

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® INTAKE TOOL**

r: 03/21

Case Name:_____ **Referral #:**_____ **Locality:** _____

FSS Name:_____ **Supervisor:**_____ **Referral Date:**_____

STEP 1: SCREENING ASSESSMENT

Section 1: Maltreatment Type

Physical Neglect

- ☐ Abandonment
- ☐ Inadequate supervision
- ☐ Inadequate basic care (clothing, shelter, personal hygiene, food, and/or malnutrition)
- ☐ Inadequate medical/dental or mental health care
- ☐ Non-organic failure to thrive attributed to physical neglect
- ☐ Other physical neglect

Provide detail:

Substance-Exposed Infant

- ☐ Fetal alcohol spectrum disorder
- ☐ Mother's controlled substance abuse during pregnancy
- ☐ Infant affected by controlled substance
- ☐ Withdrawal symptoms

Mental Abuse or Neglect

- ☐ Emotional or psychological abuse or neglect
- ☐ Verbal threat of serious/life-threatening physical harm toward a child
- ☐ Exposure to domestic violence
- ☐ Non-organic failure to thrive attributed to mental abuse or neglect

Physical Abuse

- ☐ Non-accidental or suspicious injury to a child by a caretaker
- ☐ Poisoning of a child by a caretaker
- ☐ Munchausen syndrome by proxy
- ☐ Caretaker action(s) indicates excessive force or force that would reasonably cause injury
- ☐ Exposure to drug-related activity
- ☐ Other physical abuse

Provide detail:

Sexual Abuse

- ☐ Sexual contact, exploitation, or trafficking
- ☐ Disclosure by a child
- ☐ Physical, behavioral, or suspicious indicators consistent with sexual abuse
- ☐ Other sexual abuse

Provide detail:

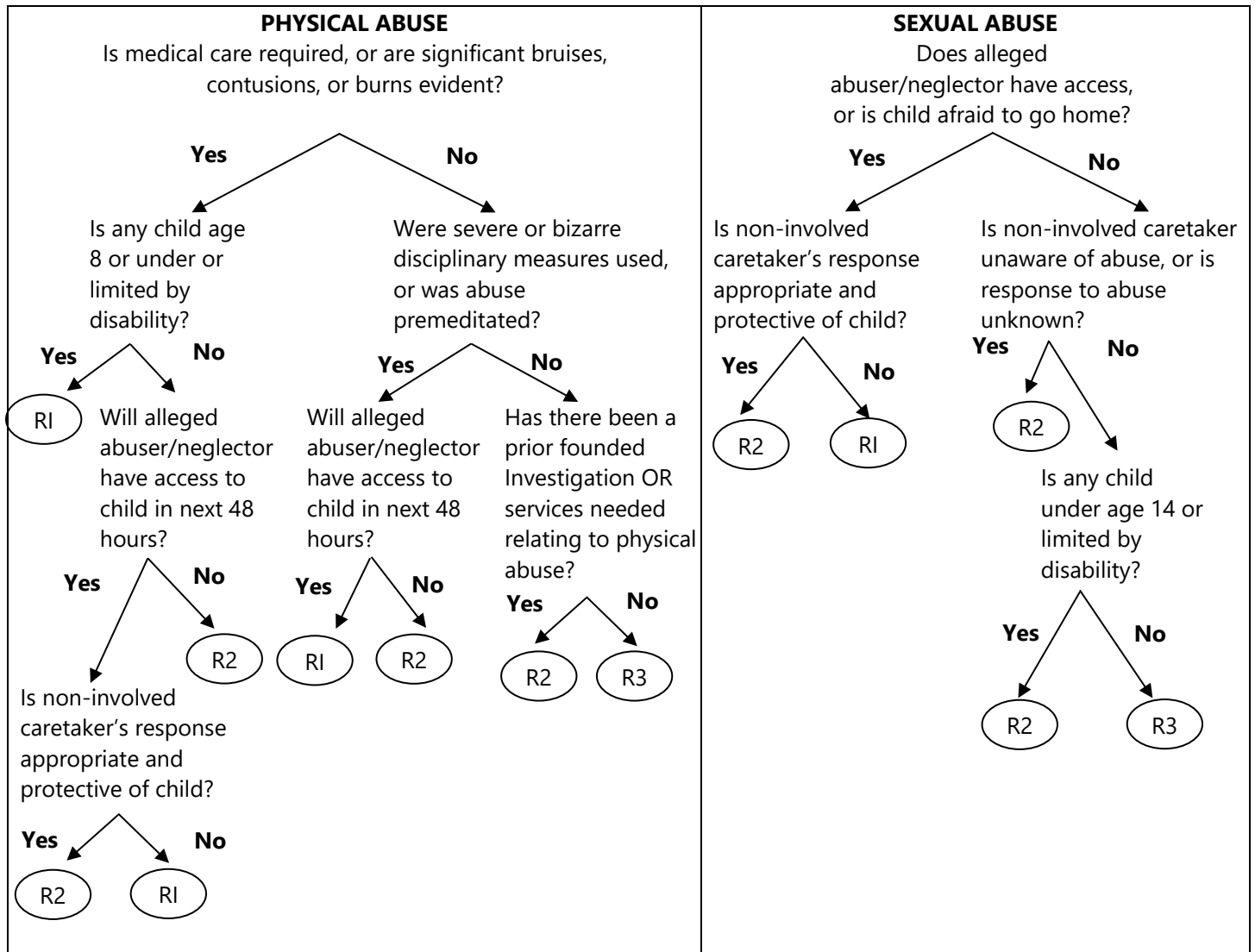
Section 2: Screening Decision

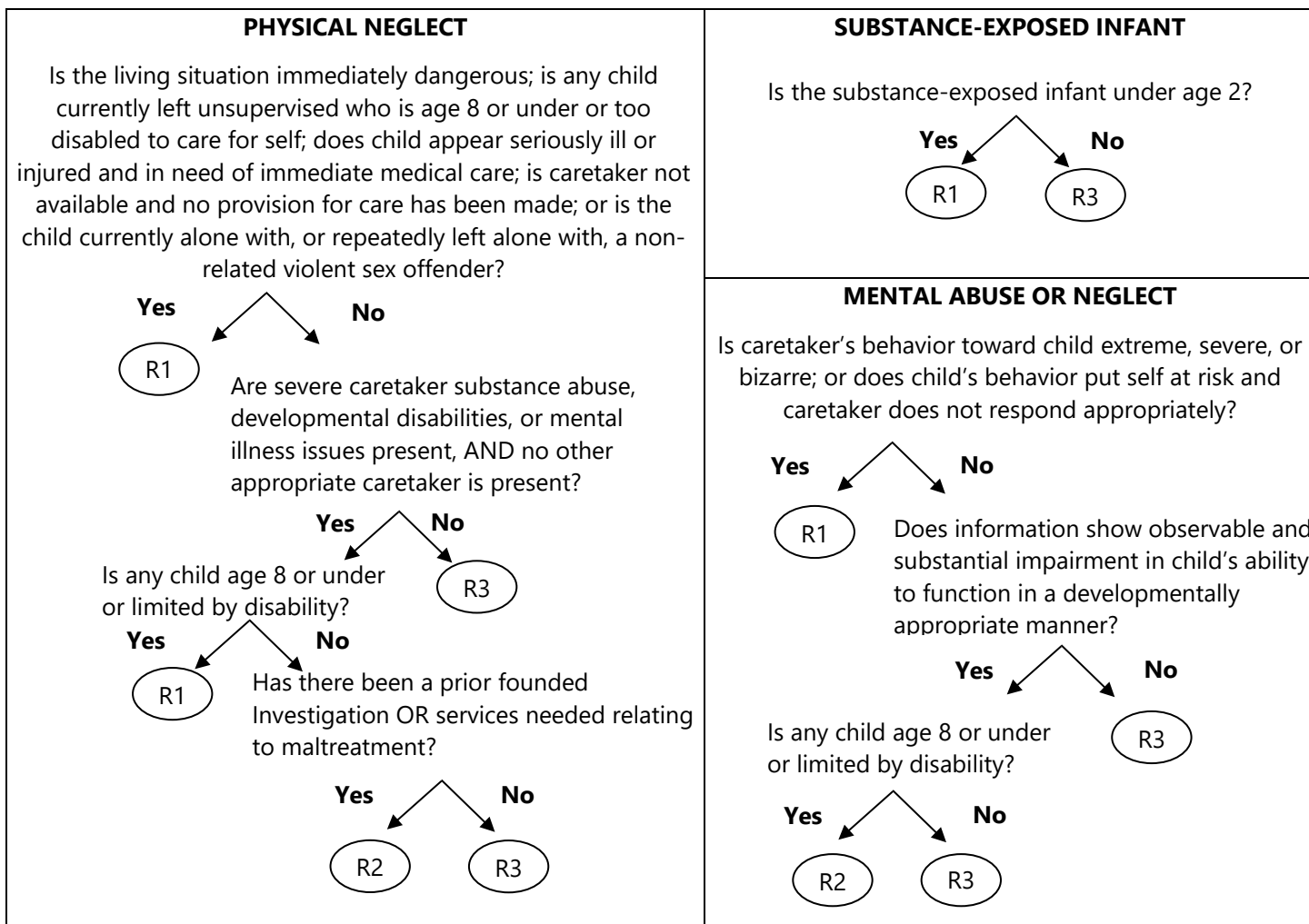
Validated as CA/N:

- ☐ Yes (*Continue to Step 2, Response Priority*)
- ☐ No (*Check all alternative actions. Do not complete Response Priority*):
 - ☐ Preventive service referral
 - ☐ Law enforcement
 - ☐ Information passed on to FSS
 - ☐ Judicial referral
 - ☐ Other: _____

STEP 2: RESPONSE PRIORITY

Section 1: Decision Trees





Section 2: Overrides

Policy Override

Shall increase to R1 whenever:

- ☐ a. Family is about to flee or has a history of fleeing;
- ☐ b. Forensic Investigation would be compromised if Investigation/Family Assessment is delayed;
- ☐ c. Law enforcement is requesting immediate response;
- ☐ d. Child victim is under age 2; or
- ☐ e. Allegation is exposure to drug-related activity and involves a meth lab.

May decrease by one priority level whenever:

- ☐ a. Child is in alternate safe environment; or
- ☐ b. A substantial period of time has passed since the incident occurred.

Discretionary Override (requires supervisor approval):

- ☐ Increase
- ☐ Decrease

Reason: _____

FINAL ASSIGNED RESPONSE TIME

R1 = as soon as possible within 24 hours

R2 = as soon as possible within 48 hours

R3 = as soon as possible within 40 work hours

STEP 3: DIFFERENTIAL RESPONSE DECISION

Select either Investigation or Assessment, and select all applicable reasons within column.

O Investigation

Mandatory Investigation reasons (if one or more apply, MUST be assigned as Investigation):

- ☐ Sexual abuse
- ☐ Child fatality
- ☐ Serious injury per 18.2-371.1
- ☐ Child taken into custody due to child abuse/neglect (CA/N)
- ☐ Child taken into custody due to Safe Haven
- ☐ Child taken into custody by physician or law enforcement
- ☐ Out-of-Family
- ☐ Third valid report within 12 months
- ☐ Child has been left alone in the same dwelling with a person to whom the child is not related by blood or marriage and who has been convicted of an offense against a minor for which registration is required as a violent sexual offender per 9.1-902

Suggested Investigation reasons:

Physical Abuse

- ☐ Injury is serious, but less serious than 18.2-371.1
- ☐ Injury requires medical evaluation, treatment, or hospitalization

Mental Abuse or Neglect

- ☐ Serious distress or impairment of child
- ☐ Emotional needs not met or severely threatened

Physical Neglect

- ☐ Serious injury or illness due to lack of supervision
- ☐ Injury or threat of injury due to weapons in home
- ☐ Non-organic failure to thrive of infant at imminent risk of severe harm
- ☐ Abandonment

☐ Other: _____

○ Assessment

☐ No Mandatory Investigation Circumstances Are Present (must be selected if Assessment is selected)

Note: Select for all valid substance-exposed infant reports, in which that is the only allegation

Suggested Assessment Reasons:

Physical Abuse

☐ No injury, or injury that does not require medical treatment

Mental Abuse or Neglect

☐ Minor distress or impairment

☐ Emotional needs sporadically met and behavioral indicators of impact

☐ Exposed to domestic violence but no immediate threat of harm

Physical Neglect

☐ Lack of supervision but child not in danger at time of report

☐ Inattention to safety results in no or minor injuries

☐ Other: _____

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® SCREENING ASSESSMENT DEFINITIONS**

STEP 1: SCREENING ASSESSMENT

Section 1: Maltreatment Type

Physical Neglect occurs when a parent or other person responsible for a child's care neglects or refuses to provide care necessary for the child's health; when a child is without parental care or guardianship caused by the unreasonable absence or the mental or physical incapacity of the child's parent, guardian, legal custodian, or other person standing in loco parentis; when parent(s) or other person(s) responsible for the child's care abandons the child.

Abandonment: Conduct or actions by the caretaker implying a disregard of caretaking activities including extreme lack of interest or commitment to the child, or leaving the child without a caretaker and without making proper arrangements for the care of the child.

This may include a caretaker disregarding their caretaker duties, obligations, and responsibilities by failing to make reasonable efforts to locate the child when the child has run away and/or is missing. Reasonable efforts include but are not limited to contacting local law enforcement to make a report that the child has run away and/or is missing.

Inadequate supervision: The child has been left in the care of an inadequate caretaker or in a situation requiring judgment or actions greater than the child's level of maturity, physical condition, and/or mental abilities would reasonably dictate.

OR;

Caretaker provides minimal care or supervision such that the child is placed in jeopardy of sexual or other exploitation, physical injury, or that results in status offenses, criminal acts by the child, or alcohol or drug abuse.

OR;

Caretaker allows, encourages, or engages in sex trafficking of the child.

Examples may include but are not limited to the following.

- Caretaker ignored/disregarded pertinent information about either the child's behavior history or self-management abilities.
- Exposure to an incident of domestic violence. *Note: Consider physical abuse or mental abuse/neglect that may be the result of exposure to domestic violence.*

- Caretaker locks the child in or out, or expels the child from the home.
- Caretaker fails to protect the child from abuse/neglect and/or allows continued access to the child by someone the caretaker knows has previously maltreated the child.
- Caretaker leaves the child alone in the same dwelling with a person not related by blood or marriage who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to § 9.1-902.
- Caretaker is physically and/or mentally incapacitated, or caretaker's use of substances severely limits performing of childcare tasks.

Inadequate basic care (clothing, shelter, personal hygiene, food, and/or malnutrition):

Note: Family poverty and lack of outside resources in and of themselves may not be justification for selection of this item. Consider providing appropriate services to the family.

- *Inadequate clothing*—Failure to provide appropriate and sufficient clothing for environmental conditions, or failure to provide articles of proper fit that do not restrict physical growth and normal activity.
- *Inadequate shelter*—Failure to provide protection from the weather and observable environmental hazards in and around the home that have the potential for injury or illness.
- *Inadequate personal hygiene*—Failure to provide the appropriate facilities for personal cleanliness to the extent that illness, disease, or social ostracism has occurred or may occur. In the case of a young child, the caretaker must not only provide such facilities but also make use of them for the child.
- *Inadequate food*—Failure to provide and ensure an acceptable quality and quantity of diet to the extent that illness, disease, developmental delay, or impairment has occurred or may result.
- *Malnutrition*—Chronic lack of necessary or proper nutrition in the body caused by inadequate food, lack of food, or insufficient amounts of vitamins or minerals. This condition requires a medical diagnosis.

Inadequate medical/dental or mental health care: The failure by the caretaker to obtain and/or follow through with a complete regimen of medical, mental, or dental care for a condition that if untreated could result in illness or developmental delays.

Examples may include but are not limited to the following.

- Caretaker is failing to seek, obtain, or follow through with medical attention for a specific moderate-to-serious medical or dental injury, illness, or condition for a child, including failure to use prescribed drugs (consider medication, medical condition, adverse effect, injury to self or other). Include emergency treatment, necessary care or treatment, and necessary dental care or treatment.
- Caretaker is failing to seek, obtain or follow through with mental health services and intervention for a child in need of treatment or evaluation (includes suicide threats or attempts, severe emotional disorders, exhibiting behaviors dangerous to self or others, etc.).

Non-organic failure to thrive attributed to physical neglect: Failure to thrive occurs as a syndrome of infancy and early childhood that is characterized by growth failure and signs of severe malnutrition.

To select this item, it must be reported by a health care professional with reasonable suspicion that the condition is due to non-organic factors.

Other physical neglect: If the child has suffered a type of physical neglect that is not one of the above specified types, the CPS worker may document the type as "Other physical neglect" and specifically describe the type of physical neglect.

"Other physical neglect" may be selected when circumstances or conditions are present that are likely to result in failure to meet the child's basic needs in the near future to the extent that the child's health or safety is endangered.

Substance-Exposed Infant

Select this item when a health care professional reports any of the following.

Fetal alcohol spectrum disorder: An infant has fetal alcohol spectrum disorder (FASD). Including diagnosis of FASD up to age 5.

Mother's controlled substance abuse during pregnancy: An infant has an illness, disease, or condition attributable to mother's controlled substance abuse during pregnancy.

Infant affected by controlled substance: An infant is affected by controlled substances.

Withdrawal symptoms: An infant is experiencing withdrawal symptoms resulting from in utero drug exposure.

Mental Abuse or Neglect occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a mental injury by other than accidental means, or creates a substantial risk of impairment of mental functions.

Emotional or psychological abuse or neglect: A pattern of behavior or a severe single incident directed toward a child (e.g., berating, name calling, rejection, bizarre discipline) by a caretaker that interferes with that child's normal daily functioning and can be linked to psychological or physical ailments of the child.

Verbal threat of serious/life-threatening physical harm toward a child: Includes gestures/statements made by the caretaker or the caretaker's behavior, such as stating a fear of harming/killing the child, holding a gun to a child's head, use of a weapon, etc. Evidence of injuries need not be present.

Exposure to domestic violence: Child is exposed to one or more incidents of violence between caretakers that has or may result in demonstrated dysfunction. Exposure to domestic violence may be indicated by the child seeing, hearing, or trying to intervene in the incident of violence, OR the child is known to experience the buildup of tension or aftermath of the assault (e.g., observing victim depression, bruises, or other injuries). Incidents of violence include but are not limited to physical conflict; sexual assault; verbal altercations that include coercion, intimidation, or threats; manipulation or control of children; isolation; or unreasonable control of the adult victim.

When assessing referrals for exposure to domestic violence, consider that some conflict between caretakers is a normal part of a relationship and *is not necessarily* a child protection concern.

Note: Consider physical abuse and physical neglect that may be the result of exposure to domestic violence.

Non-organic failure to thrive attributed to mental abuse: Failure to thrive occurs as a syndrome of infancy and early childhood that is characterized by variable degrees of developmental delays.

To select this item, it must be reported by a health care professional with reasonable suspicion that the condition is due to non-organic factors.

Physical Abuse occurs when a caretaker creates or inflicts, threatens to create or inflict, or allows to be created or inflicted upon a child a physical injury by other than accidental means, or creates a substantial risk of death, disfigurement, or impairment of bodily functions.

Non-accidental or suspicious injury to a child by a caretaker: Suspicious injuries (including injuries that are old, healed, or healing) include injuries that are inconsistent with the caretaker's explanation; multiple inconsistent explanations for injuries; marks that resemble objects such as extension cords, belts, etc.; and/or injuries located in unusual areas of the body, such as the inner thigh, ears, torso, etc. Include asphyxiation, bone fracture, head injury/abusive head trauma, burns/scalding, cuts/bruises/welts/abrasions, internal injuries, sprains/dislocation, gunshot/stab wounds, battered child syndrome, shaken baby syndrome (include injury to child sustained during domestic violence incident).

Note: Old, healed, or healing injuries that have gone untreated and appear suspicious as reported by a health care professional can be considered for this.

Poisoning of a child by a caretaker: This includes ingestion, inhalation, injection, or absorption of any substance given to a child that interferes with normal physiological functions. The term "poison" implies an excessive amount as well as a specific group of substances. Virtually any substance can be poisonous if consumed in sufficient quantity.

Munchausen syndrome by proxy: A caretaker falsifies a child's medical history, alters a child's laboratory test, or actually causes an illness or injury in a child in order to gain medical attention for the child, which may result in innumerable harmful hospital procedures. This classification must be supported by medical evidence.

Caretaker action(s) indicates excessive force or force that would reasonably cause injury: Injuries may not have occurred or be visible, such as injuries to a child that are the result of being hit with a fist, choked, etc. Include bizarre discipline practices that result or could result in physical harm.

Exposure to drug-related activity: Allowing child to be present during the sale or manufacture of controlled substances.

Other physical abuse: If the child has suffered a type of physical abuse that is not specified above, the CPS worker may document the type as "Other physical abuse" and specifically describe the type of physical abuse.

"Other physical abuse" may be selected when circumstances exist where the child has not yet experienced harm and there have been no apparent abusive actions, but it can reasonably be concluded that if the circumstances continue without change, significant harm will likely occur in the near future to the extent that the child's health or safety is endangered.

Sexual Abuse occurs when a caretaker(s) or other person(s) responsible for child's care commits or allows to be committed any act of sexual exploitation or any sexual act upon a child in violation of the law.

Sexual contact, exploitation, or trafficking: Acts involving a child (under age 18) by a caretaker that may include reports of sibling/adolescent sexual contact where a clear caretaker role exists or there is significant age difference between the siblings; or consensual sex involving a child with a person who has care, custody, and control.

Examples of sexual *contact* may include but are not limited to the following.

- Caretaker intentionally touches child's intimate parts or the clothing directly covering such intimate parts.
- Caretaker forces child to touch caretaker's, child's, or another person's intimate parts or clothing directly covering such intimate parts.
- Caretaker forces another person to touch child's intimate parts or clothing directly covering such intimate parts. "Intimate parts" means the genitalia, anus, groin, breast, or buttocks of any person.
- Caretaker causes or assists a child under the age of 13 to touch caretaker's, child's own, or another person's intimate parts or material directly covering such intimate parts.
- Caretaker engages child in intercourse or sodomy, including acts commonly known as oral sex (cunnilingus, anilingus, and fellatio), anal penetration, vaginal intercourse, and inanimate object penetration.

Examples of sexual *exploitation* may include but are not limited to the following.

- Caretaker of the child allows, permits, or encourages a child to engage in prostitution as defined by the Code of Virginia.
- Caretaker of the child allows, permits, encourages, or engages in the obscene or pornographic photographing, filming, or depicting of a child engaging in any sexual act as defined by the Code of Virginia.

Examples of sexual *trafficking* may include but are not limited to the following.

- Caretaker allows, encourages, or engages in sex trafficking of child. Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

Disclosure by a child: A child has disclosed an incident of sexual abuse by someone who had care, custody, and control at the time of the alleged incident, whether or not a specific offender is identified.

Physical, behavioral, or suspicious indicators consistent with sexual abuse: This includes actions reported by a mandated reporter, even without disclosure.

Other sexual abuse: Most types of sexual abuse a child may suffer can be defined as one of the specified types. However, if the child has suffered a type of sexual abuse that is not one of those specified, the CPS worker may document the type as "Other sexual abuse" and specifically describe the type of sexual abuse. Other sexual abuse may include but is not limited to the following.

- Indecent solicitation of a child or explicit verbal or written enticement for the purpose of sexual arousal, sexual stimulation, or gratification.
- Exposing the male or female genitals, pubic area, or buttocks; the female breast below the top of the nipple; or the depiction of covered or uncovered male genitals in a discernibly turgid state to a child for the purpose of sexual arousal or gratification.
- Forcing a child to watch sexual conduct. "Sexual conduct" includes actual or explicitly simulated acts of masturbation, sodomy, sexual intercourse, bestiality, or physical contact in an act of apparent sexual stimulation or gratification with a person's clothed or unclothed genitals, pubic area, buttocks, or breast.
- French kissing a child younger than 13 years of age by an adult caretaker.

Section 2: Screening Decision

Yes: If one or more maltreatment types are selected in Section 1 and other validation requirements are met (child is under age 18, alleged abuser is caretaker, and jurisdiction exists), select "Yes" (validated as CA/N) and continue to Step 2, Response Priority.

No: If no maltreatment types are selected in Section 1, select "No." There will not be an Investigation or Assessment. There may be alternative actions taken or recommended, however. If so, select all the following alternative actions that apply.

Preventive service referral: The caller was referred to an agency in the community or an existing service program within the agency, such as child support enforcement, private counseling, mediation services, family preservation, homeless prevention, daycare, etc.

Law enforcement: The caller was referred to law enforcement and/or the referral information will be relayed to law enforcement by the worker per policy, but there will be no CA/N Investigation or Assessment in conjunction with law enforcement response.

Information passed on to FSS: The caller is providing information for a Family Services Specialist (FSS) on an open case or referral that does not constitute a new referral.

Judicial referral: The caller was referred to the juvenile courts for assistance with visitation, custody matters, CHINS petitions, etc.

Other: Select "Other" if any alternative actions were taken or recommended by the CPS worker and document details of alternative actions.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® RESPONSE PRIORITY DEFINITIONS

PHYSICAL ABUSE

Is medical care required, or are significant bruises, contusions, or burns evident?

- Medical care includes any intervention performed by a health care professional to treat an injury. Do not include forensic medical evaluations solely done for the purpose of documenting injury, or evaluation to determine IF there is an injury.
- Include *significant* bruises, contusions, or burns that did not require medical care. Significance is gauged by considering location (e.g., injuries to soft tissue, face, abdomen, or buttocks are considered more significant than injuries over bony prominences such as elbows, knees, shins); scope (e.g., injuries over multiple body surfaces or covering larger areas are considered more significant than a small, isolated bruise); and recency of injury (e.g., new injuries are considered more significant than old scars). A pattern of injuries apparently inflicted over time should be considered significant.

Is any child age 8 or under or limited by disability?

If the injured child has not reached ninth birthday, or is as vulnerable as a child 8 or under due to known cognitive or physical disability, answer yes. All others, answer no.

Will alleged abuser/neglector have access to child in next 48 hours?

If the alleged abuser/neglector is identified, is it likely that person will be in physical proximity of the child within 48 hours? Also include verbal/written or third-party access if the alleged abuser/neglector has used such indirect contact in an attempt to influence the child's statements or threaten the child in any way.

If the alleged abuser/neglector is unknown, access must be assumed. Answer yes.

Is non-involved caretaker's response appropriate and protective of child?

A non-involved caretaker is one who did not directly participate in the alleged maltreatment of the child. An appropriate and protective response may be characterized by acknowledgment that the alleged abuser/neglector's actions were inappropriate; awareness of and concern for the impact of maltreatment on the child; and acceptance of the child's report of abuse. A protective response may be evidenced by setting limits on the alleged abuser/neglector's contact with the child, involvement with discipline, etc. Consider the emotional and physical ability of the non-perpetrating caretaker to carry out intended protective measures.

Were severe or bizarre disciplinary measures used, or was abuse premeditated?

- Did alleged abuser/neglector act in ways that present high potential for serious harm (e.g., throwing a heavy object toward child's head, punching in abdomen)? Did alleged abuser/neglector act in ways that suggest extremely distorted and dangerous concepts of child discipline (e.g., locking in cage, surpassing child's physical or emotional capacity to endure, exposing to severe elements)?

OR

- Is there evidence that alleged abuser/neglector planned in advance to physically harm child? Answer no if caretaker planned in advance to take the action but did not intend the action to cause physical injury.

Will alleged abuser/neglector have access to child in next 48 hours?

If alleged abuser/neglector is identified, is it likely that alleged abuser/neglector will be in physical proximity of the child within 48 hours? Also include verbal/written or third-party access if there is reason to believe the alleged abuser/neglector will attempt to influence the child's statements or threaten the child in any way.

If the alleged abuser/neglector is unknown, access must be assumed. Answer yes.

Has there been a prior founded Investigation OR services needed relating to physical abuse?

Include any prior Investigation/Family Assessment that was founded or where services were indicated *for physical abuse* (Investigations/Assessments determined to be unfounded and screened out reports are excluded).

SEXUAL ABUSE

Does alleged abuser/neglector have access, or is child afraid to go home?

- If alleged abuser/neglector is identified, is it likely that the alleged abuser/neglector will be in physical proximity of the child within 48 hours? Also include verbal/written or third-party access if the alleged abuser/neglector has used such indirect contact to influence the child's statements or threaten the child in any way. If the alleged abuser/neglector is not identified, also answer yes.
- Does child express fear (verbally or nonverbally) of remaining at or returning home?

Is non-involved caretaker's response appropriate and protective of child?

A non-involved caretaker is one who did not directly participate in the alleged maltreatment of the child. An appropriate and protective response may be characterized by acknowledgment that the alleged abuser/neglector's actions were inappropriate; awareness of and concern for the impact of maltreatment on the child; and acceptance of the child's report of abuse. A protective response may be evidenced by obtaining medical evaluation, if indicated, and discontinuing contact between alleged abuser/neglector and child. Consider the emotional and physical ability of the non-perpetrating caretaker to carry out intended protective measures. Any attempt by the caretaker to influence the child's statement one way or the other is considered an inappropriate response.

Is non-involved caretaker unaware of abuse or is response to abuse unknown?

Answer yes if:

- Report is from a third party and non-involved caretaker has not yet been informed of the allegation;
- Non-involved caretaker may have learned of the alleged abuse, but caller has no information concerning caretaker's reaction.

Is any child under age 14 or limited by disability?

If the child has not reached 14th birthday, or is as vulnerable as a child under age 14 due to known cognitive or physical disability, answer yes. All others answer no.

PHYSICAL NEGLECT

Is the living situation immediately dangerous; is any child currently left unsupervised who is age 8 or under or too disabled to care for self; does child appear seriously ill or injured and in need of immediate medical care; is caretaker not available and no provision for care has been made; or is the child currently alone with, or repeatedly left alone with, a non-related violent sex offender?

Answer yes if the following:

- Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. Examples include but are not limited to the following:
 - » Exposure to animals known to be a danger;
 - » Unsafe heating or cooking equipment;
 - » Substances or objects accessible to the child that may endanger the health and/or safety of the child;

- » Lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made;
- » Exposed electrical wires;
- » Excessive garbage or rotted or spoiled food that threatens health;
- » Serious illness or significant injury has occurred due to living conditions and these conditions still exist (e.g., lead poisoning, rat bites);
- » Evidence of human or animal waste throughout living quarters;
- » Guns and other weapons are accessible to child;
- » Complete or near-complete absence of food.

OR

- Child is age 8 or under or is as vulnerable as a child age 8 or under due to known cognitive or physical disability AND:
 - » Child is currently alone or is scheduled to be alone within the next 48 hours;
 - » Caretaker does not attend to child to the extent that need for care goes unnoticed or unmet (e.g., caretaker is present but child can play with dangerous objects or be exposed to other serious hazards);
 - » Child is being supervised by an alternate caretaker who is unable to meet child's immediate needs for care and supervision.

OR

- Child's unmet medical need may result in serious harm, serious aggravation of symptoms, increased risk of long-term or permanent injury or impairment, or death if not treated within 48 hours. Examples include but are not limited to the following:
 - » Apparent bone injury that has not been set;
 - » Apparent second- or third-degree burn that has not been medically evaluated;
 - » Untreated dehydration;

- » Breathing difficulties;
- » Severe abdominal pain;
- » Loss of consciousness or altered mental status;
- » Failure to thrive;
- » Untreated exposure to the elements; frostbite.

OR

Caretaker:

- Left the child without affording means of identifying the child and the child's caretaker;
- Is absent from the home for a period of time that creates a substantial risk of serious harm to a child left in the home;
- Left the child with another person without provision for the child's support and the other person is no longer able or willing to provide care.
- Caretaker has currently left, or repeatedly leaves, the child alone in the same dwelling as a person not related by blood or marriage who has been convicted of an offense against a minor for which registration is required as a violent sexual offender pursuant to § 9.1-902.

Are severe caretaker substance abuse, developmental disabilities, or mental illness issues present, AND no other appropriate caretaker is present?

Answer yes if *caretaker*:

- Is currently impaired by alcohol or other controlled substances to the extent that they are not providing for the child's needs for care and safety, and this has resulted or is likely to result in injury, illness, or harm to the child;
- Is cognitively impaired to the extent that they lack basic understanding of child's needs for care and supervision, and this lack of understanding has resulted or is likely to result in injury, illness, or harm to the child; and/or
- Is mentally ill to the extent that they are unable to meet child's needs for care and supervision, and this has resulted or is likely to result in injury illness, or harm to the child. Examples include but are not limited to the following:

- » Loss of touch with reality;
- » Paranoid thoughts, especially those in which child may be seen as evil;
- » Severe depression that interferes with ability to function at even most basic levels;
- » Suicidal ideation (includes all direct or indirect threats, attempts, or behavioral indicators of suicidal ideation);

AND

- No other adult is present who is able to provide for the child's protection and care.

Is any child age 8 or under or limited by disability?

If any child has not reached ninth birthday, or is as vulnerable as a child 8 or under due to known cognitive or physical disability, answer yes. All others, answer no.

Has there been a prior founded Investigation OR services needed relating to maltreatment?

Include any prior Investigation/Family Assessment that was founded or where services were indicated for maltreatment (Investigations/Assessments determined to be unfounded and screened out reports are excluded).

MENTAL ABUSE OR NEGLECT

Is caretaker's behavior toward child extreme, severe, or bizarre; or does child's behavior put self at risk and caretaker does not respond appropriately?

Examples of extreme, severe, or bizarre behavior include the following.

- Caretaker threatens to harm self in child's presence.
- Bizarre forms of discipline are used to shame or cause other negative emotional impact on the child (e.g., forcing child to wear inappropriate clothing, such as a 10-year-old being forced to wear diapers—this should NOT include incidents of inappropriate clothing due to poverty or current fashion).
- People or pets are murdered or tortured in front of child.

- Child is subjected to extreme rejection from family (e.g., abnormally long time-outs based on child's age and developmental level; family acts as if child does not exist).
- Child is singled out for detrimental treatment.
- Caretaker is constantly belittling child or has unrealistic expectations of child.

OR

- Child is suicidal, self-mutilating, or engaging in other behavior that has caused or is likely to cause serious physical injury or death, AND caretaker is unable or unwilling to provide monitoring, support, mental health services, or hospitalization necessary to protect child.

Does information show observable and substantial impairment in child's ability to function in a developmentally appropriate manner?

Examples include chronic somatic complaints; enuresis/encopresis not due to medical condition; long-term withdrawal/depression/isolation from family or school activities; severe aggressive behavior; cruelty toward animals.

Is any child age 8 or under or limited by disability?

If any child has not reached ninth birthday, or is as vulnerable as a child 8 or under due to known cognitive or physical disability, answer yes. All others, answer no.

SUBSTANCE-EXPOSED INFANT

Is the substance-exposed infant under age 2?

If the substance-exposed infant is under the age of 2, select "Yes," as an R1 response is required. If the substance-exposed child is over the age of 2, select "No," as an R3 response is indicated in the absence of any other allegation types.

OVERRIDES

Policy Override

Shall increase to R1 under the following circumstances.

- Family is about to flee or has a history of fleeing: Family is preparing to leave the jurisdiction to avoid Investigation/Family Assessment, or family has fled in the past.

- Forensic Investigation would be compromised if Investigation/Family Assessment is delayed: Physical evidence may be lost or altered; attempts are being made to alter statements, conceal evidence, or coordinate false statements.
- Law enforcement is requesting immediate response.
- Child victim is under age 2.
- Allegation is exposure to drug-related activity and involves a meth lab.

May decrease by one priority level whenever:

- Child is in alternate safe environment: Child is no longer living where alleged abuse/neglect occurred, or child is temporarily away and will not return for 48 hours if overriding to R2 or 40 work hours if overriding to R3.
- A substantial period of time has passed since the incident occurred: The incident happened long ago, and there is reason to believe no additional incidents have occurred since then.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
SDM® INTAKE TOOL
POLICY AND PROCEDURES

The intake tool assists workers with two decisions.

- The purpose of the screening assessment (Step 1) is to assess whether calls meet the definitional criteria for a CA/N Investigation/Family Assessment.
- The response priority decision trees (Step 2) are designed to assist in determining how quickly to initiate the first meaningful contact for assigned Investigations/Assessments. By answering a series of questions, the trees aid in determining the priority level for responding to a case. Each priority level includes a suggested timeframe for response.
 - » Response 1 (R1) = as soon as possible within 24 hours.
 - » Response 2 (R2) = as soon as possible within 48 hours.
 - » Response 3 (R3) = as soon as possible within 40 work hours.

WHICH CASES

The screening assessment (Step 1) is completed for *all calls* alleging CA/N. This includes telephone and all other means of reporting, and includes new reports of CA/N on open cases.

The response priority (Step 2) is completed for all valid reports of CA/N.

WHO

The intake worker.

WHEN

As soon as possible upon receipt of the report.

DECISIONS

The screening assessment (Step 1) assists the worker in determining whether a report meets CA/N Investigation/Family Assessment definitions.

The response priority (Step 2) assists workers in determining when they must initiate the first face-to-face contact with the victim. R1 reports require that the first face-to-face contact with the victim occur as soon as possible within 24 hours; R2 reports require that the first face-to-face contact with the victim occur within 48 hours; and R3 reports require that the first face-to-face contact with the victim occur within 40 work hours. The timelines referenced in the decision trees commence at the time the report is made.

APPROPRIATE COMPLETION

Step 1: Screening Assessment

In Section 1, select the specific criteria for all allegations indicated in the report under the appropriate maltreatment category.

In Section 2, indicate whether the report is being validated as a CA/N report by selecting either "Yes" or "No." If any maltreatment criteria were selected and the other validity criteria are met (child under age 18, alleged abuser/neglector is a caretaker, and jurisdiction exists), the report should be validated as CA/N. Reports that do not meet any of the screen-in criteria should not be validated as CA/N reports.

For reports that are not validated as a CA/N report, indicate whether the referral meets criteria for some alternative action (e.g., preventive service referral).

Step 2: Response Priority

Information gathered by agency staff must be analyzed to assess the urgency for response. The response priority decision trees structure this analysis to determine a response priority level. The decision trees ask a series of questions depending on the type of alleged maltreatment (physical abuse, sexual abuse, physical neglect, substance-exposed infant, and mental abuse or neglect). Answers to each question, consisting of "yes" or "no" responses, will lead to another question, and ultimately, a response priority level.

If more than one type of maltreatment is alleged, complete all applicable decision trees to determine the most urgent response priority level.

Overrides

After reviewing all necessary decision trees, consider whether an override should be applied.

A policy override to R1 shall be applied whenever:

- Family is about to flee or has a history of fleeing;

- Forensic Investigation would be compromised if Investigation/Assessment is delayed;
- Law enforcement is requesting immediate response;
- Victim child is under age 2;
- Allegation is exposure to drug-related activity and involves a meth lab.

A policy override may be used to decrease response by one level whenever:

- Child is in an alternate safe environment;
- A substantial period of time has passed since the incident occurred.

A discretionary override may be applied if, after completion of all necessary decision trees and application of policy overrides, worker and supervisor determine that there are unique conditions not captured by the tool that warrant a different response priority. A discretionary override may increase or decrease the response time by one level.

Step 3: Differential Response Decision

The final step in assigning a valid referral is to determine whether the referral will be assigned as an Investigation or an Assessment. These decisions are currently guided by state statute and local policy. The worker will check whether the referral is assigned as an Investigation or as a Family Assessment and select all applicable reasons for this decision. If assigned as an Assessment, "No Mandatory Investigation Circumstances Are Present" *must* be selected. NOTE THAT THIS IS NOT A STRUCTURED DECISION AT THIS TIME.