



State of South Carolina

Department of Social Services

Policies and Procedures: Child Welfare Services

Subject:	Child Welfare Services Intake
Authority:	S.C. Code Section 63-7-10; S.C. Code Section 63-7-20; S.C. Code Section 63-7-330, S.C. Code Section 63-7-340; S.C. Code Section 63-7-350; S.C. Code Section 63-7-640; S.C. Code Section 63-7-910
Standards:	Guiding Principles and Standards (GPS) Practice Model
Application:	All Child Welfare Programs
Purpose:	To consistently receive, accurately screen, and process referrals of alleged child abuse or neglect and, when necessary, respond timely.
Policy Statement:	Intake case managers enter all new allegations of child abuse or neglect received by the South Carolina Department of Social Services (DSS) in CAPSS as Child Welfare Services (CWS) intakes and screen using the Intake Screening and Response Tool to determine if the referral meets the criteria for child abuse or neglect as cited in Title 63 of the South Carolina Children's Code.
Policy Administration:	Child Welfare Services Safety Division is the policy owner and will review the policy on an annual basis.
Procedures:	
A. Receiving Referrals	- Intake staff are scheduled and available to receive and process referrals 24 hours per day, seven days per week via telephone, email, mail, fax, or online at https://benefitsportal.dss.sc.gov. - Reports by DSS staff must be made by calling the abuse and neglect hotline number 1-888-CARE-4-US (1-888-227-3487). If DSS staff were only notified of the report by mail/fax/email and does not have any additional information to provide they can submit the report to intake by emailing afterhoursintakepc@dss.sc.gov. - If county staff receive a referral of abuse or neglect directly from a reporter, the county staff, using Intake Work Aid 2.9: Protocol for Intakes Received by County Staff as a guide, must immediately call Intake to provide all information gathered from the reporter so Intake staff can enter and screen the referral unless the referral involves a child being placed into Emergency Protective Custody (EPC). - All allegations of child abuse or neglect received by DSS must be entered into CAPSS as Child Welfare Services (CWS) Intakes by Intake staff. - Using the Intake Screening and Response Tool, Intake staff determine if the

	information reported meets the criteria for child abuse or neglect as is cited in Title 63 of the South Carolina Children's Code, using Intake Work Aid 2.1: Using the Intake Screening and Response Tool as a guide. 4. All screening decisions for any referral of child abuse or neglect must be made by Intake staff. 5. All accepted intake referrals of sexual abuse must be referred to law enforcement at the time of the intake. 6. If county staff receive notification of an EPC they will respond immediately and call Intake with the necessary information as soon as possible, but no later than 12 hours after receiving the call from the reporter, for the intake to be entered.
B. Receiving Other Calls or Referrals	Intake may receive calls which are not intended as referrals of child or vulnerable adult maltreatment. These referrals will be documented in CAPSS and redirected to the appropriate resource. Redirected calls or reports may include: 1. Requests for courtesy assistance from another state; 2. Reports of licensing or regulatory violation(s); 3. Information and referral only; 4. Requests for background checks or case history information; 5. Children in foster care calling the Helpline for assistance; 6. Providers notifying DSS of a critical incident; 7. CWS alerts; and 8. Requests for extended foster care services, ages 18-21.
C. Engaging the Reporter	Case managers will engage the reporter to conduct a comprehensive interview using Intake Work Aid 2.3: Interviewing to obtain pertinent information on the alleged incident as it relates to child safety and well-being. Case managers shall: 1. Provide their first and last name to the reporter; 2. Provide information to the reporter regarding confidentiality; 3. Provide information regarding the three screening decisions that can be made for the referral; 4. Provide information to the reporter regarding the decision notification process; and 5. Treat reporters in a respectful and professional manner.
D. Researching	Case managers will gather information regarding the history of the people involved in the report to determine the most appropriate response. Research

and Gathering History	must include searches for the following: 1. Every known member of the alleged child victim's immediate family, household, or residence; 2. All siblings identified in the report; 3. The alleged perpetrator(s); and 4. All identified caregivers, including applicable caregivers employed by the alleged child victim's childcare facility when the facility is the subject of the report. Searches are performed in the following databases: 1. Historical CAPSS information which may include case ID numbers, screen outs, and dates of incidents; 2. Worker Input Network and Support System (WINS) 3. Economic services database search; 4. Address searches in CAPSS and/or CLEAR search; and 5. When necessary, CLEAR searches are to be conducted by intake staff who have been licensed to access that system. Note: Intake staff may not create a new person ID or an Unknown person without completing the steps outlined in Intake Work Aid 2.8: Conducting and Documenting Searches.
E. Criteria for Investigative Response	To be accepted for CWS Investigation, information gathered at Intake must meet the criteria for an investigative response. Screening criteria for an accepted report are guided by the Intake Screening and Response Tool which includes the following: Death of a Child • An accompanying maltreatment type must be selected anytime this choice is made. Sex Trafficking • Child has been 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. There is no requirement of force, fraud, or coercion, or that the perpetrator be limited to a parent, guardian, or person responsible for the child's welfare. Labor Trafficking • Child has performed labor or services using force, fraud, or coercion, and either the child or the alleged perpetrator is receiving something of value in return. • Debt bondages • Forced labor

- Involuntary child labor

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 to 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 parent(s) of a child of any age have deserted or surrendered the child without planning 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 use 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 or nutrition
- Inadequate supervision or children left alone.
- Failure to thrive.
- Caregiver incapacity due to incarceration, hospitalization, or 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 - The caregiver does not meet the basic educational needs of the child. Sexual Abuse - Any sexual act on a child by an adult caregiver or other adult in the household - Physical, behavioral, or suspicious indicators which are consistent with sexual abuse - Exposure to sexually explicit conduct or materials - Actions or inactions by the caregiver which 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 commission of acts which would be a crime if the child were an adult. No Maltreatment - Referral does not include an allegation of abuse, neglect, or harm.
F. CWS Responsibility at Intake	For all in home referrals of abuse or neglect, DSS has CWS responsibility at intake if any of the following criteria are met: - The child who was allegedly abused or neglected is physically located in South Carolina. If, at the time of intake, Intake staff are aware another state is assuming responsibility for the investigation, then DSS may screen out the intake in deference to the other state's investigation; - The alleged abuse or neglect occurred in South Carolina and either the victim or the alleged perpetrator is a resident of South Carolina; or - There is an emergency. Note: If none of these criteria apply, but there is concern abuse or neglect has occurred and needs to be addressed by another state, intake staff must make a referral to the appropriate state who has CWS responsibility the same day the referral was received.
G. County of Origin	At the time of report the assigned county of origin is determined: - By the residence of the caregiver with primary custody. If custody is unclear and the child is enrolled in school, then the location where the child attends school determines the county of origin. - If custody is unclear and school enrollment information is unknown or unavailable, then the county where the child is currently located will be assigned as the county of origin. - If the family is already the subject of an open CWS Investigation, any new reports will be assigned to the county which holds the open case even if this conflicts with the previously mentioned criteria.

H. Prevention Services Referrals	Referrals received from Prevention Services staff will be entered and processed as a new report to be screened using the Intake Screening and Response Tool .
I. Duplicate Referrals	1. New reports on families who have an open CWS investigation may be considered duplicate referrals. When determining if a new report with an existing CWS investigation is a duplicate, the following must be considered: - The new allegations are similar to the existing CWS investigation; - The new maltreatment type and typology is consistent with the existing CWS investigation; - The new report recipients are included in the existing CWS investigation; - The new report includes the same alleged perpetrator(s); - The new report includes the same alleged victim(s); and - The new report does not meet the 0-2 hour response time criteria. Note: If any of the above considerations are not met, the new report shall not be considered a duplicate referral. Previously investigated allegations regarding the same incident can be considered a duplicate intake. 2. At the time an intake is screened out due to being a duplicate referral, the intake team leader must notify the county immediately. Intake notifies the county by emailing the active case manager, team leader, and county director for the existing CWS investigation. The email will include the: - Intake ID; - Allegations of the report that was screened out as a duplicate; and - Screening decision. 3. The Intake team leader shall document this email in CAPSS in both the received intake and in the existing open case dictation. Note: If the duplicate referral is processed by a different Intake team leader and the first decision was not accepted, but the following Intake team leader determines the referral meets the legal criteria, it may be accepted for CWS investigation. 4. When a county receives notification of a duplicate referral screen out, contact must be made with the family within 24 hours to re-assess the family and documented in CAPSS. The county must follow the Investigations Policy that outlines children at risk to determine recipients who may be exempt from being seen within 24 hours. Note: It is important for the family to be re-assessed timely to identify situations which are worsening and proactively address the family's safety.
J. Emergency Protective Custody	Referrals regarding a child who has been taken into Emergency Protective Custody (EPC) must be accepted for CWS Investigation unless it is the same reason the family has an active CWS case of the same maltreatment type.

K. Referrals of Human Trafficking	1. All referrals of alleged victims of commercially sexually exploited children and/or children who are victims of labor trafficking, sex trafficking, or pornography will be screened to determine an investigative response. 2. Intake case managers are responsible for making a law enforcement report for all reports of child trafficking, and this must be documented in the Intake dictation tab in CAPSS. 3. All referrals regarding the alleged trafficking of children in DSS custody should be assigned for investigation as follows: a. Concerns of trafficking regarding a provider will be assigned as an OHAN Investigation. b. Concerns of trafficking unrelated to the provider and without any other concerns about the provider will be assigned as an in-home CWS Investigation assigned to the child's county of origin. c. Concerns of trafficking unrelated to the provider but where additional concerns exist (i.e., lack of supervision will be entered as two separate intakes and assigned as both an in-home county CWS Investigation and an OHAN Investigation). The county investigator will be responsible for investigating the trafficking concerns, while the OHAN Investigator will investigate the concerns related to the provider. 4. The process for case management actions is in Investigations Work Aid 3.1: Investigative Case Consultations. Note: For more information on the guidelines for a child in DSS custody or a non-citizen whom there are concerns, suspicions, or knowledge of labor trafficking, sex trafficking, pornography, or sexual exploitation, please refer to Work Aid 16.1: Identifying and Serving Child Trafficking Victims.
L. Referrals Following Case Unfounded Category III	1. A referral that does not meet the legal criteria for child abuse or neglect as is cited in Title 63 of the South Carolina Children's Code may be accepted for CWS investigation based on the previous Unfounded Category III allegation. 2. If the investigation cannot be completed because the department is unable to locate the child or family or for other compelling reasons, the report may be classified as Unfounded Category III, and the investigation may be reopened at a later date if the child or family is located or the compelling reason for failure to complete the investigation is removed. 3. If it is determined the investigation may be reopened, the case manager shall complete DSS Form 3073: Notice of the Reopening of a Child Welfare Services Investigation for Category III Unfounded Reports, and upload a copy to the linked files in CAPSS.
M. Substance Affected Infants	All referrals received pertaining to substance affected infants will be identified in the CAPSS intake screen using the Plan of Safe Care identifier button. Referrals accepted for CWS investigation where a Plan of Safe Care is in place will receive specialized service provision. The process for case management

	actions is in Work Aid 2.4: Plan of Safe Care .
O. Reports Involving DSS Employees and/or their family	1. When a referral is received involving a DSS employee and/or their family, the Intake case manager will notify their Intake team leader immediately. 2. The Intake team leader will submit a request for an administrative lock. 3. If the referral is accepted, the Intake team leader must inform their Intake team coordinator, and the following shall occur: a. The Intake Team Coordinator must notify the State Intake Manager, Regional/County Director, and HR Employee Relations via email (hremployeeerelations@dss.sc.gov) immediately. b. The notification email must include: i. A brief summary of the report; ii. The name of the DSS employee; iii. Actions taken once the report was accepted; iv. Attached copy of the intake report and reporter page; and v. A reminder for the case to be administratively locked. c. The notification email subject line should state, "Accepted Intake on DSS Employee."
P. Law Enforcement Referrals	1. Case manager or team leader must send a referral to Law Enforcement (LE) for all allegations of severe physical abuse and sexual abuse. 2. The Intake case manager must complete any LE referral the same day the intake is received and document in CAPSS dictation where the referral was sent.
Q. Intake Decision Reconsiderations and File Fix Requests	1. County and OHAN staff may submit reconsideration requests based on disagreements about intake timeframes and intake decisions. Reconsideration requests may be submitted as outlined in Intake Work Aid 2.7: Reconsideration and File Fix Requests using DSS Form 37121: Intake Reconsideration Form. 2. File fix requests may be submitted as outlined in Intake Work Aid 2.7: Reconsideration and File Fix Requests.
R. Disaster Planning	1. Intake staff are considered essential staff and will not be deployed for shelter coverage. 2. Intake team leaders and team coordinators are required to utilize their laptops and monitor Intake referrals during disasters. 3. In the event the system is down and CAPSS is unavailable, the case manager shall complete DSS Form 3027: Offline Intake Form.

Forms:	DSS Form 3027: Offline Intake Form
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	DSS Form 3073: Notice of the Reopening of a Child Welfare Services Investigation for Category III Unfounded Reports DSS Form 37121: Intake Reconsideration Form
Related Management Reports:	CAPSS Batch Reports; Human Services Dashboards; History Provider Report; Call Management System Report

Glossary:

Referral(s): Any call, email, letter, fax, in-person, or online (<https://benefitsportal.dss.sc.gov>) alleging possible child abuse or neglect requiring a decision whether to initiate a CWS investigation.

Report: is any referral that meets the legal criteria to be accepted for CPS investigation.

CAPSS: Child and Adult Protective Services System

Structured Decision Making (SDM)®: A formal assessment tool which provides guidance and support for decisions about whether and how quickly to respond to allegations of child maltreatment.

Child Protective Services (CPS) Alert: A notification issued when staff are trying to locate persons listed in reports or in findings of child abuse or neglect when staff have exhausted all efforts to locate the family at the local level or there is reason to believe that the family has left the area.

Reporter(s): is a person who makes a report of alleged child abuse or neglect.

CLEAR Risk Inform® (CLEAR search): A high-level search process that can be used at intake to identify people and find background and location information.

Screen: To assess the sufficiency of a report of child abuse or neglect to determine the correct response to meet the state and/or federal requirement.

Intake staff: is any intake employee who is physically located and assigned to a regional intake office.

New Allegations on Open CWS Cases: is a report of alleged child abuse or neglect received by DSS during an open CWS case that contains a new maltreatment type or a new incident of abuse or neglect.

New Incident: is an incident that has occurred since the last referral was made regardless of maltreatment type or an allegation with a new perpetrator or maltreatment type.

Duplicate Reports: is a report regarding the same incident of abuse or neglect as previously reported and investigated. This may be reported by the same or a new reporter.

Plan of Safe Care: is a plan developed with families to address the needs of infants who may be affected by exposure to substances during pregnancy. The goal of a Plan of Safe Care is to increase access to treatment and to support women with substance use disorder and their children; and to provide access to appropriate screening, monitoring, assessment, and

intervention for infants determined to be affected by substance use, withdrawal, or Fetal Alcohol Spectrum Disorders (FASD).

Protective Capacity: are the behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person's ability to care for and keep a child safe.

Reconsideration Requests: is a request made by a County or Out of Home Abuse and Neglect (OHAN) office to make modifications to response time or screening decision.

File Fix Requests: are County or OHAN office requests to correct Child and Adult Protective Services System (CAPSS) entry errors or updates regarding an intake. Examples include incorrect person identification (ID) associated with an intake, unknown persons identified and having existing CAPSS history, errors in intake times/decision times, errors in the county of origin, etc.