also include any past event that does not appear to have been reported previously to CPA.
  - For sexual acts, also include any past event that does not appear to have been reported previously to CPA.
- Select "Yes" or "No" based on the information you know, regardless of how you came to know it. This may involve a child telling you, you observing or witnessing something, a third party telling you, or any other source. Selecting "Yes" is not making a statement that the item is true. It simply indicates that information available to you at this time is consistent with the definition for "Yes." Some questions have an option to select "Unknown." Select if you have insufficient information to clearly know whether "Yes" or "No" is most accurate and you are not in a position to learn more information related to the question.

DECISION POINTS

Each path through a decision tree leads to a decision point as described below. After completing the online CPRG, print the final decision report or save it for your own records. Specific instructions will vary according to whether your concerns about the child are required to be reported.

1. REPORT TO CHILD PROTECTION AGENCY

Make a telephone report to CWS about suspected abuse or neglect immediately or as soon as practicably possible. In some instances, you also will need to arrange medical care or inform law enforcement.

If you are a mandated reporter, also complete a SCAR and submit to CWS within 36 hours. The SCAR is available at https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/ss_8572.pdf and completion instructions are available at https://oag.ca.gov/sites/all/files/agweb/pdfs/childabuse/8572_instruct.pdf.

When Making a Report to Child Welfare Services

Describe the specific circumstances that supported your "Yes" or "No" responses to the questions you answered in the guide based on your concern. This can be included in Section E: Incident Information on the SCAR.

Reporters with information about the culture, tribal affiliation, network members, and family support systems are encouraged to share this information as part of their report to the CWS Hotline. This information can be critical to reinforcing child safety and supporting a balanced and rigorous assessment.

CWS will assess the information you provide, along with information that may be known to CWS, to determine whether the concern meets the legislative threshold to assign for investigation. CWS then may do one of the following.

- *Respond in person (screen in the report).* Screened-in reports will be investigated by CWS within 10 days of receiving the report or within 24 hours for those indicating immediate concerns. The responding worker will assess the safety of the child and the likelihood of future harm in order to determine whether the family will be provided with ongoing intervention. Families with screened-in reports must be assessed.
- Not respond in person (screen out the report because it does not meet the threshold for an in-person response). Families with screened-out reports may be provided with information about resources that may be helpful.

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Irrespective of your decision to report, a child or family may still benefit from the added help of connecting with supports or referrals.

2. CONSULT

While you are not prevented from reporting the concern to CWS, it would most likely be screened out, as the concern does not appear to rise to a level that requires a mandated report. However, the family may be in need of community services and supports so that conditions do not worsen. You may wish to consult with someone who can help you think through your concerns and potential resources.

To speak anonymously with someone who can help you weigh your concerns, you may call a Family Resource Center or the CWS information line. Taking some steps to support the family now may prevent worsening of the situation. Please do NOT provide identifying information when calling to consult about available resources, unless you have discussed your concerns with the family, and are making a direct referral.

- Contact the **Family Resource Center** (FRC; https://www.hnfrc.org/) nearest to the family to discuss your concerns and inquire about resources and referrals. Follow any applicable requirements for confidentiality.
- Call the **CWS administrative line** (707-388-6600, 8:00 a.m. – 5:00 p.m., Monday – Friday) to discuss your concerns and inquire about resources or referrals you can provide to the family. Follow any applicable requirements for confidentiality.

Resources

While you are not under obligation to provide information about resources or referrals to the family, whenever possible, you are encouraged to take the step of connecting the family with help. This may be what the family needs so that conditions do not worsen and become reportable.

In some instances, such as when you have no ongoing connection to the family, providing a referral to other services may not be possible.

- Discuss your concerns with the family, and with the family's permission, refer them to the **Family Resource Center** (FRC; https://www.hnfrc.org/) nearest them. Alternatively, share information about the nearest family resource center directly with the family.
- Consult the online **North Coast Resource Hub** (http://resourcehub.nchiin.org/) for information about resources or referrals you can provide directly to the family.

- Call **211** to get information about resources or referrals you can provide to the family, or call 211 along with the family.
- Call the **CWS administrative line** (707-388-6600, 8:00 a.m. – 5:00 p.m., Monday – Friday) to inquire about resources or referrals you can provide to the family.
- Consider referral to another community resource you know about, or use your agency's existing referral network.

PRACTICE GUIDANCE

When contacting a community service provider to consult about a family that may benefit from services, provide the following information.

1. You completed the CPRG for a family you were concerned about, and the result was to consult.
2. You are interested in learning about community-based resources you can share with the family.
3. General description of the household (e.g., the family includes two parents and two children under 5). Do not provide any identifying information when calling to consult.
4. Description of facts supporting your completion of the CPRG (e.g., concern about whether the family has enough food, but the children are healthy; the family is not receiving any food resource at this time, but they are willing to get help).
5. Any additional information that may be helpful in selecting a resource (e.g., tribal membership, cultural background, language spoken).

3. REPORT NOT REQUIRED

A report is not required. The concern does not rise to the level of requiring a report to a child protection agency.

Documenting Efforts

Mandated reporters

- Follow your agency's policy to document your concerns.
- You may print a PDF of your use of the CPRG as part of your record of action taken related to concerns.
- It is recommended that you add identifying information after printing. (NOTE: The CPRG does not collect any identifying information.)

Non-mandated reporters

There is no requirement to document the steps you took. You may print a PDF of your use of the CPRG if you wish.

Continue Relationship

Irrespective of your decision to report, a child or family may benefit from additional help connecting with needed supports or referrals. If you have an ongoing relationship with the family, consider doing one or more of the following.

- Continue to create a safe relationship for the child or parent.
- Offer information about available resources and supports.
- Continue to be alert for changes.

PRACTICE GUIDANCE

While concerns may not require a mandated report to a child protection agency, community-based services may be able to provide critical support to the child or family. Depending on your knowledge of and relationships with family members, you may consider offering support to connect the family to resources within their community.

North Coast Resource Hub
The North Coast Health Improvement and Information Network (NCHIIN) hosts the North Coast Resource Hub, which is an online, mobile-friendly resource guide that includes more than 500 listings of community resources. The North Coast Resource Hub covers such areas as children's services, health, food, housing, education, employment, legal resources, and substance abuse treatment, and the listings can be filtered by service category, target audience, service region, and language. http://resourcehub.nchiin.org/

Humboldt Community Resource List
The Humboldt Community Resource List (HCRL) is also available as a pdf hosted on the DHHS website with more than 500 listings of community resources. The HCRL covers such areas as health, food, housing, legal resources, and veteran's resources. http://humboldtgov.org/DocumentCenter/View/54880

Note: Nothing in this guide restricts a reporter from contacting CWS. If you do report and you used this guide, you may tell the child protection agency about your path through the decision tree and the facts that supported your "Yes" and "No" responses, as well as any unique circumstances that led you to determine a report was necessary.

FOR FURTHER INFORMATION

The following resources are available online:

- California Child Abuse and Neglect Reporting Act (CANRA)
- Humboldt County CWS policies and procedures

TIPS FOR SELECTING A DECISION TREE

If the available facts make clear which decision tree to use, you may go directly to that tree. Generally, if more than one decision tree could fit, take the following steps.

- First, if applicable, start with a decision tree relating to *impact on the child* (such as physical abuse) before trying a decision tree relating to *circumstances of the parent* (such as Parent Concerns: Household Violence).
- If it is still unclear, start with a decision tree reflecting the most serious concern. For example, if a parent caused a significant injury to a child by striking the child and the home may lack food, select physical abuse.
- If it is still unclear, start with a decision tree connected to your strongest information. For example, if a child made a clear disclosure of sexual abuse and there are suggestions that there may be extreme physical discipline, select sexual abuse.

If more than one decision tree fits and the result of the first tree you complete is to report to CWS, you do not need to complete additional decision trees. You should inform CWS of all of your concerns when making a report. If the first decision tree you used did not result in a report to CWS and one or more additional trees are applicable, complete additional trees. If none of the trees suggest making a report, a report is not indicated. You may consult with CWS if you wish.

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SELECTING A DECISION TREE TABLE

In the following table, each selectable option is followed (in parentheses) by the name of the tree or the number of the screen that opens when you click it.

SCREEN	DISPLAY
1	If you know which decision tree you need, you may select it here. If you have more than one concern, select the concern with the greatest impact on the child first. If completing that tree does not result in a recommendation to report to CPW, select the next concern. Continue until you have reached a recommendation to report to CPW or you have reviewed all of your concerns. If you do not know which decision tree you need, select "Unsure." • Physical abuse (Physical Abuse) • Neglect (2) • Sexual abuse (Sexual Abuse) • Trafficking (Trafficking) • Child engaging in problematic sexual behavior (Child Problematic Sexual Behavior) • Psychological or emotional harm (Psychological or Emotional Harm) • Child is a danger to self or others (Child Is a Danger to Self or Others) • Parent concern (3) • Unsure (4)
2	If you are concerned about more than one form of neglect, select the form of neglect with the greatest impact on the child first. If completing that tree does not result in a recommendation to report to CWS, select the next concern. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. If you do not know which form of neglect to select, select "Unsure." Neglect of: • Supervision (Neglect: Supervision) • Physical shelter or environment (Neglect: Physical Shelter/Environment) • Food (Neglect: Food) • Medical care (responding "yes" to "Are you a Medical Professional?" takes you to correct Neglect: Medical Care) • Mental health (Neglect: Mental Health) • Hygiene or clothing (Neglect: Hygiene/Clothing) OR • Protection (Neglect: Does Not Protect) • Unsure (9)

SCREEN	DISPLAY
3	If you have more than one concern about a parent, select the concern with the greatest impact on the child first. If completing that tree does not result in a recommendation to report to CWS, select the next concern. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. If you do not know which form of neglect to select, select "Unsure." Parent concern: • Problematic alcohol and other drug use (Parent Concern: Substance Use or Mental Health) • Mental health (Parent Concern: Substance Use or Mental Health) • Household violence (Parent Concern: Household Violence) • Unsure (13)
4	If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next person or item on the list. Continue until you have reviewed all of your concerns regarding the potential causes of harm or until you have reached a recommendation to report to CWS. Who may be causing harm or creating unacceptable risk of harm to child? • Parent or adult household member (5) • Someone other than parent or adult household member (6) • Child is self-harming (7) • Unknown—*could* be parent or adult household member (5) • Unknown—*cannot* be parent or adult household member (6) • None of the above: Child has not been harmed or nearly harmed, or it is unclear whether child has been harmed (8)
5	If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. What has happened or is at unacceptable risk of happening? Parent or adult household member has: • Physically injured child, or nearly injured child (Physical Harm) • Not provided what child needs (9) • Engaged sexually with child (Sexual Abuse) • Treated child badly so that child is emotionally distressed (Emotional/Psychological Harm) • Not kept residence clean, organized, and free of hazards (Neglect: Physical Shelter/Environment) • Left child alone, or was inattentive and child was injured or nearly injured (Neglect: Supervision) • Not protected child from harm by others (Neglect: Does Not Protect) • None of above (other concerns)

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SCREEN	DISPLAY
6	If the actions toward child may be criminal, report to police. Are you concerned that child is being trafficked? (Trafficking) If no, do any of the following apply to parents? • Parent was not protective of child (Neglect: Does Not Protect) • Parent was not providing enough supervision of child (Neglect: Supervision) • Parent did not provide medical care child needed (Neglect: Medical Care) • Parent did not provide mental health care for child (Neglect: Mental Health) • Parent blamed child, berated child, disbelieved child regarding what happened (Emotional/Psychological Harm) • None of above (other concerns)
7	Secure medical and mental health care as needed. If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns applicable to the parents or until you have reached a recommendation to report to CWS. Do any of the following apply to parents? • Parent did not access mental health care for child (Neglect: Mental Health) • Parent is not providing sufficient monitoring and supervision (Neglect: Supervision) • Parent's treatment of child is causing emotional distress or making it worse (Psychological or Emotional Harm) • Parent is doing everything reasonable, but child's self-harm continues (Child Is a Danger to Self or Others) • None of above (other concerns)

<table>
<tr><th>SCREEN</th><th>DISPLAY</th></tr>
<tr><td>8</td><td>If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns applicable to the parents or until you have reached a recommendation to report to CWS.

What best describes your concerns?

• Child's behavior (10)
• Child's emotion (11)
• Child's development (12)
• Child's living environment/homelessness (Neglect: Physical Shelter/Environment)
• Parent or other adult household member
» Physical discipline of child (Physical Abuse)
» Treats child badly (Emotional/Psychological Harm)
» Does not meet child needs (9)
» Condition or characteristic of parent (13)
• None of above (other concerns)</td></tr>
<tr><td>9</td><td>If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS.

What does child need that is not being provided?

• A safe place to live (Neglect: Physical Shelter/Environment)
• Enough food/nutrition (Neglect: Food)
• Medical care, including dental, vision and all aspects of medical care (Neglect: Medical Care; ask if registered health care provider and take to correct tree.)
• Mental health care, counseling, therapy, psychological assessment, etc. (Neglect: Mental Health)
• Adult or responsible child supervision (Neglect: Supervision)
• Bathing, clean laundry, and necessary clothing (Neglect: Hygiene/Clothing)
• None of above (other concerns)</td></tr>
</table>

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<table>
<tr><th>SCREEN</th><th>DISPLAY</th></tr>
<tr><td>10</td><td>If child’s troubling behaviors are related to mistreatment by parent or adult household member or conditions in the home, also consider looking at decision trees related to the mistreatment, or to parent concerns.

If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS.

What is child doing that is concerning?

• Hurting self, including not eating, making self vomit, etc. (7)
• Sexual behavior: individual or towards another child (14)
• Running away, risk taking, offending (Child Is a Danger to Self or Others)
• Violent, fighting, assaulting, bullying (Child Is a Danger to Self or Others)
• Unsafe sexual contact or child or someone else is getting something of value in exchange for sex, or filming or otherwise recording sex (15)
• Developmentally lagging behind (12)
• None of above (other concerns)</td></tr>
<tr><td>11</td><td>If child’s troubling emotions are related to mistreatment by parent or adult household member or conditions in the home, also consider looking at decision trees related to the mistreatment or to parent concerns.

Whenever possible, discuss with parent and encourage a mental health evaluation.

If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS.

• Do you suspect child’s troubling emotions are caused by or made worse by a parent? (Emotional/Psychological Harm)
• Does child need mental health care that the parent is not accessing? (Neglect: Mental Health)
• Do child’s emotions lead to behavior that could harm them or others? (Child Is a Danger to Self or Others)
• None of above (other concerns)</td></tr>
<tr><td>12</td><td>Whenever possible, discuss with parent and encourage a developmental assessment or support from developmental services.

If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS.

• Parent does not attend to child in ways that will impact development (Neglect: Supervision)
• Parent does not complete recommended developmental assessment (Neglect: Medical Care)
• Parent does not provide recommended therapies to support development (Neglect: Medical Care)
• None of above (other concerns)</td></tr>
</table>

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SCREEN	DISPLAY
13	Consider psychological or emotional harm first. If not reportable: If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. Which of the following are present? • Parent has problematic alcohol or other drug use (Parent Concern: Problematic Alcohol and Other Drug Use) • Parent has mental health concerns (Parent Concern: Mental Health) • Parent has cognitive or intellectual concerns (Parent Concern: Intellectual or Cognitive Disability) • One parent or adult household member physically assaults or controls another, or one parent is being physically assaulted or controlled by a current or former intimate partner (Parent Concern: Domestic and Family Violence) • Parent is violent (consider Physical Abuse, Emotional/Psychological Harm and Parent Concern: Domestic and Family Violence) • Parent is unable to provide for family (consider any neglect decision tree that reflects unmet needs) • Parent lacks parenting skills (16) • None of above (other concerns)

14	If a crime may have been committed, notify police.
	
	If more than one of the following apply, select the first that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS.
	
	• It is known that child was previously sexually abused and:
	  » Parents are not providing professional help for child to manage sexual behaviors (Neglect: Mental Health); or
	  » Parents are not supervising child given known sexual behavior (Neglect: Supervision).
	• There is no known prior sexual abuse of child and:
	  » Child's sexual behavior is with another of similar age, size, power, and intellect AND is not forced or coerced (Sexual Abuse—to consider whether child's behavior reflects having been sexually abused);
	  » Child's sexual behavior does not involve another child (Sexual Abuse);
	  » Child's sexual behavior is with someone younger, smaller, less powerful, or less developed cognitively and emotionally (Sexual Abuse AND Child Is a Danger to Self or Others);
	  » Child's sexual behavior is violent, coercive, or forceful (Sexual Abuse AND Child Is a Danger to Self or Others); or
	  » Child is texting or posting sexual images to social media (Sexual Abuse AND Child Is a Danger to Self or Others).
	• There is no known prior sexual abuse or concerning sexual behavior (other concerns)

SCREEN	DISPLAY
15	If a crime may have been committed, notify police. If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. • Parents are not protecting child from unsafe sex (Neglect: Supervision) • Child continues problematic sexual behavior despite parents' best efforts (Child Is a Danger to Self or Others) • Child is under 16 (Sexual Abuse) • Child is 16 or 17 but is not capable of consenting due to child's emotional or cognitive level, OR child is younger, smaller, or has less power than partner, OR child is being forced or coerced, OR child is being enticed by offers of something of value (Sexual Abuse) • None of above (other concerns)
16	If more than one of the following apply, select the first item that applies. If completing the tree recommended by the guide does not result in a recommendation to report to CWS, select the next item on the list. Continue until you have reviewed all of your concerns or you have reached a recommendation to report to CWS. What is concerning about parenting? • Uses physical force or violence (Physical Abuse) • Does not provide what child needs (9) • Does not provide supervision (Neglect: Supervision) • Verbally abusive, bullying, overly strict, or unrealistic expectations (Psychological or Emotional Harm) • None of above (other concerns)
Other concerns	Are there other trees that may apply, or do you have other concerns? Yes, add concern (1); No, continue (other supports)
Other supports	While you are not prevented from reporting the concern to CWS, it would most likely be screened out. The concern does not rise to a level that requires a mandated report. When a report is not required, there may be alternative ways to help the child or family. You will be provided with *one or more* of the following recommendations, depending on your answers to the "Yes" or "No" questions. PRACTICE GUIDANCE While concerns may not require a mandated report to a child protection agency, community-based services may be able to provide critical support to the child or family. Depending on your knowledge of and relationships with family members, you may consider connecting the family to a provider that can support the family within their community. **North Coast Resource Hub** The North Coast Health Improvement and Information Network (NCHIIN) hosts the North Coast Resource Hub, which is an online, mobile-friendly resource guide that includes more than 500 listings of community resources. The North Coast Resource Hub covers such areas as children's services, health, food, housing,

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	education, employment, legal resources, and substance abuse treatment, and the listings can be filtered by service category, target audience, service region, and language. http://resourcehub.nchiin.org/ **Humboldt Community Resource List** The Humboldt Community Resource List (HCRL) includes more than 500 listings of community resources and is also available as a PDF hosted on the DHHS website. The HCRL covers such areas as health, food, housing, legal resources, and veteran's resources. http://humboldtgov.org/DocumentCenter/View/54880 *Provide Referral Information or Assistance* While concerns may not meet statutory requirements for a mandated report to a child protection agency, alternative services may still provide critical support to a child or family. You may respond in a number of ways, including the following, depending on your knowledge of and relationships with family members. • If you receive this recommendation, the first action is to refer the family to a provider that can assist with their particular need or to help the family develop a plan to address their need. This may include the following. » Provide the family with information on services or other guidance. » Consult with a family referral service where available. You may call such a service for information to pass on to the family, or you may provide relevant information to the family so they can contact the service directly. » Use your agency's existing referral network. » Consult CWS for advice on possible referrals. *Note*: Certain agencies can share information regarding the safety and welfare of children and their parents without their consent; however, when possible, you should seek client consent. • If you have an ongoing relationship with the family, follow up with them to see if they have accessed the service or are making progress in addressing the concern. • If the situation begins to deteriorate, redo the decision tree, keeping in mind the original concerns and any new information. *Document* Follow your agency's policies to document relevant information about your concerns, and print and file the decision report issued after completion of the CPRG.

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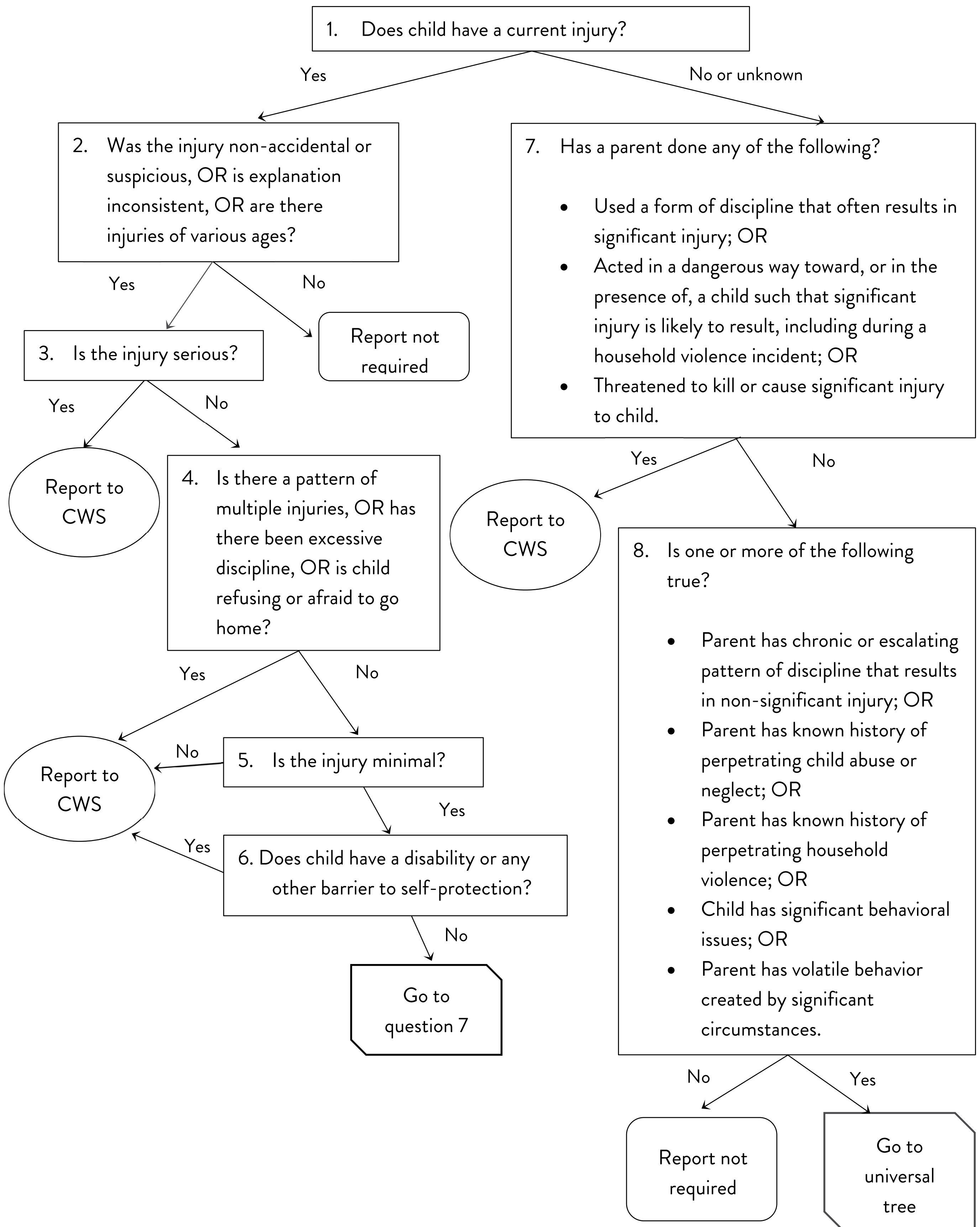
	<u>Continue Relationship</u> • If your professional role includes an ongoing relationship with the child or parent, it is expected that such a relationship will continue regardless of the reporting decision. This relationship may include monitoring. It may also include creating or maintaining a safe space where the child or parent may further disclose new incidents or disclose concerns that previously existed but which the child or parent has been reluctant to disclose. The relationship also may include supporting the child or parent, who may be experiencing other difficulties that are not reportable as abuse or neglect. • If your professional role *does not* include an ongoing relationship with the child or parent, *you are not required to maintain contact*. *Note*: Some circumstances are not reportable because they do not meet the threshold, yet the child may experience emotional or physical stress. You may be able to assist the child in learning coping strategies or accessing suitable services, or you may be able to foster trust so that the child will alert you if conditions change. Irrespective of a report to CWS, consider whether your concerns should be shared with other agencies connected with the child, such as school, physical health, or mental health. *Note*: Nothing in this guide restricts a reporter from contacting CWS. If you do report and you used this guide, you may tell the child protection agency about your path through the decision tree and the facts that supported your "Yes" and "No" responses, as well as any unique circumstances that led you to determine a report was necessary. FOR FURTHER INFORMATION The CWS policy and procedure manual is available online at https://humboldtgov.org/2454/CWS-Policies-Procedures

PHYSICAL ABUSE



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PHYSICAL ABUSE

1. Does child have a current injury?

Answer "Yes" if:

- Child has a visible injury; OR
- Child appears injured even if you cannot see an injury. Examples include the following.
  - » Child mentions having an injury that you are unable to see because it is covered by clothing.
  - » Child is acting as if they may have injuries to joints, bones, or muscles—e.g., limping, holding an arm or leg in an awkward position, or not bearing weight.
  - » Child is showing signs of possible internal injuries—e.g., in pain, vomiting, appearing pale, or losing consciousness.
  - » Child showing signs of possible head injury—e.g., losing consciousness or experiencing blurred vision or difficulty breathing.

  AND
- The injury is *current*. Include injuries that are present at this time, including any bruises, regardless of color.

Answer "No or unknown" if:

- You know child is uninjured despite a concerning incident.
- You know of a concerning incident but do not know whether child was injured.

  OR
- You are just learning of a prior injury that has already healed.

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2. Was the injury non-accidental or suspicious, OR is explanation inconsistent, OR are there injuries of various ages?

Was the injury non-accidental?

Answer "Yes" if:

Based on disclosure by child, witness statements, or your own observations of the incident, there is reason to believe that the parent intended to harm child or took action that was likely to injure child. See Table 1 for examples of injuries.

Answer "No" if:

Child does not disclose that injury was caused by a parent, AND you have no information that a parent intentionally caused the injury.

TABLE 1 EXAMPLES OF INJURIES	
NON-ACCIDENTAL	**ACCIDENTAL**
• Parent mentioned plans to hurt child. • Parent mentioned planning to teach child a lesson. • Parent hit or shook child hard enough to cause injury even though parent later said parent did not mean it or was sorry about it. • Injuries are inconsistent with explanation provided.	• Parent injured child while attempting to prevent child from greater danger (e.g., bruise on arm from grabbing child to prevent child from running into traffic, grabbing child by arm while bathing or changing diaper to stop child from falling to the floor). • Parent inadvertently injured child in the course of routine care or other activity.

Is injury suspicious, OR is explanation inconsistent, OR are there injuries of various ages?

- *Was the injury suspicious?* Answer "Yes" if: Suspicious injuries are those that are highly correlated with abuse. In most instances, a physician will determine whether the injury is suspicious. However, a layperson can reasonably conclude that certain injuries are suspicious, depending on the symptoms (see Table 2).

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<table>
<tr><th colspan="3">TABLE 2

EXAMPLES OF SUSPICIOUS INJURIES</th></tr>
<tr><th>AREA</th><th>DETERMINATION BY PHYSICIANS</th><th>DETERMINATION BY OTHERS</th></tr>
<tr><td>Head</td><td>• Torn frenulum in infant
• Bruising to earlobe on both surfaces and underlying scalp
• Constellation of injuries consistent with sudden impact
• Scalp hematoma</td><td>• Facial bruising to soft tissue of cheek
• Blackened eye(s)
• Cuts to face
• Bruising to scalp
• Bruise to earlobe</td></tr>
<tr><td>Neck</td><td colspan="2">Bruising to neck</td></tr>
<tr><td>Torso</td><td>• Multiple rib fractures (especially posterior)
• Fractures to spine</td><td rowspan="2">• Bruising/lacerations to multiple parts of body without history of an event likely to result in multiple injuries
• Unexplained injuries on a non-ambulatory child</td></tr>
<tr><td>Arms/legs</td><td>• Spiral/oblique fracture in non-ambulatory child
• Corner fractures
• Bucket handle tears
• Multiple fractures of different ages</td></tr>
<tr><td>Skin</td><td colspan="2">• Human bite marks
• Loop marks
• Multiple linear marks
• Marks in the shape of another object
• Cigarette or other contact burns in the shape of an object
• Marks that cover circumference (or nearly so) of a limb or neck
• Multiple bruising of different colors (fresh and fading to yellow) that is not on knees, shins, elbows, or other common areas for accidental bruising</td></tr>
</table>

- *Was the explanation inconsistent?* Answer “Yes” if: The injury is a type that could be accidental or purposely inflicted, but the explanation given suggests that the injury was not caused in the manner shared (see Table 3).

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<table>
<tr><th colspan="3">TABLE 3

EXAMPLES OF INJURIES WITH INCONSISTENT EXPLANATION</th></tr>
<tr><th>AREA</th><th>DETERMINATION BY PHYSICIANS</th><th>DETERMINATION BY OTHERS</th></tr>
<tr><td>Head</td><td>• Actual damage is rarely caused by amount of force reported (e.g., child has sheared cranial blood vessels and report is “I just jiggled baby,” child has a skull fracture crossing suture lines and report is that child fell off of couch)
• Report is of single impact, but actual damage suggests multiple impacts</td><td rowspan="4">• Report is of fall, but visible injuries are to nonprominent soft tissue (e.g., report is that child fell forward; but rather than injury to nose, chin, or forehead, injury is to cheek)
• Report is of single impact (e.g., a fall), but injuries are on two or more surfaces that could not have been injured in single contact (e.g., marks on both left and right jaw). Note: A direct blow to nose could cause blackening of both eyes.</td></tr>
<tr><td>Torso</td><td>Internal injuries to non-ambulatory child with no history of trauma</td></tr>
<tr><td>Arms/legs</td><td>• Broken bones in non-ambulatory child with no history of trauma
• Spiral fracture with no history of torqueing motion</td></tr>
<tr><td>Skin</td><td>• Report of accidental burn from spilling liquid with no splash marks
• Report of accidental burn from tap water, and burn is deeper than expected given water temperature and time of exposure</td></tr>
</table>

- *Are there injuries of various ages*? Answer “Yes” if: Multiple injuries appear to have been caused at different times. Timing of injuries is complicated and primarily a determination made by a physician. Many children experience accidental injuries at different times in their lives, so the mere presence of injuries or healed injuries of different ages is not, in and of itself, sufficient to warrant an answer of “Yes.”
- *Determined by physician*:
  - Skeletal survey shows at least one prior broken bone for which there is no known medical history.
  - Skeletal survey shows at least one prior broken bone for which there was a medical history and, in isolation, both the current and prior injuries could be considered accidental. However, the chances of both injuries being accidental are smaller.

    - Child has scars in the shape of loop marks, multiple linear marks, cigarette burns, scars bearing the shape of objects, or burn scars in stocking pattern or bearing the shape of objects, AND there is no confirmation that prior injuries have been reported to CWS. (*Note*: CWS will screen out if it is confirmed that prior injuries have been investigated unless reporter has new information about the cause of the injuries.)
- *Determined by others*:
    - Child has extensive scarring as a result of parent using physical punishment.
    - Child had prior non-accidental injuries caused by parent in addition to the current injury.

Answer "No" if:

Injury is not inherently suspicious, OR the history provided by child or others leads to a reasonable conclusion that the cause was accidental, and no concerning prior injuries are known.

3. Is the injury serious?

Answer "Yes" if:

If untreated, the injury would likely result in death, significant disfigurement, or loss or significant impairment of normal functioning (see Table 4). *Note*: If you are at this question because you answered "Yes" to injuries of various ages, this question applies to any of the injuries, not just the current injury.

In most instances, a significant injury will require medical assessment or treatment; and a physician will determine whether the injury is significant. However, a layperson can reasonably conclude that an injury is significant in circumstances described in the right-hand column of Table 4.

TABLE 4 EXAMPLES OF SERIOUS INJURIES		
AREA	**DETERMINATION BY PHYSICIANS**	**DETERMINATION BY OTHERS**
Head	• Skull or facial fractures • Intracranial and retinal hemorrhage • Brain edema • Injuries to eyes/teeth • Anoxic brain injury • Bruises to the pinna	• Child lost consciousness • Obviously disfigured nose/jaw • Injury to eyes or teeth that should receive medical examination (e.g., eye is swollen shut, child has been blinded, permanent teeth have been broken or knocked out) • Bruises to head, including face and earlobe, that received or should receive medical examination
Neck	• Cervical fracture • Injury to pharynx/larynx • Ligature marks	• Bruise or redness that goes around neck • Child is unable to talk normally
Torso	• Rib or spinal fractures • Internal organ injuries • Investigation suggests abdominal trauma • Deep bruises consistent with internal injuries even if no internal injuries are present at this time	• Child is coughing/spitting blood • Child has significant back or abdominal pain • Child is throwing up or becoming pale or faint • Bruises to back, sternum, or stomach that received or should receive medical examination
Arms/legs	• Broken bones, sprains, dislocations • Ligature marks	• Child is holding an arm or leg in an odd position • Child cannot bear weight
Skin	• All deep burns (partial and full thickness) • All lacerations requiring sutures or medical intervention to assist wound closure • Deep bruises consistent with underlying hematoma	• Deep burns that require prescribed pain relief or other medical care such as dressings • Cuts that require stitches • Bruises to stomach, back, or head that received/should receive medical examination • scarring or multiple deep wounds from implement *Note*: If child has not yet received medical care, such care should be arranged; AND it is recommended that you consult with the medical provider in determining whether injury is significant.

Answer "No" if:

Injury does not meet threshold for significant injury.

4. Is there a pattern of multiple injuries, OR has there been excessive discipline, OR is child refusing or afraid to go home?

- *Is there a pattern of multiple injuries*? Answer "Yes" if: While the current injury is not significant, child has had multiple prior injuries. The pattern of prior injuries may include the following.
  - » Prior confirmed physical abuse to any child by any adult in child's current household.
  - » Prior investigations of any adult in child's current household for physically abusing a child.
  - » Medical history showing a pattern of treatment for injuries that were reported to CWS.
  - » Medical history showing a pattern of injuries that, considered individually, were not suspicious but in combination led the treating physician to suspect abuse.
  - » On at least one prior occasion, the reporter questioned child about an injury; and while child has consistently denied abuse, one of the following conditions is present.
    - – Prior injuries have been suspicious.
    - – Child shows other concerns such as deterioration in school performance or withdrawing or aggressive behavior.
    - – There is a pattern of household violence among adults in the home, including physical and nonphysical violence or violent criminal and noncriminal acts.
- *Is discipline excessive?* Answer "Yes" if: Parent used a form of discipline that was likely to cause a significant injury; however, child escaped significant injury through own evasive or self-protective actions, the intervention of a third party, or chance.

  AND

  This, in combination with any of the following, was likely to result in significant physical injury.
  - » Parent used a *disproportionate degree of force* relative to child's age/physical size/physical vulnerability (with or without use of an object).
  - » Parent hit child in *sensitive areas* such as eyes, head, and chest/abdomen.
  - » Parent rubbed chili on child's sensitive areas such as eyes, mouth, or genitalia.
  - » Parent was out of control while disciplining child.
- *Is child is refusing/afraid to go home*. Answer "Yes" if: Child is stating that child is afraid to go home. This may be fear of being harmed again or fear of retaliation for disclosing abuse. It is not necessary that child specifically state a fear or refuse to go home if child appears extremely anxious (e.g., tearful, shaking, upset stomach). *Note*: If appropriate, child should be kept with reporter until CWS is able to respond.

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Answer "No" if:

- There is no known pattern of injuries; AND
- There is no known use of excessive discipline; AND
- Child is not expressing fear of being at home or refusal to be at home.

5. Is the injury minimal?

Answer "Yes" if:

Child is 2 years old or older with no disability, AND the injury is superficial, and any pain is minimal and transient.

For example:

- Brief reddening of skin
- Momentary stinging with no lingering pain
- Slight scratch or bruise on an arm or leg

Answer "No" if:

Child is under age 2 by age or development, OR injury does not meet definition for minimal injury even if no medical treatment is required.

For example:

- Bruise to an arm or leg that is more than slight
- Bruise to trunk or face
- Pain that persists more than briefly

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6. Does child have a disability or any other barrier to self-protection?

Answer "Yes" if:

- Child has a physical or cognitive disability such that child would be unable to tell someone about being harmed or would be unable to physically escape from being injured.

  OR

- There are other barriers to self-protection. For example:
  - » Child is emotionally unable to disclose harm from a parent.
  - » Child has come to view violence as normal.
  - » Parent is powerful, coercive, or threatening to the extent that child would be too fearful to report.
  - » Child has been coached to not report.

Answer "No" if:

- Child has no disability OR has a disability that would not impede ability to self-protect. AND
- There is no other known basis to consider child incapable of self-protection.

7. Has a parent done any of the following?

- **Used a form of discipline that often results in significant injury; OR**
- **Acted in a dangerous way toward, or in the presence of, a child such that significant injury is likely to result, including during a household violence incident; OR**
- **Threatened to kill or cause significant injury to child.**

Answer "Yes" if:

- *Parent used a form of discipline that often results in significant injury*. Based on what child disclosed or what reporter or another person saw happen, the parent's action was likely to cause a significant injury (see Table 5). Include the following.
  - » Child was significantly injured, but the injury has healed.
  - » Reporter does not know if child was injured.
  - » Child escaped significant injury through own evasive or self-protective actions, the intervention of a third party, or chance.

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AND

- This, based on any of the following, was likely to result in significant physical injury.
  - » Parent used a *disproportionate degree of force* relative to child's age/physical size/physical vulnerability (with or without use of an object). For example, the force used was sufficient to cause child to fall.
  - » Parent hit child in *sensitive areas* such as eyes, head, and chest/abdomen.
  - » Parent was out of control while disciplining child.
  - » Parent exposed child to extreme heat/cold for sufficient duration to result in serious harm.
  - » Parent rubbed chili on child's sensitive areas such as eyes, mouth, or genitalia.
  - » Parent strikes child with extreme force, with excessive numbers of strikes, or more frequently than once per month on average.

TABLE 5

EXAMPLES OF ACTIONS LIKELY TO RESULT IN SIGNIFICANT INJURY

INCLUDE	EXCLUDE
Parent hit child repeatedly with buckle end of belt that landed on buttock, upper thighs, lower back.	Contact creating a sensation of tenderness but not amounting to injuries.
Parent was holding child in extremely hot water, but another person intervened within seconds and got child out before child sustained burns.	Parent instantly realized water was too hot and removed child immediately.

- *Parent acted in a dangerous way toward, or in the presence of, a child such that significant injury is likely to result, including during a household violence incident*. While parent did not intend to harm child, the dangerous behavior toward, or in the presence of, child showed reckless disregard for child's safety; and only because of child's protective/evasive behavior, intervention by a third party, or chance was child not significantly injured. Examples include the following.
  - » Household violence incidents involving at least one parent in which child attempts to intervene, is being held by one parent, or is close enough to be accidentally injured. Consider the range of potential harm created by parent's actions. For example, use of dangerous objects means that a child anywhere in the home could have been injured, throwing objects means that a child anywhere in the room could have been injured, and a single slap means that a child within arm's reach could have been injured. Keeping unsecured dangerous objects increases danger.
  - » Parent driving under the influence of alcohol or other drugs caused or could have caused an accident with child in the car.
  - » Parent administering drugs carelessly to a child, whether prescribed or not, including deliberate excessive administration of drugs to manage behavior.

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- *Parent threatened to kill or cause significant injury to child*. Parent has stated an intent to kill or cause significant injury to child, and the reporter has reasonable belief that without intervention, child will be significantly harmed. Reasonable belief may be based on any of the following.
  - » Known history of confirmed or reported abuse by parent who made the threat.
  - » Information that parent has a history of violent behavior, substance misuse, or mental illness.
  - » Child has significant fear of parent or reports prior instances of being injured by parent.

    AND
  - » Threat is to cause a significant injury or use a form of discipline that often results in significant harm.

Answer "No" if:

- No information exists that parent uses discipline methods that are likely to cause significant harm. Parent may have used culturally acceptable physical discipline; however, this was done with minimal force, frequency, and number of strikes.

  AND
- No information exists that parent acts dangerously in presence of child.

  AND
- Parent is not known to have made threats to kill or seriously injure child.

8. Is one or more of the following true?

- **Parent has chronic or escalating pattern of discipline that results in non-significant injury; OR**
- **Parent has known history of perpetrating child abuse or neglect; OR**
- **Parent has known history of perpetrating household violence; OR**
- **Child has significant behavioral issues; OR**
- **Parent has volatile behavior created by significant circumstances.**

Answer "Yes" if:

- *Parent has chronic or escalating pattern of discipline that results in minor injury*. Though child does not have a current or past injury that reached the threshold of concern, the parent regularly uses discipline that causes minor injuries such as bruising or swelling to child's torso, buttocks, arms, or legs. Include longer

(six months or more), consistent patterns of minor injury as well as patterns of any period where the frequency or severity is increasing. Also include single incidents involving children under age 1.

PRACTICE GUIDANCE
In isolation, one incident might not be enough to be a concern; but taken together, multiple such incidents may reach the threshold. However, even repeated use of discipline that causes redness or stinging to child's bottom, hand, or other extremity should not be included.

- *Parent has known history of perpetrating child abuse/neglect*. Reporter knows that a current parent has abused or neglected a child in the past. This may be based on knowledge of a confirmed prior report or knowledge that services were initiated in response to abuse or neglect.
- *Parent has known history of perpetrating household violence*. Reporter knows that a current parent uses physical force or violence toward other adult household members or other adults in the course of intimate relationships.
- *Child has significant behavioral issues*. Child persistently acts in ways that escalate parent violence.

  Note: This does not mean that abuse is child's fault. This is simply identifying a behavior pattern that increases the risk of significant harm.
- *Parent has volatile behavior created by significant circumstances*, including the following.
  - » *Alcohol or other drug use*. Reporter has information that parent uses alcohol or other drugs to an extent that parent becomes violent.
  - » *Mental health concerns*. Reporter has information that parent is diagnosed with or has symptoms of mental illness that have already increased or are likely to increase aggressive/violent behavior (see Table 6).

TABLE 6 EXAMPLES OF SIGNIFICANT MENTAL ILLNESS/SYMPTOMS	
DETERMINATION BY MENTAL HEALTH PROFESSIONALS	**DETERMINATION BY OTHERS**
• Paranoid schizophrenia • Schizotypal/schizoid • Borderline personality disorder • Antisocial disorder/defiant • Depression	• Unfounded beliefs of persecution • Hears voices or sees things • Erratic behavior

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Answer "No" if:

- A single incident resulted in minor injury, or multiple incidents did not result in any injury.

  AND

- There is no prior CWS history.

  AND

- No circumstances are known to give rise to volatile behavior by parent (e.g., no known history of abuse/neglect, alcohol or drug abuse, mental health, or household violence issues), and child has no significant behavioral issues.

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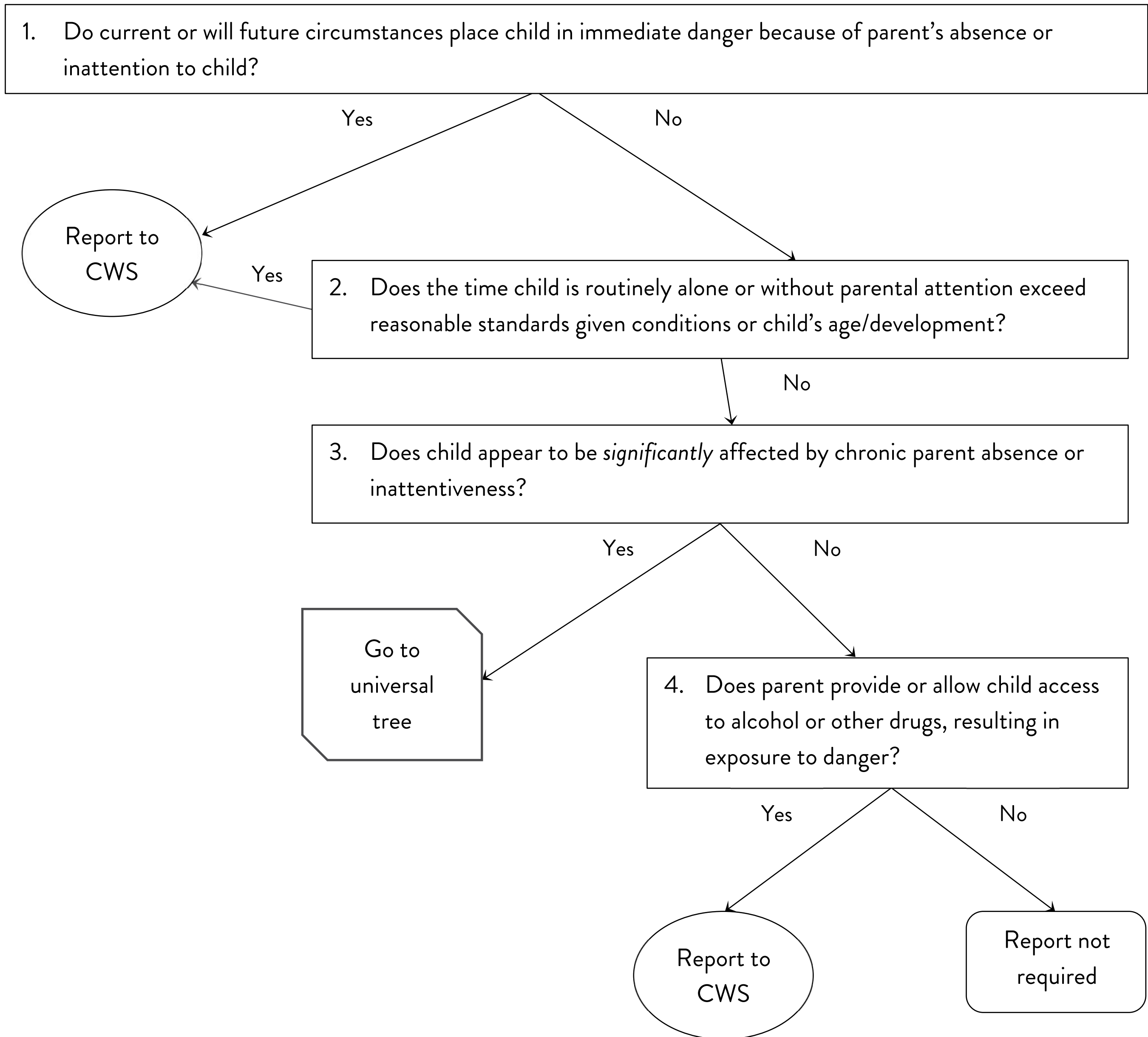
NEGLECT: SUPERVISION



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NEGLECT: SUPERVISION

1. Do current or will future circumstances place child in immediate danger because of parent's absence or inattention to child?

Immediate danger means that without intervention, child is likely to experience serious harm before supervision resumes.

Answer "Yes" if one or more of the following is true.

- Child is found alone on the street and cannot provide directions to their residence.
- Child was injured or narrowly escaped injury while parent was absent or inattentive.
- Parent allows a registered sex offender unsupervised time with child that has not been officially permitted (or it is unknown whether it is officially permitted). For persons who are not on the registry but where there is community concern about the person sexually abusing children, also report if parent is allowing unsupervised time with child.
- Child or another person told you that child is currently alone or will be alone at some point in the immediate future.
- Parent is present but so inattentive that parent is disregarding child's safety—e.g., parent is not noticing child walking toward a street, ledge, or body of water, or child is playing with or near fire or dangerous objects/chemicals/drugs (prescribed or not).

  AND

- Based on child's age/developmental level, length of time expected to be alone or unattended, and circumstances, child will be in danger.

Table 7 shows examples of situations where child is in immediate danger, and Table A1 in the appendix shows circumstances in which it is acceptable to leave a child alone. These tables serve as guides.

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TABLE 7 EXAMPLES OF PLACING CHILD IN IMMEDIATE DANGER	
IN DANGER	**NOT IN DANGER**
One time, an unattended 3-year-old walked onto main road that is heavily trafficked. At least one car swerved/hit brakes.	One time, a 3-year-old was left unattended for about 15 minutes while mother talked with a neighbor and wandered onto road that is not a main road but has several cars drive by in any 15-minute period at that time of day.
Every afternoon for about 15 minutes, a 3-year-old is unattended while parent talks with neighbor. Child wanders onto road that is not a main road but has several cars drive by in any 15-minute period at that time of day.	Every afternoon, neighboring parents gather to talk. One parent is not watching their 3-year-old closely, and child plays nearby on the cul-de-sac of the roadway that is used by only the two houses/apartments/flats on the street. It is a dead-end street, so there is no other traffic.

Key factors for consideration include the following.

- The times reflected serve as a guide only.
- The times are dependent on environmental context and individual child characteristics. The greater the environmental risk, the shorter the time a child should be unattended.
- Consider the intellectual or physical capacity of an individual child when making assessment.

Answer "No" if:

- Child is currently with parent who is providing sufficient attentiveness for child safety; OR
- Child is alone or parent is inattentive; however, based on child age/development, child can be safe in the current circumstances, as reflected in Table A1.

2. Does the time child is routinely alone or without parental attention exceed reasonable standards given conditions or child's age or development?

Note: It is understood that no parent directs attention to a child, even an infant, every minute of the day and that sometimes tragic accidents happen in brief periods during which attention is directed elsewhere. A tragedy occurring while a parent was not looking does not necessarily constitute neglect.

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Answer "Yes" if:

- Child is routinely alone for a length of time or in conditions exceeding guidelines. Based on child's age or developmental level, length of time expected to be alone, and the circumstances, child will likely be harmed.

  OR

- Parent, though present, routinely does not pay direct attention to child, meaning parent does not look at, interact with, or have contact with child for a period of time that is unreasonable for child's age or development and the conditions.

Table A1 shows acceptable circumstances in which a child can be left alone. The table serves as a guide, and a child may be considered in danger if left alone longer than indicated in the table.

Key factors for consideration include the following.

- The times listed serve as a guide only.
- The times are dependent on environmental context and individual child characteristics. The greater the environmental risk, the shorter the time a child should be unattended.
- Consider the intellectual or physical capacity of an individual child when assessing.

Answer "No" if:

Parent absence or inattentiveness was within reasonable limits based on child age or development as reflected in Table A1.

3. Does child appear to be *significantly* affected by chronic parent absence or inattentiveness?

Answer "Yes" if:

- There is a pattern of parent being persistently inattentive or leaving child alone or with adults or peers who engage in criminal or delinquent behaviors. Length of time child is alone or unattended may be less than timeframes in above tables, but child has been alone/unattended on multiple occasions. This includes a child who is unattended by a parent and creates companionship with others who are having significant and prolonged negative effect on the child (e.g., involving child in significant alcohol or drug use, offending behavior).

  AND

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- Child experiences significant impact such as developmental delay, severe anxiety, serious injuries related to risk-taking behavior, or other examples, such as those listed in Table 8.

<table>
<tr><th colspan="2">TABLE 8

SIGNIFICANT ADVERSE EFFECTS</th></tr>
<tr><th>CHILD'S AGE/
DEVELOPMENTAL AGE</th><th>EXAMPLES</th></tr>
<tr><td>All Ages</td><td>Recurrent episodes of serious, unintentional injury in circumstances where supervision has been an issue</td></tr>
<tr><td>Infant/Toddler</td><td>• Symptoms of non-organic failure to thrive
• Delay reaching developmental milestone with no medical reason for delay identified
• Unattached to parent or primary caregiver</td></tr>
<tr><td>Preschool</td><td>• Language delays with no explanation
• Delay reaching developmental milestone with no medical reason for delay identified
• Not learning age-appropriate self-care such as brushing teeth; cannot assist in dressing self
• Unattached to parent or primary caregiver</td></tr>
<tr><td>Ages 5–9</td><td>• Not developing social skills
• Frequently out of control
• Extremely clingy with other adults</td></tr>
<tr><td>Ages 10–18</td><td>Involvement in dangerous, risky, or illegal behaviors such as delinquency, high-risk sexual behavior, alcohol/drugs/substance misuse</td></tr>
</table>

Answer "No" if:

- Child is alone or unattended on an infrequent basis AND is not significantly impacted.

  OR

- Child is frequently alone or unattended but does not show significant adverse impact, suggesting child is capable of managing the circumstances (child may experience some impact, such as feelings of loneliness or worry, but not to the extent that they cannot participate in childhood experiences).

  OR

- Child has behaviors consistent with Table 8, but there are other known causes, or there is no information that parent has been absent or inattentive beyond reason.

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4. Does parent provide or allow child access to alcohol or other drugs, resulting in exposure to danger?

Answer "Yes" if:

One or more of the following apply.

- Parent gave illegal drug or unprescribed prescription medication to child.
- Parent gave alcohol to child, other than related to spiritual traditions, AND either:
    - » Child is under age 12; or
    - » Child is 12 or older, but the amount and frequency is more than a rare sip.
- Parent allows child to use illegal drugs, unprescribed prescription medication, or alcohol (i.e., parent knows child uses and does not attempt to stop child from using).

Answer "No" if:

One or more of the following apply.

- Parent provides medication as prescribed.
- Parent allows a child age 12 or older to sip an alcoholic beverage on one occasion or no more than a few times.
- Child uses illegal drugs, unprescribed prescription medication, or alcohol; but either:
    - » Parent is not aware; OR
    - » Parent is attempting to stop child from using.
- Child ingests alcohol or another substance related to a spiritual tradition.

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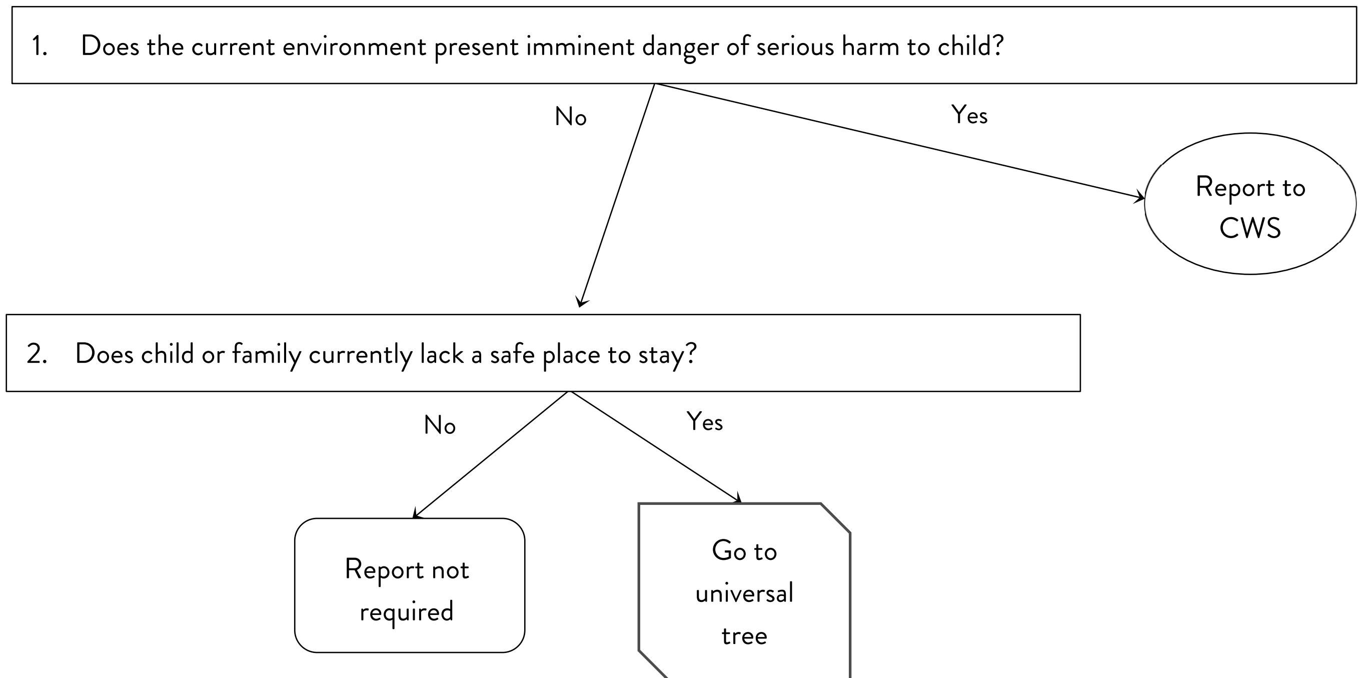
NEGLECT: PHYSICAL SHELTER/ENVIRONMENT



NEGLECT: PHYSICAL SHELTER/ENVIRONMENT

1. Does the current environment present imminent danger of serious harm to child?

Answer “Yes” if:

- Child’s current physical environment poses hazards that have affected or are likely to affect their health or safety—e.g., rotting food, pet feces, household member has hoarding behavior that has resulted or is likely to result in child’s *ongoing* poor health or is a fire hazard.

  OR

- Child’s current physical environment exposes child to dangerous criminal activities—e.g., drug taking/selling, illegal sexual activities, gambling den in the home.

  OR

- Child who is residing on the streets/beach/parks/etc. is in imminent danger of serious harm (see Table 9).

Note: Families may stay in residences such as parks/beaches, shelters, hotels, or other atypical environments. Answer “Yes“ only if these residences pose an imminent danger of serious harm. Consider child’s age/development, medical needs, etc.

TABLE 9 **EXAMPLES OF ENVIRONMENTS THAT ARE DANGEROUS**	
YES	**NO**
Child or family with an infant is living outdoors.	Family is sharing a residence with others by mutual agreement, and the arrangement is safe.
Family is living outdoors and unwilling or unable to secure adequate safety, food, or protection from the elements for child.	Family is living outdoors without an infant and has been very resourceful in securing food, safety, and protection from the elements.
Family has no residence (homeless) and is residing on the streets/beach/parks, etc., and child is consistently ill or has a medical condition that cannot be properly managed.	The only accommodation child has is temporary and not sustainable, but child is still well supported and cared for by parents/family. Examples: • Living in vehicles, tents, sheds, etc. • Living in an overcrowded household • Living with a family/landlord who has threatened to force the family to leave

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TABLE 9 EXAMPLES OF ENVIRONMENTS THAT ARE DANGEROUS	
YES	**NO**
Child is exposed to current harsh weather that has affected child's physical health.	Family's current residence (their own residence or that of others they are staying with) does not pose danger of harm.
Parent is unwilling or unable to provide child with safe housing AND there are no alternative safe arrangements for child	Parent is unwilling/unable to provide child with safe housing, and arrangements have been made to place child in an alternative safe environment.

Answer "No" if:

Child has not become ill or injured as a result of physical living environment, and physical living environment does not create imminent danger of serious harm for child.

2. Does child or family currently lack a safe place to stay?

Answer "Yes" if:

- Child/family has no residence (homeless) AND is not in a safe shelter.
- Child/family is residing in an atypical residence (e.g., park, beach); AND based on child's specific needs (e.g., age, development, medical need), the atypical residence poses imminent danger of serious harm to child.

Answer "No" if:

Child or family is sharing a residence with others by mutual agreement, and this arrangement is safe for the short term (e.g., child is not expected to be in a dangerous environment within the next 48 hours.).

PRACTICE GUIDANCE Workers with responsibility to assist the family will still need to explore longer-term shelter arrangements.

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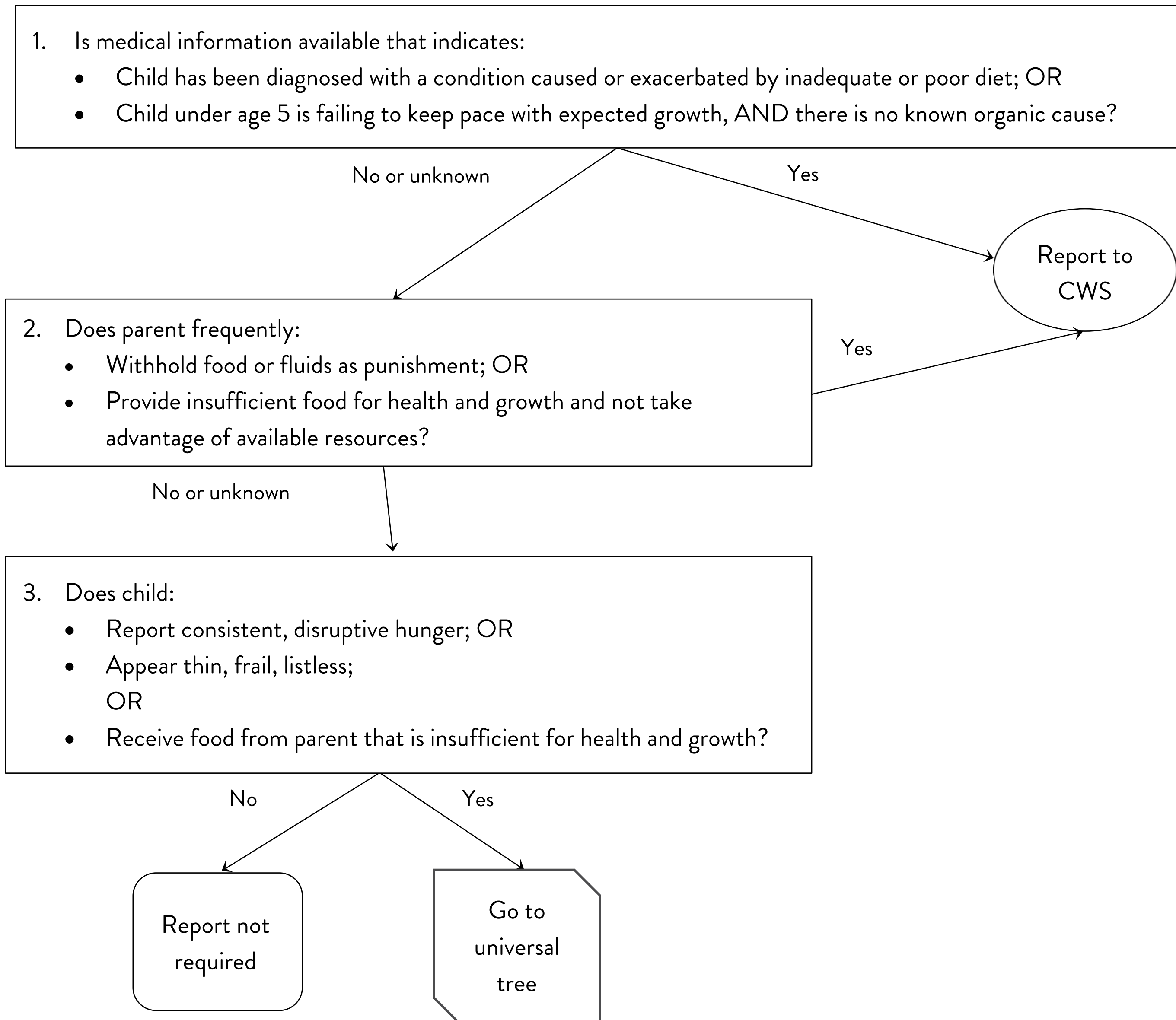
NEGLECT: FOOD



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NEGLECT: FOOD

1. Is medical information available that indicates:

- **Child has been diagnosed with a condition caused or exacerbated by inadequate or poor diet; OR**
- **Child under age 5 is failing to keep pace with expected growth, AND there is no known organic cause?**

Answer "Yes" if:

- *Child has been diagnosed by a medical professional with a condition caused or exacerbated by inadequate or poor diet*. This includes the following.
    - » Inadequate nutrition such as rickets, scurvy, anemia.
    - » Too much food, which may have resulted in morbid obesity.
    - » Hyponatremia (an abnormally low concentration of sodium in the blood).
    - » Repeated episodes of ketoacidosis or prolonged escalation of blood sugar due to improper meal planning in a child with Type I diabetes.
- *Child under age 5 is failing to keep pace with expected growth*. Based on standard growth charts, child has a weight for age that has fallen below the fifth percentile on more than one occasion; or has weight deceleration that crosses two major percentile lines. This includes diagnosed non-organic failure to thrive or any other growth failure that is not explained by known disease.

Answer "No or unknown" if:

No nutrition-related condition has been diagnosed.

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2. Does parent frequently:

- **Withhold food or fluids as punishment; OR**
- **Provide insufficient food for health and growth and not take advantage of available resources?**

Answer "Yes" if:

- Parent routinely withholds full meals or limits meals to nutritionally inadequate amounts or types of food, such as only bread and water, or limits fluid intake. "Routinely" suggests this form of discipline has been used more than just once or twice or is a standard form of discipline in the household.

  OR
- The food or fluids parent provides for child are not enough to maintain health or growth, AND numerous efforts have been made by others (family, friends, professionals) to help the family obtain necessary food or fluids, but the problem persists.

Answer "No" if:

- Parent does not deliberately cause child to go hungry or thirsty when food and fluid are available or has done so on only a few occasions, AND child is receiving sufficient food for health and growth.

  OR
- Food is insufficient at this time, but this is a new concern for this family, or the family has recently been referred to food resources and is willing to accept assistance for food.

PRACTICE GUIDANCE

If the family's culture is different from your own, you may be unfamiliar with traditional foods. Families may have different values about food and feeding. Differences are not necessarily nutritionally inadequate. For example, if a family follows a vegetarian diet, the absence of meat is not necessarily nutritionally inadequate. However, if a vegetarian family does not provide alternative sources of protein such that child's health and growth are affected, it would be nutritionally inadequate.

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3. Does child:

- **Report consistent, disruptive hunger;**
- **Appear thin, frail, listless; OR**
- **Receive food from parent that is insufficient for health and growth?**

Answer "Yes" if:

- *Child reports consistent, disruptive hunger.*
  - Child frequently reports hunger that results in difficulty concentrating, pain, or lethargy. For nonverbal children, hunger can be expressed through crying. Be aware that severe dehydration and malnutrition can inhibit crying.

    OR
  - Parent describes inadequate or inappropriate feeding regimen (including food choices that are potentially harmful for child based on child's age), or this is observed by another person.
- *Child appears thin, frail, listless.* Child appears to be unusually thin or less energetic than is typical or shows other symptoms of malnutrition (e.g., thinning hair, bloating abdomen, bleeding gums), and you are not aware of any known medical condition that could be causing this.
- *Child receives food from parent that is insufficient for their health and growth.* Parent is providing food for child; however, the amount or type of food provided is consistently below minimum needs for child. This may be due to lack of knowledge of child's nutritional needs, lack of financial resources, or any other reason.

Answer "No" if:

- Child reports feeling hungry between adequate meals or mentions being hungry but shows no signs of effects of inadequate diet.
- Child appears thin but has always been so, and there are no other signs of malnutrition; OR child has symptoms related to a known medical condition.
- Snacks, sweets, or desserts were withheld as a form of discipline or there was a one-off decision to withhold a meal from a child over the age of 5 who is otherwise healthy.
- Child is asking for or stealing food when the purpose appears to be unrelated to alleviating unremitting hunger, or child is keeping secret snacks or treats.

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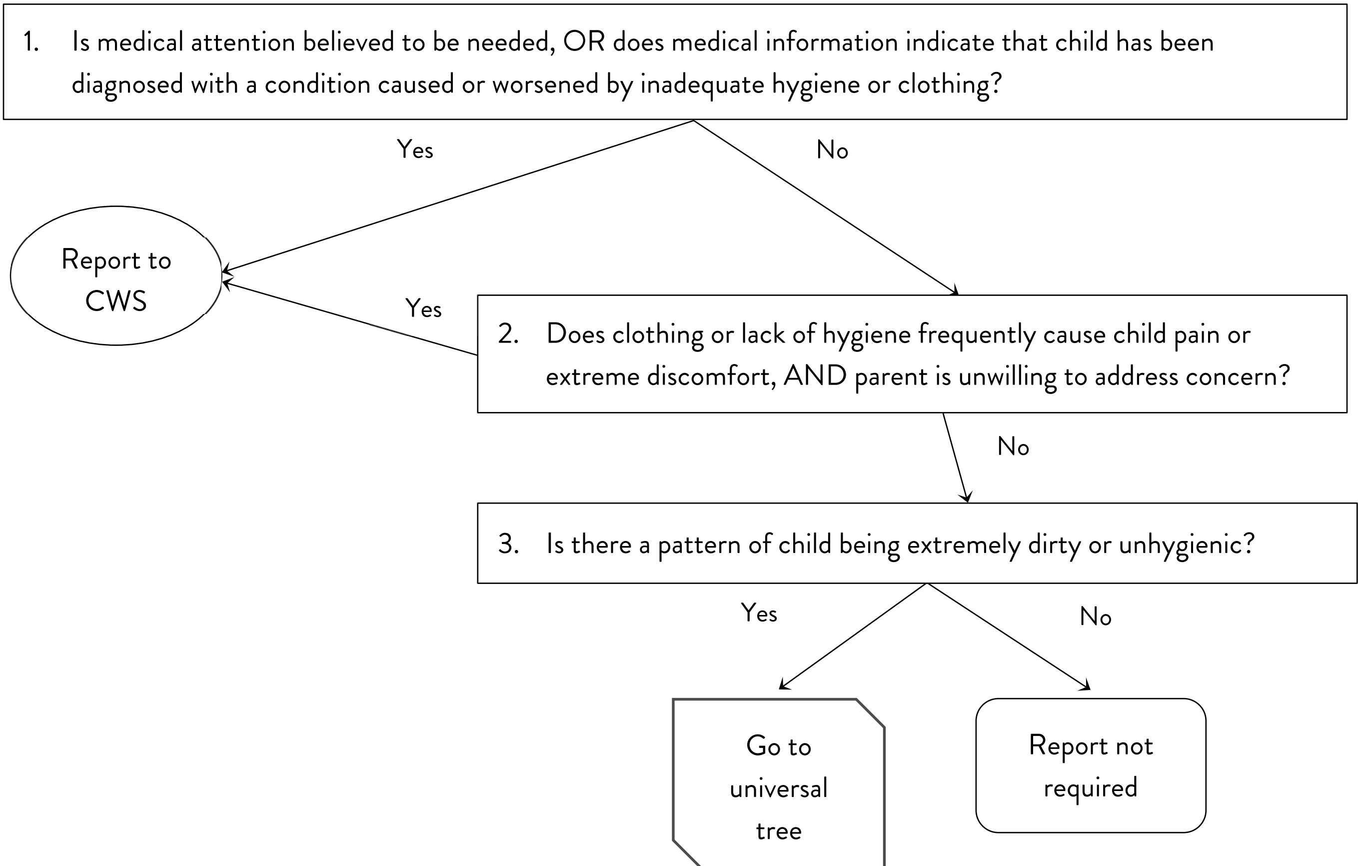
PRACTICE GUIDANCE

A child with certain mental health conditions or disabilities may report hunger or pursue food despite adequate nutrition.

A child who has previously been traumatized or experienced food insecurity may ask for, hoard, or hide food, or eat ravenously when food is offered despite adequate nutrition.

Consider asking another person who is familiar with child about any known food-related behaviors.

NEGLECT: HYGIENE/CLOTHING



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NEGLECT: HYGIENE/CLOTHING

1. Is medical attention believed to be needed, OR does medical information indicate that child has been diagnosed with a condition caused or worsened by inadequate hygiene or clothing?

Answer "Yes" if:

- Child appears physically unwell, and medication or medical consultation is necessary to evaluate or improve child's condition. Examples include the following.
  - » Child with persistently poor hygiene has an infected wound or rash.
  - » Child without warm clothing appears to have frostbite.
- Child has been diagnosed with a condition that is a direct result of poor hygiene or was made worse because of poor hygiene. For example, a minor injury is now infected due to its being unclean; child experienced frostbite or hypothermia due to clothing not suited for cold weather; or lack of oral hygiene has led to untreated, painful tooth decay/abscess.

Answer "No" if:

The degree of hygiene or clothing has no known medical impact, or the observed conditions do not require medical treatment, such as a diaper rash that can be treated with over-the-counter remedies, one-time head-lice infestations that are treated routinely, or child being chilled due to minimal clothing in cool weather but not in danger of hypothermia.

2. Does clothing or lack of hygiene frequently cause child pain or extreme discomfort, AND parent is unwilling to address concern?

Answer "Yes" if:

All of the following are true.

- Child experiences pain or extreme discomfort related to poor hygiene or unprotective clothing
  AND
- Parent is aware of child's pain or extreme discomfort or reasonably should be.
  AND

- Parent is unwilling to resolve the hygiene or clothing issues that are contributing to child's pain or discomfort.

Answer "No" if:

Any of the following are true.

- Child is in not pain or discomfort.

  OR
- Child is experiencing pain or discomfort that has no apparent connection to inadequate hygiene or clothing.

  OR
- Parent does not know that child is in pain or discomfort and could not reasonably know (e.g., an adolescent does not tell parent).

  OR
- Parent is either addressing the hygiene or clothing issues or is unable to do so due to lack of access to resources or another reason beyond parent's control.

3. Is there a pattern of child being extremely dirty or unhygienic?

Answer "Yes" if:

Over an extended period of time, child is extremely dirty or unhygienic or has worn inappropriate clothing on numerous occasions; OR, if child has been sighted on only one occasion, observations suggest that the condition has been present over an extended period of time.

Examples of extremely dirty or unhygienic conditions include the following.

- Child is dirty to a point where skin has been stained—i.e., obvious discoloration has occurred due to the skin not being washed.
- An infant has ingrained dirt in the creases of skin, such as inside the elbow, the knees, or folds of excess skin.
- Child smells strongly of urine, feces, or menses.
- Child has significant diaper rash that may be causing bleeding or red raw skin, and parent is not changing child adequately, resulting in child being left in a soiled diaper for long periods of time.

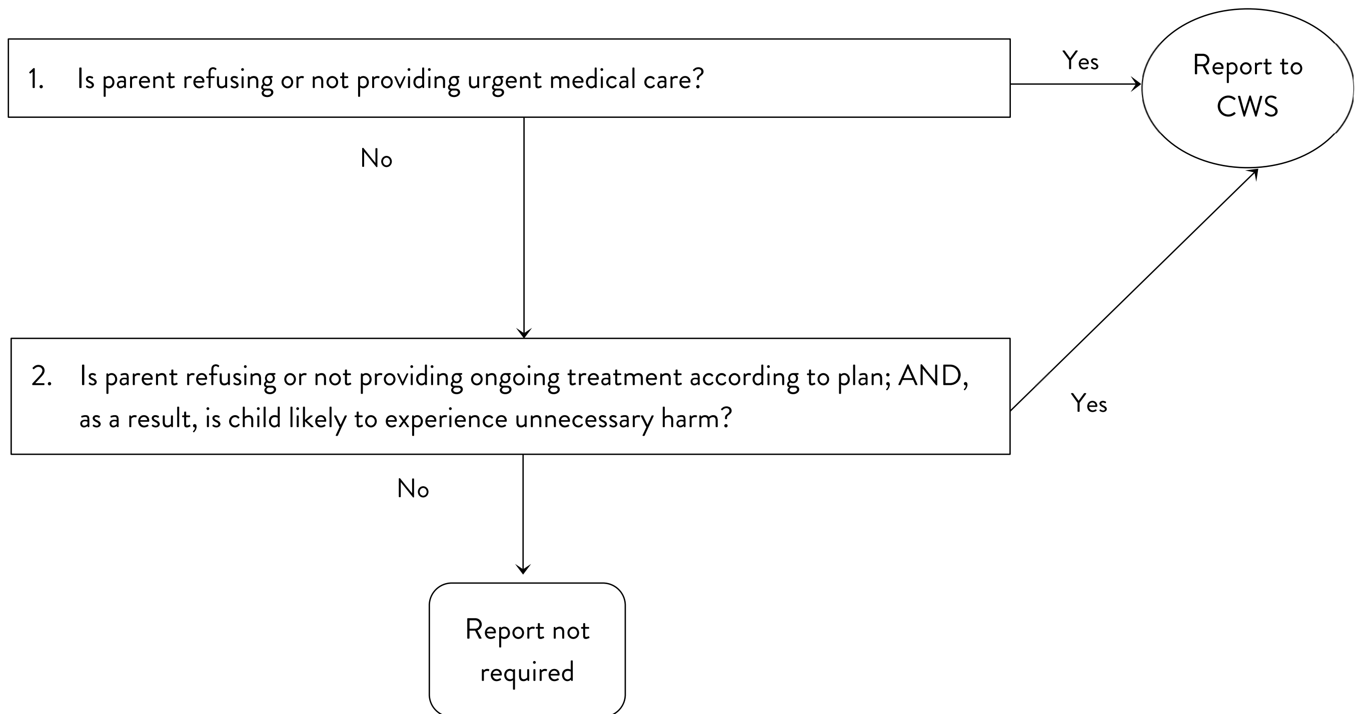
- Child has untreated medical conditions that can be attributed to uncleanliness, such as impetigo or scabies.
- Child has hair that is matted to the point that a comb cannot be run through it (exclude appropriately cared-for cultural styles such as dreadlocks and age-appropriate fashion styles), clumps of hair falling out or hair that appears to be extremely unclean or smells bad.

Answer "No" if:

Concerning conditions occur occasionally.

NEGLECT: MEDICAL CARE—MEDICAL PROFESSIONALS

A medical professional is a person qualified to make a diagnosis or treat the condition being reported.



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NEGLECT: MEDICAL CARE—MEDICAL PROFESSIONALS

Medical professional is someone qualified to diagnose or treat the condition being reported.

1. Is parent refusing or not providing urgent medical care?

Answer "Yes" if:

Child has an illness, condition (such as a severe food allergy), disability, or injury that, if untreated, is likely to result in death, disfigurement, loss of bodily function, or prolonged significant pain and suffering; and either the parent is providing no care, insufficient care, or inappropriate care, OR the parent delayed medical care or is unavailable.

- *No care*. Parent may or may not be providing home care, but child's condition or disability requires immediate professional medical care. Consider whether most parents would seek professional medical care for the same condition or disability or whether most physicians would recommend immediate professional medical care. An indicator that home care is inadequate would be a worsening of child's condition.
- *Insufficient care*. Parent has sought medical evaluation and care, and a physician or other qualified medical professional has prescribed a treatment plan; but parent is not following the plan to the extent that child's recovery is compromised.
- *Inappropriate care*. Parent may have sought medical evaluation and care but is adding or substituting alternative treatments that are having or are likely to have a significant and imminent adverse effect on child's health. Inappropriate health-seeking behaviors may involve unnecessary, invasive medical procedures.

  AND
- The medical professional has explained the concerns to the family and discussed the options, including any religious or ideological grounds for refusal and the consequences of inaction, and parent persists in providing no care or insufficient or inappropriate care.

  OR
- *Delayed care*. Parent ultimately sought medical evaluation and care but delayed seeking medical intervention so long that child's condition is worse than it would have been had timely care been sought, AND most adults would have recognized the need for medical attention sooner.

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- *Unavailable*. Parent is unavailable and, as a result, medical treatment is not occurring. Despite best efforts, parent cannot be located/contacted for reporter to explain concerns and parent to seek treatment.

Answer "No" if:

- Child has an illness or injury that would commonly be treated at home even if medical intervention may be helpful (e.g., minor cuts, superficial burns with a distribution pattern suggesting an unintentional cause, colds, and brief episodes of flu or fever in an otherwise healthy child).
- Parent is deviating from the treatment plan in ways that, while not desirable, cannot be demonstrated to significantly compromise or be likely to significantly compromise child's recovery. For example, missing a dose of medication with no negative results or missing a follow-up or final check-up when all indications are child was progressing satisfactorily.
- Parent delayed care, but the extent of the delay did not affect treatment or treatment outcome.

2. Is parent refusing or not providing ongoing treatment according to plan; AND, as a result, is child likely to experience unnecessary harm?

Answer "Yes" if:

- Child has a medical condition or disability that requires ongoing treatment (e.g., diabetes, asthma, Crohn's disease, cystic fibrosis; or child requires feeding tube, ventilation, or other medical devices).

  AND
- Parent is providing no care, inadequate care, or inappropriate care.
  - *No care*. Parent is completely disregarding recommended medical treatment plan. Parent may be providing home or alternative care.
  - *Inadequate care*. Parent is following parts of the medical treatment plan but not substantial portions of the plan.
  - *Inappropriate care*. Parent may be following the medical treatment plan but also is providing additional interventions that are detrimental to child. Include parent who seeks repetitive invasive procedures or seeks invasive treatments that are harming rather than helping child who may have no underlying condition.

  AND

- As a result, child is experiencing increased pain or suffering OR is at increased risk of complications; OR child's lifespan will likely be shortened.

Answer "No" if:

Child's condition or disability is such that with or without treatment, the outcome will be similar; or the proposed treatment is experimental or is not supported by the majority of physicians; or while child may fare marginally better with treatment, the burden of treatment is substantial, and many parents would opt out of treatment in similar circumstances.

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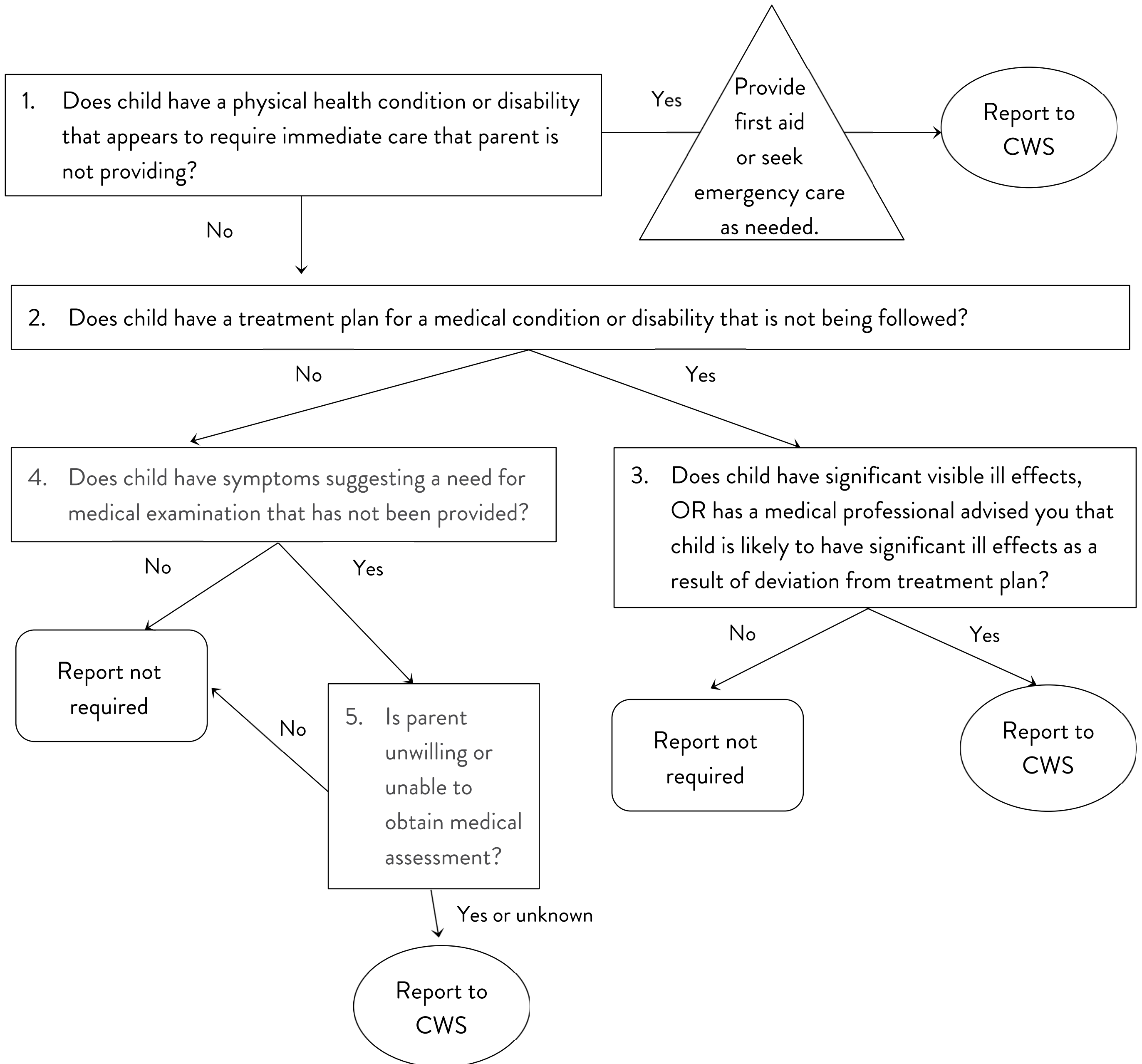
NEGLECT: MEDICAL CARE—NON–MEDICAL PROFESSIONALS



NEGLECT: MEDICAL CARE—NON–MEDICAL PROFESSIONALS

1. Does child have a physical health condition or disability that appears to require immediate care that parent is not providing?

Answer "Yes" if:

Child has need for emergency medical care, and parent is not allowing or providing care. Examples include:

- Child appears to have a broken bone, and parent is not taking child to hospital.
- Child is unconscious or lost consciousness recently, and parent is not taking child to hospital or arranging medical evaluation.
- Child is bleeding extensively, and parent is not taking child to hospital.
- Child has an extremely high fever, and parent is not taking child to hospital or arranging medical evaluation.

Answer "No" if:

- Child has a physical condition or disability that requires care, but the need is not immediate.

  OR
- Parent is temporarily unavailable, and emergency medical care is being sought or provided while parent is being located.

PRACTICE GUIDANCE
Provide first aid or seek emergency medical care as needed.

2. Does child have a treatment plan for a medical condition or disability that is not being followed?

Answer "Yes" if:

Child has a treatment plan from a medical provider for an ongoing medical condition or disability, and parent is not following the plan or is following only part of the plan. For example:

- Child requires a feeding tube, but parent is feeding child by mouth or not keeping the tube clean.

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- Child requires prescription medication that parent is not providing at all, or parent does not provide recommended dosage.
- Child requires ongoing physical therapy that parent is not providing at all, or parent is causing child to miss multiple sessions.

Answer "No" if:

Child does not have a known treatment plan, OR parent is following treatment plan.

3. Does child have significant visible ill effects, OR has a medical professional advised you that child is likely to have significant ill effects as a result of deviation from treatment plan?

Answer "Yes" if:

- As a result of not following treatment plan, child is showing significant ill effects. For example:
  - » As a result of lack of prescription medication, child is not recovering from illness.
  - » As a result of lack of prescription medication, child's symptoms of mental health conditions are causing serious disruption to child's emotional health, social interactions, or school performance (e.g., injuring self or others or destroying property).
  - » As a result of lack of physical therapy, child is not recovering from injury.

  OR
- Ill effects have not yet been noticed, but a medical professional has been consulted and has informed you that if the deviation from the treatment plan continues, child is likely to develop ill effects.

Answer "No" if:

Though parent is deviating from treatment plan to some extent, child is not showing ill effects, AND, through consultation with a medical professional, it is determined to be unlikely that the deviation from the plan will have significant adverse consequences. For example:

- Parent failed to provide one or a few doses of prescription medication that will have no effect or only minor effect.
- Parent is adding traditional interventions that may help and are unlikely to compromise child's healing.

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- Parent does not consistently help child with physical therapy exercises that should be done at home; however, child is progressing reasonably well according to medical professional.

4. Does child have symptoms suggesting a need for medical examination that has not been provided?

Answer "Yes" if:

Child appears to have an illness or injury that typically warrants medical examination. Examples include:

- Extremely high or persistently high fever;
- Unexplained, persistent pain, regardless of visible causes;
- Unexplained swelling or unexplained, unusual lump anywhere on the body;
- Earache, sore throat, headache, or stomachache that lasts more than a couple of days;
- Thick discharge from eyes that does not clear several hours into the day;
- Failure to reach developmental milestones; or
- Weight loss (other than newborn).

Answer "No" if:

Child has routine illness or injury that typically does not warrant medical examination.

PRACTICE GUIDANCE
If in doubt about whether medical examination is necessary, consult with a medical professional.

5. Is parent unwilling or unable to obtain medical assessment?

Answer "Yes or unknown" if:

Parent specifically states refusal to obtain medical examination or, after agreeing to obtain it, does not do so.

Answer "No" if:

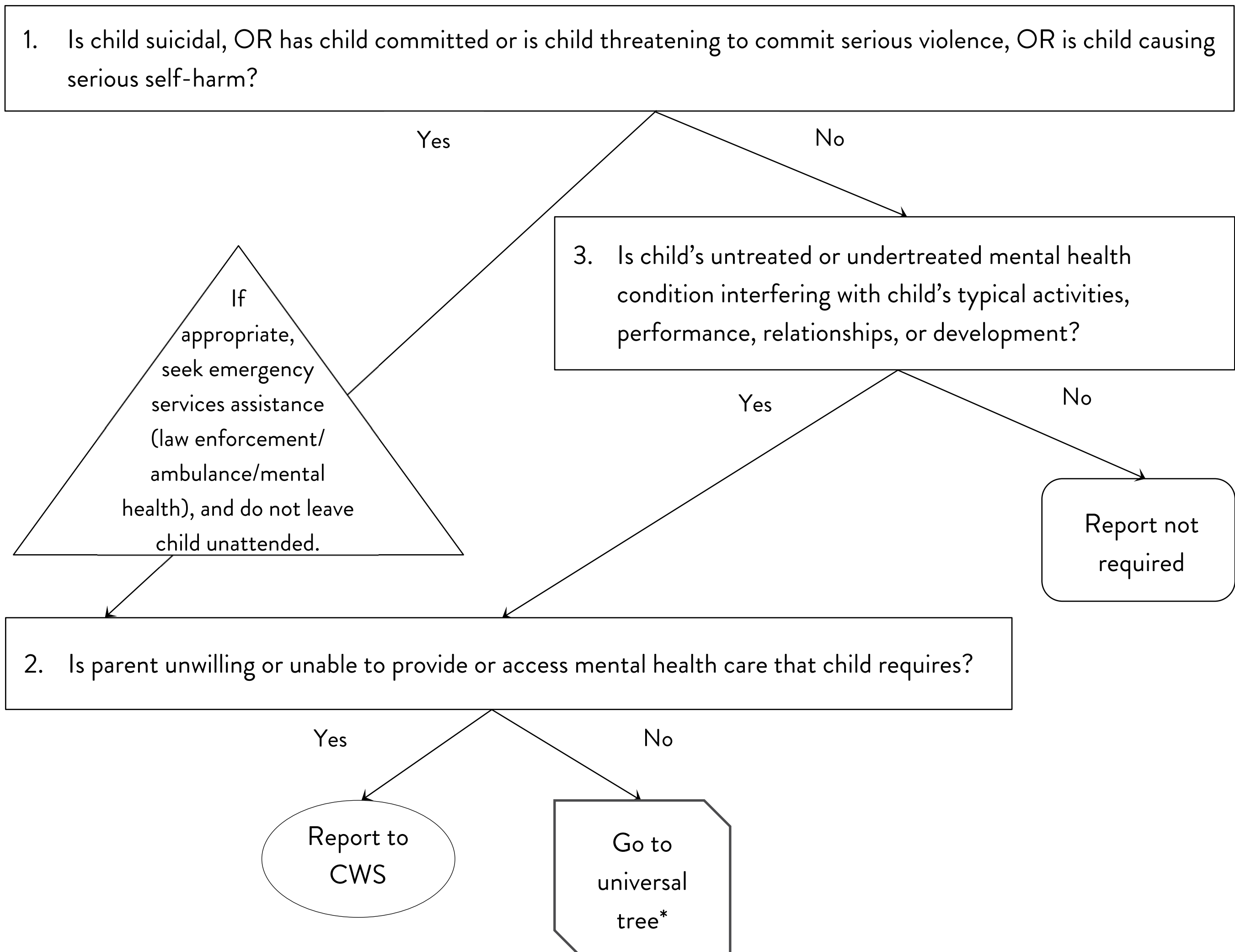
Parent agrees to and obtains medical examination.

PRACTICE GUIDANCE

Before reporting to CWS, every effort should be made to ensure parents are aware of child's condition.

PRACTICE GUIDANCE
You may answer "Yes" based on a verbal agreement that parent will obtain medical examination if the agreement was recently made and there has not been time to follow through, or an appointment has been scheduled but the appointment has not occurred. If, after verifying follow-through, you determine that the examination was not obtained, redo the decision tree based on the updated information.

NEGLECT: MENTAL HEALTH CARE



If not reportable, review Child Is a Danger to Self or Others tree.

NEGLECT: MENTAL HEALTH CARE

1. Is child suicidal, OR has child committed or is child threatening to commit serious violence, OR is child causing serious self-harm?

Answer "Yes" if:

- *Child is suicidal*. Child has attempted suicide within the last 30 days, has a plan for suicide, or has written a suicide note.

  OR

  Child is making comments about suicidal ideas combined with behavior changes (such as giving away possessions, not participating in favorite activities, running away) or in the context of significant loss or trauma.

  OR

  Child is making comments or other representations (e.g., drawing pictures) that seem vaguely suicidal, AND child has one or more of the following.

  » A history of suicide attempts.

  » A friend or family member who has committed or attempted suicide.

  » A mental health diagnosis or a current substance misuse problem.

- *Child has committed or is threatening to commit serious violence*. Child has recently caused death or serious violence or has a plan to do so.

  Also include a child who is expressing extremely violent ideas, either directly or indirectly, stating intent to harm others (e.g., writing/drawing extremely violent themes).

  Also include a child who is making comments or other representations (e.g., drawing pictures) that seem vaguely suicidal; AND who has a history of harming animals or people, has a drug problem, has access to weapons like guns and knives, or expresses feeling victimized and left out.

- *Child is causing serious self-harm*. Self-harm includes serious self-inflicted injuries that require medical treatment OR other extreme self-inflicted physical or psychological damage.

  » *Serious self-inflicted injuries*. Child has recent injuries that require medical attention, and either child admits inflicting injuries or the pattern of injuries appears self-inflicted (e.g., multiple lacerations on the inner side of the wrist and arm, persistent head banging or persistently pulling hair out). Serious self-harm is harm that requires immediate medical or psychological intervention.

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» *Other extreme self-inflicted physical or psychological damage*. Child's behavior has caused or is likely to cause imminent and serious physical or psychological damage to self. Serious damage requires immediate medical or psychological evaluation or intensive treatment (e.g., acute alcohol poisoning, drug overdose, diagnosed dependency, eating disorder that has led to need for acute medical care).

Answer "No" if:

- Child has expressed some suicidal thoughts; but these thoughts are fleeting, nonspecific, and not accompanied by any action or specific plan.
- Child has been involved in isolated, minor violent behavior or made threats that are not accompanied by any action or specific plan.
- Child has had an isolated incident of minor self-harm.

PRACTICE GUIDANCE
If appropriate, seek emergency services assistance (law enforcement/ambulance/mental health), and do not leave child unattended.

2. Is parent unwilling or unable to provide or access mental health care that child requires?

Answer "Yes" if:

- You have explained the concerns for child's mental health to the parent or have reliable information that the parent has been informed of the concerns.

  AND
- You have explained to the parent the benefits of mental health services for child or explained actions the parent needs to take to support child (e.g., counseling, following through with a behavior modification plan, medication, or informal supports such as a mentor or traditional or cultural supports), or you have reliable information that the parent has been informed.

  AND
- Child is not provided with mental health assessment, treatment, or follow-up because the parent is unwilling or unable to access mental health services or to follow recommendations for treatment.

Answer "No" if:

- The situation is still unfolding, and the parent has not yet been reached.

PRACTICE GUIDANCE
Professionals should intervene per statutory authority in the absence of parent and should continue due diligence attempting to reach parent. If all efforts have been exhausted and parent has not been located or has not responded, redo decision tree with current information.

OR

- Parent is not resistant toward child seeking mental health care but may face obstacles. For example:
  - » Child may not have been diagnosed;
  - » Parent may face practical obstacles in providing mental health care to child (e.g., financial, transport); or
  - » Mental health care may be inaccessible (e.g., no culturally relevant provider in area, wait list).

3. Is child's untreated or undertreated mental health condition interfering with child's typical activities, performance, relationships, or development?

Answer "Yes" if:

As a result of untreated or undertreated diagnosed mental illness, or based on observed mental health symptoms (e.g., depression, anxiety, eating disorder, hearing voices, paranoia), child's daily life is *substantially* affected.

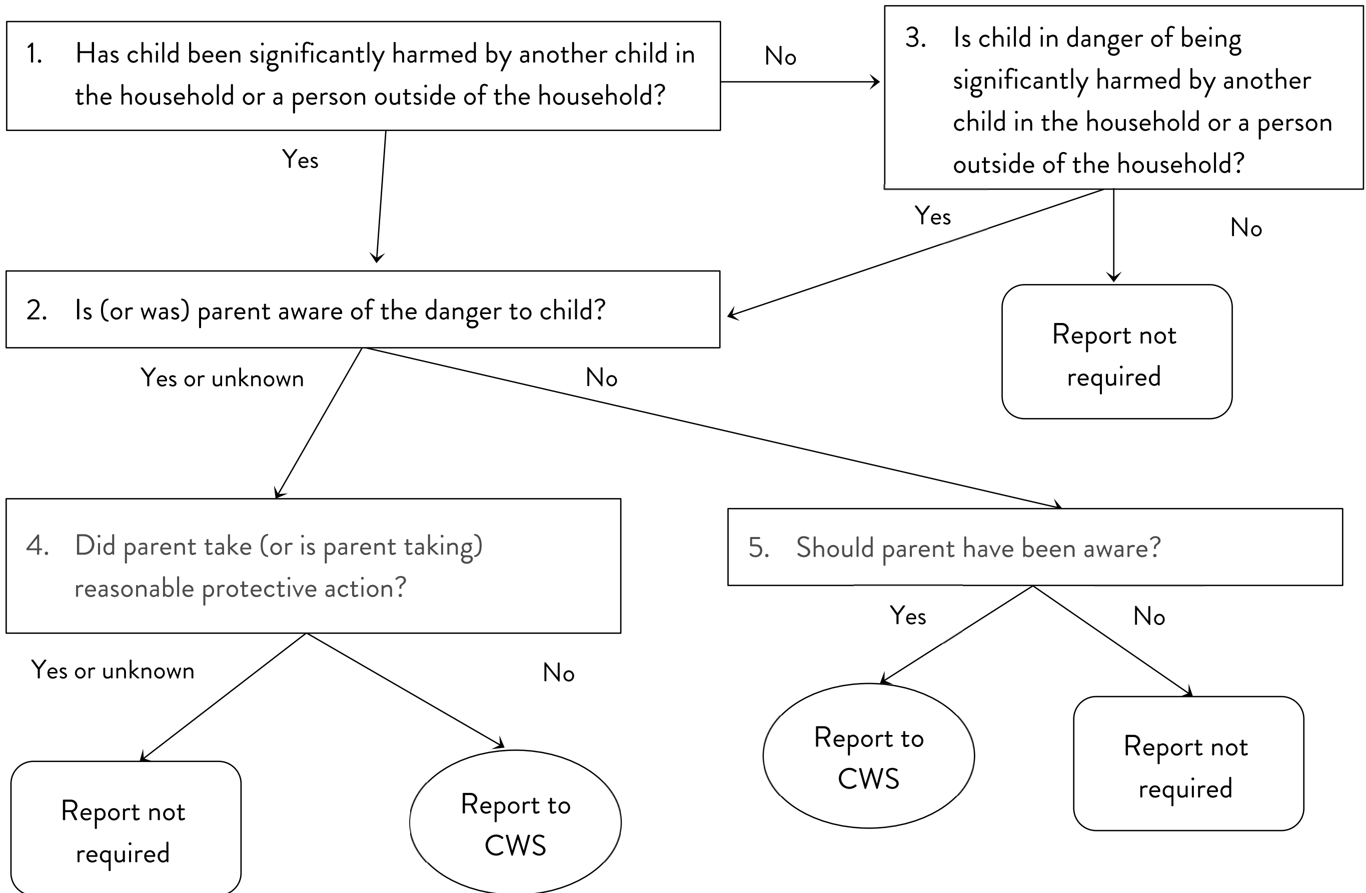
- *Activities*. Child has stopped or significantly reduced participation in things child previously enjoyed; OR child is no longer performing activities of daily living that were once achieved, so that hygiene or appearance has deteriorated; OR child is participating in increased risk-taking or antisocial behavior, such as promiscuity, escalation of drug/substance use, engaging in criminal activities, etc.
- *Performance*. Child's performance in social, family, or educational settings has declined from a level previously achieved. A child who previously participated in class is no longer participating; a child who excelled in some skill is now performing at a markedly lower level.
- *Relationships*. Child shows signs of inappropriate attachment or has withdrawn from relationships that were previously important, or child's behavior is jeopardizing important relationships. Include family and non-family relationships.

- *Development*. Child is no longer performing at a developmental level previously achieved. For example, child who was toilet trained is now soiling or wetting; OR child's withdrawal from relationships or activities has been prolonged to the extent that child is falling behind on developmental milestones.

Answer "No" if:

Child is continuing daily life with no significant impact despite absence of or incomplete mental health care. Typically, arriving at school without prescribed psychotropic medication is not automatically reportable even if child's participation, concentration, and performance is better on medication.

NEGLECT: DOES NOT PROTECT



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NEGLECT: DOES NOT PROTECT

PRACTICE GUIDANCE
If child has been or is currently in danger of being harmed in a way that may be a crime, report to law enforcement if they are not already involved.

1. Has child been significantly harmed by another child or adult in the household or a person outside of the household?

Answer "Yes" if:

A person other than a parent (i.e., a child in the household, adult in the household, or a person who is not a member of child's household) has done one or more of the following.

- Caused a significant injury to child.
- Sexually abused or exploited a child.
- Trafficked a child.

Answer "No" if:

Child was not significantly harmed.

2. Is (or was) the parent aware of the danger to child?

Answer "Yes or unknown" if:

Statements or actions by the parent indicate that parent was aware of the danger posed prior to the being harmed, e.g., reporter or others warned or alerted parent to danger; OR parent is now aware of the harm to child. OR reporter does not have information about parent's awareness of danger and cannot reasonably learn about parent's awareness.

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Answer "No" if:

Parent remains unaware of danger.

3. Is child in danger of being significantly harmed by another child in the household or a person outside of the household?

Answer "Yes" if:

Circumstances place child in a position in which child is likely to be seriously harmed by another child or adult in the household or a person outside of the household. Examples include:

- Child is having regular contact with a person who has been violent toward child in the past and who is likely to continue to be violent toward child.
- Child is having regular contact with a person with a known history of sexual abuse of this or another child.
- Child stays away from home in ways that expose child to danger, such as committing crimes; using alcohol or drugs; being groomed for sexual abuse, exploitation, or trafficking.

Answer "No" if:

Child is in positions in which child may participate in undesirable behavior, be picked on, or participate in a consensual sexual relationship, but child is not likely to be significantly harmed.

4. Did parent take (or is parent taking) reasonable protective action?

Answer "Yes or unknown" if:

Upon learning of the harm or danger, parent took steps that a reasonable person would have done in the same circumstance, whether or not the harm occurred. Examples include:

- Acting to prevent contact between child and person who has caused or may cause harm;
- Ensuring that a safe person is always present when child is with a person who may cause harm; or
- Setting and enforcing rules that will protect child that are reasonable for child's age or developmental level and the degree of danger (for example, curfews, boundaries child is to stay within).

Answer "No" if:

- Parent took no action, or parent took action a reasonable person would consider inadequate.
- Parent allows or even encourages unsupervised contact with person who may cause harm.
- Parent allows or even encourages actions of another person that may harm child.
- Parent does not set reasonable rules that would protect child.
- Parent sets rules but does not provide consequences when child breaks rules, leading to frequent disregard of rules.
- Reporter does not know whether or not parent has taken action.

5. Should parent have been aware?

Answer "Yes" if:

A reasonably responsible parent would have been aware of the danger to child, but parent's actions or lack of actions led to lack of awareness. Examples include:

- Parent leaves child unsupervised for periods of time or in circumstances that are not safe given child's age or developmental status.
- Parent does not inquire about people, places, and activities.

Answer "No" if:

The harm to child was unforeseen, and a reasonable person would not have anticipated the harm.

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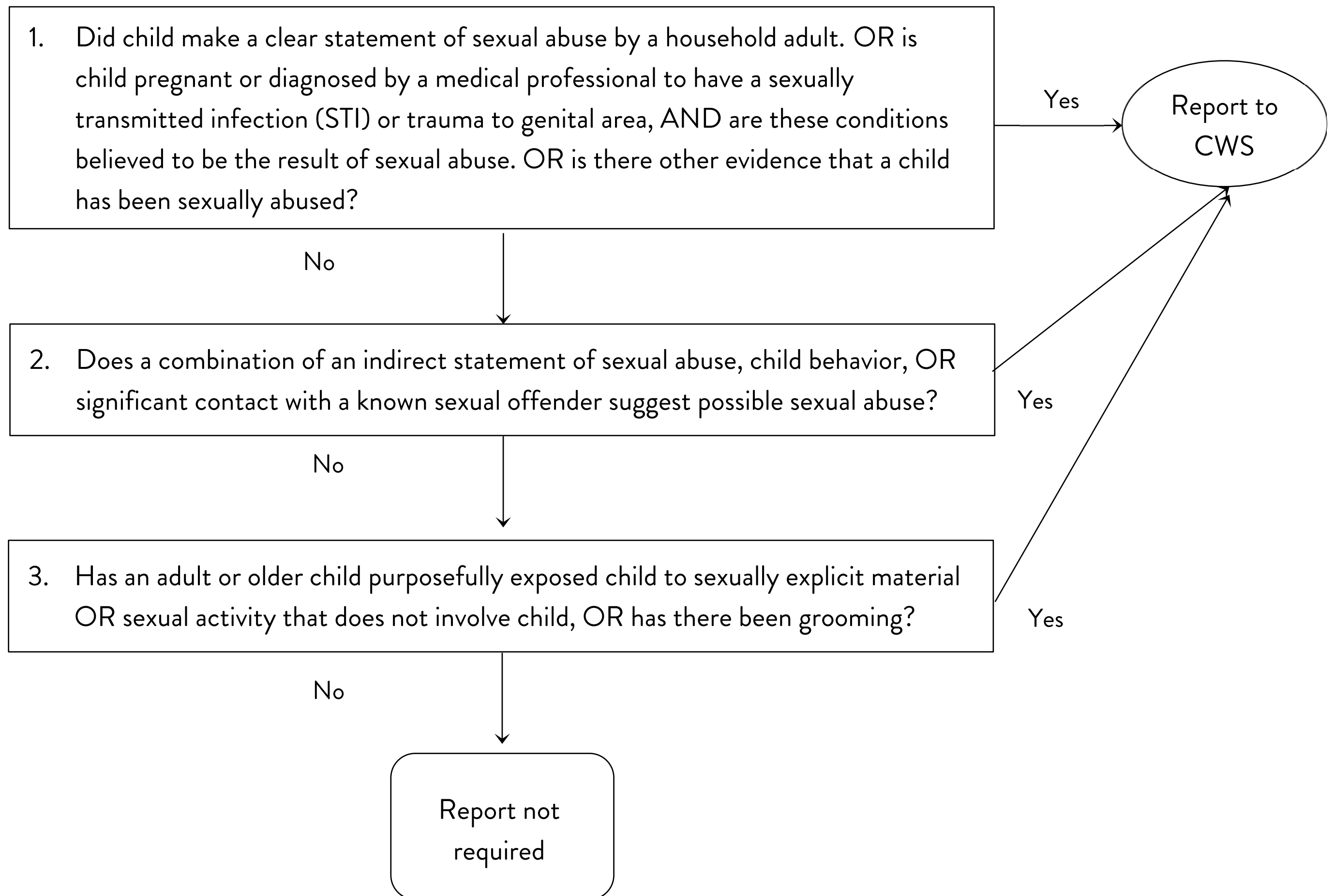
SEXUAL ABUSE



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SEXUAL ABUSE

Do not follow tree path for "No" response unless the answer to *all* questions is "No." If the response for *any* is "Yes," follow tree path for "Yes."

1. Did child make a clear statement of sexual abuse, OR is child pregnant or diagnosed by a medical professional to have a sexually transmitted infection (STI) or trauma to genital area, AND are these conditions believed to be the result of sexual abuse; OR is there other evidence that a child has been sexually abused?

Answer "Yes" if:

- *Statement*: Child clearly indicated to any person that child was touched in the genital area or disclosed involvement in abusive sexual acts by a parent or caregiver. This statement may be verbal, written, or behavioral. It is not necessary that child describe in detail or provide information regarding time and place of incident or identity of person involved.
- *Medical*: One of the following conditions has been diagnosed by a medical professional, and a parent or caregiver is suspected.
    - Pregnancy (diagnosis not required when child is visibly pregnant).
    - Genital trauma with no known nonsexual cause.
    - Sexually transmitted disease with no known nonsexual cause or more likely to be the result of sexual abuse.
- *Other evidence*: Evidence exists that child was sexually abused by a parent or caregiver. Examples of such evidence include the following.
    - Witness (you or others) to a sexual act upon a child.
    - Photographic or video evidence.
    - Statement by person who had sexual contact with child.
    - Email, text, or other documentation of coerced sexual contact between child and adult, older child, or peer.

Answer "No" if:

- *Statement*: Child makes no statement of sexual abuse by parent or caregiver or makes a verbal or written statement that is ambiguous.

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- *Medical*: No medical findings suggest sexual abuse by parent or caregiver. Child may have medical conditions that can be seen in children who have been sexually abused, but other possible explanations exist that are more likely, and nothing else suggests sexual abuse.
- *Other evidence*: No other evidence suggests sexual abuse by parent or caregiver. Child may send or be included in peer communication of a sexual nature, but nothing suggests that child is actually involved in sexual contact with an adult or older or more powerful child or with unwanted peer sexual contact.

2. Does a combination of an indirect statement of sexual abuse, child's behavior, OR significant contact with a known sexual offender suggest possible sexual abuse?

Answer "Yes" if:

Note: Though statement, behavior, and contact with a known sexual offender are displayed as individual ideas, they should be considered together. A less direct statement combined with sexualized behavior is more concerning than the same statement with no sexualized behavior.

- *Statement*: Child makes indirect statements to any person that highly suggest child is a victim of sexual abuse or exploitation. For example, child depicts explicit sexual acts in a sophisticated way; child makes a verbal statement that does not specifically describe a sexual act but conveys that an adult or older/more powerful child has touched child; OR indirect statement is accompanied by secrecy, discomfort, or other behaviors that suggest sexual abuse as indicated below.
- *Behavior*: At least one of the following:
    - » Concerning sexual behavior as defined in the right-hand column of Table A3.
    - » Behaviors often seen in children who are sexually abused (e.g., displaying low mood, withdrawing, self-harming, showing reluctance to be with a particular person, running away); AND this behavior has no other known cause; AND there is at least one other concerning element such as an indirect statement, sexualized behavior, non-specific medical findings, or access to a known sexual offender.

PRACTICE GUIDANCE
For nonverbal children who cannot provide a statement, be mindful of non-verbal indicators of possible sexual victimization such as: • Inappropriate boundaries by parent/other household member; • Irrational fear of parent/other household member; or • Unexplained anxiety in child related to a specific person.

- *Known sexual offender*: A known sexual offender is a person who was previously charged for sexual offenses. Knowledge of prior sexual offending may be based on disclosure by family members or other significant people, including social service professionals with knowledge of the family's history. This becomes a concern when child:
    - » Shares a residence with a known sexual offender; OR
    - » Is left alone with a known sexual offender.

      AND

        - – Child has sexualized behavior, as defined in the right-hand column of Table A3; OR
        - – Known sex offender's behavior with or around child is inappropriate or concerning.

Answer "No" if:

- *Statement*: Child has used words such as "secret" or "touch" in ways that are general, and no other basis exists to conclude that these words are related to sexual abuse.
- *Behavior*: Child's sexual behaviors are consistent with development; or if child has atypical behaviors such as difficulty eating or sleeping, they are unaccompanied by any other reason to suspect sexual abuse.
- *Known sexual offender*: Child is at times in contact with an individual who has a history of sexual offending, AND child has no concerning sexualized behavior, AND known sex offender's behavior with or around child is not inappropriate or concerning.

3. Has an adult or older child purposefully exposed child to sexually explicit material OR sexual activity that does not involve child, OR has there been grooming?

Answer "Yes" if:

An adult or older child or more powerful child purposefully exposed child to the following.

- *Sexually explicit material such as*:
    - » Pornographic images (still, video, drawn); or
    - » Written material about explicit sexual acts (books, magazines, texts, emails).
- *Sexual activity* that did not directly involve child, such as an adult/older child masturbating, watching pornography, or engaging in sexual acts in presence of child.

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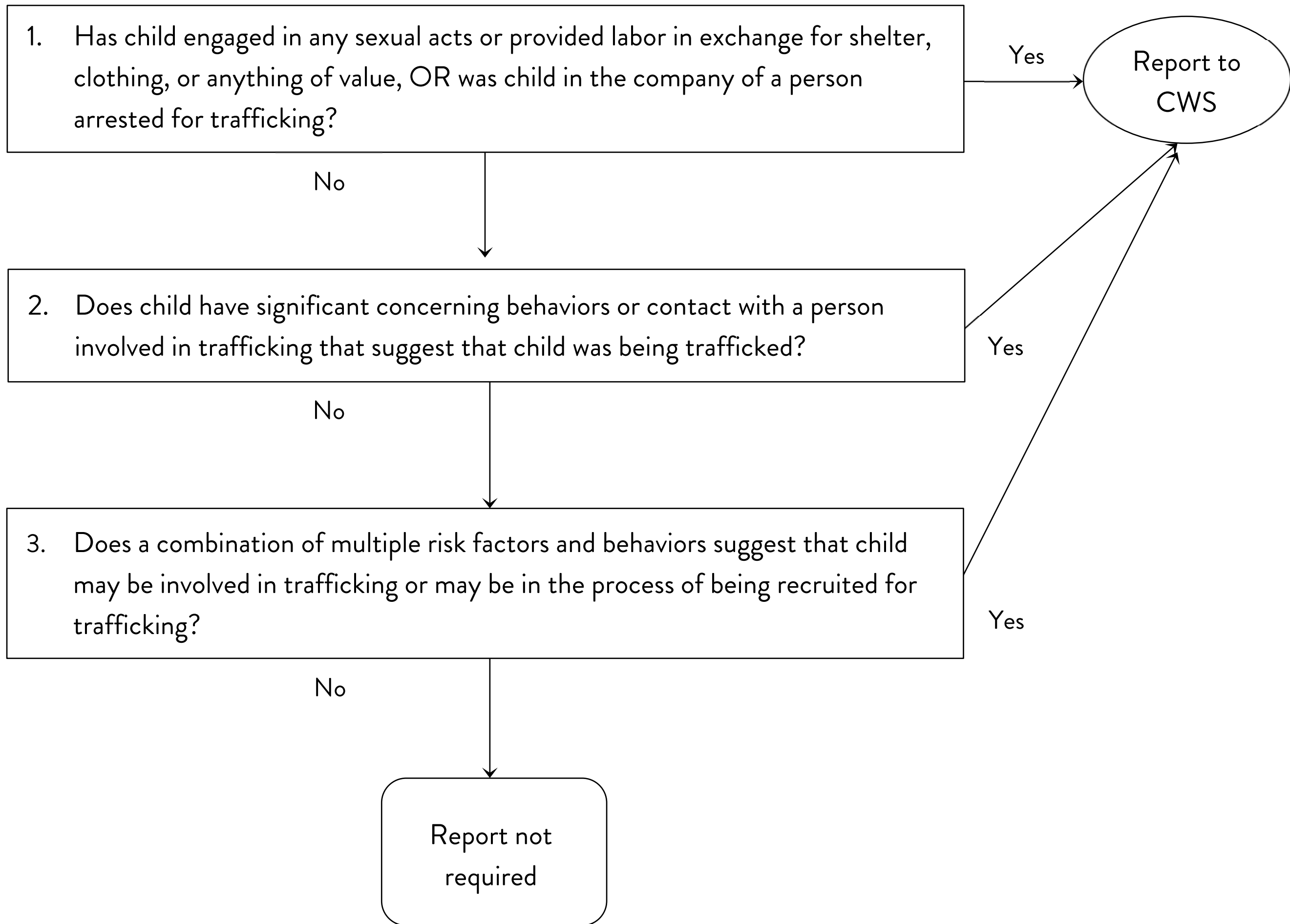
- *Grooming*: Parent has said or done things that suggest parent is preparing child for commission of sexual abuse upon child. For example, parent is intentionally treating child in special ways, developing a pattern of having secrets, engaging in progressive physical contact toward intimacy (for example, holding hands, hugging, kissing), or describing child in sexualized ways.

Answer "No" if:

- Child was not exposed to sexually explicit material or acts or grooming.
- Child accidentally saw sexually explicit material or act.

  OR
- Parent's actions toward child are not intended to prepare child to be sexually abused.

TRAFFICKING (SEXUAL AND LABOR)



TRAFFICKING (SEXUAL AND LABOR)

1. Has child engaged in any sexual acts or provided labor in exchange for shelter, clothing, or anything of value?

Answer "Yes" if any person:

- Has engaged child in sexual acts in exchange for anything of values, such as drugs, food, shelter, protection, or money.
- Controls or grooms child.
- Whose internet search history, cell phone records, or social media posts suggest that child is being solicited or engaged in sex acts in exchange for anything of value; or sexually explicit photos of child are posted on the internet.
- Child has tattoos, scarring, or branding that indicate being treated as someone's property.

Answer "No" if:

No information or knowledge exists that any person has exchanged sex with child for any drugs, food, shelter, protection, basics of life, or money.

OR

Was child in the company of a person arrested for trafficking?

Answer "Yes" if:

Law enforcement arrested one or more persons for labor or sex trafficking AND child was in the company of the person at the time of the arrest, or is known to have been with arrested person in ways that suggest child was being trafficked.

Answer "No" if:

Child had incidental contact with a person arrested for labor or sex trafficking and was unlikely involved in trafficking.

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2. Does child have significant concerning behaviors or contact with a person involved in trafficking that suggest that child was being trafficked?

Answer "Yes" if:

One or more of the following are true.

- Child uses language or makes an indirect statement that highly suggests involvement in exploitation or labor trafficking.
- Child engages in sexual activity or relationships that involve coercion, bribery, threats, or violence.
- Child engages in sexual activity with someone significantly older or an adult.
- Child has significant contact or a relationship with a person known to be involved in trafficking, AND behaviors suggest child is being trafficked.

Answer "No" if:

No indicators above exist to suggest a child is being trafficked.

3. Does a combination of multiple risk factors and behaviors suggest that child may be involved in trafficking or may be in the process of being recruited for labor or sex trafficking.

Answer "Yes" if:

Multiple risk factors and behaviors exist that when considered together, suggest that child may be involved in trafficking.

- Child experiences a significant lack of supervision, is isolated, or runs away for extended periods of times.
- Child receives or has access to unexplained means, such as large amounts of money, credit cards, hotel keys, gifts, drugs, or cars.
- Child has repeated or otherwise concerning testing or treatment for pregnancy or STIs.
- Child presents with a significant change in appearance (e.g. dress, hygiene, weight).
- Child has unhealthy or inappropriate romantic relationships that cause physical or emotional harm, or that place them at risk of victimization.

Answer "No" if:

One risk factor or behavior exists alone, and no other evidence suggests that child is involved in trafficking or in the process of being recruited.

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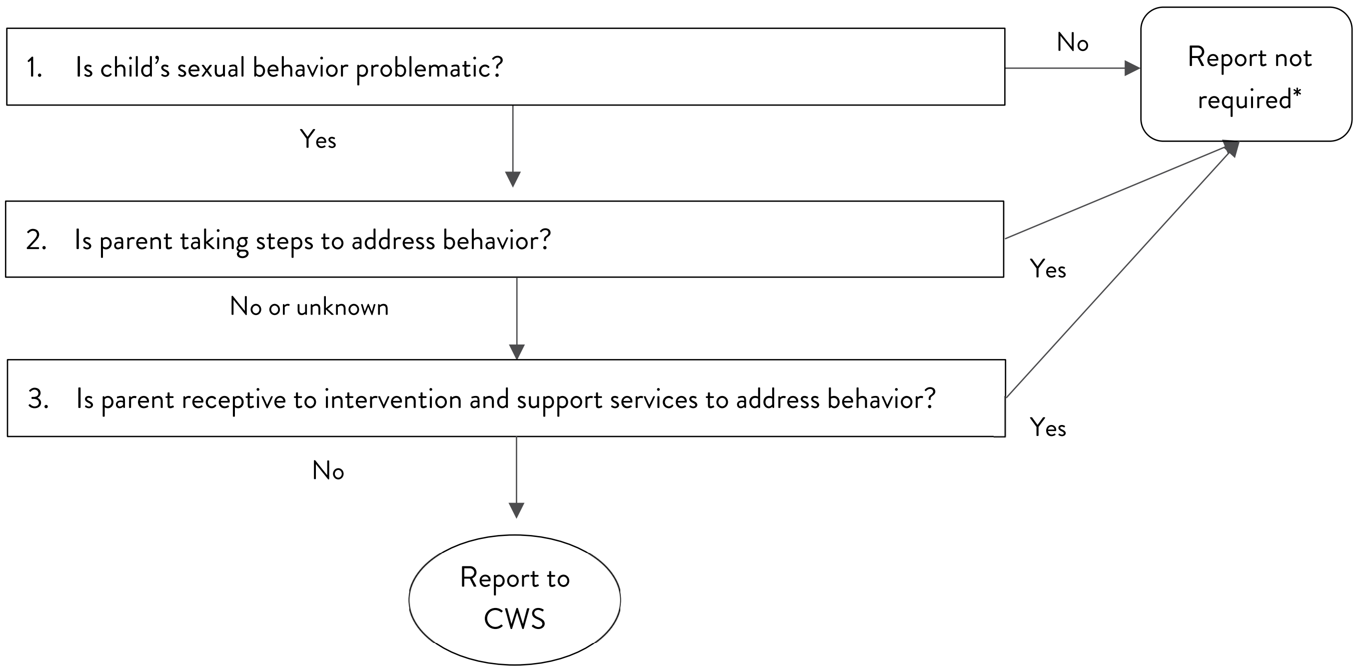
CHILD PROBLEMATIC SEXUAL BEHAVIOR



*If report is not required, consider whether child with problematic sexual behavior may be a victim of sexual abuse that is not previously known. If so, complete the Sexual Abuse decision tree.

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CHILD PROBLEMATIC SEXUAL BEHAVIOR

1. Is child's sexual behavior problematic?

Answer "Yes" if:

Child acts in sexual ways that are substantially outside of behavior typical of child's age or developmental level. See Table A3.

Answer "No" if:

Child's sexual behavior is consistent with age/developmental level. See Table A3.

2. Is parent taking steps to address behavior?

Answer "Yes" if:

In response to sexual behavior, parent has already taken steps to prevent repetition of the behavior. This may include:

- Providing child with information about acceptable and unacceptable sexual behavior;
- Preventing child from being alone with other children; or
- Obtaining professional intervention.

Answer "No or unknown" if:

In response to sexual behavior, parent has taken no steps or inadequate steps to prevent repetition of the behavior. This may be demonstrated by repeated occurrences of the behavior. However, concerning behavior may persist despite parent taking all reasonable steps to prevent it. Consider the type of behavior (e.g., immodesty versus forceful explicit sexual acts), development of child (e.g., able to understand, able to regulate), and reasonable parental intervention (e.g., providing explanation versus obtaining professional intervention).

For example, consider the following variations related to masturbation by a 10-year-old.

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TABLE 10 EXAMPLES OF PARENT RESPONSE	
YES	**NO**
Parent becomes aware that 10-year-old occasionally masturbates in private and takes no action.	Parent becomes aware of repeated public masturbation, or masturbation deliberately in view of other children, and takes no action.
Parent becomes aware that 10-year-old has masturbated in public and speaks to 10-year-old to advise that this should be private behavior.	
Parent becomes aware that 10-year-old repeated public masturbation a few times even after being told this should be in private, and each time parent reminds child and explains reasons this should not be done in public.	
Parent becomes aware that 10-year-old continues public masturbation and seeks professional assistance.	

3. Is parent receptive to intervention and support services to address the behavior?

Answer "Yes" if:

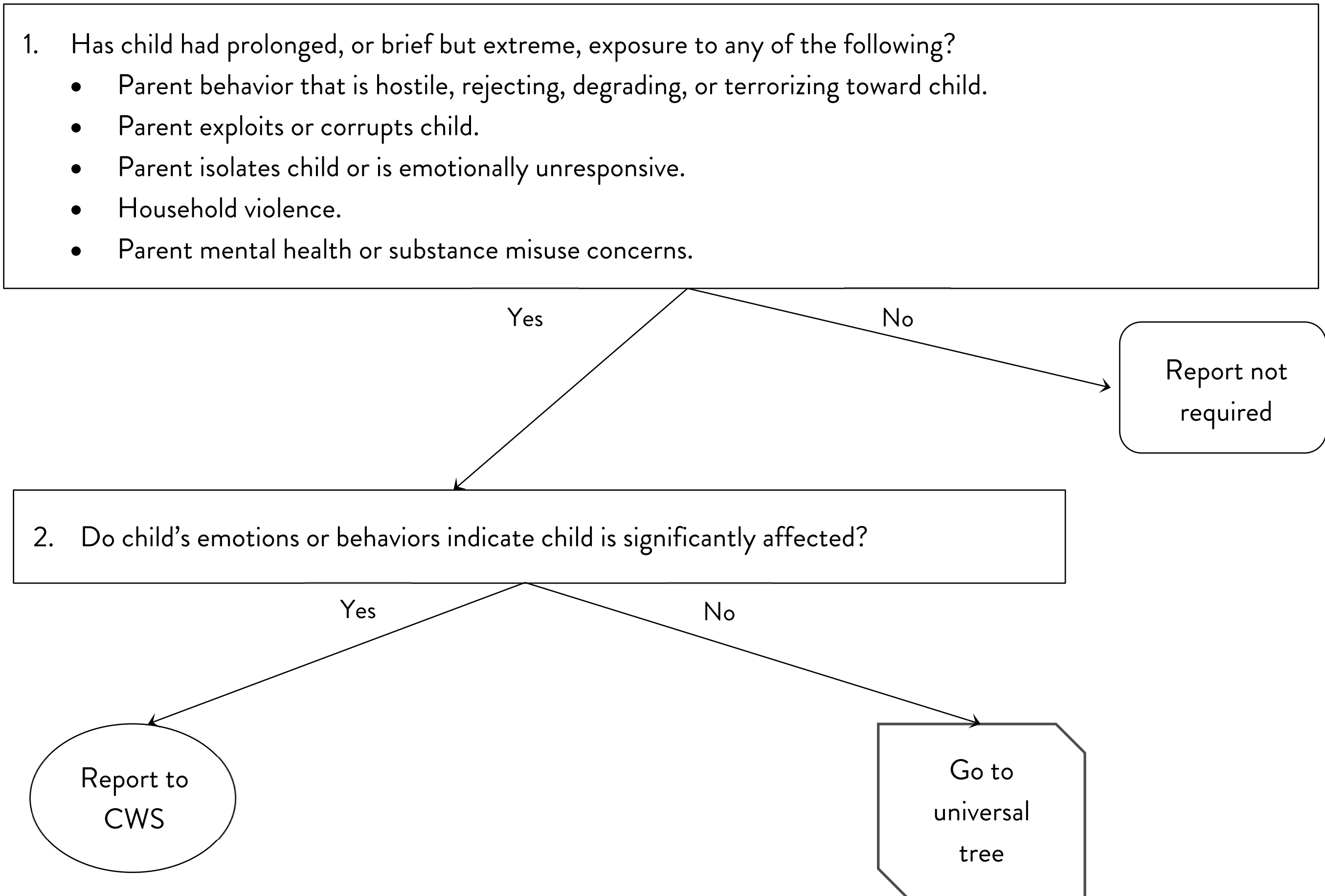
While the family has not connected with or received support, resources, or other interventions to address the behavior previously, they are now willing to use these resources to act to remedy the issue.

PRACTICE GUIDANCE Support family in connecting to formal or informal providers as needed. Within about two weeks (or other timeframe agreed to by family), confirm that family has taken agreed-upon action. If not, repeat decision tree based on the status of the situation at that time.

Answer "No" if:

In response to problematic sexual behavior, parent is not receptive to taking recommended steps to prevent repetition of behavior such as connecting with support, resources, or other professional intervention to address behavior.

PSYCHOLOGICAL OR EMOTIONAL HARM



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PSYCHOLOGICAL OR EMOTIONAL HARM

1. Has child had prolonged, or brief but extreme, exposure to any of the following?

- **Parent behavior that is hostile, rejecting, degrading, or terrorizing toward child.**
- **Parent exploits or corrupts child.**
- **Parent isolates child or is emotionally unresponsive.**
- **Household violence.**
- **Parent mental health or substance misuse concerns.**

Answer "Yes" if:

Any of the following conditions are present in child's home.

- Parent is chronically, persistently, or severely hostile—rejecting, degrading, or terrorizing child. A single observation, if severe, may be included if you have no prior or continuing contact with family.
  - » *Hostile*. Virtually everything child does is criticized.
  - » *Rejecting*. Parent does not accept child. For example, parent consistently tells child that child is not wanted or is unworthy of belonging in the family.
  - » *Degrading*. Parent publicly humiliates child; for example, makes child appear in public wearing a diaper for having a toileting accident.
  - » *Terrorizing*. Parent consistently acts or says things that frighten child, including threats to harm child, self, others, or pets; parent deliberately causes child to witness traumatic events.
- Parent is involved in illegal activity and involves child in this activity or exposes child to this activity to the extent that child adopts illegal behavior.
- Parent severely inhibits child's relationships with others inside or outside of the family or consistently ignores child's need for attention or affection.
- Household members are chronically or severely violent/abusive.
  - » *Violent*. Physical altercations have already occurred or are threatened.
  - » *Abusive*. May include verbal, demeaning, stalking, controlling behavior, or threats of harm.
  - » *Chronic*. Pattern of ongoing incidents.
  - » *Severe*. Resulted in an injury to any participant or bystander that required medical care or involved use of a weapon (e.g., gun, knife, thrown object that is heavy enough to cause an injury requiring medical care).

- Parent has a mental health or substance misuse concern that is apparent in behaviors such as the following.
  - Parent expresses ideas that are out of touch with reality.
  - Parent does not provide minimal emotional support for child.
  - Parent threatens or attempts suicide, homicide, or harm to pets.
  - Parent behavior is extremely erratic.

Answer "No" if:

None of the above are known to be present.

2. Do child's emotions or behaviors indicate child is significantly affected?

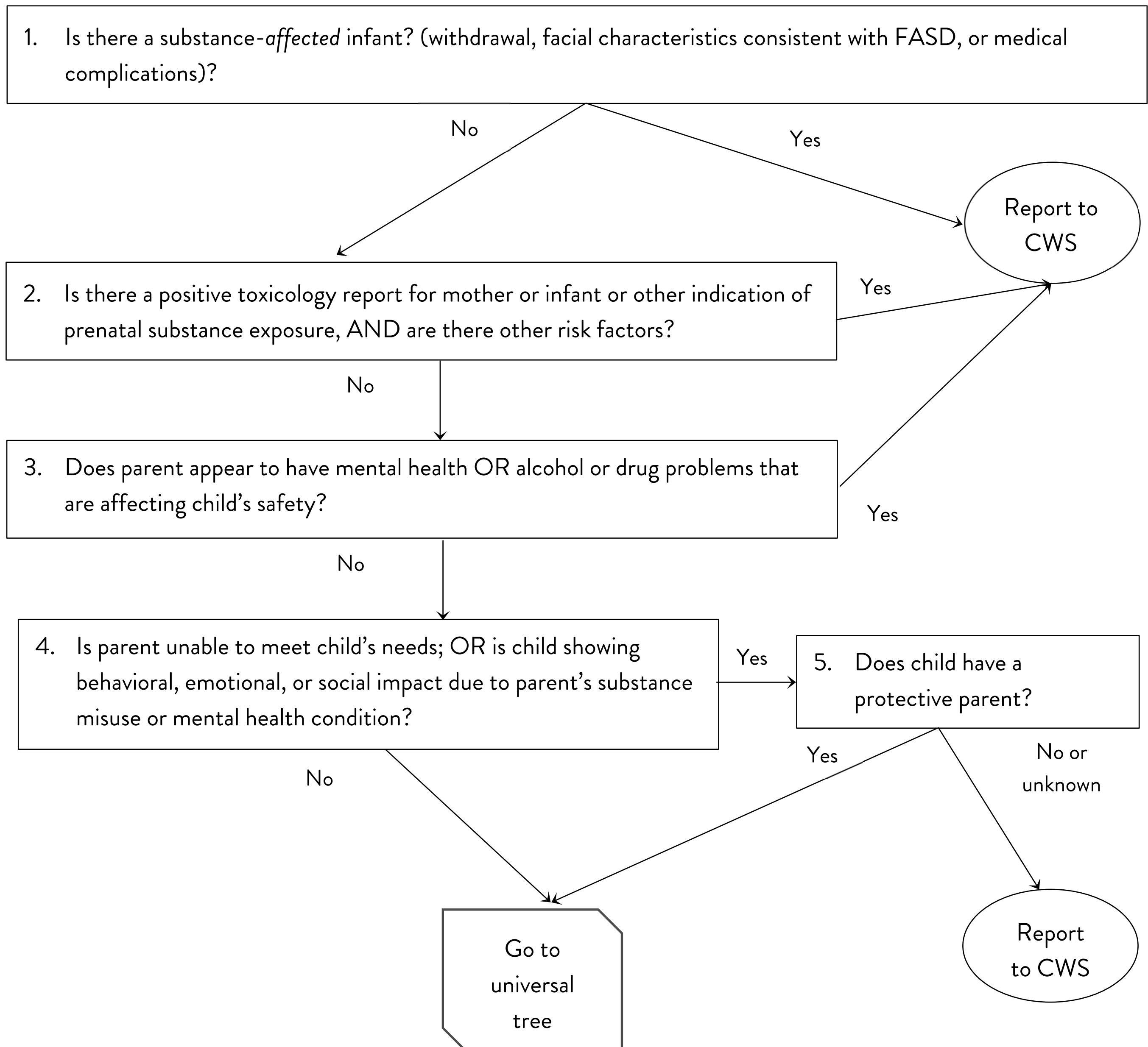
Answer "Yes" if:

- Child has a mental health diagnosis. The mental health professional's opinion is that child's mental health condition is caused or exacerbated by parent actions or omissions; or
- You are uncertain whether child is currently working with a mental health professional. Child has one or more indicators from Table A2.

Answer "No" if:

Child has a diagnosed mental health concern that is not caused or exacerbated by parent actions or omissions or has no significant mental health diagnosis or symptoms.

PARENT CONCERNS: SUBSTANCE USE OR MENTAL HEALTH



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PARENT CONCERNS: SUBSTANCE USE OR MENTAL HEALTH

1. Is there a substance-*affected* infant? (Withdrawal, facial characteristics consistent with FASD, or medical complications)?

Include both legal and illegal substances.

Answer "Yes" if:

A medical professional has determined that the infant is substance affected, including one or more of the following.

- Infant experiences withdrawal symptoms.
- Infant has facial features consistent with fetal alcohol spectrum disorder (FASD).
- Infant has medical complications related to legal or illegal substances used by mother during pregnancy.

Answer "No" if:

There is no determination by a medical professional that the infant is substance affected.

2. Is there a positive toxicology report for mother or infant or other indication of prenatal substance exposure, AND are there other risk factors?

Include both legal and illegal substances.

Answer "Yes" if:

- Newborn infant or mother, at birth or during pregnancy, has a toxicology report that is positive for illegal or legal substances other than as prescribed; OR
- Mother discloses substance misuse during pregnancy; OR
- There is other credible information, such as witnessed use, that mother abused a legal or illegal substance during pregnancy.

AND there are indications of risk to the infant's health and safety.

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Examples include:

- Parent's poor emotional or mental functioning are likely to interfere with ability to care for child.
- Home environment will be unsafe for infant.
- Infant has special care needs that parent appears unable to manage.
- Parent's response to infant reflects serious lack of essential parenting knowledge, and parent is unwilling or unable to learn.
- Parent appears to be impaired by legal or illegal substances while with the infant.
- A known history of one or more of the following is likely to adversely affect parent's ability to care for infant:
  - Drug or alcohol abuse or treatment
  - Prior abuse or neglect of other children
  - Household violence
  - Criminal activity
  - Lack of prenatal care
  - Lack of support system

Answer "No" if:

There is no positive toxicology for infant or mother, OR there is positive toxicology but there is no identified risk factor.

3. Does parent appear to have mental health OR alcohol or drug problems that are affecting child's safety?

A child's safety refers to whether there is immediate danger of serious harm.

Answer "Yes" if:

One or both of the following is true. A formal diagnosis or parent in treatment is not required.

- A parent appears to be using alcohol or other drugs. This may be based on personal observations or credible statements by child or another person. Symptoms of persistent and excessive substance use include slurred speech, unsteady gait, uninhibited behavior, and impulse control difficulties (e.g., gambling, stealing).
- A parent appears to have a mental health concern. This may be based on personal observations or credible statements by child or another person. Symptoms of mental health problems may include but are not limited to volatile emotional expressions, anger management issues, social withdrawal, cognitive impairment, hallucinations and delusions, and suicidal and self-harm behaviors.

  Note: Include parents whom you reasonably suspect of having mental health symptoms to the extent that symptoms are having a negative impact on them (e.g., health, finances, relationships, employment, legal issues).

  AND

- Parent has caused or is likely to cause significant harm to child.

Examples include:

- While under the influence, either on more than one occasion or in a single significant event, the parent became violent or out of control. It is not necessary that child was present during the incident when parent was violent or out of control.

PRACTICE GUIDANCE
If parent is driving under the influence of alcohol or drugs at this time and a child is in the car, call law enforcement immediately before resuming the CPRG. When you subsequently report to CWS, inform the intake worker that you notified law enforcement.

- Parent passed out while sole parent responsible for a child who cannot meet their own basic needs.
- Parent hears voices or has other distortions of reality that include suggestions to harm child.
- Parent's inability to function results in a persistent and recurring lack of meal provisions or supervision on a routine basis, and child has suffered or will likely suffer illness or injury.

Answer "No" if:

- No parent uses any alcohol or other drugs or misuses prescribed medication; OR
- Parent does not appear impaired by substances when caring for child AND has not endangered child while under the influence of substances.

4. Is parent unable to meet child's basic needs; OR is child showing behavioral, emotional, or social impact due to parent's substance misuse or mental health condition?

Basic needs include nutrition, safe immediate environment (including safe sleeping), clothing, hygiene, and supervision.

Answer "Yes" if:

On more than one occasion, parent did not provide child with food, supervision, adequate housing, or safe living conditions because parent:

- Was under the influence of alcohol or other drugs;
- Used family's financial resources for alcohol or drugs to the extent that child's needs went unmet;
- Organized life around drug seeking to the extent of being inattentive to child's needs;
- Was experiencing mental health symptoms; or
- Was inhibited or prevented from forming a relationship with infant/newborn due to their emotional status. For example, mother is depressed (including postpartum depression) and not responsive to infant. This may be observed by identifying depression in the mother or by observing behaviors such as refusing to hold newborn, failure to respond to infant's cues, etc.

  OR

- Child has signs of emotional disturbance (see Table A2).

Answer "No" if:

Despite alcohol or substance use or mental illness, parent is meeting child's basic needs and child is functioning reasonably well.

5. Does child have a protective parent?

For the purpose of this question, only a legally responsible person or a stepparent should be considered a parent.

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Answer "Yes" if:

You have information or knowledge that leads you to believe that there is a protective parent in the home who does not appear to abuse alcohol or drugs or have behavioral concerns, who can provide care and protection appropriate to child's needs. This parent should be willing, available, and able to safeguard child from the effects of the other parent's substance misuse or mental health issues.

Answer "No or unknown" if:

This is a family where all adults abuse alcohol or drugs or have mental health issues; or at least one adult does not abuse alcohol or drugs or have mental health issues but does not meet child's needs (e.g., emotionally unable, physically unable, financially unable) or does not safeguard child from the effects of the other parent's substance misuse or mental health issues.

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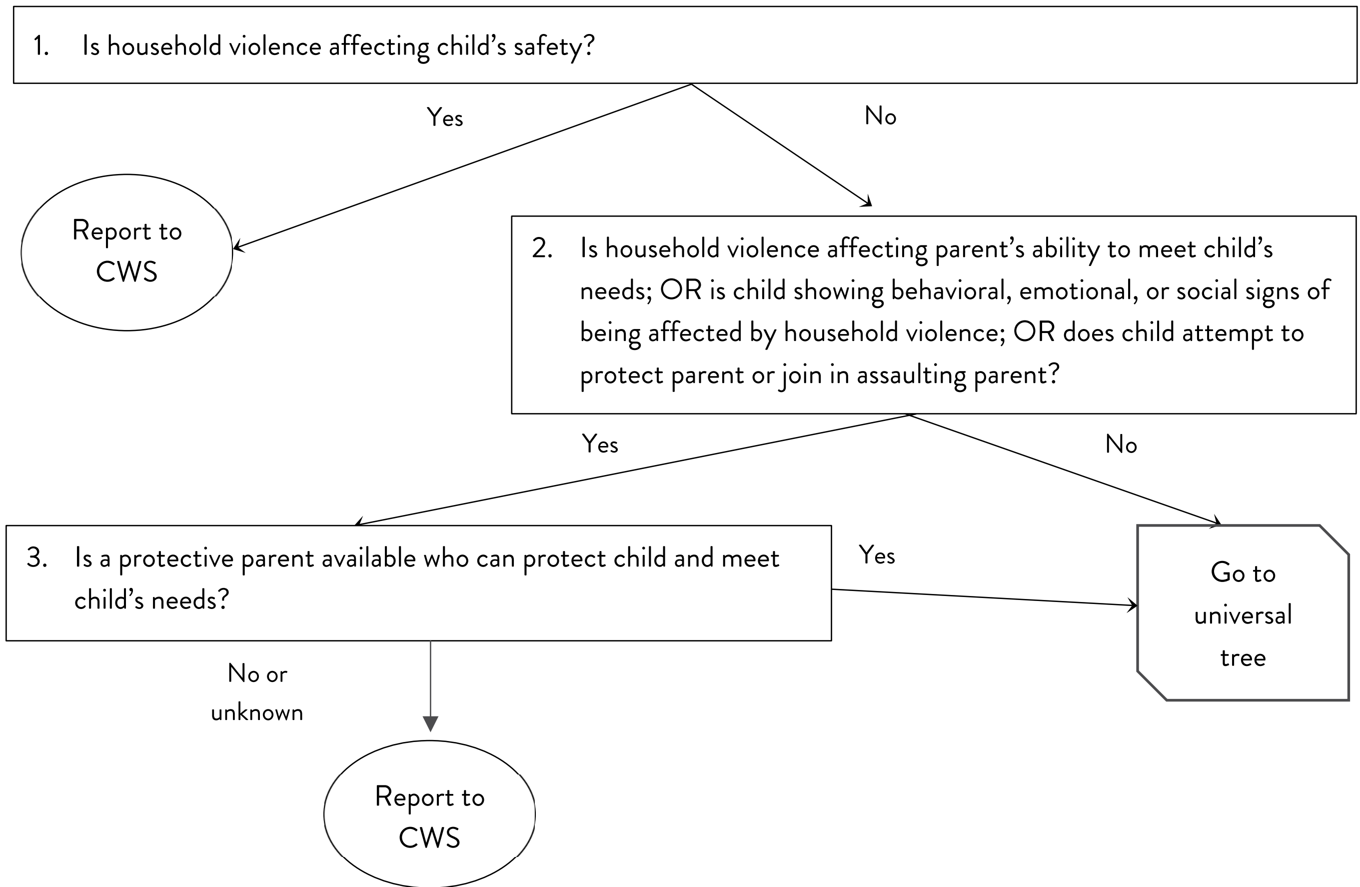
PARENT CONCERNS: HOUSEHOLD VIOLENCE



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PARENT CONCERNS: HOUSEHOLD VIOLENCE

1. Is household violence affecting child's safety?

Answer "Yes" if:

One or more of the following statements is true.

- One or more participants used a weapon capable of causing significant injury (e.g., slashed with a knife, swung an object, poured flammable liquid) or displayed a weapon in a threatening manner (e.g., held a knife or blunt object in a threatening manner; turned on the stove and threatened to burn the house).
- An adult attempted to kill a household member by strangling or suffocating the person or by any other means.
- An adult died or suffered sexual assault or an injury during the incident, including but not limited to bruising, fractures, internal injuries, disfigurement, burns, or any injury that requires hospitalization.
- Child suffered physical injury during the incident, including bruising, cuts, burns, or other more significant injuries. Child need not have been the intended target of the violence but may have been injured as a result of proximity to the intended target of the violence (e.g., infant being carried by parent) or while in the process of running away from/evading the violence.
- An adult threatened significant harm to child, another adult, or self (e.g., to kill self, or to sexually assault, kidnap, hold hostage, murder, injure, or otherwise harm another). Note: The credibility of any threat may be informed by:
    - » Past instances of serious abuse or past threats that were carried out;
    - » Parent characteristics, such as diagnosed mental health issues (e.g., postpartum depression, schizophrenia) or explosive, raging, or violent behavior;
    - » The use of any object to threaten or discipline child; or
    - » Recent or impending separation of parents.
- During a physical altercation between adults, either adult was holding a child in close enough proximity to cause threat of injury; OR a child was near enough to the altercation that even though child was not attempting to intervene, the course of the altercation did or was likely to include child's location.

  Note: Consider the range of potential harm based on use of weapons/duration of incident compared to child's location. If an object was thrown, a child's presence anywhere in range should be answered "Yes." If adults carried the altercation from room to room over many minutes to hours, a child being present anywhere in the home warrants a "Yes" response.

Answer "No" if:

- Child did not sustain any injury as a result of altercation.

  AND

- There is no threat of significant harm.

2. Is household violence affecting parent's ability to meet child's needs; OR is child showing behavioral, emotional, or social signs of being affected by household violence; OR does child attempt to protect parent or join in assaulting parent?

Is household violence affecting parent's ability to meet child's needs?

Answer "Yes" if:

- Evidence exists that a pattern of abusive power and control (e.g., violent behavior, isolation, financial control, emotional abuse) is preventing one partner from making choices for the safety or care of self or child, OR there is evidence of how the violence or power and control is increasingly affecting parenting. Child has witnessed, has experienced, or is otherwise aware of the abuse.
- Child or adult discloses a significant increase in the number and severity of incidents. For example, injuries may not be significant, but there are repeated episodes of minor injuries and the injuries are getting worse or are happening more often or abusive power and control now also includes incidents of physical violence.

Answer "No" if:

There is information that child's needs for supervision, food, clothing, shelter, or medical or mental health care have not been compromised because of violence or power and control dynamics involving parents.

Is child is showing behavioral, emotional, or social signs of being affected by household violence?

Answer "Yes" if:

- Child is significantly upset by incident(s). During or following the incident(s), child demonstrated significant emotional distress. Examples include child shaking with fear; inconsolable sobbing, cowering, or hiding; or showing little or no emotion, especially when the violence has been longstanding—OR child not going to school or participating in age-appropriate activities in fear of leaving adult victim alone. Please refer to Table A2 as a guide in observing indicators of emotional disturbance.

  OR

- A report was previously made to CWS (whether accepted or not) because of concerns related to household violence AND since that report, victim parent has either not engaged in services or has minimally engaged but the violence has continued.

Answer "No" if:

- Child does not demonstrate any significant emotional, behavioral, or social disturbance.

  AND

- Parent is able to meet child's needs.

Does child attempt to protect parent or join in assaulting parent?

Answer "Yes" if:

During a physical altercation between adults, child attempted to hold back the aggressor or protect the victim OR participated in assaulting the victim or expresses intent to do so in a future situation. Child may be compelled by the aggressor or the victim or feel compelled without outside influence.

Answer "No" if:

Child has not attempted to intervene or assault and does not express intent to do so.

3. Is a protective parent available who can protect child and meet child's needs?

Answer "Yes" if:

A parent in the home provides protection and appropriate care to child. This parent has demonstrated consistent ability to protect child from household violence and reduce the impact of household violence on child AND is taking active steps to prevent exposure to any future violence.

Answer "No or unknown" if:

- All adults are abusive and violent; or, at least one parent is not abusive or violent but is unable or unwilling (e.g., emotionally, physically, financially) to meet child's needs or is unable or unwilling to safeguard child from the effects of the other parent's abuse and violence.

  OR

- If it is unknown whether a protective parent is available.

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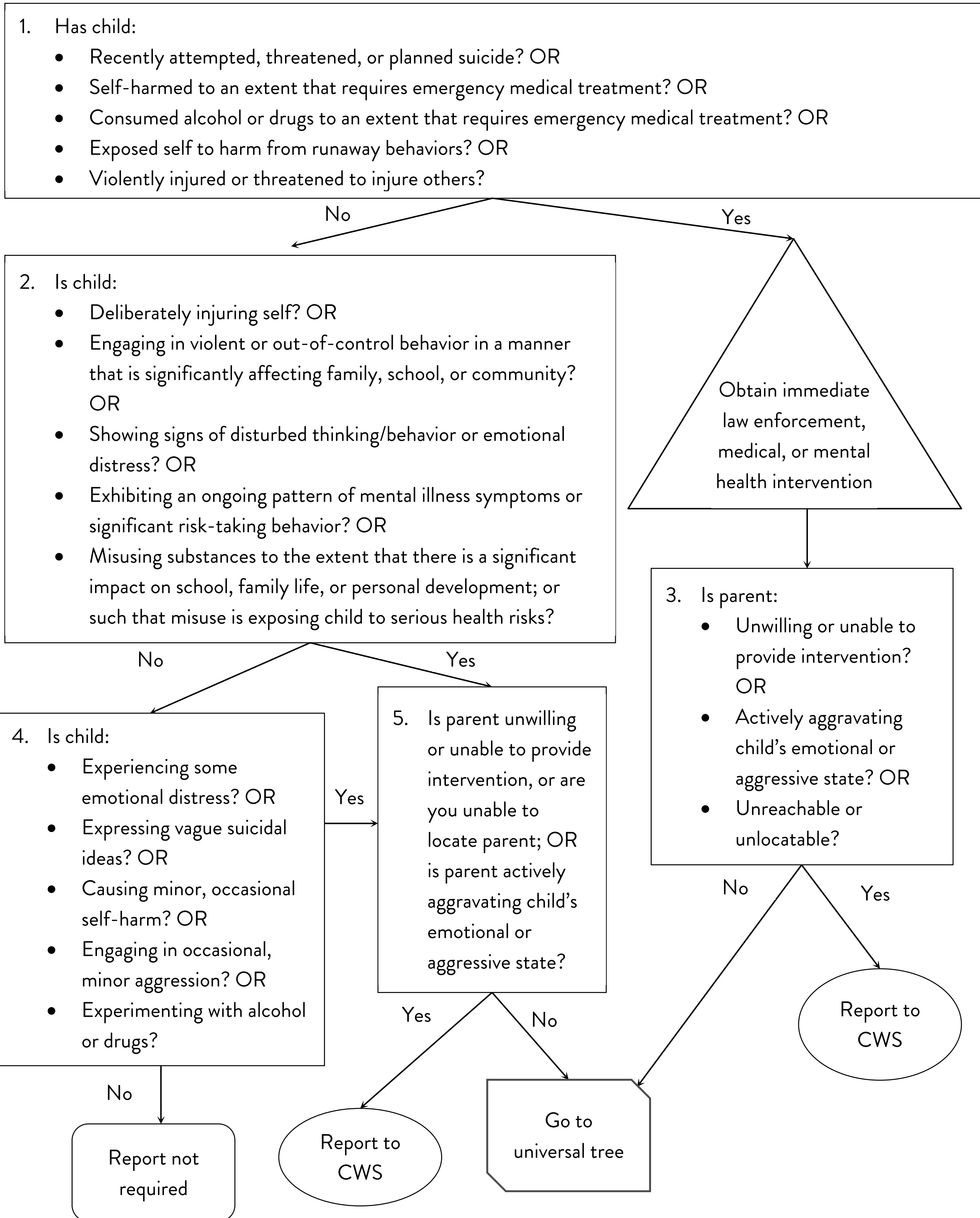
CHILD IS A DANGER TO SELF OR OTHERS



CHILD IS A DANGER TO SELF OR OTHERS

1. Has child:

- **Recently attempted, threatened, or planned suicide? OR**
- **Self-harmed to an extent that requires emergency medical treatment? OR**
- **Consumed alcohol or drugs to an extent that requires emergency medical treatment? OR**
- **Exposed self to harm from runaway behaviors? OR**
- **Violently injured or threatened to injure others?**

Answer "Yes" if:

- Child recently[2] attempted, threatened, or planned suicide. All attempts should be included, regardless of method. Threats should be included where the threat is specific in terms of plan.
- Child deliberately injured self to the extent that emergency medical care was or is needed.
- Child used alcohol or drugs to the extent that emergency medical care was or is required.
- Child has run away for an extended period or on multiple occasions AND while away from home has engaged in criminal or dangerous behaviors (e.g., drug taking, high-risk sexual behavior, exposure to sex or labor trafficking, or other self-harming behaviors).
- Child is or recently[3] has been acutely violent or out of control to the extent that child already caused injury to another person or animal or is threatening to injure or kill another person or animal in the immediate future.

Answer "No" if:

In the last 30 days, child has not been suicidal or taken any action that had a high probability of harming self or others.

---

[2] "Recently" suggests that the action happened in the near past, typically within the past 30 days. If you are aware of a circumstance that occurred in the more distant past—and to the best of your knowledge there has been no intervention and child continues to be suicidal, violent, self-harming, or substance abusing—consider the incident to be recent.

[3] Ibid.

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PRACTICE GUIDANCE

Obtain immediate law enforcement, medical, or mental health intervention as required by circumstances.

- *Law enforcement*: If child is injuring others or threatening to injure others, if child needs to be restrained to prevent self-injury, or if child is missing and there are concerns about child's safety.
- *Medical*: If child or another person has been injured or child is unconscious.
- *Mental health*: If child is suicidal (either overtly or covertly) or cannot be calmed.

2. Is child:

- **Deliberately injuring self? OR**
- **Engaging in violent or out-of-control behavior in a manner that is significantly affecting family, school, or community? OR**
- **Showing signs of disturbed thinking/behavior or emotional distress? OR**
- **Exhibiting an ongoing pattern of mental illness symptoms or significant risk-taking behavior? OR**
- **Misusing substances to the extent that there is a significant impact on school, family life, or personal development; or such that misuse is exposing child to serious health risks?**

Answer "Yes" if:

- Child has deliberately injured self, and even though medical care is not required, the injury was more than superficial, such as cuts that bled but did not require stiches.
- Child is frequently aggressive so that one or more of the following are present.
  - » Family or household members have been injured by or consistently fear injury from child.
  - » Family life is organized around protecting others from child.
  - » Child is repeatedly suspended or expelled from school.
  - » Child frequently absconds from school or home for a duration that places child at risk.
- Child is experiencing disturbed thinking/behavior or emotional distress, including depression or other mental health concerns, to the extent that child is no longer able to participate in family, school, or social life.
- Child has a history of a diagnosed mental illness or participates in behaviors that indicate child may have an undiagnosed mental illness.
- Child is using alcohol or drugs to the extent that child:
  - » Has stopped attending school;

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    - Has little or no interest in activities other than drug or alcohol use; or
    - Is engaging in theft, prostitution, pornography, or violent criminal behavior.
- Child's use of substances has directly or indirectly led to impaired physical health or development. For example, you have received medical or professional advice that child's use of substances has led to malnutrition or loss of concentration that persists even after the substances have cleared the system.
- Child is engaging in injecting illicit drugs, sharing needles, or other behaviors that will put child at high risk of health issues such as HIV, hepatitis B, or sexually transmitted diseases.

If behaviors are sexual, reference Child Problematic Sexual Behavior decision tree.

Answer "No" if:

None of the concerning behaviors meet the definition for "Yes."

3. Is parent:

- **Unwilling or unable to provide intervention? OR**
- **Actively aggravating child's emotional or aggressive state? OR**
- **Unreachable or unlocatable?**

Answer "Yes" if:

- Child is not receiving any intervention (e.g., counseling, following through with a behavior modification plan, medication, or informal supports such as a mentor or traditional or cultural supports),

  AND

  Parent is unwilling or unable to provide intervention.
- At least one of the following is observed.
    - Parent appears unable to comprehend the severity of child's situation and does not take actions necessary to provide needed intervention, care, or supervision. Though parent is aware of child concerns, parent is unwilling or unable to provide immediate intervention such as getting professional help for child, ensuring that child is not left alone, or removing dangerous items from child's presence.
    - Child has refused necessary intervention or treatment, and parent is unable/unwilling to get child to comply.

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- Parent is actively aggravating child's emotional or aggressive behavior.
  - » Parent is inciting or provoking child to act in dangerous ways.
  - » Though parent is aware of impact on child, parent allows child to consume or use or has provided child with alcohol, drugs, or other substances on more than one occasion, AND this has contributed to the current crisis.
- Parent is unreachable or unlocatable.
  - » Along with obtaining the immediate help needed, you have made reasonable attempts to contact the parent about the current danger to child. You have been unable to reach parent, AND it is necessary to contact parent immediately to ensure child's care or safety, OR there is reason to believe that the parent is attempting to avoid contact.

Answer "No" if:

- Child is receiving supportive intervention (e.g., counseling, following through with a behavior modification plan, medication, or informal supports such as a mentor or traditional or cultural supports),
- Parent is just learning about the severity of child's concerns and appears willing and able to intervene and is attempting to gather appropriate resources or supports.
- Child's mental health, developmental, or cognitive issues are severe and persistent, but the behavior *is not* causing chronic or serious conflict in the home, including household violence, OR child *is not* at risk of homelessness.

4. Is child:

- **Experiencing some emotional distress? OR**
- **Expressing vague suicidal ideas? OR**
- **Causing minor, occasional self-harm? OR**
- **Engaging in occasional, minor aggression? OR**
- **Experimenting with alcohol or drugs?**

Answer "Yes" if:

- Child has some symptoms of emotional distress that are interfering with normal activities. For example: Child is having difficulty concentrating, difficulty eating or sleeping, or losing interest in activities.

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- Child has made statements or gestures or otherwise expresses ideas that indicate child may be thinking about suicide, even though child has not stated a specific plan.
- Child has deliberately caused superficial self-harm such as light scratches.
- Child gets into fights on a regular basis, frequently throws things in anger where others have or could easily have been injured, or frequently engages in reckless driving.
- Child is experimenting with alcohol or drugs. Examples include the following.
  - » Elementary school–aged child or younger has used any drugs other than occasional sips of alcohol with parental supervision or for religious purposes.
  - » Child has used drugs or alcohol on multiple occasions to the extent that child may be developing a dependence.

PRACTICE GUIDANCE
These concerns may require treatment or intervention from a range of services, including law enforcement, medical, or mental health services. Depending on the circumstance, consider engaging with one or all of these services to address the risks identified.

Answer "No" if:

No evidence or reports exist of child exhibiting these behaviors.

5. Is parent unwilling or unable to provide intervention, or are you unable to locate parent; OR is parent actively aggravating child's emotional or aggressive state?

Answer "Yes" if:

- Though parent is aware of child's behavior, parent is unwilling or unable to provide intervention such as obtaining professional help.
- Parent is unwilling or unable to provide the level of supervision or support child requires.
- You have made reasonable attempts to contact the parent about your concern but have been unable to reach parent, AND there is reason to believe that the parent is attempting to avoid contact.
- Parent is inciting or provoking child to act in dangerous ways, Examples include
  - » Including allowing child to consume alcohol, drugs, or other substances to an extent that has resulted in harm to child.
  - » Causing one child to harm another household child.

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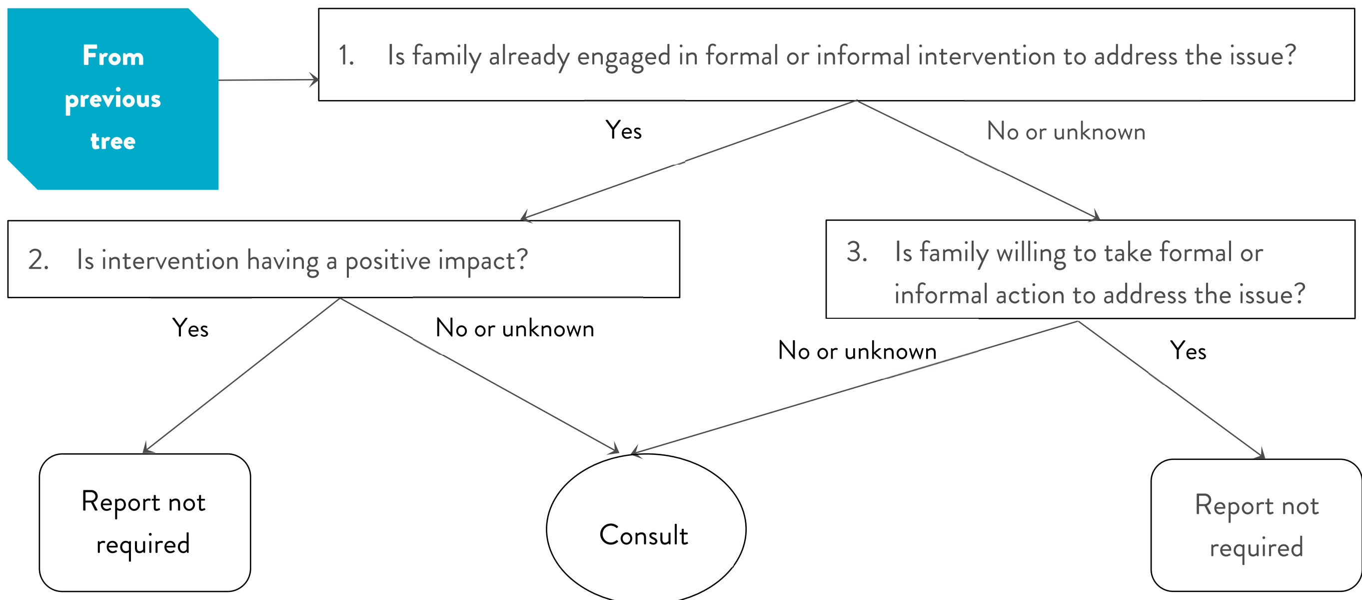
Answer "No" if:

Parent has been contacted and is NOT contributing to child's distress AND is willing and able to access help or provide supervision to keep child from harming self or others. Examples include the following.

- Though parent is aware of child's behavior, parent is unwilling or unable to provide intervention such as obtaining professional help.
- Parent is unwilling or unable to provide the level of supervision or support child requires.
- You have made reasonable attempts to contact the parent about your concern but have been unable to reach parent, AND there is reason to believe that the parent is attempting to avoid contact.
- Parent is inciting or provoking child to act in dangerous ways, Examples include the following.
  - » Allowing child to consume alcohol, drugs, or other substances to an extent that has resulted in harm to child.
  - » Causing one child to harm another household child.

UNIVERSAL TREE[4]



[4] If you have an ongoing relationship with the family, and over time the family does not take action to address the issue or the situation deteriorates, redo the CPRG based on the new conditions.

UNIVERSAL TREE

PRACTICE GUIDANCE
The universal tree includes guidance when the answer to a question is "Unknown." Ideally, a reporter makes some effort to determine a yes or no response prior to completing the decision tree. "Unknown" should be used only when the reporter is unable to obtain further information because they have no ongoing relationship, they have no access to information, or it would be unsafe to pursue further information.

1. Is family already engaged in formal or informal intervention to address the issue?

Answer "Yes" if:

The family is receiving support from extended family members or professional, community, tribal, or religious organizations who are providing resources to remedy the concern at hand.

OR

The family has recently started to implement changes to remedy the concern.

Answer "No or unknown" if:

The family is not receiving support from extended family members or professional, community, tribal, or religious organizations due to that support being unavailable OR untapped by the family.

OR

You do not have information about family engagement in intervention.

2. Is intervention having a positive impact?

PRACTICE GUIDANCE
Consider how long the family has been connected to the intervention and how much impact might be expected at that point. If the family has just begun, their ongoing participation would constitute positive impact. After several months, simply attending without demonstrating any change in the concerning situation would no longer be considered positive impact.

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Answer "Yes" if:

Other helpers or community agency professionals work with or have knowledge of the family AND have noted positive change in the family's circumstances due to the intervention (resources and support) provided by community, tribe, religious organizations, or extended family members; AND the positive change demonstrates improvement of the current situation assessed with the CPRG.

Answer "No" if:

Other helpers or community agency professionals who have worked with or have knowledge of the family have noted worsening conditions or no positive change in the situation addressed with the CPRG.

OR

You do not have information about the impact of intervention or about the family's efforts to remedy the situation

3. Is family willing to take formal or informal action to address the issue?

Answer "Yes" if:

While the family has not connected with or received support, resources, or other interventions from extended family members or professional, community, or religious organizations, they are willing to use these resources to take action to remedy the issue. OR family has a reasonable plan to begin actions to remedy the concern.

PRACTICE GUIDANCE
Make referrals to formal providers or connections to informal providers as needed. Within about two weeks (or other timeframe agreed to by family), confirm that family has taken agreed-upon action. If not, repeat decision tree based on the situation's status at that time.

Answer "No" if:

- The family is not open to connect with extended family members or professional, community, or religious organizations for support and intervention.

  OR

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- Community, religious, or extended-family support or intervention is not available to remedy the concern at hand.

  OR

- You do not have information about family willingness to take action.

GLOSSARY

Child

A minor under the age of 18.

CPA

Child protection agency. In Humboldt county, this includes Humboldt County Child Welfare Services (CWS) or any law enforcement agency.

Household

PRACTICE GUIDANCE
When a child's legal parents do not reside together, the child is a part of two households: one for each legal parent. Regardless of the proportion of time a child spends with each legal parent, the child is considered part of that legal parent's household while with that parent.

A group of people, including child, who reside together and function as a family unit (e.g., share meals, spend time together, participate in caregiving responsibilities).

A *non-resident is* a household member if they have a familial or intimate relationship with an adult living with child AND have significant in-home contact with child.

A *resident is not* a household member if they function separately from child (e.g., a tenant in the residence who does not spend time with child) or are paid staff.

Household violence

Household violence is any violent, threatening, or controlling behavior that occurs within the household that causes a person to live in fear.

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Injury

An umbrella term describing any physical injury. Injuries are sometimes further defined based on severity. While injuries fall on a continuous spectrum, the following terms help to define specific levels of severity.

Minimal

Superficial injury to a child's body that is not on the trunk, neck, or head. There may be brief, mild pain such as stinging. There may be a small mark such as a superficial scratch, transient redness, or slight bruising. If child is under age 2, no injury can be considered minimal even if meeting the first part of the definition.

Significant

All injuries that are not minimal.

Parent

Child's parent is one of the following.

- Custodial parent (whether living in the home or not)
- Legal guardian
- Stepparent
- Other adults in the household who provide care and supervision for child (other than paid care providers)
- Intimate partners of a parent even if they do not live in the home

Not included:

- Minor who is not a biological parent
- Adult not living in home of child
- Paid care provider such as babysitter or nanny

APPENDIX: TABLES

<table>
<tr><th colspan="3">TABLE A1

ACCEPTABLE CIRCUMSTANCES FOR LEAVING CHILD ALONE</th></tr>
<tr><th>OLDEST CHILD'S AGE/ DEVELOPMENTAL AGE</th><th>TIME ALONE</th><th>CIRCUMSTANCES</th></tr>
<tr><td>Infant/Toddler</td><td>May be briefly unattended with parent in another room</td><td>Another responsible adult is present.
Child is asleep or in safe setting (e.g., playpen, child seat, protected area) while parent sleeps or attends to other responsibilities, including self-care.</td></tr>
<tr><td>Preschool</td><td>Five to 15 minutes and parent within hearing of child</td><td rowspan="2">Child is asleep, quietly playing, or in safe circumstances and has been given instructions child is capable of following for remaining where child is.</td></tr>
<tr><td>Ages 5–7</td><td>15 to 60 minutes and parent within hearing of child</td></tr>
<tr><td>Ages 8–9</td><td>Two to four hours</td><td>Child is in safe circumstances and has been given instructions child has previously demonstrated capability for following.</td></tr>
<tr><td>Ages 10–13</td><td>12 hours</td><td>Backup adult is available to child who is accessible, on call, and able to give assistance.
Child is responsible for supervision of only one or two other children.
Child knows how to leave the house or contact help in case of emergency, e.g., fire, illness, or injury.</td></tr>
<tr><td>Ages 14–16</td><td>24 hours</td><td>Backup adult is available to child.
Child has demonstrated ability to self-supervise.
Child is responsible for supervision of only one or two other children.</td></tr>
<tr><td>Ages 16–17</td><td>More than 24 hours</td><td>Child has demonstrated ability to stay safe and meet own basic needs for extended periods of time.</td></tr>
</table>

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<table>
<tr><th colspan="4">TABLE A2

EXAMPLES OF EMOTIONAL HARM INDICATORS
The following behaviors may reflect emotional harm. Generally, the behavior must be persistent, though single episodes of suicidal or serious self-harming behavior should be included.</th></tr>
<tr><th>INFANT</th><th>TODDLER</th><th>SCHOOL AGE</th><th>TEEN</th></tr>
<tr><td>• Not responding to cuddling
• Not smiling or making sounds
• Losing developmental milestones already achieved
• Inconsolable
• Head banging</td><td>• Regression in toilet training, language or other skills
• Head banging</td><td>Bed wetting</td><td>• Involved in violent relationships
• Difficulty maintaining long-term significant relationships</td></tr>
<tr><td colspan="2">• Upset by loud noises, quick movements
• Withdrawn, not playful, or play imitates violence between parents
• Unusually extreme separation anxiety or no separation anxiety</td><td colspan="2">• Self-harming/suicidal
• Constant worry about violence/dangers
• Desensitization to violence
• Decline in school performance
• Feels worthless about life and self
• Unable to value others or show empathy
• Lacks trust in people</td></tr>
<tr><td></td><td colspan="3">• Increased aggressive behavior
• Loss of interest in previously pleasurable activities (not merely moving on to an interest in a new activity)
• Extreme insecurity
• Extreme anxiety, such as inability to sit still that is not related to ADHD
• Lacks interpersonal skills necessary for age-appropriate functioning
• Extreme attention seeking
• Takes extreme risks; is markedly disruptive, bullying, or aggressive
• Avoids adults or is obsessively obsequious/submissive to adults
• Highly self-critical
• Feelings of hopelessness, misery, despair
• Significant change in child's personality/behavior (stopped all social activities, a new pattern of getting involved in fights, failing in school despite history of good performance, becoming involved in offenses)</td></tr>
<tr><td colspan="4">More than occasional difficulty sleeping or eating, startle response, weight loss, compulsive eating leading to obesity (or bulimic), episodes of physical complaints for which there is no known physical cause (e.g., stomachaches, headaches)</td></tr>
</table>

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TABLE A3

CHILD SEXUAL BEHAVIORS

AGE-EXPECTED SEXUAL BEHAVIORS	CONCERNING SEXUAL BEHAVIORS
Developmental Ages 0–5	
• Masturbation as self-soothing behavior • Touching self or others in exploration or as a result of curiosity • Sexual behaviors done without inhibition • Intense interest in bathroom activities	• Curiosity about sexual behavior becomes obsessive preoccupation • Exploration becomes re-enactment of specific adult sexual activity • Behavior involves injury to self or others • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Developmental Ages 6–10	
• Continues to fondle and touch own genitals and masturbate • Becomes more secretive about self-touching • Interest in others' bodies becomes more about game playing than exploratory curiosity (e.g., "I'll show you mine if you show me yours") • Boys may begin comparing penis size • Extreme interest in sex, sex words, and dirty jokes may develop • Begins to seek information or pictures that explain bodily functions • Touching may involve stroking or rubbing	• Sexual penetration • Genital kissing • Oral copulation • Simulated intercourse • Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Developmental Ages 11–12	
• Masturbation continues • Focus on establishing relationships with peers • Sexual behavior with peers, e.g., kissing and fondling • Interest in others' bodies, particularly the opposite sex, that may take the form of looking at photos or other published material	• Sexual play with younger children • Any sexual activity between children of any age that involves coercion, bribery, aggression, or secrecy, or involves a substantial peer or age difference

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TABLE A3 CHILD SEXUAL BEHAVIORS	
AGE-EXPECTED SEXUAL BEHAVIORS	**CONCERNING SEXUAL BEHAVIORS**
Developmental Ages 13–17	
• Masturbation in private • Mutual kissing • Sexual arousal • Sexual attraction to others • Consensual sexual behavior with peers • Behavior that contributes to positive relationships	• Masturbation causing physical harm or distress to self and others • Public masturbation • Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) • Non-consensual groping or touching of others' genitals • Coercive sexual activity • Sexually abusive behavior that isolate child or are destructive of their relationships with peers and family

For children with special needs, reporter may consult the educational psychologist to make an assessment on the appropriateness of child's sexual behavior in relation to child's developmental stage.

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