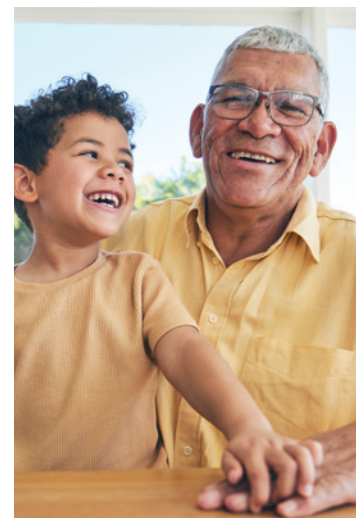




Structured Decision Making for Intake



Washington State Department of
CHILDREN, YOUTH & FAMILIES

NCCD

Children's
Research Center



Table of Contents

Screening Assessment	2
Screening Assessment Definitions.....	3
Child Protection Services Response Assessment	8
Child Protection Services Response Assessment Definitions.....	12
Negligent Treatment / Maltreatment / Abandonment.....	14
Sexual Abuse / Exploitation	17
Part B. Response Decision Overrides	18
Structured Decision Making Intake Tool Policy and Procedures.....	19



Screening Assessment*

Elements of a Child Abuse/Neglect Report

STEP 1. SUFFICIENCY SCREENING

(At least one box in each column must be checked for the report to be screened as a CPS report.)

Alleged Victim

- The victim is under 18 years old.

Alleged Subject

- Parent/guardian of alleged victim
- Acting in loco parentis
- Unknown
- Providing care in a facility subject to licensing by DSHS, the Department of Early Learning, or state-regulated care

Alleged Incident

The allegation, if true, minimally meets the WAC/RCW definition of CA/N.

- Physical abuse
- Sexual abuse
- Sexual exploitation
- Negligent treatment or maltreatment
- Abandonment

Screening Decision:

- At least one item in each column is marked. Call will be screened in and assigned for an investigation or assessment (Step 3. Response Decision).
- If, in one or more columns above, the sufficiency criteria are not met, move on to Step 2 to screen for Risk Only.

STEP 2. ADDITIONAL SCREENING CRITERIA/RISK ONLY

(Select any that apply. If any criteria are selected, report will be screened in for CPS Risk Only with response times based on the criteria selected.)

CPS Risk Only—Although all sufficiency screening criteria were not met, the information presented indicates the child is at imminent risk of serious harm.

Law enforcement or the prosecutor's office makes a report regarding a sexually aggressive youth. 72-hour response

- Law enforcement reports a child under age 8 to have committed a sexually aggressive act.
- Prosecutor reports a child under age 12 to have committed a sexually aggressive act, but the child will not be prosecuted.

There is a situation of imminent risk of serious harm to a child. 24-hour response

- Registered sex offender is alleged to have unsupervised contact with a child, and it is unknown if contact is allowed or if contact must be supervised.
- Prior conviction for serious or violent crime against a child, AND unsupervised contact with a child, AND it is unknown if such contact is allowed.
- Prior dependency and/or termination of parental rights where parent did not complete or make progress in remedial services.
- History of serious injury to child as a result of CA/N, or history of serious neglect.
- Known prenatal substance exposure at the time of birth, and the parent/caregivers use of substances creates an imminent risk of serious harm to the children with no other CA/N concerns reported. Substances can include, but are not limited to: heroin, opiates, opiate replacement therapy medications (ORT), methadone, and/or methamphetamines.
- NAS/NOWS diagnosis at birth (substance affects resulting in withdrawal symptoms requiring medical intervention), and the parent/caregivers use of substances creates an imminent risk of serious harm to the children with no other CA/N concerns reported. Substances can include but are not limited to: heroin, opiates, opiate replacement therapy medications (ORT), methadone, and/or methamphetamines.
- Other:

None of the criteria above are included in the report. The call will be screened out. DLR CPS Risk Only

—Although all sufficiency screening criteria were not met, allegation occurred in a DLR facility and indicates present safety threats.

The alleged victim is between the ages of 18 and 21, in the care of a licensed/state-regulated facility, AND the allegation meets the WAC definition of CA/N.

- If the alleged victim is determined to be at risk of imminent harm. 24-hour response
- If the alleged victim is determined to be safe from imminent harm. 72-hour response

The alleged victim is an adult, the allegation meets the WAC definition of CA/N, AND the license remains open and/ or the facility is still in operation.

- If children are determined to be at risk of imminent harm. 24-hour response
- If children are determined to be safe from imminent harm. 72-hour response

None of the criteria above are included in the report. The call will be rescreened as a rule infraction.

*Assessment property of the Washington State Department of Children, Youth, and Families.

Screening Assessment Definitions

STEP 1. Sufficiency Screening

COLUMN 1. ALLEGED VICTIM

At least one identified victim in the report is a child under age 18.

COLUMN 2. ALLEGED SUBJECT

The alleged subject of the child abuse/neglect (CA/N) is a caregiver who meets one of the following definitions:

- Parent/guardian of alleged victim;
- Acting in loco parentis;
- Unknown; or
- Providing care in a facility licensed by DCYF.

COLUMN 3. ALLEGED INCIDENT

Neglect or abuse is the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child; or sexual abuse, sexual exploitation, or injury of a child by any person under circumstances that cause harm to the child's health, welfare, or safety. The physical discipline of a child is not unlawful when it is reasonable and moderate and is inflicted by a parent, teacher, or guardian for purposes of restraining or correcting the child. Any use of force on a child by any other person is unlawful unless it is reasonable and moderate and is authorized in advance by the child's parent or guardian for purposes of restraining or correcting the child.

The following actions are presumed unreasonable when used to correct or restrain a child:

- Throwing, kicking, burning, or cutting a child;
- Striking a child with a closed fist;
- Shaking a child under age 3;
- Interfering with a child's breathing;
- Threatening a child with a deadly weapon; or
- Doing any other act that is likely to cause, and which does cause, bodily harm greater than transient pain or minor temporary marks (Washington Administrative Code [WAC] 110-30-0030).



THE ALLEGATION, IF TRUE, MINIMALLY MEETS THE WAC/RCW DEFINITION OF CA/N.

What is child abuse or neglect? – WAC 110-30-0030

<https://app.leg.wa.gov/wac/default.aspx?cite=110-30&full=true#110-30-0040>

Child abuse or neglect means the injury, sexual abuse, or sexual exploitation of a child by any person under circumstances which indicate that the child's health, welfare, or safety is harmed, or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is one who has been subjected to child abuse or neglect as defined in this section.

- (1) Physical abuse means the nonaccidental infliction of physical injury or physical mistreatment on a child that harms the child's health, welfare, or safety. It may include, but is not limited to, such actions as:
 - (a) Throwing, kicking, burning, or cutting a child;
 - (b) Striking a child with a closed fist;
 - (c) Shaking a child under age three;
 - (d) Interfering with a child's breathing;
 - (e) Threatening a child with a deadly weapon; or
 - (f) Doing any other act that is likely to cause and that does cause bodily harm greater than transient pain or minor temporary marks or that is injurious to the child's health, welfare, or safety.
- (2) Physical discipline of a child, including the reasonable use of corporal punishment, is not considered abuse when it is reasonable and moderate and is inflicted by a parent or guardian for the purposes of restraining or correcting the child. The age, size, and condition of the child, and the location of any inflicted injury shall be considered in determining whether the bodily harm is reasonable or moderate. Other factors may include the developmental level of the child and the nature of the child's misconduct. A parent's belief that it is necessary to punish a child does not justify or permit the use of excessive, immoderate or unreasonable force against the child.



- (3) Sexual abuse means committing or allowing to be committed any sexual offense against a child as defined in the criminal code. The intentional touching, either directly or through the clothing, of the sexual or other intimate parts of a child or allowing, permitting, compelling, encouraging, aiding, or otherwise causing a child to engage in touching the sexual or other intimate parts of another for the purpose of gratifying the sexual desire of the person touching the child, the child, or a third party. A parent or guardian of a child, a person authorized by the parent or guardian to provide childcare for the child, or a person providing medically recognized services for the child, may touch a child in the sexual or other intimate parts for the purposes of providing hygiene, child care, and medical treatment or diagnosis.
- (4) Sexual exploitation includes, but is not limited to, sex trafficking and commercial sexual exploitation as those terms are defined by law and includes such actions as allowing, compelling, encouraging, aiding, or otherwise causing a child to participate in one or more of the following:
 - (a) Any sex act when anything of value is given to or received by any person for the sex act;
 - (b) Sexually explicit, obscene, or pornographic activity to be photographed, filmed, or electronically reproduced or transmitted;
 - (c) Sexually explicit, obscene, or pornographic activity as part of a live performance or for the benefit or sexual gratification of another person.



(5) Negligent treatment or maltreatment means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, on the part of a child's parent, legal custodian, guardian, or caregiver that shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety.

- (a) When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor must be given great weight.
- (b) The fact that the siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment.
- (c) Poverty, homelessness, or exposure to domestic violence perpetuated against someone other than the child does not, in and of itself, constitute negligent treatment or maltreatment.
- (d) A child does not have to suffer actual damage or physical or emotional harm to be in circumstances that create a clear and present danger to the child's health, welfare, or safety.

- (e) Negligent treatment or maltreatment may include, but is not limited to, one or more of the following:
 - (i) Failure to provide adequate food, shelter, clothing, supervision, or health care necessary for a child's health, welfare, or safety, such that the failure shows a serious disregard of the consequence to the child and creates a clear and present danger to the child's health, welfare, or safety;
 - (ii) Actions, failures to act, or omissions that result in injury or risk of injury to the physical, emotional, and/or cognitive development of a child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety;
 - (iii) The cumulative effects of a pattern of conduct, behavior, or inaction by a parent or guardian in providing for the physical, emotional or developmental needs of the child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger to the child's health, welfare, or safety;
 - (iv) The effects of chronic failure on the part of a parent or guardian to perform basic parental functions, obligations, or duties that causes injury or substantial risk of injury to the physical, emotional, or cognitive development of the child, such that it shows a serious disregard of the consequences to the child and creates a clear and present danger.



- (1) A parent or guardian abandons a child when the parent or guardian is responsible for the care, education, or support of a child;
 - (a) Deserts the child in any manner whatever with the intent to abandon the child;
 - (b) Leaves a child without the means or ability to obtain one or more of the basic necessities of life such as food, water, shelter, clothing, hygiene, and medically necessary health care; or
 - (c) Forgoes for an extended period of time parental rights, functions, duties, and obligations despite an ability to exercise such rights, duties, and obligations.
- (2) Abandonment of a child by a parent may be established by conduct on the part of a parent or guardian that demonstrates a substantial lack of regard for the rights, duties, and obligations of the parent or guardian or for the health, welfare, and safety of the child. Criminal activity or incarceration of a parent or guardian does not constitute abandonment in and of themselves, but a pattern of criminal activity or repeated or long-term incarceration may constitute abandonment of a child.



STEP 2. Risk Only

If the information gathered by the screener does not meet one or more of the sufficiency criteria, the screener must determine whether a Child Protective Services (CPS) Risk Only screening decision is appropriate. One or more of the following criteria must be present to assign the call as a CPS Risk Only assessment.

CPS RISK ONLY

Although all sufficiency screening criteria were not met, the information presented indicates imminent risk of serious harm to a child.

- Law enforcement or the prosecutor's office makes a report regarding a sexually aggressive youth. 72-hour response
 - Law enforcement reports a child under age 8 to have committed a sexually aggressive act.
 - Prosecutor reports a child under age 12 to have committed a sexually aggressive act, but the child will not be prosecuted.
- There is a situation of imminent risk of serious harm to a child. 24-hour response
 - Registered sex offender is alleged to have unsupervised contact with a child, and it is unknown if contact is allowed or if contact must be supervised.
 - Prior conviction for serious or violent crime against a child, AND unsupervised contact with a child, AND it is unknown if such contact is allowed.
 - Prior dependency and/or termination of parental rights where parent did not complete or make progress in remedial services.
 - History of serious injury to child as a result of CA/N, or history of serious neglect.
 - Known prenatal substance exposure at the time of birth, and the parent/caregivers use of substances creates an imminent risk of serious harm to the children with no other CA/N concerns reported. Substances can include but are not limited to: heroin, opiates, opiate replacement therapy medications (ORT), methadone, and/or methamphetamines.
 - NAS/NOWS diagnosis at birth (substance affects resulting in withdrawal symptoms requiring medical intervention), and the parent/caregivers use of substances creates an imminent risk of serious harm to the children with no other CA/N concerns reported. Substances can include but are not limited to: heroin, opiates, opiate replacement therapy medications (ORT), methadone, and/or methamphetamines.
 - Other: _____
- None of the criteria above are included in the report. The call will be screened out.

LICENSING DIVISION (LD) CPS RISK ONLY

Although all sufficiency screening criteria were not met, allegation occurred in a LD facility and indicates imminent risk.

- Allegations of abuse or neglect of 18 to 24 year old young people in state regulated facilities, or facilities by DCYF to care for children, youth, and young people. This includes, but is not limited to, young people enrolled in Extended Foster Care in a licensed foster home, and in facilities which have entered into an agreement with LD CPS for investigatory purposes. In these instances, response time could be 24-hour or 72-hour dependent upon circumstances reported at the time of intake.
 - The alleged victim is an adult, the allegation meets the WAC definition of CA/N, AND the license remains open and/or the facility is still in operation. If children are determined to be at risk of imminent harm. 24-hour response
 - If children are determined to be safe from imminent harm. 72-hour response
 - None of the criteria above are included in the report. The call will be rescreened as a rule infraction.

Child Protection Services Response Assessment

STEP 3. Response Decision

PART A. RESPONSE DECISION TREES

Complete a decision tree for each maltreatment type reported. When the report contains multiple maltreatment types, the assigned response time is based on the highest level indicated for each maltreatment type.

Physical Abuse

DO ANY OF THE FOLLOWING APPLY?

- Significant injuries are present, OR medical care is required, OR there is serious concern that medical care may be required.
- Parent(s)/Caregiver behavior is described as severe, bizarre, or torturous to the child.
- Parent(s)/Caregiver threatened harm, or caregiver's behavior is threatening to the child.
- Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.
- Allegation includes an injury or bruise to a non-mobile infant, birth to twelve months regardless of the explanation of how the injury or bruise occurred
- Alleged child victim is under age 4.

YES

Emergent Response - Within 24 Hours

NO

DO ANY OF THE FOLLOWING APPLY?

- Alleged victim is in out-of-home care, AND allegations are against the out-of-home, unlicensed caregiver.
- Allegation involves a licensed home or facility.
- Alleged victim is the victim or alleged subject is the subject in three or more screened - in intakes in the past year.
- There is an open dependency case involving the child victim or household.
- A dependency action involving the child victim or household was closed within the previous 12 months.
- Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age 5.

YES

Non-Emergent Response – Within 72 Hours

NO

Family Assessment Response – Within 72 Hours

Negligent Treatment/Maltreatment/Abandonment

DO ANY OF THE FOLLOWING APPLY?

- Child fatality, and other children, are in the care of alleged subject.
- Living situation is immediately dangerous or unhealthy.
- Parent(s)/Caregiver behavior is described as severe, bizarre, or torturous to the child.
- Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.
- Child of any age has been abandoned AND is in need of immediate care.
- Child is under age 6 or has a significant developmental disability and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.
- Child is between ages 6 and 10 and is in immediate need of supervision or care.

YES

Emergent Response – Within 24 Hours

NO

DO ANY OF THE FOLLOWING APPLY?

- Alleged victim is in out-of-home care, and allegations are against the out-of-home, unlicensed caregiver.
- Allegation involves a licensed home or facility.
- Alleged victim is the victim or alleged subject is the subject in three or more screened-in intakes in the past year.
- There is an open dependency case involving the child victim or household.
- A dependency action involving the child victim or household was closed within the previous 12 months.
- Allegations involve child or youth in the household having sexualized contact or engaging in sexual behaviors with other child or youth in the home.

YES

Non-Emergent Response – Within 72 Hours

NO

Family Assessment Response – Within 72 Hours



Sexual Abuse/Exploitation

Is there a non-perpetrating parent/caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

NO

Emergent Response – Within 24 Hours

YES

Do ANY of the following apply?

- Allegation involves a licensed home or facility, and children remain in their care.
- Alleged perpetrator will have access to alleged child victim within the next 72 hours, or access within the next 72 hours is unknown or unclear.
- Alleged child victim fears retaliation from the perpetrator and/or is otherwise afraid to go home or remain in the home.
- Alleged physical injury to child victim occurred due to alleged sexual abuse / exploitation.
- Allegations are against the out-of-home, unlicensed caregiver, and children remain in their care.

NO

Non-Emergent Response – Within 72 Hours

YES

Emergent Response – Within 24 Hours



PART B. RESPONSE DECISION

Recommended Response

Based on Decision Tree(s) (mark one):

- Emergent response—within 24 hours
- Non-emergent response—contact required within 72 hours
- Family Assessment Response—contact required within 72 hours

Overrides

Increase to emergent response—within 24 hours whenever:

- Family may flee/child made unavailable;
- Prior death of a child due to abuse/neglect in the household;
- Forensic investigation would be compromised if investigation were delayed;
- Report includes current concern of domestic violence in the home, and there is concern that non-perpetrating parent may be injured or unable to protect the child within the next 72 hours;
- Hospital physicians or hospital administrators have placed the child on an administrative hold based on concerns of child abuse or neglect; and/or
- Law enforcement requests immediate response.

Decrease to non-emergent response—contact required within 72 hours if:

- Child is in an alternative safe environment and is expected to remain there for at least 72 hours;
- Allegation involves a facility that is not in operation at the time of intake.
- Allegation involves a child care center or staffed facility, and the alleged subject has been placed on administrative leave; or

Override—increase by one level (supervisor only)

Override—decrease by one level (supervisor only)

Describe: _____

Final Assigned Response

After Consideration of Overrides (mark one):

- Emergent response—within 24 hours
- Non-emergent response—within 72 hours
- Family Assessment Response—within 72 hours

Screener: _____ Date: ____ / ____ / ____

Supervisor: _____ Date: ____ / ____ / ____

STEP 3. Response Decision

(Enabled only if the call is screened in step 1, sufficiency screening.)

PART A. RESPONSE DECISION TREES PHYSICAL ABUSE

Significant injuries are present, OR medical care is required, OR there is serious concern that medical care may be required.

Significant injuries are present or actions by the alleged subject pose a danger of death, impairment, disability, or substantial pain within the next 72 hours. Examples of significant injuries include but are not limited to broken bones, burns, or lacerations; injuries to the head or torso; injuries that suggest use of implements such as belts, boards, irons, or cigarettes; poisoning or suffocation; or injuries that suggest use of restraints. Also include bruises, welts, bite marks, and abrasions that cover multiple body surfaces or appear to be in different stages of healing.

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



Parent(s)/Caregiver behavior is described as severe, bizarre, or torturous to the child. Examples include but are not limited to the following:

- Current allegation includes death of a child due to abuse, and other children remain in the care of the alleged perpetrator;
- Use of restraints, torture, or extremely age-inappropriate punishment; forcing children to stand in place for long periods of time, or forcing children to eat materials that cause extreme pain or illness; and/or
- Behavior that is dangerous to the physical well-being of the child, such as holding the child out of an open window or over the edge of a balcony railing, immersing the child under water as a form of discipline, or containing a child in a cage or kennel.

Parent(s)/Caregiver threatened harm, or caregiver's behavior is threatening to the child.

Mark if the current report includes allegation of threatened harm. Threatening caregiver behavior includes behaviors that are considered violent, dangerous, aggressive, brutal, cruel, and hostile toward the child. This includes behavior that a reasonable person would recognize as dangerous or likely to result in serious injury. Include verbal and physical threats of physical abuse. Threats of physical discipline by the child's parent or guardian that are reasonable and moderate for the purposes of correcting or restraining do not, alone, meet the threshold for selection.

Alleged child victim fears retaliation from subject and/or is otherwise afraid to go home or remain in the home.

The child is expressing fear of returning to or being in the home at this time. The child exhibits behavioral indicators of fear (e.g., the child reports that subject has threatened harm if the child tells anyone about the home situation or child reports the subject has retaliated against the child in the past). Child may beg to be removed from home or not to be left alone with subject, and/or and may demonstrate symptoms of fear (screaming, trembling, and/or becoming immobile).

Alleged victim is in out-of-home care, AND allegations are against the out-of-home, unlicensed caregiver.

Mark if any alleged child victim is in unlicensed, out-of-home care and the alleged perpetrator is the unlicensed, out-of-home care provider.

Allegation involves a licensed home or facility.

Mark if any alleged child victim is in the care of a licensed or state regulated facility, and the alleged subject is a licensee or caregiver in the facility.

Alleged victim is the victim or alleged subject is the subject in three or more screened in intakes in the past year.

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if the alleged victim or subject has been identified in that role in three or more reports accepted for Investigation or Family Assessment Response in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

There is an open dependency case involving the child victim or household.

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if there is a current dependency case involving the child victim or household.

A dependency action involving the child victim or household was closed within the previous 12 months.

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if there has been a dependency case dismissed within the last 12 months involving the child victim or household where the dependency action was initiated.

Allegation includes an injury or bruise to a non-mobile infant, birth to twelve months, regardless of the explanation of how the injury or bruise occurred.

Mark if the alleged victim is not able to crawl/walk without assistance and the allegation includes description of injuries and/or bruises.

Alleged child victim is under age 4.

Mark if there are allegations of physical abuse to a child under age 4.

Report made by a physician, or a medical professional on a physician's behalf, regarding a child under age 5.

Mark if the alleged victim is under the age of 5, the allegations meet the sufficiency screen criteria, and is being reported by a physician or medical professional on behalf of a physician.



Negligent Treatment / Maltreatment / Abandonment

Child fatality, and other children, are in the care of alleged subject.

Living situation is immediately dangerous or unhealthy.

Based on the child's age and developmental status, the home situation is immediately dangerous or unhealthy. Conditions could result in imminent risk of harm such as death; life-endangering illness; injury requiring medical treatment within the next 72 hours; or substantial risk of injury to physical, emotional, and/or cognitive development of child. Examples include, but are not limited to, the following:

- Living arrangements are an immediate threat to his/her safety. This would include the most serious unsanitary circumstances: buildings capable of collapse; exposure to extreme weather conditions; fire hazards; electrical wiring exposed; weapons accessible and available; open sewage; unsafe heating; etc.
- No access to food, or indications that the child is not being fed.
- Substances or objects that may endanger health/safety, including guns and other weapons, are accessible to the child.
- Excessive garbage, or rotten/spoiled food that threatens health.
- Insect or rodent infestation.
- Serious illness or significant injury has occurred due to living conditions, and these conditions still exist.
- Allegations involve child or youth in the household having sexualized contact or engaging in sexual behaviors with other child or youth in the home and there is no protective parent in the household, or unknown and the children involved in the sexualized contact or sexual behaviors continue to have contact.

Parent(s)/Caregiver behavior is described as severe, bizarre, or torturous to the child.

Examples include but are not limited to the following:

- A report of Medical Child Abuse as diagnosed by a physician or being reported by a medical professional on behalf of a physician.
- Reports of child or children being locked in a room for periods of time.
- Severe discipline that is out of control (i.e. making a child run behind a car, stay outside in the cold for extended periods of time, etc.).
- Food restriction as a form of punishment/discipline.
- Parent has a bizarre viewpoint of child (i.e. child is possessed by the devil, parent feels child is seductive or complicit in sexual abuse, etc.).



Child's current physical or mental condition indicates a need for immediate medical care, or child appears seriously ill or injured.

Medical care is immediately necessary. If not provided, the child's health and well-being will be seriously, and possibly permanently, affected. This includes extreme dental conditions and threats to mental health, including suicidal or homicidal ideation or gesture with immediate ability to follow through.

Examples include, but are not limited to:

- NAS/NOWS/alcohol, or substance-affected or substance-exposed newborn and allegations of CA/N or imminent risk of serious harm.
- Failure to thrive, malnutrition/starvation.
- Lack of supervision that results in an injury requiring medical care.
- Child suicide attempt that requires medical care.
- Untreated medical issues that pose a serious threat.
- Child is diabetic, and parent has not accessed medication or treatment.

For LD CPS investigations, include allegations that the caregiver changed/inappropriately administered medication or other doctor-ordered care, and, as a result, the child is in need of medical care.

Child of any age has been abandoned AND is in need of immediate care.

The current report includes an allegation of a child of any age being abandoned (the absence, disappearance, or desertion by a parent or caregiver, without providing for the child's well-being or needs under such circumstances and for a substantial period of time as to cause substantial risk of harm);

AND

The reporter indicates this child needs immediate care to meet basic needs (food, shelter, clothing, medical care, and/or safety).

Child is under age 6, or has a significant developmental disability, and is unsupervised/alone or cared for by parent(s)/caregiver who is incapacitated.

Mark if the child has not yet reached his/her 6th birthday, or is limited by disability; AND

Is currently alone OR is with a caregiver who is currently impaired by alcohol or other drugs; is cognitively impaired; is absent physically/emotionally; or has a mental/physical illness or disability, to the extent that the caregiver is not providing for the child's needs for care and safety.

Child is between ages 6 and 10 and is in immediate need of supervision or care.

Answer "yes" if one or more child victims has reached his/her 6th birthday, but has not yet reached his/her 11th birthday, and:

- He/she is currently alone and without information about how to contact the caregiver, neighbor, or other responsible adult; and/or is without access to a safe and secure place to be until his/her caregiver returns;
- OR
- He/she is currently without a caregiver due to the caregiver's current level of intoxication, current mental/physical illness, or developmental disabilities, or caregiver is absent physically/emotionally AND there is no adequate care available for the child. The caregiver is not providing/responding to or is ignoring child's basic needs.

Alleged victim is in out-of-home care, and allegations are against the out-of-home, unlicensed caregiver.

Mark if any alleged child victim is in unlicensed out-of-home care, and the alleged perpetrator is the unlicensed, out-of-home care provider.

Allegation involves a licensed home or facility.

Mark if any alleged child victim is in the care of a licensed or state-regulated facility, and the alleged perpetrator is a licensee/caregiver in the facility.

Alleged victim is the victim or alleged subject is the subject in three or more screened-in intakes in the past year.

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if the alleged victim or subject has been identified in that role in three or more reports accepted for Investigation or Family Assessment Response in the past 12 months. Do not include any reports that were screened out or otherwise not accepted for an in-person response.

There is an open dependency case involving the child victim or household. Using available information, including FamLink and credible information from reporter or other jurisdictions mark this item if there is a current dependency case involving the child victim.

A dependency action involving the child victim or household was closed within the previous 12 months.

Using available information, including FamLink and credible information from reporter or other jurisdictions, determine if there has been a dependency case dismissed within the last 12 months involving the child victim or household from which the dependency was initiated.

Allegations involve child or youth in the household having sexualized contact or engaging in sexual behaviors with other child or youth in the home. (View the link for behaviors that may be considered common for childhood development: http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf).

Mark for allegations of child or youth having sexualized contact or behaviors that are not identified as common for childhood development.



Sexual Abuse / Exploitation

Is there a non-perpetrating parent/caregiver aware of the alleged abuse who is demonstrating a response that is appropriate and protective of the child?

A non-perpetrating caregiver is aware that sexual abuse has been alleged, and he/she supports the child's disclosure AND demonstrates the ability to prevent the perpetrator from having access to the child. The non-perpetrating caregiver will not pressure the child to change his/her statement and will obtain or has obtained medical treatment for the child as needed.



Allegation involves a licensed home or facility, and children remain in their care.

Mark if any alleged child victim is in the care of a licensed or state-regulated facility, and the alleged subject is a licensee/caregiver in the facility and children remain in their care.

Alleged perpetrator will have access to alleged child victim within the next 72 hours, or access within the next 72 hours is unknown or unclear.

The alleged perpetrator lives in the home or has immediate access to the child (e.g., a babysitter, coach, neighbor), or the perpetrator's access is unknown.

Alleged child victim fears retaliation from the perpetrator and/or is otherwise afraid to go home or remain in the home.

The child is expressing fear of returning to or being in the home at this time. The child exhibits behavioral indicators of fear (e.g., the child states that subject has threatened harm if the child tells anyone about the home situation), or child reports the subject has retaliated against the child in the past. Child may beg to be removed from home or not be left alone with subject, and/or may demonstrate symptoms of fear (screaming, trembling, and/or becoming immobile).

Alleged physical injury to child victim occurred due to alleged sexual abuse/ exploitation.

Mark if a medical provider reports concern of physical injury of any type that appears to be the result of sexual abuse or exploitation, or a pre-adolescent child is reported to have a sexually transmitted infection.

Allegations are against the out-of-home, unlicensed caregiver, and children remain in their care.



Part B. Response Decision Overrides

An emergent response is required in the following circumstances.

(WITHIN 24 HOURS)

Family may flee/child made unavailable. The family is preparing to leave the jurisdiction to avoid investigation/assessment, they have fled in the past, or the caregiver has done something to make the child unavailable.

Prior death of a child due to abuse/neglect in the household. There is credible information (e.g., statements by reporter, verified information in FamLink, police reports, etc.) that a current caregiver caused a child's death due to abuse or neglect prior to the current allegation.

Forensic investigation would be compromised if investigation were delayed. Physical evidence may be lost or altered; or attempts are being made to alter statements, conceal evidence, or coordinate false statements.

Report includes current concern of domestic violence in the home, and there is concern that non-perpetrating parent may be injured or unable to protect the child within the next 72 hours.

Physician or hospital administrator has placed the child on an administrative hold based on concerns of child abuse or neglect.

Law enforcement requests immediate response.

Override—increase by one level (supervisor only). Available information indicates that a quicker response time/type is necessary to support the safety of a child; and this information does not meet criteria for any of the items on the response tree or in the listed override reasons. (narrative description required)

The response time may be decreased in the following situations. (Non-emergent—within 72 hours)

Child is in an alternative safe environment and is expected to remain there for at least 72 hours. The child is no longer living where the alleged abuse/neglect occurred, or he/she is temporarily away and will not return within the next three days.

Allegation involves a child care center or staffed facility, and the alleged subject has been placed on administrative leave.

Allegation involves a facility that is not in operation at the time of intake.

Override—decrease by one level (supervisor only). Available information indicates the child will be protected from abuse/neglect for at least the next 72 hours, despite emergent response criteria having been met. (Narrative description is required.)

The response time may be decreased in the following situations.

(NON-EMERGENT—WITHIN 72 HOURS)

Child is in an alternative safe environment and is expected to remain there for at least 72 hours. The child is no longer living where the alleged abuse/neglect occurred, or he/she is temporarily away and will not return within the next three days.

Allegation involves a child care center or staffed facility, and the alleged subject has been placed on administrative leave.

Allegation involves a facility that is not in operation at the time of intake.

Override—decrease by one level (supervisor only). Available information indicates the child will be protected from abuse/neglect for at least the next 72 hours, despite emergent response criteria having been met. (Narrative description is required.)

Structured Decision Making Intake Tool Policy and Procedures

Which Cases:

The Structured Decision Making Intake Tool is completed on all calls alleging harm to a child. This includes new referrals on open cases. The screening assessment is also completed on all allegations that, if accepted, would be investigated by LD.

Who:

The intake worker completes the assessment and the supervisor reviews and approves it.

When:

The Structured Decision Making Intake Tool is completed upon receipt of information that constitutes a referral. This generally occurs while the screener talks with the reporter making a referral (either over the phone or in person). Occasionally, the screener may need to gather information from additional sources as part of the screening process. For these referrals, the screening assessment is completed as soon as all necessary information is gathered.

Decision:

The Structured Decision Making Intake Tool determines whether a referral meets criteria for an in person child welfare response and, if so, the type of response and timeframe for first contact with the alleged victim.



Appropriate Completion

STEP 1. SUFFICIENCY SCREENING

Proceed with review of screening criteria. At least one box in each column must be marked for the call to be accepted as a CPS report. Mark all applicable criteria in each column, using the definitions to ensure criteria is met.

If there are one or more columns in which no criteria are met, the call does not meet sufficiency for CPS investigation or family assessment response. The intake worker must complete step 2, Risk Only screening.

If at least one criterion is met in each column, the report will be screened in for an investigation or family assessment response. The intake worker must complete step 3, response decision.

STEP 2. RISK ONLY

For all calls in which the alleged perpetrator is the parent or guardian, acting in loco parentis, or unknown, the worker will complete the CPS Risk Only section. For all calls in which the allegation involves facility subject to licensing by DCYF, or state-regulated care, the worker will complete the LD CPS Risk Only section. The intake worker will review the items, selecting each within which criteria are met.

If any criteria are met, the call will be screened in for a Risk Only response. The timeframe for first contact with the alleged victim is identified based on Risk Only criteria.

For CPS calls, if no risk only criteria are selected, the call will be screened out.

For LD calls, if no criteria are selected, the call will be documented and responded to as a licensing concern. LD calls cannot be screened out.



STEP 3. RESPONSE DECISION

All reports which met the sufficiency screening require a completed response decision tree. The worker will complete a decision tree consistent with the type of alleged maltreatment, selecting criteria which are included in the allegation. Decision trees will be completed on all types of maltreatment included in the allegation until an emergent response (24 hours) has been identified or all trees are complete.

The initial response time and type will be identified by the completion of the response decision trees.

Workers then complete the override section, endorsing any override that is consistent with information contained in the allegation. An unspecified override to increase or decrease the required response time can only be completed by a supervisor.





Washington State Department of
CHILDREN, YOUTH & FAMILIES

www.dcyf.wa.gov

DCYF does not discriminate and provides equal access to its programs and services for all persons without regard to race, color, gender, religion, creed, marital status, national origin, sexual orientation, age, veteran's status, or presence of any physical, sensory, or mental disability.

If you would like free copies of this publication in an alternative format or language, please contact DCYF Constituent Relations at 1-800-723-4831 or email communications@dcyf.wa.gov.

DCYF PUBLICATION CWP_0113 (07-2023)