

# **SDM® SCREENING AND RESPONSE TIME ASSESSMENT**

## **Rule and Procedures Manual**



**Oregon Department  
of Human Services  
Oregon Child Abuse  
Hotline**

**February 2024**

Structured Decision Making® and SDM® are registered in the US Patent and Trademark Office.



## ABOUT EVIDENT CHANGE

Evident Change promotes just and equitable social systems for individuals, families, and communities through research, public policy, and practice. For more information, call (800) 306-6223 or visit us online at [EvidentChange.org](https://EvidentChange.org) and [@Evident\\_Change](https://twitter.com/Evident_Change) on Twitter.

© 2022 Evident Change

# CONTENTS

SDM® Screening and Response Time Assessment ..... 1

Definitions ..... 5

Policy and Procedures .....23

APPENDIX: Typical and Abusive Sexual Behaviors

# SDM® SCREENING AND RESPONSE TIME ASSESSMENT

## I. SCREENING

### A. ALLEGATION SELECTION *(Select all that apply)*

#### **Neglect**

- ☐ Failure to provide for child's basic needs
- ☐ Lack of supervision
- ☐ Lack of protection
- ☐ Medical neglect
- ☐ Access or exposure to a harmful substance
- ☐ Child selling
- ☐ Abandonment
- ☐ Child/Young Adult in care: Neglect
- ☐ Child/Young Adult in care: Abandonment
- ☐ Child/Young Adult in care: Financial exploitation

#### **Physical Abuse**

- ☐ Alleged perpetrator intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury
- ☐ Injury that is unexplained or at variance with given explanation
- ☐ Torture or cruel treatment
- ☐ Medical abuse
- ☐ Child/Young Adult in care: Physical abuse or willful infliction of physical pain
- ☐ Child/Young Adult in care: Involuntary seclusion
- ☐ Child/Young Adult in care: Wrongful use of restraint

#### **Sexual Abuse or Exploitation**

- ☐ Sexual contact
- ☐ Physical or behavioral indicators consistent with sexual abuse
- ☐ Exposure to sexually explicit conduct or materials
- ☐ Sexual exploitation
- ☐ Sex trafficking
- ☐ Child/Young Adult in care: Sexual harassment or coercive contact

#### **Mental Injury**

- ☐ Parent/caregiver actions have led to or create conditions that are consistent with substantial impairment of the child's psychological, cognitive, emotional, or social well-being and ability to function
- ☐ Child/Young Adult in care: Verbal abuse

### Threat of Harm

- ☐ Physical abuse
- ☐ Sexual abuse or exploitation
- ☐ Neglect
- ☐ Domestic violence

### No Allegation

- ☐ Report does not include an allegation of abuse

## B. SCREENING DECISION

### Preliminary Screening Recommendation

- ☐ Assign: One or more allegations are selected
- ☐ Close at screening: No allegations are selected

### Screening Recommendation Overrides

- One or more allegations are selected; however, the report will be **closed at screening** because:
  - ☐ Allegation is historical and alleged perpetrator is deceased due to causes unrelated to alleged abuse.
  - ☐ Alleged child victim is not an Oregon child.
  - ☐ Alleged perpetrator is a child and resides in another jurisdiction.
  - ☐ The report of abuse indicates that the alleged abuse occurred in another country and the alleged perpetrator is located in another country.
- Report does not include an allegation of abuse; however, the report will be **assigned** based on request from a tribe, law enforcement agency, or OTIS.
- Report does not include an allegation of abuse **and** does not contain information that describes behaviors, conditions, or circumstances that pose a risk to a child. The report will be **deleted**.
- **No override.** No change in screening recommendation.

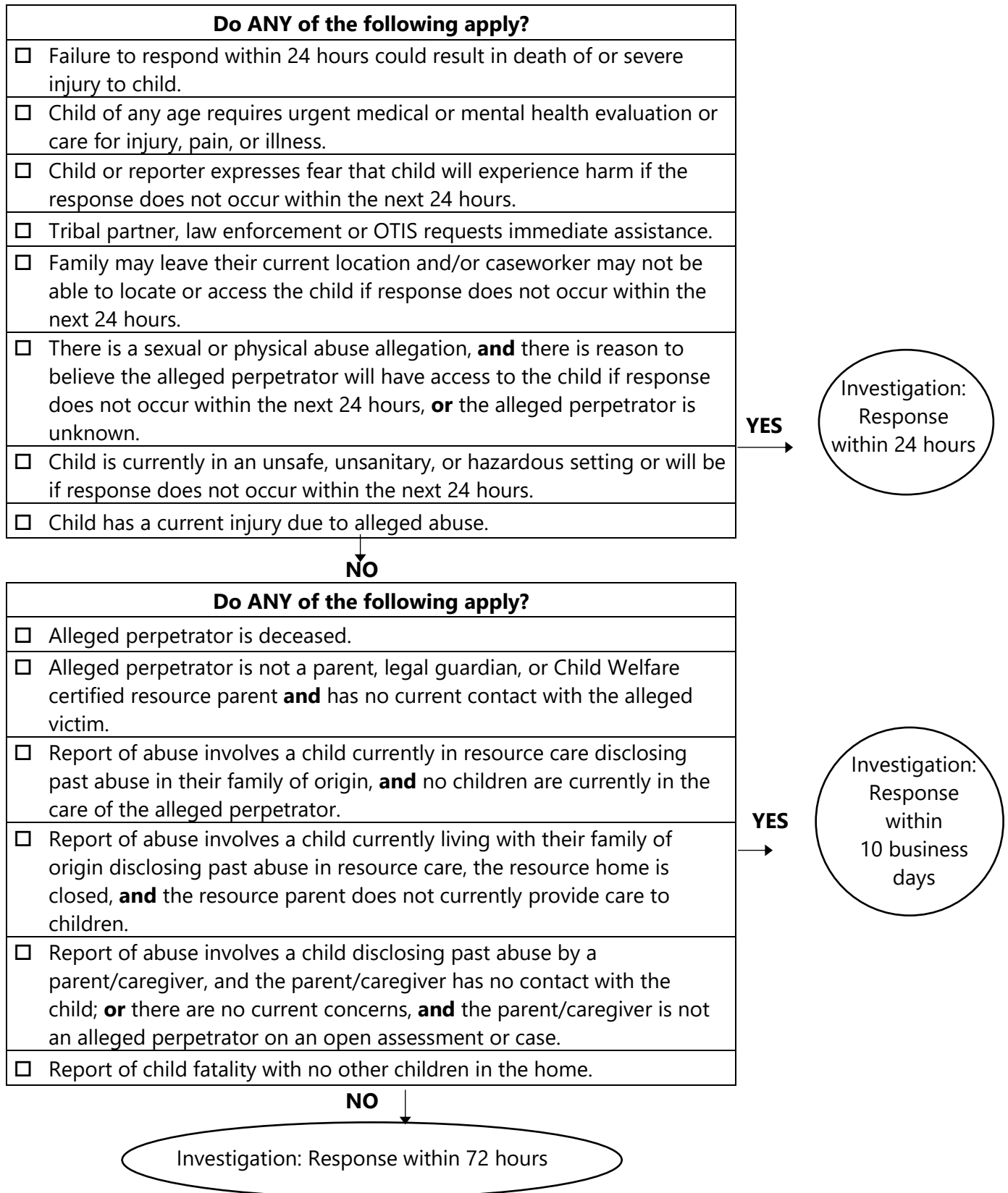
### Screening Decision

If there are no overrides, the decision will be the same as the recommended decision.

- Assign
- Close at screening
- Delete

## II. RESPONSE TIME

For all assigned reports, review all items, starting at the top and progressing until a response time has been established.



## **RESPONSE TIME DECISION**

- ☐ Response within 24 hours
- ☐ Response within 72 hours
- ☐ Response within 10 business days

# SDM SCREENING AND RESPONSE TIME ASSESSMENT DEFINITIONS

## I. SCREENING

### A. ALLEGATION SELECTION

#### **Neglect**

Neglect is the negligent treatment of a child, including but not limited to the failure to provide adequate food, clothing, shelter, supervision, protection, or medical care that is likely to endanger the child's health or welfare.

Neglect can occur in a single circumstance or over a period of time (circumstantial versus chronic neglect). Circumstantial neglect can be an action or a passive inaction—in other words, an act or omission. Chronic neglect is a persistent pattern of family functioning in which the parent/caregiver does not sustain or meet the child's basic needs, resulting in an accumulation of harm that can have long-term negative effects on the child.

#### *Failure to provide for child's basic needs*

The child's basic needs are unmet to the extent that their daily activities are or will be severely impacted, they develop or suffer worsening injury or illness, and/or their physical health and development are impacted. Examples include the following.

- The child is not provided with the necessary food to sustain physical health and development. The simple absence of food in the home does not, in and of itself, rise to the level of neglect. Reports of "no food" need to be thoroughly assessed for availability, frequency, duration, other contributing factors, or other means of sustenance (e.g., eating at school, with family) before deciding that lack of food is creating or likely to soon create a significant threat to child safety.
- The child's basic needs for clothing and/or hygiene are unmet to the extent that the child's daily activities recurrently are or will be severely impacted without intervention, and/or to the extent that the child to develop or suffer a worsening of injury or illness.
- The child's living conditions are unsanitary and/or contain hazards that either have or likely will lead to a child's injury or illness if not resolved and the parent/caregiver has not attempted to resolve the conditions. Consider the age and developmental status of the child and to what extent the specific living conditions pose a danger to the child. Examples may include but are not limited to:
  - » Housing that is an acute fire hazard or has been condemned;
  - » Exposed heaters that a young/vulnerable child has access to and on which they could be easily burned;
  - » Significant gas fumes that have been affecting the child;

- » Unsafe electrical wiring that could result in fire or shock;
- » Human or animal excrement; or
- » Accessible hazardous chemicals.

### *Lack of supervision*

The parent/caregiver does not provide and/or arrange for supervision appropriate to the child's age, cognitive ability, and physical condition. Consider the abilities of the person left responsible for the child AND the child's age and developmental status.

### *Lack of protection*

The parent/caregiver is unable or unwilling to protect the child from abuse or exploitation caused by the acts of another person. A lack of protection occurs when the parent/caregiver does not intervene or remove the child from a situation where that child is being abused by another person, despite knowledge or reasonable expectation of knowledge that the child is being harmed. Examples include but are not limited to the following.

- Parent/caregiver leaves a child with a person they know or reasonably should know has physically injured a child previously.
- Parent/caregiver leaves a child with a person with active or uncontrolled substance misuse or substance use disorder, including situations in which the child is in a car driven by someone other than the parent/caregiver who is under the influence of drugs or alcohol.
- Parent/caregiver involves a child in the commission of a crime (e.g., stealing, drug purchase or selling) directly or by indifference. Exposure of a child to criminal activities should include information on the adverse impact on the child.

Note: If there is an allegation of abuse directly related to domestic violence, the alleged perpetrator is the parent/caregiver who is committing domestic violence. The adult subjected to domestic violence should not be identified as an alleged perpetrator of child abuse with an allegation of lack of protection.

### *Medical neglect*

The delay, refusal, or failure of the parent/caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when they know, or should reasonably be expected to know, that such actions may have an adverse impact on the child. Failure to provide the child with immunizations or routine well-child medical appointments does not constitute medical neglect in and of itself. Medical neglect may include but is not limited to the following.

- Frequently missed appointments, therapies, or other necessary medical and/or mental health treatments that cause or likely will cause the worsening of an illness or injury to the child.

- The parent/caregiver took the child out of or terminated treatment against medical advice, and their removal is likely to cause the child harm or have a negative impact on the child.
- Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical or mental health conditions.
- Withholding medically indicated treatment from disabled infants with life-threatening conditions.

#### *Access or exposure to a harmful substance*

A parent/caregiver has knowingly, intentionally, or negligently exposed the child to a harmful or controlled substance that has impacted or will likely impact the child's health or life. Examples include but are not limited to the following.

- Allowing or encouraging the child's use of drugs and/or alcohol. By law, a parent/caregiver cannot allow access to controlled substances unless prescribed by a physician or under the direction of a physician.
- Intentionally or negligently allowing access to cannabis edibles or other products containing THC, particularly those that are enticing to children (e.g., gummies, brownies, chocolate, sodas).
- Exposing the child to a high concentration of THC through secondhand smoke directly blown into the child's face or active smoking in the child's presence in a small, enclosed space.
- Exposing the child to an environment that is toxic or hazardous due to illicit drug production or use (e.g., methamphetamine, fentanyl).
- The child resides in or is exposed to a residence where the purpose is the use, sale, and/or manufacturing of illegal substances.

#### *Child selling*

The parent/caregiver buys, sells, barter, trades, or offers to buy or sell the legal or physical custody of a person under 18 years of age.

#### *Abandonment*

The parent/caregiver willfully abandons a child without making adequate arrangements for the child's basic needs or continuing care.

Abandonment may be indicated by but is not limited to the following.

- Parent/caregiver is leaving the child or has left the child in the care of another for an indeterminate length of time or significantly longer than the planned length of time, and the current person (non-parent/caregiver) who is providing care seeks to discontinue care.
- Parent/caregiver kicked the child out of the home or refuses the child entry to the home AND has not provided a safe alternative.

- Parent/caregiver establishes another residence without the child and does not make appropriate arrangements for the child's care and custody, and there are severe impacts on the child.
- Child is being discharged from a facility, and the parent/caregiver refuses to accept the child back into the home. The parent/caregiver has failed to cooperate or identify an alternative placement to provide care/custody, and there are no systemic barriers to locating an alternative placement for the child.
- Parent/caregiver is unknown or unlocatable by the child and others involved in the child's current care.

### *Child/Young Adult in care: Neglect*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children or young adults living with relative caregivers. The person alleged to be responsible for the behaviors described below is typically a resource parent or respite provider but may be another certified care provider.

Neglect of a child or young adult in care is the failure to provide the child or young adult with care, supervision, or services necessary to maintain the physical and mental health. This specifically includes the resource parent not following through with an expectation in the case plan, treatment plan, and/or supervision plan, such as:

- Missed therapy or medical appointments; or
- Noncompliance with the visitation plan.

Neglect also means the failure to make a reasonable effort to protect a child or young adult in care from abuse.

### *Child/Young Adult in care: Abandonment*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children or young adults living with relative caregivers. The person alleged to be responsible for the behaviors described below is typically a resource parent or respite provider but may be another certified care provider.

Abandonment includes "desertion or willful forsaking of a child or young adult or the withdrawal or neglect of duties and obligations owed a child or young adult by a home certified by Child Welfare, a caregiver, or other person" (ORS § 413-015-0115). When considering abandonment as an abuse type, also consider "Neglect: Supervision." Neglect may be more appropriate if there is some indication that the alleged perpetrator intended to return.

### *Child/Young Adult in care: Financial exploitation*

Select this item only for a child or young adult identified as with a resource parent or respite provider certified by Child Welfare; this includes children or young adults living with relative caregivers. The person alleged to be responsible for the behaviors described below is typically a resource parent or respite provider but may be another certified care provider.

Financial exploitation includes the following.

- The wrongful taking of the assets, funds, or property belonging to or intended for the use of a child or young adult in care, including misuse of the child or young adult's social security number. A child or young adult's assets, funds, or property may include tribal trust funds, SSI, employment income, etc.
- Conveying a threat, directly or indirectly, to wrongfully take or appropriate the child or young adult's moneys or property, which results in the child or young adult being intimidated, distressed, or fearful and the child or young adult's reasonable belief that the threat will be carried out.
- Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult in care.
- Failing to use the income or assets of a child or young adult in care effectively for the support and maintenance of the child or young adult.

Appropriate limits for a child or young adult in care to access their assets, funds, or property may include the following.

- Age- or developmentally appropriate withholding, or stated consequences that include withholding, of assets, funds, or property that belong to the child or young adult in care for the purpose of discipline or behavior management.
- Taking a child or young adult's phone away and restricting access to electronics are both examples of temporarily withholding access to their property, which can be reasonable discipline. Consider the child or young adult's age, development, and behavior when evaluating the reasonableness, as well as how this may impact planned communication with the child or young adult's support/treatment team and family.
- Teaching the child or young adult financial skills, such as saving or budgeting, by limiting immediate access to funds or setting up dedicated saving for future use by the child or young adult.

### **Physical Abuse**

Physical abuse is any assault of a child and any physical injury to a child that has been caused by other than accidental means and that results in harm, including any injury that appears to be at variance with the explanation given for the injury. Physical abuse may also include injury that is a result of discipline or punishment.

In some circumstances, an allegation of physical abuse does not result in a visible injury. This includes circumstances where there was never a visible injury; circumstances where the severity of the action was likely to have resulted in a physical injury, but one is not visible; and circumstances when there was a visible injury that has since healed.

*Alleged perpetrator intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury*

Alleged perpetrator, regardless of expressed intention, inflicted a physical injury on the child. Include allegations of corporal punishment that result in the following examples of injuries, as well as dangerous behavior toward or near the child that shows reckless disregard for the child. Examples of alleged perpetrator behavior include but are not limited to the following.

- Corporal punishment in which the child is injured
- Shaking an infant or toddler
- Shoving, pushing, or slamming a child into a wall, the ground, or other solid surface or object
- Interfering with the child's breathing (e.g., choking, strangling, smothering)
- Electric shock
- Forced ingestion of dangerous substances

In addition, consider:

- Child's age, development, and vulnerability;
- Location of the injury; and
- Severity of injury.

The child's injuries may be internal or external. Injuries may include but are not limited to:

- Burns or scalds;
- Bruising,
- Swelling,
- Cuts or abrasions;
- Oral injuries;
- Punctures or bite marks;
- Fractures, sprains/strains, or dislocations;
- Internal injuries;
- Head injuries; or
- Loss of consciousness.

Injuries may be on various parts of the body and in various stages of healing.

### *Injury that is unexplained or at variance with given explanation*

A physical injury to a child, consistent with the definition above, is not explained or the explanation given is not plausible or consistent with the injury, and the injury itself suggests that it is non-accidental. Injuries may be new or in different stages of healing. When the person who caused the injury is unknown, include all injuries that a medical professional describes as consistent with abuse.

### *Torture or cruel treatment*

Torture or cruel treatment includes actions toward the child that exhibit intentional or reckless disregard for the child's health and well-being. The alleged perpetrator is deliberately and/or systematically inflicts unusual, bizarre, brutal, or cruel treatment and/or severe physical pain on the child. This may be a one-time act or a pattern of actions. Examples may include but are not limited to the following.

- Locking a child in a cage, closet, or confined space.
- Use of restraints not intended for human use (e.g., duct tape, chains).
- Kneeling on stones, holding index cards between fingers with arms extended, or maintaining a position until pain is felt.
- Actively and intentionally withholding or restricting the child's access to basic needs such as food, clean drinking water, clothing, shelter, toilet, and hygiene facilities to the extent that the child endures pain, illness, or injury.

### *Medical abuse*

Medical child abuse occurs when a child receives unnecessary and harmful medical care at the instigation of a parent/caregiver.

### *Child/Young Adult in care: Physical abuse or willful infliction of physical pain*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children and young adults living with relative caregivers. The person alleged responsible for the behaviors described below is typically a resource parent or respite provider but may be another adult in the household.

The use of physical punishment or discipline that induces pain or discomfort and potentially compounds the child or young adult's trauma experience. Willful infliction of physical pain does not need to result in an injury or, if it does, the injury does not need to be visible. Consider discipline in the context of current development or that involves physical contact with or physical action on the part of the child or young adult. This may include but is not limited to the following.

- Flicking

- Pulling ears
- Pinching
- Sitting in one position without relief
- Running laps

Also select for any non-accidental physical injury to a child or young adult in care inflicted by the resource parent, respite provider or other member of the resource household, or that appears to conflict with the explanation given the injury. Physical abuse also includes the willful infliction of physical pain or injury upon a child or young adult.

#### *Child/Young Adult in care: Involuntary seclusion*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children and young adults living with relative caregivers. The person alleged responsible for the behaviors described below is typically a resource parent or respite provider but may be another adult in the household.

Involuntary seclusion means confinement of a child or young adult in care alone in a room or enclosed space from which the child or young adult is prevented from leaving by any means. A resource parent or respite provider certified by Child Welfare, a caregiver, or other person may not put a child or young adult into involuntary seclusion.

Involuntary seclusion includes:

- Involuntary seclusion of a child or young adult for the convenience of a resource parent or respite provider certified by Child Welfare, a caregiver or other person.
- Involuntary seclusion of a child or young adult to discipline the child or young adult.
- Involuntary seclusion of a child or young adult as a form of punishment.
- Involuntary seclusion of a child or young adult done in retaliation.

Involuntary seclusion does not include age-appropriate discipline, including but not limited to, a time-out if the time-out is in a setting from which the child or young adult is not prevented from leaving by any means.

#### *Child/Young Adult in care: Wrongful use of restraint*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children and young adults living with relative caregivers. The person alleged responsible for the behaviors described below is typically a resource parent or respite provider but may be another adult in the household.

A Child Welfare–certified resource parent or respite provider may not place a child or young adult in care in a restraint. “Restraint” means the physical restriction of a child or young adult’s actions or

movements by holding the child or young adult or through the use of pressure, chemicals, or mechanical implements.

Wrongful use of restraint is described in ORS § 418.519 to 418.521.

## **Sexual Abuse or Exploitation**

Sexual abuse includes rape, sodomy, unlawful sexual penetration, incest, fondling, or voyeurism; any sexual contact with a child; touching of the sexual or other intimate parts of a child; or causing a child to touch the sexual or other intimate parts of the other person for the purpose of arousing or gratifying the sexual desire of either party.

Sexual abuse also includes contributing to the sexual delinquency of a child and any other conduct that allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, recording, or other exhibition which, in whole or in part, depicts sexually explicit conduct or contact or depicts sexual abuse involving a child.

### *Sexual contact*

Any sexual contact with a child by the alleged perpetrator, including touching of the sexual or other intimate parts of a child or causing a child to touch the sexual or other intimate parts of the other person with a body part or an object.

Sexual contact includes but is not limited to the following.

- Rape, sodomy, unlawful sexual penetration, incest, fondling, or voyeurism.
- Any sexual physical contact between the child and the alleged perpetrator, whether directed, coerced, encouraged, allowed, forced, etc.

For age-typical versus abusive sexual behaviors, see the appendix.

### *Physical or behavioral indicators consistent with sexual abuse*

Basis exists for concern that a child has been sexually abused. Indicators include but are not limited to the following.

- The child has initiated or participated in sexual actions with any individual that are outside the realm of age- and developmentally appropriate behavior. Consider the child's age, developmental status, and any power or age differential between the alleged perpetrator and child when assessing this item.

- A child presents with a sexually transmitted infection, symptoms of a sexually transmitted infection, and/or other injuries to the genital or anal area that are unexplained, including when the child is pre-adolescent or unable to consent to sexual activity.

#### *Exposure to sexually explicit conduct or materials*

The alleged perpetrator knowingly permits a child to witness or provides a child access to pornographic or harmful sexual material or sexual acts. This includes engaging in sexually explicit communication with a child or sending a child or requesting that a child send sexually explicit photos or videos.

#### *Sexual exploitation*

Sexual exploitation includes but is not limited to the following.

- Engaging a child in sexually explicit communication, including soliciting or sending explicit images for personal or financial benefit.
- Forcing, encouraging, coercing, or permitting a child to solicit or engage in the act of sexual behavior or the production of child pornography.
- Inappropriately looking at a child's genitalia (or vice versa) for the purpose of sexual arousal or gratification of either person or forcing a child to watch sexual acts.

#### *Sex trafficking*

The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a child for the purpose of a commercial sex act. This includes the exchange of something of value, which may include but is not limited to money, food, drugs, or shelter.

#### *Child/Young Adult in care: Sexual harassment or coercive contact*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children and young adults living with relative caregivers. The person alleged responsible for the behaviors described below is typically a resource parent or respite provider but may be another adult in the household.

For a child or young adult in care, select any of the sexual abuse or exploitation items defined above that apply. In addition, select this item for reports of a child or young adult in care who experienced:

- Sexual harassment or inappropriate exposure to sexually explicit material or language; or
- Any sexual contact between the child or young adult in care and their resource parent or other person in the home, achieved through force, trickery, threat, or coercion.

For a young adult in care, sex trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of a person over the age of 18 using force, fraud, or coercion for the purpose of a commercial sex act.

If the sexual contact occurred between a child/young adult in care and another child/young adult in care or other person in the home, consider an allegation of neglect by the resource parent.

## **Mental Injury**

Mental injury includes only cruel or unconscionable acts or statements made, or threatened to be made, to a child if the acts, statements, or threats result in severe harm to the child's psychological, cognitive, emotional, or social well-being and functioning.

*Parent/caregiver actions have led to or create conditions that are consistent with substantial impairment of the child's psychological, cognitive, emotional, or social well-being and ability to function*

For an allegation to meet the definition of mental injury at screening, there need only be a reasonable cause to believe that the parent/caregiver's behavior is, intentionally or unintentionally, the cause of the impairment of the child's functioning.

Parent/caregiver actions include but are not limited to the following.

- Isolating, rejecting, and/or degrading the child
- Victimizing the child by means of psychologically cruel, unusual, or excessive discipline
- Harm or threatened harm to child, family members, or others, including homicide
- Harm or threatened harm to animals
- Threats of self-harm, including suicide
- Statements of disregard for child's safety and well-being, including statements that the child should leave home, life would be easier without the child, or encouraging the child's acts of self-harm
- Consistently blaming, berating, belittling, targeting, or shaming the child
- Exposure to other brutal or intimidating actions or statements

The child's impairment may be observed as extreme behaviors (e.g., overly compliant or demanding, extremely passive or aggressive, hyper-social, or isolating). Such extremes are best understood in the context of the child's baseline behavior or, if baseline behavior is not known, developmental norms. Extreme behaviors may include but are not limited to the following.

- Fire setting, self-harm, suicidal ideation, harming animals
- Developmental regression (e.g., sudden incontinence, verbal child becomes nonverbal)
- Child expresses credible fear that they will experience any abuse
- Child may isolate themselves, be preoccupied with their body, or become withdrawn or shut down

- Child may become hyper-compliant and intensely focused on seeking approval through over achievement in school, at home, or in other settings

### *Child/Young Adult in care: Verbal abuse*

Select this item only for a child or young adult identified as living with a resource parent or respite provider certified by Child Welfare; this includes children or young adults living with relative caregivers. The person alleged to be responsible for the behaviors described below is typically a resource parent or respite provider but may be another certified care provider.

The resource parent threatened severe harm, either physical or emotional, to a child or young adult in care, using:

- Derogatory or inappropriate names, insults, verbal assaults, profanity, or ridicule; or
- Harassment, coercion, threats, humiliation, or mental cruelty.

The language was directed at the child or young adult in care, either directly or indirectly, AND contains an explicit or implicit/implied threat to the child or young adult. The harm threatened must be so severe that it would result in an acute or significant injury to the child or young adult's functioning. The child or young adult responds with a belief of the threat, a fear of it occurring, or another emotional reaction in response to the belief that the resource parent will physically or emotionally harm them. When considering verbal abuse, also consider "Child/Young Adult in care: Neglect."

Verbal abuse does not include age-appropriate discipline that may involve the threat to withhold privileges. Using profanity in the presence of but not directed toward the child or young adult is not verbal abuse.

### **Threat of Harm**

Threat of harm to a child means subjecting a child to a substantial risk of harm to the child's health or welfare, as stated in ORS § 413-015-0115 (1)(a)(E).

The threat of harm allegation is reserved for use at screening when the reported information does not identify another abuse type. When the abuse to the primary victim results in harm, a threat of harm to other children in the home should not be assumed but must be considered.

### *Physical abuse*

Based on the alleged perpetrator's reported actions, there is a real and plausible threat to the child's physical safety. This includes but is not limited to:

- Alleged perpetrator's violence toward others in the presence of the child or violent outbursts in the presence of the child; or

- Parent/caregiver driving while under the influence with children in the vehicle when no injury to the child occurred. If the child was injured due to the parent/caregiver driving while under the influence, consider an allegation of “Physical Abuse: Alleged perpetrator intentionally, knowingly, or recklessly caused or reasonably could have caused physical injury.”

### *Sexual abuse or exploitation*

Based on the alleged perpetrator’s reported actions, there is a real and plausible threat that the child will be the victim of sexual abuse or exploitation, specifically including grooming behaviors. Grooming refers to the behaviors that sex offenders engage in prior to, during, and following sexually abusive and exploitive incidents. Grooming involves techniques that are geared to determine which children or families are the most vulnerable to abuse, facilitates the development of an intimate/caretaking relationship with the child and/or family, and gradually moves into a process of sexualizing and exploiting the relationship with the child. While grooming is taking place with the child, the offender is usually engaging in grooming behavior with other adults to undermine the child’s credibility and interfere with possible avenues of protection.

When “Threat of Harm: Sexual abuse or exploitation” has previously been assessed, a new report for this allegation does not require assessment unless new information indicates an assessment is required. Examples include but are not limited to:

- New child in the home;
- New incident of sexual offending; or
- Change in household composition (e.g., new adult in the home, protective adult or child no longer in the home).

Do not select this item if a report is received that a person is a sex offender (verified by history), but there is no information about the offender having unsupervised contact with or living with children.

### *Neglect*

There are no injuries or circumstances to support that another abuse type has occurred or is occurring but based on the parent/caregiver’s failure to act, there is a real and plausible threat to child safety.

Consider “Threat of Harm: Neglect” when the information in the report indicates that there is behavior, condition, or circumstance that poses a real and plausible threat to child safety in that the child is likely to experience neglect (see neglect definition). Examples include:

- A parent/caregiver has current or recent child welfare involvement as an alleged perpetrator of a founded/substantiated neglect allegation that resulted in the child/ren remaining placed outside of their care due to the circumstances not being ameliorated.
- A parent/caregiver’s substance use is unmanaged, or substance use disorder is untreated, leading to recent or current behavior that poses a threat to the child’s safety or welfare or that could do so, in

consideration of the vulnerability of the child. This may include circumstances in which an infant or birthing parent tests positive for substances at birth or the infant experiences withdrawal symptoms at birth.

### *Domestic violence*

Oregon Child Welfare defines domestic violence in Oregon Administrative Rules (OAR) 413-015-0115 as “a pattern of coercive behavior, which can include physical, sexual, economic, and emotional abuse that an individual uses against a past or current intimate partner to gain power and control in a relationship.”

In deciding to select “Threat of Harm: Domestic violence,” consider more than whether the child witnessed or was in the same room as the domestic violence; consider whether there is a real and plausible threat to the child. The fact that the child was in the same room may increase the likelihood of negative consequences for the child, but a review of all the factors and the child’s overall exposure to the violence is necessary. Indicators of power and control include isolation, intimidation, threats of homicide or suicide, stalking, weapons, violence increasing in frequency or severity, and other types of abuse. These may be single incidents that resulted in injury to or arrest of a parent/caregiver or involved the use of a weapon, or there may be a pattern of behavior that would be of lesser concern if it were a single incident.

This pattern of behavior may continue after the end of a relationship or when the partners do not live together. The abuser’s actions often directly involve, target, and impact any children in the family.

If a child has been injured as a result of domestic violence, also consider a physical abuse allegation.

### **No Allegation**

*Report does not include an allegation of abuse.*

The information gathered does not meet criteria as an allegation of abuse based on Oregon Revised Statute and/or Child Welfare OAR.

## B. SCREENING DECISION

### Screening Recommendation Overrides

*One or more allegations are selected; however, the report will be **closed at screening** because:*

*Allegation is historical and alleged perpetrator is deceased due to causes unrelated to alleged abuse.*

Allegation is a historical report of abuse, and the screener determines that alleged perpetrator is deceased, and the death of the alleged perpetrator was unrelated to the report of abuse.

*Alleged child victim is not an Oregon child.*

Alleged perpetrator is a child and resides in another jurisdiction.

*The report of abuse indicates that the alleged abuse occurred in another country and the alleged perpetrator is located in another country.*

*Report does not include an allegation of abuse; however, the report will be **assigned** based on request from a tribe, law enforcement agency, or OTIS.*

*Report does not include an allegation of abuse **and** does not contain information that describes behaviors, conditions, or circumstances that pose a risk to a child. The report will be **deleted***

## II. RESPONSE TIME

### Failure to respond within 24 hours could result in death of or severe injury to child.

Considering age and developmental status of the child, any abuse allegations, and presence or absence of protective adults, there is concern that the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful if response takes longer than within 24 hours. This includes reports of a suspicious child death when there are other children in the home and allegations are being assigned for the other children in the home.

### Child of any age requires urgent medical or mental health evaluation or care for injury, pain, or illness.

This includes parent/caregiver refusal to treat diagnosed medical conditions that require prescribed regimens to ensure safety and allegations include concern that regimens are not being followed, behavior that could have resulted in serious injury that is not immediately visible (e.g., blows to the head, kicks or punches to the stomach or groin, shaking a child under 3), suicidal threats or attempts by child or alleged perpetrator, or other behavior dangerous to self or others.

**Child or reporter expresses fear that child will experience harm if the response does not occur within the next 24 hours.**

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 longer than within 24 hours.

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

- Kicking, screaming, biting, spitting, throwing things, etc.
- Shaking, quivering, crying uncontrollably.
- Running away/hiding/trying to escape the predicted dismissal or departure time.
- Zoning out, emotionally distancing from others.
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching.
- 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.
- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

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. Consider age and developmental status of the child, historical parental response to the child, and concerns or incidents of any abuse.

**Tribal partner, law enforcement or OTIS requests immediate assistance.**

A law enforcement agency, OTIS, or tribal partner has requested that a caseworker respond immediately to assess a child's safety.

**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 24 hours.**

There is concern that the family may flee, the child may become inaccessible, or caseworkers will be unable to locate the family. 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 Protective Services (CPS) or police.

**There is a sexual or physical abuse allegation, AND there is reason to believe the alleged perpetrator will have access to the child if the response does not occur within the next 24 hours, or the alleged perpetrator is unknown.**

The current allegation involves physical or sexual abuse, and there is reason to believe that the alleged perpetrator will have access to the child if the response is not within 24 hours, or the alleged perpetrator is unknown.

**Child is currently in an unsafe, unsanitary, or hazardous setting or will be if the response does not occur within the next 24 hours.**

There is reason to believe that the situation will likely deteriorate and become unsafe or harmful to the child without a 24-hour response. Consider the child's age, development, vulnerabilities, any health-related conditions, pattern of recent unsafe or harmful circumstances, and presence or absence of other responsible adults.

**Child has a current injury due to alleged abuse.**

Reports that include a description of current injury require a response within 24 hours to ensure the caseworker can accurately assess whether Karly's Law applies.

**Alleged perpetrator is deceased.**

The alleged perpetrator is deceased, and the reported abuse is related to the alleged perpetrator's death.

**Alleged perpetrator is not a parent, legal guardian, or Child Welfare–certified resource parent and has no current contact with the alleged victim.**

**Report of abuse involves a child currently in resource care disclosing past abuse in their family of origin, and no children are currently in the care of the alleged perpetrator.**

**Report of abuse involves a child currently living with their family of origin disclosing past abuse in resource care, the resource home is closed, and the resource parent does not currently provide care to children.**

**Report of abuse involves a child disclosing past abuse by a parent/caregiver, and the parent/caregiver has no contact with the child; or there are no current concerns, and the parent/caregiver is not an alleged perpetrator on an open assessment or case.**

**Report of child fatality with no other children in the home.**

Select if the child fatality is determined to be the result of abuse or considered suspicious.

# **SDM SCREENING AND RESPONSE TIME ASSESSMENT POLICY AND PROCEDURES**

## **WHICH CASES**

The tool is completed on all reports that must be screened for CPS.

## **WHO**

The screener who receives the information from the reporter.

## **WHEN**

The screener completes the SDM screening and response time tool after gathering necessary information from the reporter and reviewing relevant history.

When a report of abuse is assigned for a response within 24 hours, the screener must complete all documentation immediately. For reports assigned for responses within 72 hours or 10 business days, the screener must complete documentation no later than 10 hours from the time the report was received by ORCAH unless the screening supervisor grants an extension as described in the Child Welfare Procedure Manual.

## **DECISION**

The tool guides the decision of whether a report requires a CPS response and, if so, how quickly to respond.

## **APPROPRIATE COMPLETION**

For details on appropriate completion, see Child Welfare Procedure Manual Chapter 2, Section 3: Screening Process and Practice.