

CHILD ABUSE AND NEGLECT INTAKE SCREENING AND RESPONSE TOOL

Policy and Procedures Manual



**South Carolina
Department of
Social Services**

June 2024



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SDM® INTAKE SCREENING AND RESPONSE TOOL

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Intake name: Last _____ First _____ Middle initial ____ **DOB:** mm/dd/yyyy

Intake date mm/dd/yyyy **Intake time:** hh:mm a.m./p.m. **Intake type:** OHAN/in-home CPS

Intake ID #: _____ **Intake worker name:** (autofilled based on log on)

County of origin (drop down select, DCF to provide pick list)

Referral narrative (required)

STEP I. PRELIMINARY SCREENING

Select all of the below elements of child abuse or neglect that apply (all must be selected to move forward).

- ☐ 1. There is an alleged victim who is under 18 years of age.
- ☐ 2. For in-home allegations, one of these criteria must apply:
- The child who was allegedly abused or neglected is physically located in South Carolina;
 - The alleged abuse or neglect occurred in South Carolina, and either the victim or the perpetrator is a resident of South Carolina; or
 - There is an emergency situation that requires CWS response.

Note: If one of these criteria is not met, forward to appropriate jurisdiction.

- ☐ 3. a. The alleged perpetrator is a parent, guardian, or other person responsible for the child's welfare;
or
b. The perpetrator is unknown, and there is a need to screen for physical abuse, sexual abuse, and/or human trafficking.

IF RESPONSE 1, 2, OR 3 SELECTED, COMPLETE THE SCREENING AND RESPONSE PRIORITY TOOL.

If any of these criteria are not met:

- ☐ 4. Referral does not meet criteria to be screened for allegations of child abuse and neglect.
- ☐ 5. Family Preservation Services without investigation.

IF RESPONSE 4 OR 5 SELECTED, THE SCREENING AND RESPONSE PRIORITY TOOL DOES NOT NEED TO BE COMPLETED AND THE DECISION IS TO SCREEN OUT.

STEP II. MALTREATMENT ALLEGATIONS

A. SCREENING CRITERIA

Select ALL that apply.

☐ **Death of a Child**

Child Trafficking

- ☐ Sex trafficking, and caretaker is the alleged perpetrator.
- ☐ Sex trafficking, and non-caretaker is the alleged perpetrator.
- ☐ Labor trafficking.

Physical Abuse

- ☐ Non-accidental serious physical injury.
- ☐ Unexplained physical injury.
- ☐ Excessive corporal punishment.
- ☐ Female genital mutilation.
- ☐ Substance-affected newborn.
- ☐ Substantial risk of physical harm: Threatening or dangerous behavior toward the child.
- ☐ Substantial risk of physical harm: Prior removal, death, or serious injury of a child due to child abuse, and the conditions have not been remedied, **and** a new child is now in the home.

Mental Injury

- ☐ Caregiver action(s) have led or are likely to lead to the child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others.
- ☐ Exposure to domestic violence.

Abandonment

- ☐ The parents of a child of any age have deserted or surrendered the child without making arrangements for the child's continuing care.

Medical Neglect

Physical health

- ☐ The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or vision care.

Mental health

- ☐ The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary mental health care, including substance abuse treatment for the child.

Physical Neglect

- ☐ Unsafe sleeping arrangements.
- ☐ Exposure to illegal drug-related activity in the home.
- ☐ Exposure to unsafe living conditions.
- ☐ Inadequate clothing or hygiene.
- ☐ Inadequate food/nutrition.
- ☐ Inadequate supervision/child left alone.
- ☐ Failure to thrive.
- ☐ Caregiver incapacity (due to incarceration, hospitalization, physical or mental incapacity, or death).
- ☐ Substantial risk of physical neglect: Prior removal, death, or serious injury of a child due to child neglect and the conditions have not been remedied, **and** a new child is in the home

Educational Neglect

- ☐ Caregiver does not meet basic educational needs of the child despite the school's intervention efforts.

Sexual Abuse

- ☐ Any sexual act on a child by an adult caregiver or other adult in the household.
- ☐ Physical, behavioral, or suspicious indicators consistent with sexual abuse.
- ☐ Exposure to sexually explicit conduct or materials.
- ☐ Actions or inactions by the caregiver that place the child at a substantial risk of being sexually abused.

Contributing to the Delinquency of a Minor

- ☐ The caregiver encourages, condones, or approves the child's commission of acts that would be a crime if the child were an adult.

No Maltreatment

- ☐ Referral does not include an allegation of abuse, neglect, or harm.

B. SCREENING DECISION

Initial Screening Recommendation

(autofilled based on completion of Step II. Maltreatment Allegations)

- ☐ Screen in; one or more maltreatment types are selected.
- ☐ Screen out; no maltreatment is selected.

Screening Override and Final Recommendation

Select one

- ☐ *No override selected.* The initial screening recommendation represents the final screening decision.
- ☐ *Override to screen in for investigation.* In-person response required. No criteria are selected, but the report will be opened (specify reason): _____
- ☐ *Override to screen out.* One or more criteria are selected, but the report will be screened out.
 - ☐ Insufficient information to identify or locate the child/family.
 - ☐ Another state CPS assuming responsibility for concern.
 - ☐ Duplicate report; additional information forwarded to assigned worker.

FINAL SCREENING DECISION

The screen-in or screen-out decision will autofill based on the initial screening decision and overrides; the worker must indicate out-of-home abuse or neglect (OHAN) allegation or in-home allegation, as appropriate.

☐ **Screen in.**

- ☐ OHAN allegation—forward to OHAN unit for CWS investigation (complete Step III).
- ☐ In-home CPS allegation—forward to county for CWS investigation (complete Step III).

☐ **Screen out.**

- ☐ In-home family referral—complete Step IV. Prevention Services Referral Guide if screened out due to no allegation of abuse or neglect. If screened out due to override, no further action is needed.

STEP III. RESPONSE PRIORITY

For all screened-in referrals, review the zero- to two-hour response time items, and select all that apply. If none apply, review the two- to 24-hour response time items, and select all that apply. If none apply, select the 24-hour to two-business-day response item.

ZERO- TO TWO-HOUR RESPONSE TIME CRITERIA

Select all that apply. If one or more criteria are selected, response time is within zero to two hours.

- ☐ Child death where abuse/neglect is suspected and other children reside in the home, or the alleged perpetrator is a person responsible for another child.
- ☐ Child of any age has an injury or medical condition caused by suspected abuse or neglect, requiring specialized care to preserve their life.
- ☐ Law enforcement or the courts are requesting immediate response, and the allegation meets the DSS criteria for CWS investigation.
- ☐ Family may leave their current location and/or caseworker may not be able to locate or access the child if response does not occur within the next zero to two hours.
- ☐ Child sexual or labor trafficking exists, and there is reason to believe the alleged perpetrator may have access to the child.
- ☐ There is a sexual abuse allegation, and there is reason to believe the alleged perpetrator has current access to the child, or access is unknown.

TWO- TO 24-HOUR RESPONSE CRITERIA

Select all that apply. If one or more criteria are selected, response time is between two and 24 hours.

- ☐ Child labor or sexual trafficking allegation was selected, but there are no concerns about the perpetrator having immediate access.
- ☐ Child or reporter expresses fear that child will experience serious harm if the response does not occur within the next two to 24 hours and has provided information that supports the fear.
- ☐ There is reason to believe the family may flee within the next two days.
- ☐ There is a physical abuse allegation, AND there is reason to believe the alleged perpetrator will have access to the child, OR the alleged perpetrator is unknown
- ☐ There is a sexual abuse allegation and current behaviors are impacting child safety.
- ☐ The child has a medical condition caused by suspected abuse or neglect that will worsen if not addressed within two to 24 hours.

24-HOUR TO TWO-BUSINESS-DAY RESPONSE CRITERIA

- ☐ No zero- to two-hour or two- to 24-hour response criteria exist; response within 24 hours to two business days required.

STEP IV. PREVENTION SERVICES REFERRAL GUIDE

In situations when the family has an open DSS case, no new prevention services referral will be made. The Intake case manager will share referral information with the currently assigned worker and team leader, via email, within two hours of final screening decision.

Yes No

- ☐ ☐ The family has an open DSS case.

*For in-home CPS referrals that were screened out due to no allegation of abuse, neglect, or harm, **and** there is no open DSS case, use the following guide to consider making a referral to prevention services. Select "Yes" or "No" for each based on information reported and/or available at the time of referral. If unknown at the time of report, answer "No." Referrals with one "Yes" answer are likely to benefit from prevention services.*

Yes No

- ☐ ☐ Family needs assistance meeting basic food, clothing, safe sleeping, and/or shelter needs.
- ☐ ☐ Current caregiver substance misuse/abuse concerns.
- ☐ ☐ The child has special educational, physical, or mental health needs, and the caregiver is struggling to meet those needs.

PREVENTION SERVICES REFERRAL DECISION

Autofilled based on completion of questions above

- ☐ Referral
- ☐ No referral

FINAL DECISION

This will be autopopulated based on completion of the tool.

Date: _____

Time: _____

DEFINITIONS

STEP I. PRELIMINARY SCREENING

ALL THE NECESSARY ELEMENTS OF CHILD ABUSE OR NEGLECT ARE MET.

1. There is an alleged victim who is under 18 years of age.

When all the alleged victims are adults, allegations that suggest a crime has been committed must be referred to law enforcement. As determined by the nature of the referral, allegations should also be referred to adult protective services or another appropriate agency.

2. For in-home allegations, one of these criteria must apply:

- **The child who was allegedly abused or neglected is physically located in South Carolina;**
- **The alleged abuse or neglect occurred in South Carolina, and either the victim or the perpetrator are residents of South Carolina; or**
- **There is an *emergency situation* that requires CWS response.**

Note: If one of these criteria is not met, forward to appropriate jurisdiction.

DSS has the authority to accept a hotline call that alleges child abuse or neglect when the victim child resides in another state or in emergency situations. For families in which one parent resides in South Carolina and the other resides in another state or residence is unknown, the call should not be screened out based on venue alone. For reports that allege abuse or neglect of a child who resides outside of South Carolina, the report should be forwarded to the state where the child resides. Please note that when the report is forwarded to the other state, DSS may need to provide assistance to that other state, such as conducting interviews or collecting evidence.

Emergency situations exist when the child is in South Carolina at the time of the hotline call, but the child does not reside in South Carolina (e.g., the family is visiting South Carolina) and the child has been abandoned, or it is necessary to protect the child because the child, or a sibling or parent of the child, is subjected to or threatened with mistreatment or abuse.

3. The alleged perpetrator is a parent, guardian, or other person responsible for the child's welfare; or the perpetrator is unknown, and there is a need to screen for physical abuse, sexual abuse, and/or human trafficking.

When the referral includes an allegation of child trafficking, and/or the alleged perpetrator is unknown or there is concern of failure to protect on the part of a person who is responsible for the child's welfare, the referral may not be screened out in Step I. When the alleged perpetrator is not a person responsible for the child's welfare, then the allegations must be forwarded to law enforcement.

A “person responsible for the child’s welfare” includes the child’s parent, guardian, or foster parent; an operator, employee, or caregiver of a public or private residential home, institution, agency, or childcare facility; or an adult who has assumed the role or responsibility of a parent or guardian for the child but who does not necessarily have legal custody of the child. A person whose only role is as a caregiver and whose contact is only incidental with a child, such as a babysitter or a person who has only incidental contact but may not be a caregiver, has not assumed the role or responsibility of a parent or guardian. An investigation pursuant to Section 63-7-920 must be initiated when the information contained in a report otherwise sufficient under this section does not establish whether the person has assumed the role or responsibility of a parent or guardian for the child.

4. Referral does not meet criteria to be screened for allegations of child abuse and neglect.

After considering items 1 through 3, none of them apply. The report does not meet criteria for the intake screening and response tool to be completed.

5. Family Preservation Services without investigation.

Family Preservation Services (FPS) are DSS managed services delivered to prevent foster care entries and provide families with resources.

Family Preservation Services without investigation referrals do not allege child abuse, neglect, or harm, but based on an assessment of the needs of the family, DSS has determined the child is at imminent risk of removal to foster care unless services are provided to prevent removal. Before providing Family Preservation Services, the case manager and team leader must consult with the county director immediately after receiving a report or before calling in the report. The county director shall document approval or disapproval of FPS in writing. If the county director approves FPS, DSS Intake categorizes the report as Unfounded, Category IV and documents the case as “Family Subject: Family Preservation Services No Investigation Needed,” and DSS provides ongoing case management.

STEP II. MALTREATMENT ALLEGATIONS

A. SCREENING CRITERIA

Elicit reporter’s concern and select all that apply. **Consider age, developmental status, other child vulnerabilities, and expected child and family life events when assessing referrals.**

Death of a Child

Report of child death where concern exists that abuse or neglect by the caregiver contributed to or caused the child’s death, regardless of whether other children reside in the home. Examples include but are not limited to:

- An unsafe sleep-related fatality co-occurring **with** caregiver impairment, unsanitary conditions of the home or sleep space, or any other suspicion of abuse and/or neglect;
- An unsupervised child resulting in a gunshot wound; overdosing on any substance; or drowning in a bathtub, pool, or other body of water; and/or
- Death of a child due to head trauma, or external or internal injuries that appear suspicious, inflicted, or non-accidental.

If this item is selected, an accompanying maltreatment type must also be selected.

Child Trafficking

Sex trafficking is any sex act involving a minor being recruited, harbored, transported, provided, solicited, patronized, or obtained for the purpose of sex acts, for which anything of value was given or received by any person. This includes but is not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation. There is no requirement of force, fraud, or coercion. There is no requirement that the perpetrator be limited to a parent, guardian, or person responsible for the child's welfare.

Child trafficking can be found in overt situations, such as an individual specifically offering money, drugs, alcohol, and so forth to a minor for sexual favors. Alternatively, a minor may be seen working in dangerous situations and reporting being forced to pay off a "debt" to their employer. Human trafficking can be hard to detect when it is covert.

In covert child trafficking, a parent/guardian may benefit from an illegal relationship between their minor child and an adult. This could be the parent "turning a blind eye" to what is going on, in exchange for getting rides to the store, childcare, groceries, or other benefits.

"Survival sex" is engaging in sexual intercourse or sexual acts to secure basic human needs, such as food, clothing, or shelter. These acts can be in-person sexual acts, including intercourse, or they may be virtual acts such as sending inappropriate photographs online. This is a form of commercial sexual exploitation. A minor does not have to have a "trafficker" to be considered a victim of human trafficking with this version of exploitation.

Sex trafficking, and caretaker is alleged perpetrator.

The definition for sex trafficking is met, AND the purpose is to engage the child in sexual activities by a caretaker. Intake case manager will review the Sexual Abuse maltreatment allegation for additional maltreatment selections regarding caretaker abuse. Examples include but are not limited to the following.

- Caretaker forces or coerces child to exchange sex for food, a place to stay, clothing, or anything the child needs or wants.

- The commercial exchange of the child to meet the needs or wants of caretaker, such as the caretaker allowing someone else to engage in sexual activity with the child in exchange for drugs or rent.
- Child makes money or is required to earn a quota for a "boyfriend"/"pimp"/"controller"/"manager"/"daddy" by performing sex acts.
- A person posts sexually explicit pictures of the child on the internet for the purpose of making money.
- Caretaker solicits child online for sexual acts.
- Caretaker distributes obscene materials depicting the alleged victim child.

Sex trafficking, and non-caretaker is alleged perpetrator.

The definition for sex trafficking is met, AND the purpose is to engage the child in sexual activities by a non-caretaker. Examples include but are not limited to the following.

- A person forces or coerces child to exchange sex for food, a place to stay, clothing, or anything the child needs or wants.
- The commercial exchange of the child to meet the needs or wants of caretaker, such as the caretaker allowing someone else to engage in sexual activity with the child in exchange for drugs or rent.
- Child makes money or is required to earn a quota for a "boyfriend"/"pimp"/"controller"/"manager"/"daddy" by performing sex acts
- A person posts sexually explicit pictures of the alleged victim child on the internet for the purpose of making money.
- Non-caretaker solicits child online for sexual acts.
- Non-caretaker distributes obscene materials depicting the alleged victim child.

Labor trafficking

Report alleges a child has performed labor or services through the use of force, fraud, or coercion, and either the child or the alleged perpetrator is receiving something of value in return. Labor trafficking includes situations of debt bondages, forced labor, and involuntary child labor.

The most common industries in which child labor trafficking occurs are agriculture, domestic work, health and beauty, restaurants/small business, gang-involved drug sales and gun carrying, traveling sales crews, and peddling or begging rings.

There is no requirement that the perpetrator be limited to a parent, guardian, or person responsible for the child's welfare. Examples include but are not limited to the following.

- Threats of being deported in exchange for labor.

- Withholding immigration paperwork in exchange for labor.
- Forced to work in inhumane environments for little to no pay in exchange for a need being met.
- Threats of violence against a person or their family in exchange for labor.
- Wages garnished to pay off smuggling fees, leading to debt bondage.

Physical Abuse

A caregiver inflicted physical injury upon a child or allowed someone else to inflict physical injury upon a child, or the caregiver's actions or omissions placed the child at substantial risk of sustaining physical injuries. Physical injuries can be permanent or temporary. This includes the following.

Non-accidental serious physical injury

Infliction of serious physical injury on a child by a caregiver, generally characterized by enduring pain. Injury or injuries may be current or may be in different stages of healing. Include allegations of excessive corporal punishment that result in serious physical injury. Include physical injuries to a child that resulted from a domestic violence incident. Examples of serious physical injuries include but are not limited to:

- Injury to head or face;
- Injury to abdomen, chest, throat, genitals, or other sensitive and vulnerable areas of the body;
- Fractured bones;
- Internal injuries;
- Injuries requiring medical attention;
- Patterns of burns that are consistent with maltreatment (e.g., cigarette burns, immersion burns);
- Extensive bruising and/or lacerations;
- Substantial bleeding;
- Shaking or throwing an infant or child under 3 years old;
- Interfering with a child's breathing; and
- Hitting a child or striking a child with a closed fist or an object that could cause a serious physical injury.

Unexplained physical injury

Serious physical injury to a child, consistent with definition above, for which the caregiver and/or child can give no plausible explanation, or the perpetrator is unknown. Injury or injuries may be current or may be in different stages of healing. Examples include but are not limited to:

- Physician report stating that injury type is consistent with non-accidental injuries;

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

Note: Minor injuries that could reasonably be expected given the child's age, stage, activity level, and developmental status should NOT be selected.

Excessive corporal punishment

Punishment or discipline that is not solely designed to correct a behavior, leaves lasting or permanent damage (e.g., marks or bruises that are observable), is not reasonable or moderate in its application, **and** is reckless or negligent. All of these criteria must exist in order for this maltreatment to be selected.

Female genital mutilation

Caregiver commits or allows to be committed against the child female genital mutilation as defined in Section 16-3-2210, or engages in acts or omissions that present a substantial risk that the crime of female genital mutilation would be committed against the child. Female genital mutilation includes the partial or total removal of the clitoris, prepuce, or labia minora, with or without excision of the labia majora; or the narrowing of the vaginal opening through the creation of a covering seal formed by cutting and repositioning the inner or outer labia, with or without the removal of the clitoris.

Substance-affected newborn

The infant is born substance affected, as indicated by one or more of the following:

- Infant's positive toxicology screen at birth shows the presence of any amount of a controlled substance or a metabolite of a controlled substance, unless the presence of the substance or metabolite is the result of medical treatment administered to the infant or the infant's mother; mother's positive toxicology screen at birth shows the presence of any amount of a controlled substance or a metabolite of a controlled substance, including methadone, unless the presence of the substance or metabolite is the result of medical treatment administered to the mother. This includes situations where it is unknown or cannot be confirmed that the medication is prescribed.
- Child has a medical diagnosis of fetal alcohol syndrome, and the mother or a child of that mother at a previous birth tested positive for a controlled substance or a metabolite of a controlled substance, unless the presence of the substance or metabolite was the result of medical treatment administered to the infant or the mother;
- Child has a medical diagnosis of fetal alcohol syndrome and a previous child of that mother also has a diagnosis of fetal alcohol syndrome;
- Infant displays symptoms of withdrawal; or

- Other indicators are determined by medical personnel.

Substantial risk of physical harm: Threatening or dangerous behavior toward the child

A caregiver's actions present a substantial risk of physical injury to a child. Risk is substantial if it is notable, articulable, sizeable, considerable, ample, and real, not imagined, or illusory.

Dangerous behavior toward or in immediate proximity of the child **and** behavior could cause serious physical injury. This includes but is not limited to the following.

- Unsafe use of physical restraint.
- Domestic violence with the child in the immediate proximity. (This does not include situations where the child is not in immediate proximity—consider "Mental Injury.")
- Driving a vehicle with the child in the car while impaired by drugs or alcohol.

OR

The caregiver has made credible threats to cause serious physical harm to the child that, if carried out, would constitute child abuse, and it is likely that, without intervention, the caregiver will carry out these threats. This includes but is not limited to the following.

- The caregiver describes conditions and situations that stimulate them to think about harming the child.
- The caregiver talks about being worried, fearful, or preoccupied with abusing or neglecting the child.
- One caregiver is expressing a concern for what another caregiver or someone in a caregiving role is capable of doing or may do, and the caregiver of concern has unsupervised access to the child.

*Substantial risk of physical harm: Prior removal, death, or serious injury of a child due to child abuse, and the conditions have not been remedied, **and** a new child is now in the home.*

A caregiver's actions present a substantial risk of physical injury to a child. Risk is substantial if it is notable, articulable, sizeable, considerable, ample, and real, not imagined or illusory.

This includes but is not limited to the following.

- Conditions exist that create a substantial likelihood that the child will be harmed. It is not necessary for injury to have occurred.
- There is credible information that a current caregiver was responsible for the death or serious injury of a child due to abuse, **and** there is now a new child living in the home.

Mental Injury

A caregiver's acts or omissions cause injury to the intellectual, emotional, or psychological capacity or functioning of a child as evidenced by a discernible and substantial impairment of the child's ability to function; or the caregiver's acts or omissions present a substantial risk of causing injury to the intellectual, emotional, or psychological capacity or functioning of a child.

Caregiver action(s) have led or are likely to lead to the child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others

The caregiver has demonstrated destructive behaviors toward or in the presence of the child that have or are likely to have a **significant** impact on the child's mental health and emotional well-being. The child may be demonstrating signs of depression, **clinical** anxiety, outwardly aggressive behavior, delayed development, somatic symptoms, and/or self-destructive behavior, including substance use/abuse, self-harm, or suicidal ideation or action. Caregiver actions may include but are not limited to the following.

- *Rejecting/humiliating:* The caregiver refuses to acknowledge the child's worth and the legitimacy of the child's needs. This may include singling one child out to criticize or punish, belittling the child, or shaming the child for expressing normal emotions such as affection or grief. The caregiver threatens the child with being sent away or tells the child they are unwanted. The caregiver treats the child differently from other children in the home; disallows the child the same food as the rest of the family and withholds other provisions provided to the rest of the household; or physically separates the child from family. The caregiver tells the child to go ahead and harm self when the child threatens suicide. The caregiver humiliates the child in the guise of discipline through odd punishments, (e.g., making an older child wear a diaper for bedwetting; shaving the child's head; forcing the child to wear soiled clothes to school).
- *Terrorizing/creating a climate of fear:* The caregiver creates a climate of fear by verbally assaulting or bullying the child. This includes actions intended to intentionally cause the child to experience extreme fear. These actions include but are not limited to the following.
 - » Caregiver harms/threatens harm to self, child, or loved ones.
 - » Caregiver harms animals in front of the child and/or places the child in dangerous situations.
 - » Child describes credible threats made by caregiver or recounts previous experience that forms the basis for fear.
 - » Child experiences reasonable fears of retribution or retaliation from the caregiver.
 - » Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents.
- *Isolating/ignoring:* The caregiver limits interactions, deprives the child of essential stimulation and responses, or cuts the child off from normal opportunities for social or cultural interaction, preventing the child from forming familial bonds or friendships, and making the child believe that they are alone in the world.

Exposure to domestic violence

The child has seen, heard, is aware of, or tried to intervene in serious physical altercations, serious verbal threats, or intimidation between adults in the home. These incidents may occur on more than one occasion OR on a single occasion that involved weapons, resulted in any injury to an adult, or resulted in arrest/court involvement.

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. This pattern of behavior may continue after the end of a relationship or when the partners no longer live together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

If a child has been injured or threatened with injury, also select the appropriate "Physical Abuse" item.

Abandonment

The parents of a child of any age have deserted or surrendered the child without making arrangements for the child's continuing care

The caregiver willfully deserts a child or willfully surrenders physical possession of a child without making adequate arrangements for the child's needs or continuing care. This includes situations where a caregiver is unable or unwilling to provide care for the child and the current person/entity (non-legal caregiver) who is providing care seeks to discontinue care. Caregiver abandonment may be indicated by, but not limited to the following.

- Caregiver takes clothing and other belongings, quits jobs, or establishes another residence.
- Caregiver undergoes absence that significantly exceeded the planned length of time.
- Caregiver has deserted the child with no apparent plans for return.
- Child is being discharged from a facility, and the caregiver refuses to accept the child back into the home **and** has not helped the child find an alternative placement.
- Caregiver kicked the child out of the home or refuses the child entry to the home and has not provided a safe alternative.
- Unaccompanied minor has immigrated to the United States and no caregiver is available. This does not include any unaccompanied minors already in the custody of the federal government.

The alleged maltreater in this instance is the parent, guardian, or custodian rather than the person or institution who is seeking to discontinue care provision.

Medical Neglect

A caregiver fails to supply a child with adequate health care, even though they are financially able to do so or have been offered financial or other reasonable means to do so, **and** the failure causes or

presents a substantial risk of causing physical or mental injury to a child. Religious exceptions **cannot** be considered at intake per Statute 63-7-950.

Physical health: The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or vision care

The caregiver knows or should reasonably be expected to know that such actions have resulted in a physical or mental injury to the child or present a substantial risk of physical or mental injury to the child. Consider whether caregiver has the necessary financial or other resources available to meet physical health care needs of the child. Such actions may include but are not limited to:

- Missing appointments, physical therapies, or other necessary medical health treatments;
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical conditions; and
- Failing to provide comfort measures to infants and children with life-ending conditions.

Mental health: The unreasonable delay, refusal, or failure on the part of the caregiver to seek, obtain, and/or maintain necessary mental health care, including substance abuse treatment for the child

The caregiver knows or should reasonably be expected to know that such actions have resulted in a serious mental injury to the child or present a substantial risk of serious mental injury to the child. Consider whether caregiver has the necessary financial or other resources available to meet physical health care needs of the child. Such actions may include but are not limited to:

- Missing appointments, therapies, or other mental health care for a child with a diagnosed mental health condition;
- Withholding or failing to obtain or maintain necessary treatment for a child with life-threatening, acute, or chronic mental health conditions such as serious depression or anxiety; suicidal/homicidal ideation, action, or attempts; self--mutilation; and
- Failing to obtain or withholding substance abuse treatment for a child with a known substance abuse concern. Include situations where the child has overdosed or experienced a near overdose, and the caregiver has not obtained or maintained treatment for the child.

Physical Neglect

A caregiver fails to supply a child with adequate food, clothing, shelter, or supervision appropriate to the child's age and development despite having the resources or being offered the resources to do so, **and** the failure to do so has caused or presents a substantial risk of causing physical or mental injury.

Unsafe sleeping arrangements

The caregiver is intoxicated or impaired **and** there is concern for unsafe sleeping arrangements for the child. Examples may include but are not limited to:

- Co-sleeping with an infant (younger than 12 months); and
- Persisting in sleeping arrangements that are likely to result in suffocation from objects or persons.

Exposure to illegal drug-related activity in the home

Drugs or drug paraphernalia are used, sold, distributed, or manufactured in the child's home without a legally valid license or medical prescription. This includes manufacturing street drugs in the presence of a child or the drug being manufactured having a lasting impact on the home environment. Please note that this allegation type should not be selected when the allegation is only that the caregiver is unable to provide care due to substance use. The impact to the child must be considered if the circumstances of the drug use in the presence of the child are unclear.

Exposure to unsafe living conditions

The child's living conditions are significantly unsanitary and/or contain hazards that have led or are likely to lead to the child's injury or illness if not resolved. Consider the child's age and vulnerability when selecting this item. Examples may include but are not limited to:

- Housing that is an acute fire hazard or has been condemned;
- Exposed heaters;
- Gas fumes;
- Faulty electrical wiring;
- No utilities (e.g., heating/cooling, water, or electricity);
- Broken windows or stairs;
- Vermin, human, or animal excrement;
- Insect infestations;
- Unguarded, unsecured, inappropriately stored, and/or easily accessible weapons;
- Easily accessible open windows, balconies, and so forth in upper stories; and
- Accessible hazardous chemicals.

Inadequate clothing or hygiene

A caregiver who has financial or other necessary resources available has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's daily activities are or will be adversely

impacted without intervention, and/or the child develops or suffers worsening of an injury or illness (e.g., sores, infection, tooth loss, severe diaper rash, physical illness, hypothermia, or frostbite).

Inadequate food/nutrition

A caregiver who has financial or other necessary resources available has not and/or does not provide sufficient food or hydration to meet minimal nutritional requirements for the child; the child experiences significant lack of food or unmitigated hunger due to lack of food.

Inadequate supervision/child left alone

The child is left alone or inadequately supervised to the extent that they have been injured, or they avoided injury despite the caregiver's lack of attention or supervision. Examples include but are not limited to the following.

- The child is in the care of an older sibling or minor babysitter who cannot or will not provide adequate care and supervision. Consider the child's needs and the abilities of the older sibling or minor babysitter.
- The adult caregiver is not meeting the child's need for supervision, considering the child's age and developmental status. Consider age, ability, and functioning of the adult caregiver and the needs of the child.
- The child has been left unsupervised with responsibilities beyond their capabilities and/or without a support system that should include phone numbers of caregivers, other family members, or neighbors; information about personal safety; and what to do in an emergency. Consider length of time, time of day, and age/ability of the child.
- The child has a controlled substance in their system because of the caregiver's lack of attention or supervision.
- Child-on-child sexual abuse has occurred due to action or inaction on the part of the caregiver. Caregiver must have prior knowledge of behaviors or other incidents that indicate that the abuse was likely to occur.

Failure to thrive

Referral of a child diagnosed with or showing signs of non-organic failure to thrive made by or on behalf of a physician.

Caregiver incapacity (due to incarceration, hospitalization, physical or mental incapacity, or death)

The caregiver is unable to care for the child because of incarceration, hospitalization, physical or mental incapacity, or death, **and** there is no safe adult to care for the child.

OR

The caregiver's ability to care for the child appears to be substantially impaired to the extent that the caregiver would likely be unable to respond to or meet the basic needs of the child (food, clothing, shelter, education, health care), and the caregiver has not made other arrangements for supervision or care of the child. This includes, but is not limited to, instances when:

- The caregiver is taking medication (prescribed or not) that affects alertness, availability, and decision making;
- The caregiver's physical health affects alertness, availability, and decision making;
- The caregiver's emotional state affects alertness, availability, and decision making.

If the caregiver has made a care plan for the child with a safe adult or is otherwise able to safely mitigate the impact of their incapacity on the child, this item should not be selected.

*Substantial risk of physical neglect: Prior removal, death, or serious injury of a child due to child neglect and the conditions have not been remedied, **and** a new child is in the home*

This includes but is not limited to the following.

- Conditions exist that create a substantial likelihood that the child will be neglected. It is not necessary for injury to have occurred.
- There is credible information that a current caregiver was responsible for the death or serious injury of a child due to neglect, **and** there is now a new child living in the home.

Educational Neglect

Caregiver does not meet basic educational needs of the child despite the school's intervention efforts.

A caregiver fails to supply a child with adequate education as required under [Article 1 of Chapter 65 of Title 59](#), **and** the failure to do so has caused or presents a substantial risk of causing physical or mental injury. However, the child's absence from school **may not** be considered abuse or neglect unless the school has made efforts to bring about the child's attendance by developing a written intervention plan, and those efforts were unsuccessful because of the caregivers' refusal to cooperate.

The caregiver of a school-age child (5 to 17 years old) is failing to ensure the child is provided with an education. Consider enrollment/non-enrollment in school or homeschooling designation, consecutive number of days the child is absent, school's engagement or attempts to engage with the caregiver, history of excessive school absences, impact on the child, and other maltreatment, as well as the age and educational needs of the child. Examples include but are not limited to the following.

- A child aged 5 to 17 is not enrolled in school **and** is not registered and adhering to the homeschooling program with the Office of the State Superintendent of Education.

- A child aged 5 to 13 has 10 or more unexcused absences this academic year, and despite a written intervention plan being put in place by the school, the school reports that the caregiver has been unable to be contacted, has been uncooperative with school officials, or cannot provide an appropriate explanation for the child's absences.
- A child with an individualized education program, special educational needs, and/or medical or physical vulnerabilities has 10 or more unexcused absences this academic year, and despite a written intervention plan being put in place by the school, the school reports that the caregiver has been unable to be contacted, has been uncooperative with school officials, or cannot provide an appropriate explanation for the child's absences.
- Other situations in which a child's lack of attendance impacts educational achievement, and the information provided indicates that the caregiver refuses to allow or appears unable to support the child in attending school. This can include instances where the child is enrolled in virtual school but is not participating or completing assignments to the point that it could result in the child being retained, **and** the school has taken documented efforts to address and the caregiver continues to not take action to address the concerns.

Note: This allegation is not appropriate for reports under the following circumstances.

- » The school has not made efforts to bring about the child's attendance.
- » The child is 13 years or older, and the child is willfully refusing to attend school.

Sexual Abuse

A caregiver commits a sex act upon a child or allows a sex act to be committed upon a child, or a caregiver engages in acts or omissions that present a substantial risk that a sex act will be committed upon a child.

Any sexual act on a child by an adult caregiver or other adult in the household

Based on verbal or nonverbal disclosure, medical evidence, or credible witnessed act. This includes physical contact with the child's breasts, buttocks, or genitals, or with other parts of the child's body in a sexualized manner or for sexual gratification.

Physical, behavioral, or suspicious indicators consistent with sexual abuse

Basis exists for concern that a child has been sexually harmed; at this time, the perpetrator is unknown and the caregiver or a household member cannot be ruled out. Indicators include but are not limited to the following.

- A pre-adolescent child has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to their genital or anal area.
- The child has initiated or participated in sex acts that are outside the realm of developmentally normal preadolescent exploration and adolescent behavior. This can include on video, photos, and

so forth. Consider the child's age, developmental status, and any power or age differential when assessing this item.

- A pre-adolescent child has initiated sexual acts or activities with caregivers, family members, or peers who are outside age-appropriate exploration or development.
- The child complains of pain in the genital or anal area, and there are other indications of sexual abuse.

Exposure to sexually explicit conduct or materials

The caregiver or other adult in the home allows the child to see sexually explicit material, witness sexual acts, or hear sexual language that is inappropriate to their age/developmental status, and this has resulted in the child exhibiting age-inappropriate sexual behavior OR emotional distress.

This does not include incidents that are accidental or inadvertent unless the report indicates that the behavior is persistent or frequently occurring.

Actions or inactions by the caregiver that place the child at a substantial risk of being sexually abused

There are concerns present in the household in relation to the caregiver, other members of the household, or close social network that could result in the child being sexually abused. This could include but is not limited to the following.

- The caregiver knowingly allows a person with a history of sexual offenses against minors to have unsupervised and/or unrestricted access to the child, and concerns exist that the individual could perpetrate again. This includes an individual with a record of sexual crimes toward children or an individual for whom credible evidence suggests the individual has a history of sexual abuse perpetration without a formal criminal record.
- A member of the household or someone who has unsupervised access to the child is in the possession of child pornography.
- A member of the household or someone who has unsupervised access to the child engages in grooming behaviors—that is, verbal, written, or physical behavior not overtly sexual but likely designed to prepare a child for future sexual abuse. Grooming includes a deliberate and escalating pattern of actions taken to lower a child's inhibitions (e.g., treating the child as "more special" than other children, talking about sexual topics that are age inappropriate, escalating touching from innocent to inappropriate, and "accidental" self-exposure by the caregiver).
- A member of the household or someone who has unsupervised access to the child is encouraging the child to engage in inappropriate sexual behaviors or relationships.

Note: This does not necessarily include situations where the only concern is that a caregiver is a registered sex offender and is living with children, but consider whether the reporter has knowledge that the registered sex offender is prohibited from being in the presence of children or living within proximity to children by a court order, the terms of probation, or the terms of parole.

Contributing to the Delinquency of a Minor

The caregiver encourages, condones, or approves the child's commission of acts that would be a crime if the child were an adult

The caregiver encourages, condones, or approves the commission of delinquent acts by the child. Delinquent acts are those acts that would be considered a crime if the child were an adult.

When the allegation involves sex trafficking and exploitation, select the "Sex trafficking" item.

No Maltreatment

Referral does not include an allegation of abuse, neglect, or harm

Information gathered does not reach a level of concern for a child's safety or health that requires an investigation. Referral will be evaluated to determine if a referral to another agency for response is warranted.

B. SCREENING DECISION

Initial Screening Recommendation

Autofilled based on completion of Step II. Maltreatment Allegations

Screen in; one or more maltreatment types are selected

One or more maltreatment allegations are selected, and report is screened in for investigation.

Narrative field (case manager: note details that support maltreatment item selected; team leaders: note approval or disagreement with case manager)

Screen out; no maltreatment is selected

No maltreatment allegations are selected, and report is screened out.

Screening Override and Final Recommendation

Select one.

No override selected.

The initial screening recommendation represents the final screening decision.

Override to screen in for investigation.

In-person response required. No criteria are selected, but the report will be opened (specify reason).

Select this item for referrals that do not contain information that reaches a threshold maltreatment allegation, but the agency is obligated to investigate because of law enforcement action, court action, or other reasons. Provide reason for override in the narrative box.

Override to screen out.

One or more criteria are selected, but the report will be screened out.

- *Insufficient information to identify or locate the child/family.* The caller was unable to provide enough information about the child's identity and/or location to enable an in-person response. Select ONLY after following protocol for attempting to discern identity/location from information provided by caller. **An online diligent search must be completed prior to making this selection.**
- *Another state CPS assuming responsibility for concern.* The family is currently under another state's CPS investigation or is receiving services regarding the same concerns that are being reported DSS. If at the time of Intake, Intake staff are aware another state is assuming responsibility for the investigation and that the other state is actively involved, then DSS may screen out the intake in deference to the other state's investigation.
- *Duplicate report; additional information forwarded to assigned worker.* Information is a duplicate of another report. Information will be forwarded to the assigned worker and team leader for their ongoing assessment of risk and safety with the family.

STEP III. RESPONSE PRIORITY

ZERO- TO TWO-HOUR RESPONSE TIME CRITERIA

Select all that apply. If one or more criteria are selected, response time is within zero to two hours.

Child death where abuse/neglect is suspected and other children reside in the home, or the alleged perpetrator is a person responsible for another child

Report of the death of a child where abuse or neglect is suspected and other children are in the home, a resident of the home is pregnant, or the alleged perpetrator is a person responsible for another child regardless of whether that child lives in the home.

Child of any age has an injury or medical condition caused by suspected abuse or neglect, requiring specialized care to preserve their life.

Child of any age has a serious or critical condition caused by suspected abuse or neglect, and a physician or medical practitioner has determined immediate medical attention or pediatric intensive care unit (PICU) admission is required. If not provided, the child's health and well-being will be permanently affected. This includes injury treatment and/or evaluation that is needed or currently in progress. It does not include medical examination completed solely for forensic purposes.

Law enforcement or the courts are requesting immediate response, and the allegation meets the DSS criteria for CPS investigation.

Law enforcement or court system is requesting an immediate child protective services (CPS) response and has provided information to support the request. This includes, but is not limited to, children being taken into emergency protective custody and when forensic considerations would be compromised by a slower response.

Family may leave their current location and/or caseworker may not be able to locate or access the child if response does not occur within the next zero to two hours.

There is concern that the family may flee, the child may become inaccessible, or caseworkers will be unable to locate the family if a response does not occur within the next zero to two hours. Examples include but are not limited to the following.

- Home address is unknown and parent/caregiver and/or child is currently at school, hospital, police station, or other known location.
- The parent/caregiver and/or child threaten to flee or have a history of fleeing from Child Welfare Services or police.
- The family is temporarily in South Carolina on vacation and plan to leave within 24 hours.

Child sexual or labor trafficking exists, and there is reason to believe the alleged perpetrator may have access to the child.

Current labor or sex trafficking exists as evidenced by disclosure, credible witnessed account, or medical evidence; AND the perpetrator has access to the child, OR it is unknown if the perpetrator will have access to the child.

Note: For children in locked facilities or in situations where there is evidence the perpetrator will clearly not have access, select the sexual and labor trafficking item in two- to 24-hour response criteria. When considering prioritization, consider any child vulnerabilities that may impact their safety.

There is a sexual abuse allegation, and there is reason to believe the alleged perpetrator has current access to the child, or access is unknown.

Sexual abuse allegation selected, and the alleged perpetrator will likely have access to the child in the next 24 hours, or the extent of the perpetrator's access is unknown.

TWO- TO 24-HOUR RESPONSE CRITERIA

Child labor or sexual trafficking allegation was selected, but there are no concerns about the perpetrator having immediate access.

An allegation for child sexual or labor trafficking was selected; however, there is no evidence or reason to believe the perpetrator has current access to the child (for example, the child is confirmed to be in locked facility).

Child or reporter expresses fear that child will experience serious harm if the response does not occur within the next two to 24 hours and has provided information that supports the fear.

Child is exhibiting behavioral indicators of fear, and this fear is attributable to any allegation of abuse; and/or the reporter provides credible evidence of a threat to the child's safety if response takes more than 24 hours.

Children express fear through different, sometimes contradictory, behaviors. These may include the following.

- Kicking, screaming, biting, spitting, throwing things, etc.
- Physically distancing self from others. Finding a space to hide (e.g., under table/desk/bed where visual and auditory input are decreased) and avoiding being touched or making eye contact.
- Covering ears, closing eyes, and tucking arms and legs in as much as possible.

Fear of parental response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety to mark this item. Consider age and developmental status of the child, historical parental response to the child, and concerns or incidents of any abuse.

There is reason to believe the family may flee within the next two days.

The caregiver or child has stated an intent to flee or is acting in ways that suggest an intent to flee; OR there is a history of the family fleeing to avoid investigation; OR evidence suggests the family may be otherwise unlocatable with a slower response.

There is a physical abuse allegation, AND there is reason to believe the alleged perpetrator will have access to the child, OR the alleged perpetrator is unknown.

Physical abuse allegation is selected, and there is information that suggests the alleged perpetrator will have access to the child, OR the alleged perpetrator is unknown.

There is a sexual abuse allegation and current behaviors are impacting child safety.

A sexual abuse allegation is selected, and the child is demonstrating behaviors that impact their safety or the safety of others.

Behaviors include but not limited to the following.

- A child attempts and/or succeeds at touching, groping, grabbing others in their private areas.
- A child behaves sexually in a public place.
- A child forces another child to engage in sexual play.
- A child who is self-harming.

The child has a medical condition caused by suspected abuse or neglect that will worsen if not addressed within two to 24 hours.

The child has a reported medical condition that was caused by abuse or neglect, and the situation will worsen if not addressed within two to 24 hours. Examples include but are not limited to the following.

- A child has symptoms associated with a failure to thrive diagnosis, and no medical attention is being provided currently, or the child victim's appearance and symptoms suggest that they should receive medical attention today.
- A child has or is suspected of having an infectious disease that is not being treated.
- A child has a serious illness or injury that has not been medically assessed, and the child victim's condition is worsening (e.g., a young child is experiencing prolonged vomiting or diarrhea, or a child is displaying evidence of a worsening infection or chronic medical condition that affects their breathing or ability to eat or drink).

24-HOUR TO TWO-BUSINESS-DAY RESPONSE CRITERIA

No zero- to two-hour or two- to 24-hour response criteria exist; response within 24 hours and two business days required.

STEP IV. PREVENTION SERVICES REFERRAL GUIDE

THE FAMILY HAS AN OPEN DSS CASE

In situations when the family has an open DSS case, no new prevention services referral will be made. The Intake Case Manager will share referral information with the currently assigned worker and team leader, via email, within two hours of final screening decision.

For in-home CPS referrals that were screened out due to no allegation, **and** there is no open DSS case, use the following guide to consider making a referral to prevention services. Select "Yes" or "No" for each as applicable based on information reported and/or available at the time of referral. If unknown at the time of report, answer "No." Referrals with one "Yes" answer are likely to benefit from prevention services.

FAMILY NEEDS ASSISTANCE IN MEETING BASIC FOOD, CLOTHING, SAFE SLEEPING, AND/OR SHELTER NEEDS

There is no allegation of abuse, neglect, or harm to a child, and the caregiver is currently experiencing financial and/or resources struggles and may not meet the ongoing needs of the family, to the extent that safety or family well-being may be affected. Basic needs include ability to ensure each child under the age of 2 has a safe sleep environment available each and every time they will be sleeping. Examples include but are not limited to the following.

- The caregiver's inability to meet the family's food, clothing, safe sleeping, and/or shelter needs due to lack of financial resources and lack of knowledge of public services (WIC, SNAP, energy assistance, etc.) or community-based resources (food pantries, diaper and infant needs pantries, clothing closets, housing shelters).
- Lack of transportation to access public or community-based supports.
- The household has recurring pest infections or infestations, including lice or bed bugs, and the caregiver does not have the resources to effectively combat the infestations.

CURRENT CAREGIVER SUBSTANCE MISUSE/ABUSE CONCERNS

There is no allegation of abuse, neglect, or harm to a child, and the caregiver is currently or has in the recent past been impacted by substance use, and there is concern that behavior may become abusive or neglectful in the near future. Examples include but are not limited to the following.

- DUI, though not with the child in the car.
- Substance misuse/abuse is stressing the caregiver's support network of family, friends, spouse, and others.
- The caregiver has experienced blackouts, negative effects on job or in relationship, or negative impact on physical health due to drinking or drug use, but none of these has yet affected the safety of the child.

THE CHILD HAS SPECIAL EDUCATIONAL, PHYSICAL, OR MENTAL HEALTH NEEDS, AND THE CAREGIVER IS STRUGGLING TO MEET THOSE NEEDS

Examples may include but are not limited to the following.

- The caregiver is struggling with the extended parenting requirements of a special needs child.
- The caregiver of a special needs child has limited support or respite from parenting.
- The caregiver is in need of advocacy support to receive appropriate services.
- The caregiver needs advice on service and intervention options, particularly for children with educational, mental health, or behavioral needs.
- The child has involvement with the Department of Juvenile Justice, and the caregiver is in need of additional support.

PREVENTION SERVICES REFERRAL DECISION

REFERRAL

Referral to prevention services made.

NO REFERRAL

No information in the report identified a need for referral.

POLICY AND PROCEDURES

The purpose of the screening and response priority tool is to assess whether a CPS report meets agency criteria for a child protective investigation.

WHICH CASES

The tool is completed for all reports of child abuse or neglect, both in-home and out-of-home (OHAN). This includes reports by telephone and all other means; it also includes new reports of child abuse and neglect on open cases.

WHO

The intake case manager.

WHEN

The tool is completed as soon as possible when processing the report, no later than the end of the intake case manager's shift. Reports must be approved by the intake team leader before the report goes to the county office, and for all referrals, including those screened out, before the end of the worker's shift.

For referrals that are received by afterhours staff or are otherwise approved to be entered into CAPSS and SDM retroactively, the SDM tool is completed at the same time the referral is entered in CAPSS. Team leader approval must occur before the end of the worker's shift.

DECISIONS

The tool guides whether a report requires a child protection investigation or whether a referral is appropriate for prevention services.

APPROPRIATE COMPLETION

The intake case manager selects all criteria alleged for each maltreatment type and makes the screening decision. Reports not meeting any of the screening criteria should not be accepted for child protection investigation.

FINAL DECISION

Final screening decision will autopopulate based on completion of the tool. The date and time fields will autopopulate to the current date and time and may be edited to anytime between the intake date and time, and the current date and time.

Workers completing the screening tool must use this field to document the date and time of their screening decision.

Intake team leaders review, approve, and/or revise all reports. Team leaders reviewing the screening tool must use the final decision data and time fields to document the date and time of their screening decision. The team leader's screening decision is used to start the investigation time clock for all in-home investigations.

For all referrals in which "One or more criteria are selected, but the report will be screened out" is selected, agency policy must be followed regarding who has the authority to select and override.

For referrals that are received by afterhours staff or are otherwise approved to be entered into CASS and SDM retroactively, the worker completing the data entry will use these fields to document the team leader's screening decision date and time, as indicated on the submitted referral.

County department office staff shall not administratively screen out any regional intake hub report. In situations in which the county department office may have information that merits a reconsideration of a regional intake decision to screen a referral in or out, the county department office shall request a change of the decision per the agency reconsideration policy. A request to change the decision may not be based solely on a disagreement with the regional intake hub's decision and must occur within 18 hours of the decision being made. In the event of a request to change a decision to screen in a report, the original response time remains unless the regional intake hub changes its decision to screen out a referral. The response time shall be based on the initial receipt of the referral and not on the date the decision is changed. The county department office may not request that a particular regional intake hub decision be changed more than once.

STEP IV. PREVENTION SERVICES REFERRAL GUIDE

For all referrals of in-home concerns that are screened out due to no maltreatment allegation, use the guide to consider making a referral to prevention services. Select "Yes" or "No" for each item as applicable based on information reported and/or available at the time of referral. If unknown at the time of the report, answer "No." Referrals with one "Yes" answer are likely to benefit from a prevention services referral.