

VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
CPS INTAKE TOOL

r: 07/11

OASIS Case Name: \_\_\_\_\_ Referral #: \_\_\_\_\_ FIPS Code: \_\_\_\_\_  
Worker Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

---

STEP 1: SCREENING ASSESSMENT

Section 1: Maltreatment Type

**Neglect** occurs when a parent or other person responsible for child's care neglects or refuses to provide care necessary for 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 child's care abandons such child.

\_\_\_\_\_ Abandonment: Child is deserted by parent/caretaker, and there are no apparent plans to return.

\_\_\_\_\_ Inadequate Supervision:

\_\_\_\_\_ Incapacitated Caretaker (includes physical and/or mental incapacitation, use of substances)

\_\_\_\_\_ 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.

\_\_\_\_\_ Parent/caretaker ignored/disregarded pertinent information about either the child's behavior history or self-management abilities.

\_\_\_\_\_ Parent/caretaker locks child in or out, or expels a child from the home.

\_\_\_\_\_ Parent/caretaker fails to protect child from abuse/neglect and/or allows continued access to child by someone who the parent/caretaker knows has previously maltreated the child.

\_\_\_\_\_ Parent/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.

\_\_\_\_\_ Exploitation (non-sexual): Parent/caretaker uses child to perform illegal acts to benefit the parent/caretaker.

\_\_\_\_\_ Inadequate Basic Care (clothing, shelter, hygiene, nutrition):

\_\_\_\_\_ Child's home environment, including lack of heat or shelter and unsanitary household conditions, is hazardous and could lead to injury or illness of the child if not resolved.

\_\_\_\_\_ Parent/caretaker has failed to meet a child's basic needs for clothing and/or hygiene to the extent that the child's functioning is impaired or there are medical indications such as sores, infection, physical illness, or serious harm such as hypothermia or frostbite.

\_\_\_\_\_ Child is without food (consider age of child and length of time) or is malnourished as a result of commission or omission by a parent/caretaker.

\_\_\_\_\_ Inadequate Medical/Mental Health Care:

\_\_\_\_\_ Parent/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 affect, injury to self or other). Include emergency treatment, necessary care or treatment, and necessary dental care or treatment.

\_\_\_\_\_ Parent/caretaker is unwilling to obtain 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

\_\_\_\_\_ Substance-exposed Infant

---

---

**Mental Abuse** 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: An incident or pattern of behavior directed toward a child (e.g., berating, name calling, domestic violence, rejection, etc.) by a parent/caretaker that interferes with that child's normal daily functioning and can be linked to psychological or physical ailments of the child.

\_\_\_\_\_ Exposure to Domestic Violence that results in demonstrated dysfunction by the child.

\_\_\_\_\_ Non-organic Failure to Thrive attributed to mental abuse.

---

**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 parent/caretaker. Suspicious injuries include injuries that are inconsistent with the parent/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, brain damage/skull fracture/subdural hematoma, 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).

\_\_\_\_\_ Old, Healed, or Healing Injuries that have gone untreated and appear suspicious as reported by a medical professional. Include any of the above that are not new injuries.

\_\_\_\_\_ Inappropriate Giving of Drugs to a child by a parent/caretaker, including use of illicit drugs by a breastfeeding parent that is reported by a medical professional as having adverse affects on the child. Include poisoning.

\_\_\_\_\_ Munchausen's Syndrome by Proxy or suspicion of it is reported by a medical or mental health professional who provides documentation supporting the allegation.

\_\_\_\_\_ Parent/Caretaker Action(s) Indicates Excessive Force or Threat of Force That Would Reasonably Cause Injury to a child where injuries may not have occurred or be visible, such as hitting with a fist, choking, etc. Include bizarre discipline.

\_\_\_\_\_ Exposure to Drug-related Activity: Allowing child to be present during the sale or manufacture of drugs.

\_\_\_\_\_ Verbal Threat of Serious/Life-threatening Physical Harm Toward a Child by a parent/caretaker, as evidenced by gestures/statements made by the parent/caretaker or the parent/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.

---

**Sexual Abuse** occurs when parent(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 or Exploitation involving a child (under age 18) by a parent/caretaker. This includes reports of sibling/adolescent sexual contact where a caretaker role exists or consensual sex involving a child with a person who has care, custody, and control.

\_\_\_\_\_ Disclosure by a Child of 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 reported by a mandated reporter, even without disclosure.

---

## Section 2: Screening Decision

Validated as CA/N: \_\_\_\_\_ Yes (Complete Step 2, Response Priority)

\_\_\_\_\_ No (Check all alternative actions. Do not complete Response Priority):

\_\_\_\_\_ Message/Retain Invalid Report

\_\_\_\_\_ Information Passed on to Case Manager

\_\_\_\_\_ External Preventive Service Referral

\_\_\_\_\_ Law Enforcement

\_\_\_\_\_ Internal Preventive Service Referral

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Judicial Referral

Additional Information:

---



## 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/assessment is delayed;
- \_\_\_\_\_ c. Law enforcement is requesting immediate response; or
- \_\_\_\_\_ d. 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 one level; or
- \_\_\_\_\_ Decrease one level.

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 five working days

**STEP 3: DIFFERENTIAL RESPONSE DECISION**

Mark either investigation or assessment, and check all applicable reasons within column.

\_\_\_\_\_ **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 by physician or law enforcement
- \_\_\_\_\_ Out-of-family (OOF; no further SDM completed)
- \_\_\_\_\_ Baby Doe
- \_\_\_\_\_ Fourth report within 12 months

Suggested investigation reasons:

- Physical Abuse
  - \_\_\_\_\_ Injury is serious, but less serious than 18.2-371.1
  - \_\_\_\_\_ Injury requires medical evaluation, treatment, or hospitalization
  - \_\_\_\_\_ Exposure to sale or manufacture of certain drugs
- Mental Abuse
  - \_\_\_\_\_ Serious distress or impairment of child
  - \_\_\_\_\_ Emotional needs not met or severely threatened
- 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 checked if assessment is selected)

Suggested assessment reasons:

- Physical Abuse
  - \_\_\_\_\_ No injury, or injury that does not require medical treatment
- Mental Abuse
  - \_\_\_\_\_ Minor distress or impairment
  - \_\_\_\_\_ Emotional needs sporadically met and behavioral indicators of impact
  - \_\_\_\_\_ Exposed to domestic violence but no immediate threat of harm
- Neglect
  - \_\_\_\_\_ Lack of supervision but child not in danger at time of report
  - \_\_\_\_\_ Inattention to safety results in no or minor injuries
  - \_\_\_\_\_ Substance-exposed infant
- Other: \_\_\_\_\_

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

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), mark “yes” (validated as CA/N) in Section 2 and proceed directly to Step 2, Response Priority. DO NOT SELECT ANY OF THE FOLLOWING IF REFERRAL WILL BE SCREENED IN.

If no maltreatment types are selected in Section 1, mark “no” in Section 2. There will not be an investigation or assessment. There may be alternative actions taken or recommended. If so, check all of the following alternative actions that apply.

**Message/Retain Invalid Report:** The given information does not meet validity requirements and no other referrals were given to the caller. However, information about the call will be maintained in OASIS.

**External Preventive Service Referral:** The caller was referred to an agency in the community, such as child support enforcement, private counseling, mediation services, etc.

**Internal Preventive Service Referral:** The caller was referred to an existing service program within the agency OTHER THAN FOR A CA/N INVESTIGATION OR ASSESSMENT. Examples may include family preservation, homeless prevention, daycare, etc.

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

**Information Passed on to Case Manager:** Caller is providing information on an open case that does not constitute a new referral.

**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.

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
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 a period of time should be considered significant.

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

If the injured child has not reached his/her 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 perpetrator have access to child in next 48 hours?**

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

If the perpetrator 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 perpetrator'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 perpetrator'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 perpetrator act in ways that present high potential for serious harm (e.g., throwing a heavy object toward child's head, punching in abdomen)? Did perpetrator 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 perpetrator 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 perpetrator have access to child in next 48 hours?**

If perpetrator is identified, is it likely that perpetrator 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 perpetrator will attempt to influence the child's statements or threaten the child in any way.

If the perpetrator is unknown, access must be assumed. Answer yes.

**Have there been prior CPS interventions regarding physical abuse?**

Include any prior investigation/assessment for physical abuse that was founded or where services were indicated (investigations/assessments determined to be unfounded are excluded).

**SEXUAL ABUSE**

**Does perpetrator have access, or is child afraid to go home?**

- If perpetrator is identified, is it likely that the perpetrator will be in physical proximity of the child within 48 hours? Also include verbal/written or third-party access if the perpetrator has used such indirect contact to influence the child's statements or threaten the child in any way. If the perpetrator 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 perpetrator'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 perpetrator 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 the non-involved caretaker has not yet been informed of the allegation.
- The non-involved caretaker may have learned of the alleged abuse but the caller has no information concerning the caretaker's reaction.

**Is any child under age 14 or limited by disability?**

If the child has not reached his/her 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.

**NEGLECT** (Includes medical neglect and abandonment)

**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 parent or guardian;

- 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 parental or 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 drugs to the extent that he/she is 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 he/she lacks 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.
- Is mentally ill to the extent that he/she is 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).
- A substance-exposed newborn represents severe parental substance abuse for the purposes of this question.

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 his/her 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.

**Have there been prior CPS interventions?**

Include any prior investigation/assessment that was founded or where services were indicated (investigations/assessments determined to be unfounded are excluded).

**MENTAL ABUSE** (Includes exposure to domestic violence)

**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;
- Unusual forms of discipline (e.g., child standing in corner on one leg; 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);
- Murder or torture of people or pets in front of child;
- Child's 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 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; fire setting.

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

If any child has not reached his/her 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.

## OVERRIDES

### Policy Overrides

Shall increase to R1 whenever:

- Family is about to flee or has a history of fleeing. Family is preparing to leave the jurisdiction to avoid investigation/assessment, or has fled in the past.
- Forensic investigation would be compromised if investigation/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.
- 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 is temporarily away and will not return for 48 hours if overriding to R2 or five working days 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  
CPS INTAKE TOOL  
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 child A/N investigation/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 five working days

**Which Cases:** The screening assessment (Step 1) is completed for all calls alleging child A/N. This includes telephone and all other means of report, and includes new reports of child A/N on open cases.

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

**Who:** The local 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 child A/N investigation/assessment definitions.

The response priority (Step 2) assists workers in determining when they must initiate the first meaningful contact. R1 reports require that the first meaningful contact occurs as soon as possible within 24 hours; R2 reports require that the first meaningful contact occurs within 48 hours; and R3 reports require that the first meaningful contact occurs within five working days. The timelines referenced in the decision trees commence at the time the report is made.

**Appropriate Completion:**

**Step 1: Screening Assessment**

In Section 1, mark 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 child A/N report by checking either “yes” or “no.” If any of the maltreatment criteria were checked and the other validity criteria are met (child under age 18,

alleged perpetrator is a caretaker, and jurisdiction exists), the report should be validated as child A/N. Reports that do not meet any of the screen-in criteria should not be validated as child A/N reports.

For reports that are not validated as a child A/N report, indicate with a check mark if the referral meets criteria for some alternative action (e.g., external preventive service referral).

For “duplicate referrals” (an allegation is reported, accepted, and assigned for an investigation/assessment one day, and then a few days later, a different caller makes the same allegation on the same family, based on the same set of issues - it is the same thing reported twice) in OASIS, treat the duplicate referral as “Invalid – Duplicate Referral.” On the SDM intake tool : 1) in Section 1, check none of the allegation sub-types; 2) in Section 2, check “No” (not validated as child A/N); and 3) in Section 2, under “Other Information,” type in “Duplicate Referral” and if available, give the referral number for the original validated referral. Do not complete the response priority or differential response sections of the intake tool.

### **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, neglect, and mental abuse). 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. Once a response of R1 has been obtained, it is not necessary to complete additional trees.

### **Overrides:**

After reviewing all necessary decision trees, consider whether or not 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;
- 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 check all applicable reasons for this decision. If assigned as an assessment, “No mandatory investigation circumstances are present” must be checked. **NOTE THAT THIS IS NOT A STRUCTURED DECISION AT THIS TIME.**