ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at EvidentChange.org and @Evident_Change on Twitter.

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GENERAL DEFINITIONS

CAREGIVER

An adult, parent, or guardian in the household who provides care and supervision for the child.

<table>
<thead>
<tr>
<th>CIRCUMSTANCE</th>
<th>PRIMARY CAREGIVER</th>
<th>SECONDARY CAREGIVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two caregivers living together.</td>
<td>The caregiver who provides the most childcare. May be 51% of care. <strong>Tie breaker:</strong> If precisely 50/50, select the alleged perpetrator. If both are alleged perpetrators, select the caregiver contributing the most to abuse/neglect. If there is no alleged perpetrator or both contributed equally, pick either.</td>
<td>The other caregiver.</td>
</tr>
<tr>
<td>Single caregiver, no other adult in household.</td>
<td>The only caregiver.</td>
<td>None.</td>
</tr>
<tr>
<td>Single caregiver and any other adult living in household.</td>
<td>The only caregiver.</td>
<td>Another adult in the household who contributes the most to childcare. If no other adults contribute to childcare, there is no secondary caregiver.</td>
</tr>
</tbody>
</table>

PRIMARY CAREGIVER IDENTIFICATION TREE

Is the caregiver the only caregiver?

Yes

Select as primary caregiver

No

Does the caregiver have more than 50% of parenting responsibilities?

Yes

Select as primary caregiver

No

Is the caregiver the only alleged perpetrator?

Yes

Select as primary caregiver

No

Select caregiver with most **severe allegation** as primary
FAMILY

Caregivers, adults fulfilling the caregiver role, guardians, children, and others related by ancestry, adoption, or marriage, or as defined by the family itself.

HOUSEHOLD

All persons who have significant in-home contact with the child, including those who have a familial or intimate relationship with any person in the home. This may include persons who have an intimate relationship with a caregiver in the household (partner/significant other) but may not physically live in the home, or a relative whom the caregiver allows authority in parenting and caregiving decisions.

WHICH HOUSEHOLD IS ASSESSED?

SDM assessments are completed on households. When a child’s caregivers do not live together, the child may be a member of two households.

The safety and risk assessments should be completed only on households with an allegation. If two households each have an allegation, then complete two separate safety and risk assessments. If another legal caregiver lives in another household with no allegation, interview that caregiver and follow standard investigation procedure but do not complete a safety and risk assessment on that household.

Always assess the household of the alleged perpetrator, which may be the child’s primary residence or the household of a noncustodial caregiver.

If the alleged perpetrator is a noncustodial caregiver and there is an allegation of failure to protect, also assess the household of the custodial caregiver.
SDM® INTAKE TOOL

NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT

Case Head (last, first): ___________________________ Report #: ______________________

Intake Worker (last, first): ______________________________________________________

Report Date: ___________________________ Report Time: ______ O a.m. O p.m.

Incident Date: ___________________________ Incident Time: ______ O a.m. O p.m.

PART I. SCREENING

A. REPORTS THAT DO NOT REQUIRE STRUCTURED DECISION MAKING® (SDM) SCREENING

Reports That Do Not Require Action Beyond SCI

☐ Family resides outside of agency jurisdiction (tribal lands, out of state)
☐ Duplicate report of the same incident (no new allegations/victims/alleged perpetrators)
☐ Perpetrator is not a parent or guardian, and there is no report of the caregiver being unwilling or unable to protect the child

IF ANY ITEM IN SECTION A IS SELECTED, PROCEED TO SECTION C, SCREENING DECISION.
B. ALLEGATION TYPE

Physical Abuse

☐ Excessive/inappropriate physical acts
☐ Non-accidental physical injury
☐ Child death as a result of physical abuse

Sexual Abuse

☐ Criminal sexual contact, incest, or criminal sexual penetration
☐ Physical/behavioral findings consistent with suspicion of sexual abuse
☐ Sexual exploitation

Domestic Violence

☐ Physical abuse: Serious harm to a child as a result of domestic violence
☐ Emotional abuse: Exposure to household domestic violence

Trafficking

☐ Labor trafficking
☐ Sex trafficking

Emotional Abuse

☐ Negative behavior toward the child that impairs child functioning
Neglect

☐ Lack of supervision
☐ Abandonment
☐ Unable or unwilling to protect the child from others
☐ Endangerment
☐ Inadequate basic care (select all that apply)
  ☐ Inadequate clothing or hygiene
  ☐ Inadequate food or nutrition
  ☐ Inadequate housing conditions
  ☐ Inadequate medical/mental health care or substance abuse treatment
☐ Educational neglect
☐ Child death as a result of neglect

☐ None apply

C. SCREENING DECISION

Initial Screening Decision

☐ Screen out
☐ Screen in

Override to Screen In

☐ Law enforcement requested immediate intervention
☐ Safe Haven baby

Override to Screen Out

☐ No override
☐ Historical information
☐ Insufficient information to locate child or family

FINAL SCREENING DECISION

☐ Screen out; no allegation was selected. Continue to Part III. Prevention Service and Family Outreach and Community Engagement referral.
☐ Screen in. Continue to Part II. Response Time Decision.
PART II. RESPONSE TIME DECISION

For all screened-in reports, review all items until establishing a response time.

A. DECISION TREE

Do Any of the Following Apply?
- The home is immediately dangerous, or any child currently left unsupervised is under 13 years or limited by disability (regardless of age).
- Child of any age requires urgent or emergent medical or mental health care for injury or illness due to alleged child abuse and neglect (CAN).
- Child or reporter expresses realistic fear that child will experience harm or maltreatment within the next 24 hours.
- Law enforcement requires an immediate response.
- Child death, and other children are in the home.
- Family may flee with child, child may become inaccessible in the next 24 hours, or worker may be otherwise unable to locate family.
- The non-perpetrating caregiver’s response to the allegation is insufficient to immediately protect the child.
- There is an allegation of sexual abuse or of serious physical abuse, AND the alleged perpetrator will likely have immediate access to the child.
- The harm is alleged to have occurred on a trial home visit.

YES

Three-Hour Emergency Response

NO

Do Any of the Following Apply?
- Alcohol or other drug abuse issues are currently affecting the child.
- Domestic violence issues are currently affecting the child.
- The caregiver refuses to meet child’s ongoing medical needs or to treat a serious condition.
- An injury to a vulnerable child occurred as a result of alleged CAN.
- Child death, and no other children are in the home.
- There is a sexual or physical abuse allegation, AND the alleged perpetrator will likely have access in the next five days.
- Severe or unusual disciplinary measures were used.
- Child will likely be exposed to harm or unsafe conditions in the next five days.
- Forensic considerations would be compromised with a slower response.
- A caregiver in the household has a history of previous investigations with allegations similar to the current allegation.

YES

24-Hour Response

NO

Five-Day Response
B. RESPONSE TIME DECISION

Preliminary Response Time

- Emergency response
- 24-hour response
- Five-day response

Mandatory Override to Emergency Response

- Law enforcement requests an immediate response
- Evidence needs to be captured and documented for legal purposes
- Child fears further abuse or neglect upon returning or remaining home
- Current report involves a caregiver who caused or is suspected to have caused prior death, serious injury, or illness to a child due to abuse or neglect
- Safe Haven baby

Mandatory Override to Increase One Level

- Allegation is on a foster home

Discretionary Override (Must Provide Rationale)

- Increase response level
- Decrease response level

Rationale:

- No override (no change to response time)

FINAL RESPONSE TIME

- Emergency response
- 24-hour response
- Five-day response
PART III. PREVENTION SERVICE AND FAMILY OUTREACH AND COMMUNITY ENGAGEMENT REFERRAL

If the family (a) has been screened out and (b) does not have an open case, review the following when deciding whether to refer to Family Outreach and Community Engagement (Family Outreach). Respond based on information reported and/or available at the time of referral. If unknown at the time of the report, answer “No.” If any items are selected below, refer to Family Outreach.

Yes  No

○  ○ Prior investigations
  □ One or two
  □ Three or more

○  ○ Prior failed reunification

○  ○ Prior death of a child as a result of abuse or neglect

○  ○ Does anyone in the household live with any of the following?
  □ Substance abuse
  □ Domestic violence
  □ Mental health concerns

○  ○ Identified need(s) that can be addressed through Family Outreach and prevention services
  □ Clothing       □ Housing
  □ Counseling    □ Medical
  □ Food          □ Teen support services/youth behavioral services
  □ Financial     □ Childcare
  □ Parenting skills □ Other (specify): ________________________________

○  ○ Educational participation concerns

○  ○ Other (specify): ________________________________

Recommended Decision (select one):  ○ No response  ○ Refer to Family Outreach
Final Action:                        ○ No response  ○ Refer to Family Outreach
PART I. SCREENING

A. REPORTS THAT DO NOT REQUIRE STRUCTURED DECISION MAKING® (SDM) SCREENING

Reports That Do Not Require Screening or CYFD Action Beyond SCI

Family resides outside of agency jurisdiction (tribal lands, out of state)

All incidents being reported occurred outside the state of New Mexico, AND all reported child victims are not residents of New Mexico at this time.

Duplicate report of the same incident (no new allegations/victims/alleged perpetrators)

No abuse/neglect allegation reported differs from either a recent intake report or an incident currently being investigated.

Do not select if the report contains a new incident or ongoing concerns.

Perpetrator is not a parent or guardian, and there is no report of the caregiver being unwilling or unable to protect the child

The perpetrator is not a parent or guardian. No reports or evidence suggest the caregiver is unwilling or unable to protect the child. Complete a cross report to law enforcement.

B. ALLEGATION TYPE

Physical Abuse

Excessive/inappropriate physical acts

Excessive and/or inappropriate discipline and physical acts on a child. If there was also an injury associated with the physical act, select “Non-accidental physical injury” instead. Consider the child’s age or developmental status and the impact of the physical act. Examples include:

- Kicking, slapping;
- Torture;
- Unnecessary restraints
Non-accidental physical injury

The child has a current or previously unreported non-accidental injury, AND the caregiver deliberately caused the injury, OR there is a basis to be suspicious that a caregiver caused it. Basis for suspicion may include, but is not limited to, any of the following.

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

Child death as a result of physical abuse

Death of a child is suspected to be the result of physical abuse.

Sexual Abuse

Any contact or interaction with a child in which the alleged perpetrator or another person is using the child for their own sexual stimulation or that of the child.

Criminal sexual contact, incest, or criminal sexual penetration

Criminal sexual contact, incest, or criminal sexual penetration of a child by the child’s caregiver or other household member is suspected.

Physical/behavioral findings consistent with suspicion of sexual abuse

Physical and/or behavioral findings are consistent with a suspicion of sexual abuse even without disclosure by the victim, and/or circumstances suggest that the child is at risk of sexual abuse.

Sexual exploitation

Sexual exploitation of a child (under age 18) by a caregiver includes but is not limited to allowing, permitting, or encouraging a child to engage in (a) sex trafficking or other sexual acts, (b) viewing obscene or pornographic pictures or videos, (c) filming or depicting a child for obscene or pornographic commercial purposes, or (d) preparing a child for sexual abuse (e.g., buying special clothing that is not age appropriate, watching the child in the bathroom, having a child participate in inappropriate adult activities).

Domestic Violence
Domestic violence perpetrators, in the context of the child welfare system, are caregivers who engage in a pattern of coercive control against one or more intimate partners or other adult household members. The perpetrator often directly or indirectly targets children, leading to different forms of abuse and neglect. The perpetrator’s pattern can result in significant negative impacts on the children and on family functioning, including:

- Child functioning across numerous domains;
- Non-perpetrating caregiver’s functioning across numerous domains;
- Perpetrating caregiver’s functioning across numerous domains; and
- Overall family functioning, such as housing stability.

Domestic violence perpetration may intersect with other issues such as substance abuse and mental health concerns, and perpetration may continue after the end of a relationship or when the couple does not live together.

**Physical Abuse: Serious harm to a child as a result of domestic violence**

Threat of or actual physical harm to a child due to an act of domestic violence in the home. This can include but is not limited to:

- Child caught in the middle of a caregiver’s physical act of violence; or
- Caregiver use of a weapon or object to intimidate or inflict harm on another adult.

**Emotional Abuse: Exposure to household domestic violence**

The child has been affected by a caregiver’s coercive control that undermines family functioning and/or the other caregiver. This can include but is not limited to the following.

- Physical altercations, verbal threats, intimidation, and/or one caregiver regularly demeaning the other.
- Household pattern characterized by one caregiver regularly exerting control over household basic functions such as finances, education, medical care, and housing.
- Pattern of one caregiver’s behavior to undermine the parenting of the other caregiver, including but not limited to discipline or daily care of children. This can include behaviors that significantly damage the other caregiver’s mental health and/or interfere with their efforts to seek out recovery support for addiction and/or mental health services.

**Trafficking**

Human trafficking is the recruitment, harboring, transportation, provision, or obtaining of a child for the purpose of labor or sex.
Examples include the following.

- Causing or threatening to cause physical injury to any person if the child does not comply.
- Physically restraining or threatening to physically restrain the child.
- Abusing or threatening to abuse the law or legal process to gain the child’s cooperation.
- Threatening to withhold food, lodging, or clothing if the child does not comply.
- Taking away a passport or other legal papers for identification to prevent the child from leaving.

*Labor trafficking*

The definition for trafficking is met, AND force or coercion is used to obtain the child's labor or services.

Examples include the following.

- Child exchanges labor for food, a place to stay, clothing, or anything the child needs or wants.
- Child makes money or is required to earn a quota for “controller” or “manager.”
- Child is forced to work to have basic needs met.
- Child is held in servitude in satisfaction of a debt.
- Child is brought from another country and must provide labor in order to secure their stay in the country.

Note: Do not select this item if concerns about labor trafficking are primarily related to a parent or legal guardian asking a child to perform ordinary household chores and reasonable disciplinary measures between a parent or legal guardian and their child.

*Sex trafficking*

The definition for trafficking is met, AND force or coercion is used to engage the child in sexual actions. Examples include the following.

- Child exchanges sex for food, a place to stay, clothing, or anything the child needs or wants.
- Person exchanges anything for a child to engage in a sex act.
- Child makes money or is required to earn a quota for a “boyfriend,” “pimp,” “controller,” “manager,” or “daddy.”
- Person posts sexually explicit pictures of the child on the internet (Backpage, Craigslist, etc.) for the purpose of making money.
**Emotional Abuse**

Infliction of mental or emotional harm or causing the child’s mental or emotional functioning to deteriorate. This includes, but is not limited to, maltreatment or exploiting a child to the extent that the child’s health or emotional well-being is endangered.

*Negative behavior toward the child that impairs child functioning*

Behavior toward a child by a caregiver that significantly impairs the child’s emotional or behavioral functioning.

Examples of caregiver behavior include but are not limited to: constant berating or belittling, threatening, extreme or chronic pet maltreatment, cruel confinement.

Examples of child impairment/behaviors include: child expresses realistic fear that they will experience harm or maltreatment, child fears being with the caregiver, fire setting, self-harm, animal maltreatment, suicidal ideation.

**Neglect**

*Lack of supervision*

Caregiver is present but not attending to the child, OR caregiver is absent, AND there is no safe adult to care for the child. Injury has occurred OR is likely to occur due to lack of supervision. Examples include but are not limited to the following.

- Caregiver fell asleep in the home, and young child wandered from the home into the communal hallway/street.
- Child plays with dangerous objects (e.g., sharp knife, gun, matches), and caregiver does not intervene.
- Non-mobile infant left in car seat or carrier for extended periods of time.
- Child has been left without an identified caregiver for a period of time inappropriate to the child’s age or developmental status.
- Child has been left with an older sibling who is developmentally unable to care for the child due to the sibling’s age or developmental status.

Do not select if the caregiver is incarcerated, hospitalized, or absent and has made a plan of care for the child with a safe adult or is otherwise able to safely mitigate the impact of their absence on the child.

*Abandonment*

A parent, guardian, or custodian:
Without justifiable cause, left the child without provision for the child’s identification for a period of 14 days; or

Left the child with others, including another parent, relatives, or an agency without provision for support and without communication for a period of (1) three months if the child was under 6 years of age at the commencement of the three-month period or (2) six months if the child was over 6 years of age at the commencement of the six-month period.

Unable or unwilling to protect the child from others

The caregiver does not intervene despite knowledge (or there being a reasonable expectation that the caregiver should have knowledge) that the child is being harmed by another person.

For example, caregiver knowingly left the child in the care of a person known to neglect or abuse children; a person unknown to the caregiver; or a person whose known violence, alcohol/drug use, or serious mental health concerns significantly impair their ability to provide care.

Endangerment

A caregiver has knowingly, intentionally, or negligently placed the child in a situation that may endanger or has endangered the child’s life or health.

Inadequate basic care

Caregiver is not meeting the child’s basic needs in one or more of the following ways.

Inadequate clothing or hygiene

A caregiver fails to meet a child’s basic needs, based on the child’s age and developmental status, for clothing and/or hygiene to the extent that the child’s daily activities are impaired (physical, mental, or psychological). Includes chronic lice and scabies.

Inadequate food or nutrition

Child’s behavior, personal statement, and/or functioning indicate that the child is without adequate food or is malnourished as a result of action or inaction by a caregiver. This includes symptoms that could be failure to thrive.
Inadequate housing conditions

Based on the child’s age and developmental status, the home is hazardous to the child’s safety, and such conditions could lead to child injury or illness if not resolved. Examples include the following.

- Exposed heater or electrical wiring where a child may be injured if they touch it.
- No utilities (e.g., heat, water, electricity) when utilities are needed for survival.
- Broken windows or stairs where a small child may be cut, fall out of an open window on an upper floor, or fall through a broken stair.
- Bug or rodent infestation to the point that the child is suffering from bites or illness carried by pests or food is infested.
- Constant presence of feces where a toddler may put them in their mouth.

Inadequate medical/mental health care or substance abuse treatment

Caregiver does not provide needed medical, mental health, or substance abuse treatment for a child’s diagnosed condition, AND the treatment would make the child substantially more comfortable, reduce the child’s pain and suffering, cure the condition, or substantially delay or lessen a worsening of the condition.

Medical treatment includes dental, vision, and therapies such as physical, occupational, and speech.

Note: A caregiver legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of those religious beliefs may not be considered negligent. However, an investigation may be needed to establish whether the withholding is considered negligent.

Examples of inadequate medical/mental health care include the following.

- Child has an illness or injury that requires immediate assessment or treatment, AND caregiver knows or should know that immediate assessment or treatment is required but is not providing it.
- Child has a diagnosed condition requiring ongoing treatment, and caregiver has missed enough appointments that the child is being or will be harmed. Appointments include those for evaluation or treatment.
- Caregiver is aware of child’s need for medication, medical supplies, or equipment and is not providing what is required.
- Child has current plans to harm self or others, and the caregiver will not seek treatment or take preventive action, such as removing sharps or firearms from the home or providing constant supervision of child.
**Educational neglect**

Elementary school child with 10 absences or more in one semester; or 10 absences by a middle or high school child with special needs that require a caregiver ensure the child gets to classes or school.

**Child death as a result of neglect**

Death of a child is suspected to be the result of neglect.

**C. SCREENING DECISION**

**Override to Screen In**

*Intervention requested by law enforcement*

Law enforcement requests CYFD intervention regarding a child welfare concern.

**Safe Haven baby**

The referral concerns a child 90 days of age or younger whose caregiver has voluntarily surrendered physical custody of the child to any employee on duty at a public or private hospital emergency room or any other site approved as a Safe Haven site and the infant is left in a condition that would not constitute abandonment or abuse of a child under the New Mexico Criminal Code, Section 30-6-1 NMSA 1978.

**Override to Screen Out**

*Historical Information*

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

*Insufficient information to locate child or family*

All reasonable efforts to locate the child and family by SCI staff have been pursued, and the family cannot be located. Document efforts to locate.
PART II. RESPONSE TIME DECISION

A. DECISION TREE

<table>
<thead>
<tr>
<th>PRACTICE GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Within five days” should be understood to mean as soon as possible within five days.</td>
</tr>
</tbody>
</table>

The home is immediately dangerous, or any child currently left unsupervised is under 13 years or limited by disability (regardless of age).

Based on a child’s age/developmental status, the child’s physical living conditions are hazardous and immediately dangerous (e.g., leaking gas; no food in home; access to objects that endanger health/safety; lack of utilities; exposed electrical wires; excessive garbage or rotten food; human or animal waste in home; access to guns or weapons; presence of meth lab; child subjected to threats, put-downs, or berating).

Any child under age 13 or limited by disability is not receiving appropriate supervision to the extent that the child could be injured within the next three hours. This can include the following.

- Child is currently alone.
- Child is receiving inappropriate care.
- Caregiver does not attend to child. Examples include the following.
  » Child wanders outdoors alone.
  » Child plays with dangerous objects or is exposed to serious hazards.
  » Child with suicidal ideation is not closely monitored.

Child of any age requires urgent or emergent medical or mental health care for injury or illness due to alleged child abuse and neglect (CAN).

Child has suffered injury or illness as a result of CAN and requires urgent treatment. This includes any significant injury to a child as a result of CAN as well as treatment needed for behavioral health concerns, suicidality, etc.

Child or reporter expresses realistic fear that child will experience harm or maltreatment within the next 24 hours.

Child is exhibiting behavioral indicators of fear attributable to CAN allegation, and/or the reporter provides credible evidence of a threat to the child’s immediate safety.
Children express fear through different, sometimes contradictory, behaviors. These may include the following.

- Kicking, screaming, biting, spitting, throwing things.
- Shaking, quivering, crying uncontrollably.
- Running away/hiding/trying to escape the predicted dismissal or departure time.
- Zoning out, emotionally distancing from others.
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching.
- Covering ears, closing eyes, tucking in arms and legs as much as possible.
- Seeking protection behind an adult, under the adult’s desk, in the corner of an adult’s office/home.

Fear of a caregiver’s response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety. Consider age and developmental status of the child, the caregiver’s past responses to the child, and concerns or incidents of CAN.

**Law enforcement requires an immediate response.**

A law enforcement agency has requested that a worker respond immediately to assess a child’s safety.

**Child death, and other children are in the home.**

There has been a child death in the home, and other children are in the home.

**Family may flee with child, child may become inaccessible in the next 24 hours, or worker may be otherwise unable to locate family.**

There is reason to believe the family may flee with the child or the child may become inaccessible in the next 24 hours; or the worker is unable to locate the family.

**The non-perpetrating caregiver’s response to the allegation is insufficient to immediately protect the child.**

For example, the non-perpetrating caregiver does not support the child’s disclosure or demonstrate the ability to prevent the alleged perpetrator from having access to the child, the non-perpetrating caregiver pressures the child to change their statement, or the non-perpetrating caregiver does not obtain necessary medical treatment for the child.
There is an allegation of sexual abuse or of serious physical abuse, AND the alleged perpetrator will likely have immediate access to the child.

The current allegation involves sexual abuse or serious physical abuse, and there is reason to believe the alleged perpetrator will have immediate unsupervised in-person contact with the child.

To determine if the physical abuse is serious, consider if there are visible signs of physical abuse such as bruises, welts, abrasions, lacerations, old scars/marks, or healing wounds on a child under eight years of age or limited by disability; or if there are other similarly significant injuries apparent on any child regardless of age.

The harm is alleged to have occurred on a trial home visit.

The report is in regard to CAN that occurred while child was on a trial home visit.

Alcohol or other drug abuse issues are currently affecting the child.

The caregiver is impaired by alcohol or other drugs at the time of the report, making them unable to care for the child, or the caregiver is consistently impaired.

Domestic violence issues are currently affecting the child.

Domestic violence issues have occurred within the last 24 hours; OR domestic violence issues are included in the report, AND there is a history of previous domestic violence in the family. One or both caregivers cannot control their behavior at the time of the report, is frequently out of control, or has behavioral characteristics that suggest danger. This includes aggressive behavior or emotion that could affect the child’s safety.

The caregiver refuses to meet child’s ongoing medical needs or to treat a serious condition.

Child has a chronic illness or minor injuries that require attention, and the caregiver is refusing to address the child’s needs.

An injury to a vulnerable child occurred as a result of alleged CAN.

An injury has occurred as a result of CAN, and the child’s age, developmental status, or ability level increases the child’s vulnerability. This includes but is not limited to non-mobile children, children with disabilities, and young children.
Child death, and no other children are in the home.

There has been a child death in the home, and no other children are in the home.

There is a sexual or physical abuse allegation, AND the alleged perpetrator will likely have access in the next five days.

The current allegation involves physical or sexual abuse, and there is reason to believe the alleged perpetrator will have unsupervised in-person contact with the child within the next five days, including visitation.

Severe or unusual disciplinary measures were used.

These measures include use of punishment beyond the child’s endurance with potential to cause physical or emotional harm and are likely to occur again within the next five days.

Child will likely be exposed to harm or unsafe conditions in the next five days.

The child is going to be exposed to situations in the next five days that are likely to deteriorate and become unsafe or harmful to the child.

Forensic considerations would be compromised with a slower response.

Evidence necessary for the investigation would be compromised if the investigation does not begin within 24 hours, or there is reason to believe statements will be altered if interviews do not begin within 24 hours, such as if a forensic sexual abuse interview is needed or if the caregiver has some history of pressuring the child to recant.

A caregiver in the household has a history of previous investigations with allegations similar to the current allegation.

A caregiver in the allegation household has had previous investigations of child abuse or neglect that are similar to what was reported in the current allegation. Previous investigations must be related to physical or sexual abuse or involve a vulnerable child.
B. RESPONSE TIME DECISION

Mandatory Override to Emergency Response

Law enforcement requests an immediate response

A law enforcement agency has requested that a worker respond immediately to assess a child’s safety.

Evidence needs to be captured and documented for legal purposes

The reported incident is potentially criminal, and the police need to gather evidence quickly before it is lost, deteriorates, or is altered.

Child fears further abuse or neglect upon returning or remaining home

The child expresses fear or appears fearful related to the likelihood of being further abused or neglected. If the child is not home, the child fears returning home. If the child is home, the child fears staying home. Examples include the following.

- Child states or expresses that the abuse or neglect may be repeated.
- The alleged perpetrator or another caregiver has threatened to harm the child if the child tells someone about the abuse or neglect.
- Child has severe behavioral indicators of fear (e.g., trembling, crying, severe anxiety).

Current report involves a caregiver who caused or is suspected to have caused prior death, serious injury, or illness to a child due to abuse or neglect

The caregiver alleged to have caused harm in the current report is known or suspected to have caused death, serious injury, or illness to a child due to a previous incident of abuse or neglect.

A serious injury is one that results in death or requires immediate assessment/treatment by a physician, and such injury poses a danger of death or temporary or permanent impairment or disfigurement. Examples include brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, internal injury, poisoning, large or deep burns, severe lacerations, and female genital mutilation. Include visible injuries and injuries suspected due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, and so forth.

A serious illness is one that results in death or requires hospitalization, or it poses a threat of death or permanent impairment, disability, or disfigurement.
PART III. PREVENTION SERVICE AND FAMILY OUTREACH AND COMMUNITY ENGAGEMENT REFERRAL

PRIOR INVESTIGATIONS

Credible information indicates prior investigated reports alleging maltreatment by a current caregiver of the child. (Credible information includes statements by a reporter, verified information in FACTS, or police reports.) Include all allegation types and dispositions (i.e., substantiated, inconclusive, unfounded). If prior investigation history is present, indicate the number of prior investigations.

PRIOR FAILED REUNIFICATION

Credible information shows that a current caregiver of the child has or had a prior failed reunification or has had a termination of parental rights for other children previously in their care.

PRIOR DEATH OF A CHILD AS A RESULT OF ABUSE OR NEGLECT

Credible information shows that a current caregiver had a child die in their care.

DOES ANYONE IN THE HOUSEHOLD LIVE WITH ANY OF THE FOLLOWING?

Credible information shows that one or more of the following is present.

Substance abuse

A caregiver or youth in the household has a substance use disorder.

- The caregiver or youth is diagnosed with chemical dependency or abuse AND is currently using. Current use does not require that the caregiver or youth be under the influence at the moment of the call but rather that the caregiver or youth has used within the past two weeks and has not entered into a formal or informal program to achieve abstinence.
  OR
- The caregiver or youth is using illegal drugs.
  OR
• The caregiver’s or youth’s alcohol or drug use suggests a probability that dependency or abuse exists, such as blackouts, secrecy, negative effects on job or relationships, identified drinking patterns, and so forth.

**Domestic violence**

The caregiver or youth is involved in a relationship characterized by coercive control against one or more intimate partners. This includes situations where one of the partners does not live in the home but has substantial contact in the home or has lived in the home but continues to behave in threatening ways.

**Mental health concerns**

A caregiver or youth has current mental health concerns based on a diagnosis of a mental illness (e.g., schizophrenia, bipolar disorder, depression) or exhibits symptoms that suggest a probability that such an illness exists, such as hearing voices, paranoid thoughts, severe mood changes, suicidal thoughts or behavior, or extremely depressed affect. Do not select if the mental illness is properly managed through medication, therapy, or other healthy coping mechanisms.

**IDENTIFIED NEED(S) THAT CAN BE ADDRESSED THROUGH FAMILY OUTREACH AND PREVENTION SERVICES**

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

**EDUCATIONAL PARTICIPATION CONCERNS**

Reports of inconsistent attendance of in-person or remote school that do not rise to level of educational neglect.

**OTHER**

Another concern is present that is not covered above and that Family Outreach may be able to assist with.
POLICY AND PROCEDURES

The SDM intake tool assesses whether a report meets agency criteria for a CYFD response and, if so, determines how quickly to respond.

WHICH CASES

The tool is completed for all reports. This includes reports by phone and all other means and new reports on open cases.

WHO

The SCI worker.

WHEN

The tool is completed as soon as possible when processing the report and needs to be finished at the time the report is completed. For reports likely to have an immediate response time, the tool should be completed immediately after the report is received.

DECISIONS

The tool guides whether a report requires a response, the type of response, and how quickly face-to-face contact must occur.
COMPLETION INSTRUCTIONS

In the data collection system, open a new intake tool. The time and date will be recorded, and the worker will be identified based on login information.

PART I. SCREENING

A. REPORTS THAT DO NOT REQUIRE SDM® SCREENING

Apply the definitions to select each item that applies to the reported concern. If any item in Part IA is selected, the intake tool is complete. There cannot be an item selected in both IA and IB.

Consult the practice guidance for information on required actions for each selected item.

B. ALLEGATION TYPE

Apply the definitions to select each type of abuse or neglect being reported.

C. SCREENING DECISION

Initial Screening Decision

The initial screening decision will be entered automatically based on selections in Parts IA and IB. The initial screening decision cannot be edited. If new information or if further consultation results in a change, the change must be made in Parts IA and IB.

The available screening decisions are “Screen out” and “Screen in.”

Override to Screen In

Select this item if the initial screening decision was to screen out, but a law enforcement agency is requesting CYFD assistance to conduct an interview or intervention.

Override to Screen Out

An override can be applied when the initial screening decision was to assign as an abuse or neglect investigation but exceptional circumstances warrant a different screening decision.
If the override does not apply, select “No override” to confirm that the initial screening decision is now final. If the override does apply, select it.

PART II. RESPONSE TIME DECISION

Only reports assigned for abuse or neglect investigation require a response time assessment.

A. DECISION TREE

Determine whether any item in the first box applies. If so, the preliminary response time is emergency response. If not, determine whether any item in the second box applies. If so, the preliminary response time is 24 hours. If not, the preliminary response time is five days.

B. RESPONSE TIME DECISION

Preliminary Response Time

This will be entered automatically based on selections in Part IIA. If more than one response time was reached, the fastest time will be the recommended response time. This cannot be edited. If new information or further consultation leads to a different recommendation, the change should be made in Part IIA.

Overrides

Overrides may be applied when exceptional circumstances warrant a different response time. There are two types of overrides: mandatory and discretionary.

Mandatory Override to Emergency Response

If any of the mandatory overrides apply based on the definition, select that override. The final response time becomes “Emergency response.”

Mandatory Override to Increase One Level

Select if allegation is on a foster home.
Discretionary Override

If no mandatory override is applied, the worker, with supervisor approval, can apply a discretionary override to increase or decrease the response time by one level. A rationale must be provided for why a faster or slower response time is recommended.

Select “No override (no change to response time)” if no override is applied.

Final Response Time

If no override was applied, the final response time will be the same as the preliminary response time. If a mandatory override is applied, the final response will be “Emergency response” or will increase one level. If a discretionary override is applied, the final response time will be one level higher or lower than the preliminary response time. For example, if the initial response time was 24 hours, the worker will enter whether the intended override will change the response to an emergency or a five-day response.

PART III. PREVENTION SERVICE AND FAMILY OUTREACH AND COMMUNITY ENGAGEMENT REFERRAL

All screened-out reports will be considered for Family Outreach referral. Select any applicable items listed that were present at the time of the report based on reported information.