

Structured Decision-Making Tool in Screening

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 vs 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 caregiving adult does not sustain or meet the basic needs of a child, 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.

- 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 adult 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 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.
- 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.

Abuse specific questions:

- Can you tell me what you think this child is lacking that they need? How long has this been occurring?
- Is there a barrier to the adult's meeting this need? Are there any supports in place that help meet this need? If those aren't working, why?
- Has the parent reached out for help with this child's need?
- Can you tell me about a time when the child has had this need met? Are there vulnerabilities for the child that cause this lack of what they need to be more impactful?
- If the children are different ages, how does the condition of the home impact each of them? Is there a difference in how they are impacted or the safety threat?
- Do the parents have control over this housing condition? Is it the responsibility of the landlord if renting?

Lack of supervision

An adult does not provide and/or arrange for supervision appropriate to the child's age, cognitive ability, mental or behavioral health need or physical condition. Consider the abilities of the person left responsible for the child AND the child's age and developmental status. Examples include but are not limited to the following.

- Adult awareness, protective capacity, and ability to intervene and prevent abuse is unknown and the child has initiated problematic sexual behavior with another child.
- Adult knowingly allows a child to access social media, gaming systems, or other materials without protections, safeguards, and/or supervision when the child has initiated problematic sexual behaviors that are known to the adult.

- Adult driving while impaired by substances with the child in the car regardless of the outcome.

Abuse specific questions:

- Do you know how the child responds when something new, unexpected or emergent happens to them?
- How do they respond to crisis?
- What do you think, given the child's development, supervision should be like?
- Tell me about the person left in charge. Is there anything about them that concerns you?

Lack of protection

An adult 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 adult 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.

- Leaving a child with a person they know or reasonable should know has physically injured a child previously.
- Leaving 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 who is impaired by substances.
- Involves a child in the commission of a dangerous crime (drug purchase or selling) directly or by indifference. Exposure of a child to criminal activities should include information of adverse impact on the child.
- The adult has awareness of the child being harmed by another child's problematic sexual behavior and is not intervening to protect from harmful behavior.

Abuse specific questions:

- What is the relationship between the parent/caregiver/adult and who was taking care of the child?
- How long have they known them?
- Have they said or done anything that makes you think they aren't safe caring for

the child? What?

- Did the parent/caregiver know about these concerns? What makes you think they did/didn't know?
- How long was the child left with the person?

Note: If there is an allegation of abuse directly related to domestic violence, the alleged perpetrator is the parent/caregiver who is committing DV. 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 to seek, obtain, and/or maintain necessary medical, dental, or mental health care when person responsible knows, 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 a worsening of an illness or injury to the child.
- The person responsible took 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.

Abuse specific questions:

- What is the condition or is there a formal diagnosis? How do you know?
- Is the parent aware of the issue? If so, how have they responded now and in the past?
- Do you know if there any barriers contributing to the issue? Have supports been

offered to overcome those barriers?

Access or exposure to a harmful substance

An adult has knowingly, intentionally, or negligently exposed the child to a harmful or controlled substance that has or will likely impact that child's health or life. When thinking about alcohol use, consider the active or passive behavior of the adult, the amount of alcohol and frequency of use to understand the impact to the child. Examples include but are not limited to the following:

- Allowing or encouraging the child's use drugs 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 (gummies, brownies, chocolate, sodas, etc.)
- Exposing a child to high concentration of THC through secondhand smoke directly blown into child's face or active smoking in the presence of a child in a small, enclosed space.
- Exposing a child to an environment or residence that is toxic or hazardous due to controlled substance production, use or sale (e.g., methamphetamine, fentanyl, or cannabinoid extract).
 - Consider Threat of harm and when a newborn has been exposed prenatally to substances.

Abuse specific questions:

- What kind of substance has the child exposed to?
- How often does the adult use the substance, in what quantity? If prescribed, for what condition?
- Can you describe the behavior of the adult when they are under the influence? What about afterward?
- How is the child being impacted by the use of the adult?
 - Are they directly exposed? How?
 - Where is the substance used?
 - Where is it stored?
- What do interactions between the child and adult look or sounds like when the adult is under the influence?

Child selling

An adult buys, sells, barter, trades, or offers to buy or sell the legal or physical custody of a person under 18 years of age.

Abuse specific questions:

- Do you know if they've done this before or attempted to?
- What led up to this happening? (ex. Parent in debt, doesn't want to parent)
- If already exchanged, do you know what has happened to the child since then?
- Does the person who sold their child have other children? Does the person who bought the child have other children?

Abandonment

An adult 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:

- 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.
- Kicked the child out of the home or refuses the child entry to the home AND has not provided a safe alternative.
- Establishes another residence without the child and does not make appropriate arrangements for the child's care and custody and there are severe impacts to the child.
- Child is being discharged from a facility, and the adult refuses to accept the child back into the home. The adult has failed to cooperate or identify an alternative placement to provide care/custody.
- The responsible adult is unknown or unlocatable by the child and others involved in the current care of the child.
- The child meets criteria as a Safe Haven Infant.

Abuse specific questions:

- Does the adult know where the child is and communicate with them?

- Does the child know where the adult is? Can they communicate with them?
- Who is providing food, shelter and other supports? Do you think this person is safe? Why or why not?
- What did the adult do or say to prevent the child from returning?
- Does the adult want the child back in the home? Why or why not? What have they said or done to make you think this?
- Is there information about why the adult is abandoning the care of the child?

Physical Abuse

Physical Abuse is any assault of a child and any physical injury to a child which has been caused by other than accidental means, that results in harm, including any injury which 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 and circumstances when there was a visible injury that has since healed.

Alleged perpetrator intentionally, knowingly, or recklessly caused physical injury.

Alleged perpetrator regardless of expressed intention, inflicted a physical injury on the child. It also includes deliberate and/or systematic infliction of unusual, bizarre, brutal, or cruel treatment resulting in physical injury or severe physical pain on the child. Injuries may be visible or non-visible, one-time or recurring, internal or external and on various parts of the body and in various stages of healing.

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.
- Substantial pain or physical impairment

- Interfering with the child's breathing
- Heat stroke, frost bite, hypothermia, hyperthermia, heat and cold related illness
- Gastrointestinal distress

Examples of alleged perpetrator behavior that cause injury include but are not limited to the following:

- Shaking an infant or toddler
- Forceful shoving, pushing, or slamming a child into a wall, the ground, or other solid surface or object
- Choking
- Strangling, smothering
- Electric shock
- Forced ingestion of a substance that results in harm
- Locking a child in a cage, closet, or confined space
- Use of restraints
- Forced physical activity
- Forced exposure to extreme temperatures

In addition, consider:

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

Abuse specific questions:

- Has the child made statements about the injury or pain?
- If there are siblings you have contact with, have they said anything? Did the parent/caregiver/adult provide an explanation? Does it make sense? Did anyone say why the child was hurt?
- Does the child seem to be afraid? What did they say or do?
- How is the child disciplined? By whom, how and for what are they disciplined?

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.

Abuse specific questions:

- If you think the injury is suspicious, why?

- How does it seem inconsistent with the explanation?

Medical Abuse

Medical child abuse occurs when a child receives unnecessary and harmful medical care at the instigation of an adult.

Abuse specific questions:

- What does the adult believe is the health issue for their child?
- What does the reporter think is motivating this caregiver to seek care?
- How often is medical care sought? From the same or different providers?
- What does the child think is going on? Do they think they are ill?
- Does anyone else have contact with this family and what do they think is happening?

Sexual Abuse or Sexual 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, tape recording, or other exhibition which, in whole or in part, depicts sexually explicit conductor contact or sexual abuse involving a child or rape of a child.

Sexual contact

Any sexual contact with a child by 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, voyeurism;
- Any sexual physical contact between the child and the alleged perpetrator, whether directed, coerced, encouraged, allowed, forced, etc.; or
- For age-typical versus abusive sexual behaviors, see the appendix.

Abuse specific question:

- Did the child believe they would be hurt, or that family, pets, or others would be hurt if they didn't comply?

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 alleged perpetrator and alleged victim 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.

Abuse specific questions:

- How would you describe the child's developmental level?
- Are they similar socially and verbally with peers?
- Do they have cognitive, physical or developmental delays? Tell me more about how they function in their day.
- Would you say there is a difference in the age or developmental level of the child being harmed and the person who harmed them? What do those differences look like? Why would this difference concern you?
- Do you believe the child has access to materials/websites/social media on their own?

Exposure to sexually explicit conduct or materials

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

Abuse specific questions:

- How were the materials described?
- What platform or technology was used to share?
- Do you know anything about the device that has the original materials?

- Is there information about why the person shared materials with the child?
- What did the child think about the sexual material?

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.

Abuse specific questions:

- If the exchange happened over text or social media, what platform? How many messages were sent and over what period?
- Did anyone take screenshots of the messages? What did the messages say?
- Were images shared with others? With whom?
- What did the images depict? What was the child's response to the messages?
- Are the parents/caregivers aware of what is going on? What is their response?

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 be money, food, drugs, and shelter.

Abuse specific questions:

- Has the child runaway multiple times? How many times and how long are they gone? Where do they say they've been? Is it known where they are staying?
- Does the child have an unknown source of money, expensive clothes, new phone, etc.?
- Are you concerned about drug use by the child? Can you describe their behavior? How has it changed?
- Does the child indicate they have a romantic partner, boyfriend, girlfriend, etc.? How old is this person?
- Is the adult concerned about the child? What have they done to try and protect

the child?

- Does the child have tattoos or body art indicating branding by a trafficker? Does the child have gang affiliation?

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.

Adult 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 adult's behavior is, intentionally or unintentionally, the cause of the child's impaired functioning.

The adult's actions include but are not limited to the following:

- Spurning includes verbal and non-verbal adult acts that spurn, reject, and/or degrade a child.
 - Belittling, degrading and other nonphysical forms of overtly hostile or rejecting treatment
 - 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
 - Shaming and/or ridiculing the child for showing normal emotions such as affection, grief, or sorrow
 - Targeting or consistently singling out one child to criticize and punish, to perform most of the household chores, or to receive fewer rewards
 - Public humiliation
 - Adverse, punitive, and traumatic reactions to a child's gender expression, gender identity, and/or sexual orientation
- Terrorizing includes adult behavior that threatens or is likely to physically hurt, kill, abandon, or place the child or another person, animal, or object the child loves or is attached to in recognizably dangerous situations.
 - Placing a child in unpredictable, dangerous or chaotic circumstances
 - Setting rigid or unrealistic expectations with threat of loss, harm, or danger if they are not met
 - Threats of self-harm, including suicide
 - Threatening or perpetrating violence against the child or someone/something the child loves

- Exposure to other brutal or intimidating actions or statements
 - Isolating includes adult acts that consistently deny the child opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home. (Neglect can lead to mental injury if the isolation goes beyond not meeting the child's needs and causes observable and substantial harm to the child's functioning.)
 - Confining the child or placing unreasonable limitations on the child's freedom of movement within their environment
 - Placing unreasonable limitations or restrictions on social interactions with peers or adults in the community
- Exploiting/Corrupting includes adult acts that encourage the child to develop antisocial or inappropriate behaviors.
 - Modeling, permitting, or encouraging sexual exploitation, creation of child sexual abuse materials, dangerous criminal activities, or violence to others
 - Modeling, permitting, or encouraging developmentally inappropriate behavior such as parentification, infantilization, and living the parent's unfulfilled dreams
- Encouraging or coercing abandonment of developmentally appropriate autonomy through extreme over-involvement, intrusiveness, and/or dominance (e.g., allowing little or no opportunity or support for child's views, feelings, and wishes, micromanaging child's life)
 - Restricting or interfering with cognitive development

The child's impairment may be observed as significant behaviors or symptoms of trauma. Such extremes are best understood in the context of the child's baseline behavior or, if baseline behavior is not known, developmental norms. Significant behaviors or symptoms of trauma may include but are not limited to the following:

- Fire setting, self-harm, disordered eating, suicidal ideation, or harming animals intentionally.
- Symptoms of emotional problems such as anxiety, depression and aggressive behavior
- Guilt, shame, self-blame
- Easily startled, agitated
- Headaches, stomach pain
- Difficulty sleeping, nightmares
- Difficulty concentrating or confusion
- Habits such as sucking, rocking, head banging or biting
- Persistent, frightening thoughts and memories or flashbacks of a traumatic event or events
- Developmental regression (e.g., sudden incontinence, verbal child becomes nonverbal, onset of separation anxiety),

- Child expresses significant fears, or displays symptoms of fear or avoidance of a specific person, place or situation
- Child may isolate themselves or become withdrawn or shut down
- Preoccupation with their body, the way they look, being overly critical of themselves, or putting themselves down
- Unusually passive or compliant with others
- Destructive behaviors, breaks things on purpose
- Child may become intensely compliant and focused on seeking approval through over achievement in school, at home, or in other settings
- Risky or self-destructive substance use, combining substances, using substances to black out or forget, engaging in risky behavior while under the influence

Abuse specific questions:

- What statements are being made to the child? Is anyone trying to protect the child? Who?
- If threats are being made, what is implied or stated?
- When did you first notice a change in the child either behaviorally, socially or emotionally? How would you have described the child prior to this time?
- What do you know about this child's development level? Are they similar or different than peers? How so?

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.

Threat of harm 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 the following.

- Alleged perpetrator's violence towards others in the presence of the child or violent outbursts in the presence of the child.
- Alleged perpetrators reckless or violent treatment of the child could have reasonably caused injury.

- The alleged perpetrators behavior towards another child places this alleged victim at substantial risk of physical harm.
- Forced ingestion of a substance that could reasonably cause physical harm.

Sexual abuse or exploitation

Based on 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 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 then 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.

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 adult'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:

- An adult 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.

- An adult’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 test positive for substances at birth or the infant experiences withdrawal symptoms at birth.

Domestic Violence

Oregon Child Welfare defines in Oregon Administrative rule (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.”

Domestic violence itself is not an abuse allegation, but the circumstances it subjects the child to may be. Fundamentally, screening does not select two allegations for the same circumstance. Instead, we must consider what harm is being caused by the violence. This might include:

- Physical abuse when the child is physically harmed by the batterer during the violence.
- Mental injury when the batterer’s behavior includes threats of harm to animals, threats of self-harm, targeting or exposure to other brutal or intimidating actions or statements, etc., and there is an observable and substantial impact to the child.
- Neglect by the batterer (not the adult survivor) when the pattern of domestic violence results in neglect of the child.
- Threat of Harm when the domestic violence doesn’t result in any other abuse type and there is a substantial risk of harm to the child’s health or welfare. (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.)

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 includes 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 was a single incident.

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

There are also times when both Threat of Harm: Domestic Violence and another abuse type are selected because there are more than one set of circumstances being reported that require consideration of multiple abuse types. For example, Threat of Harm: Domestic violence may exist due to the pattern of domestic violence occurring AND the child experienced physical abuse separate from the domestic violence. In this example, both abuse types would be selected.

Child in care Abuse Types at Screening

When considering the child in care abuse types, first determine whether the above definitions in accordance with ORS 419B.005 are met. If the threshold outlined in the above SDM definitions are not met, then consider the following expanded definitions for a child in care who is under the age of 21.

Select these items only for a child identified as living with a resource parent or respite provider certified by Child Welfare; this includes children living with certified relative caregivers. The person alleged to be responsible for the behaviors described must be a resource parent or respite provider.

Child in care: Neglect

Neglect of a child in care is the failure to provide the child 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 that were critical to maintaining the child's physical or mental health; or
- Refused participation with the visitation plan.

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

Abuse specific questions:

- How is the provider not meeting the child's needs? Behavioral descriptors

needed.

- What is the current case plan, treatment plan, or supervision plan? How isn't it being met? Gather dates/times, who was responsible and what happened.
- Is the provider aware of the case plan, treatment plan or supervision plan? How do you know?
- What is the reason a plan wasn't followed?
- If the child in care been abused by someone outside the resource home, was the provider aware of the risk this person posed? How do you know? What did the provider say or do that makes you think so?

Child in care: Abandonment

Abandonment includes “desertion or willful forsaking of a child in care or withdrawal or neglect of duties and obligations owed a child by a Child Welfare certified resource parent, Child Welfare certified respite provider, a caregiver or other person” ([ORS 413-015-0115](#)). When considering abandonment as an abuse type, also consider Neglect: Lack of Supervision. Neglect may be more appropriate if there is some indication that the alleged perpetrator intended to return.

Examples include but are not limited to:

- Provider makes child in care leave the home and does not allow them to return and makes no alternate arrangements.
- Provider leaves their home without the intention to return or provide for the child in care.
- Provider parent leaves the child in care without resources or a caregiver.

It is not considered abandonment when:

- A child in care is left in a safe space by a provider and the child is the responsibility of the agency.
- A child is beyond the capacity of the provider/agency and the child has been left in an alternate care setting such as a hospital or with law enforcement.

Abuse specific questions:

- What makes you believe the child has been abandoned?
- Are their needs being met elsewhere?
- Is the provider aware of where the child is? Are they in contact with each other?

- What makes you think the provider doesn't want to care for the child in care? Include descriptors of statement, attitudes, or behaviors.
- Does the provider intend to return to care for the child? What is the plan?

Child in care: Financial exploitation

Financial exploitation includes the following:

- The wrongful taking of the assets, funds, or property belonging to or intended for the use of a child in care, including misuse of the child's social security number. A child's assets, funds, or property may include Tribal trust funds, Social Security Income, employment income, etc.
- Conveying a threat, directly or indirectly, to wrongfully take or appropriate the child's moneys or property, which results in the child being intimidated, distressed, or fearful and the child'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 in care.
- Failing to use the income or assets of a child in care effectively for the support and maintenance of the child

Appropriate limits on the child in care to access to 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 in care for the purpose of discipline or behavior management.
- Taking a child'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's age, development, and behavior when evaluating the reasonableness, as well as how this may impact planned communication with the child's support/treatment team and family.
- Teaching the child financial skills, such as saving or budgeting, by limiting immediate access to funds or setting up dedicated saving for future use by the child.

Abuse specific questions:

- What makes you think the child's resources are being used inappropriately? What have you observed?

- What are they lacking that the provider should be providing? Do they know the provider is using their resources?
- Has the provider provided an explanation for their actions? Does the response indicate they are limiting the child's access for a logical reason, such as a consequence for behavior?

Child in care: Physical Abuse or willful infliction of physical pain

Physical abuse includes any physical injury to a child in care caused by other than accidental means, or that appears to conflict with the explanation given of the injury or willful infliction of physical pain or injury upon a child in care. The use of physical punishment or discipline that induces pain or discomfort and potentially compounds the child'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 or physical action on the part of the child. This may include but is not limited to the following:

- Flicking;
- Pulling Ears;
- Pinching;
- Sitting in one position without relief; or
- Running laps.

Also select for any non-accidental physical injury to a child in care inflicted by the resource parent 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 in care.

Abuse specific questions:

- What did the child/child or provider say about the incident and how did they respond during the incident?
- Did the child say anything about the frequency or duration of the provider's behavior?
- What was the reaction of the child to the provider's behavior?
- Do you think the action was intentional by the provider? Why or why not? What makes you think so?

Child/child in care: Involuntary Seclusion

Involuntary seclusion means confinement of a child in care alone in a room or an enclosed space from which the child in care is prevented from leaving by any means. A resource parent or respite provider certified by Child Welfare may not put a child in care into involuntary seclusion. Involuntary seclusion is abuse when used as a form of discipline, punishment, retaliation, or for the convenience of the resource parent.

Examples include but are not limited to:

- Child placed in chair alone during time outs and if they move or cry the time out starts over, beyond what is developmentally reasonable.
- Child's door is locked from the outside, preventing them from leaving to use the bathroom or access food.
- Child has to stay in their room all day and only come out for mealtime.
- Child believes the door is locked or is afraid to leave the space because of potential consequences.

Abuse specific questions:

- If threats are being made by the provider, what do they say? What does the child think will happen to them if they leave the space?
- Why is the provider putting the child in confinement? What have they said or done to make you believe this?
- How long or often is the confinement?

Child in care: Wrongful use of restraint

Child Welfare–certified resource home or respite provider may not place a child in care in a restraint.

Examples of wrongful restraint include, but are not limited to:

- Provider bearhugs the child to prevent them from leaving the home.
- Provider holds the child down until police arrive.
- Child is strapped into car seat, highchair or other space until they calm down.
- Child's feet tied together to restrict their movement.
- Chemical restraint includes exaggerating, embellishing, or falsifying a child's behaviors or ailments to obtain chemicals or substances from a medical provider

to manage or control a child in care's behavior.

A provider may use physical intervention if:

- The intervention is necessary to break up a physical fight or to effectively protect a person from an assault, serious bodily injury or sexual contact;
- The physical intervention uses the least amount of physical force and contact possible.
- The physical intervention is not a prohibited restraint, as described in ORS 418.519 and 418.523.

Wrongful use of restraint does not include:

- Holding a child in care's hand or arm to escort the child in care safely and without the use of force from one area to another; or
- Assisting the child in care to complete a task if the child in care does not resist the physical contact.

Abuse specific questions:

- Did the provider explain why they restrained the child? What did they say?
- How did the child in care respond to the restraint?

Child in care: Sexual harassment or coercive conduct

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

- Sexual harassment or inappropriate exposure to sexually explicit material or language; or
- A person making sexual advances toward a child in care, requesting sexual favors from a child in care, or engaging in conduct toward a child in care that is sexual in nature.
- Any sexual contact between the child in care and their resource parent or other person in the home, achieved through force, trickery, threat, or coercion.
- A person intentionally exposing their genitals for the purpose of arousal of themselves or the child in care. Accidental exposure to sexually explicit materials or language is not considered abuse.

For a child 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 in care and another child in care, consider an allegation of neglect by the resource parent.

Abuse specific questions:

- Was anyone else present when the incident occurred?
- Who else might have information about what happened?

Child in care: Verbal abuse

The resource parent threatened severe harm, either physical or emotional, to a child 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 in care, either directly or indirectly, AND contains an explicit or implicit/implied threat to the child in care. The harm threatened must be so severe that it would result in an acute or significant injury to the child's functioning. The child 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 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 is not verbal abuse.

Abuse specific questions:

- Has the provider said how they feel about the child? Do they express frustration, negativity, or dislike?
- How did the child in care interpret the statements?

Screening Recommendation Overrides

A Screening Recommendation Override is used by the screener within the Structured Decision Making (SDM) Tool embedded within the ORCAH Documentation Guide

(ODG) for one of two ways; to close a report at screening even though an allegation of abuse has been identified, or to assign a report that does not meet the definition of abuse. The reasoning for each of the overrides is explained below and supported by Oregon Administrative Rules.

- One or more allegations are selected; however, the report will be closed at screening because:
 - Alleged child victim is now an adult.
 - Alleged perpetrator is deceased and there is a responsible adult ensuring safety for the child.
 - Alleged child victim is not an Oregon child.
 - Alleged perpetrator is a child and resides in another state.
 - 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, Child Welfare 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.

Response Time Criteria

For all assigned CPS reports, screeners must determine an appropriate CPS response time. Response times of within 24-hour, within 10 business days or within 72-hour response time are chosen based on the information in the screening report applied to the response time criteria in the Structured Decision Making tool. This is a process of elimination beginning with reports needing an urgent response and progressing until a response time has been established.

All response time criteria must consider the child's age, development, vulnerabilities, health-related conditions, pattern of recent unsafe or harmful circumstances, parental response to child behaviors, and presence or absence of other responsible adults.

Within 24-Hour Response Time

1. Child is experiencing or will experience severe harm that could result in

death or severe injury.

There is concern that the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful if response takes longer than within 24 hours. Examples include but are not limited to the following:

- Reports of a suspicious child death when there are other children in the home.
- Reports of a child's medical condition not being managed due to a family condition.

2. 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 other behavior dangerous to self or others. Examples include but are not limited to the following:

- A child who is experiencing a medical condition due to abuse or threat of harm and is already receiving medical care

3. 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.

- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.
- Covering ears, closing eyes, and tucking arms and legs in as much as possible.

Fear of parental response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety.

4. Tribal partner, law enforcement, Child Welfare or OTIS requests immediate assistance to assess child safety.

5. Family may leave their current location and/or caseworker may not be able to locate or access the child if response takes longer than 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 CPS or police.

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

7. Child is currently exposed to an unsafe setting, or to out of control behavior, and without or will be without a protective adult if the response does not occur within 24 hours.

Currently the environment is unsanitary or unsafe, or the behavior the child is exposed to is out of control AND there is no protective adult. This includes when there is reason to believe the setting will deteriorate and become unsafe or harmful to the child without a 24-hour response. Examples include but are not limited to the following:

- A newborn child or a parent tests positive at birth for controlled substances and there is no information that the parent can provide safety.
- The parent/caregiver has a history of controlled substance use and there is no information that the parent/caregiver can provide safety.
- The setting could include:
 - Accessible human or animal waste;

- Exposed wiring; unfinished construction;
- Accessible rotting food;
- Blocked exit paths.

8. Child has current injury, either visible or not visible.

9. Alleged perpetrator is deceased and:

- There is no known surviving parent or legal caregiver, or
- There is no known plan for the child, or
- The surviving parent/caregiver is incapacitated or unable to plan for the child.

Within 10 Business Day Response Time

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

Alleged perpetrator has no access and does not pose a danger to the alleged victim, therefore a delay in assessing will not impact child safety.

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

The alleged victim is in resource care and the alleged, familial perpetrator does not have unsupervised access to the alleged victim.

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

The child is no longer in the care of the resource home. The resource family no longer cares for or has access to the alleged victim. The resource family cares for no other children in any capacity, personally or professionally.

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

No other children are living in the home. This includes children of other household members.