

INTRODUCTION:

The following is a protocol to be used when a DCFS Family Service Worker (FSW) or the Arkansas State Police Family Protection Division (FPD) conducts a Child Maltreatment Assessment. It identifies and defines the various types of child maltreatment a FSW/FPD may encounter during an assessment. The protocol also identifies when and from whom an allegation of child maltreatment may be taken. Finally, it identifies those conditions, which must be met before an allegation of abuse or neglect can be founded (determined to be true). Please note that the level of evidence necessary to found an allegation of child maltreatment changed as a result of legislation in 1999. Previously, a FSW only needed “some credible evidence” that maltreatment occurred. Now, the FSW/FPD must show that a “preponderance of the evidence” supports the allegation of child maltreatment. This is a higher standard of evidence and should be understood to mean it is “more likely than not” that abuse or neglect occurred.

Arkansas Code Annotated 12-12-509 “Investigation – Examination of Children” requires that all allegations of Severe Child Maltreatment be initiated within twenty-four (24) hours of the child maltreatment report. All other investigations will begin within seventy-two (72) hours of receiving a report. This protocol identifies characteristics of severe child maltreatment as a priority I and all other child maltreatment as a priority II.

The Health and Safety Assessment located in CHRIS will be utilized in conjunction with this protocol in completing child maltreatment assessments. See FSPP Procedure (II-E3).

CHILD MALTREATMENT ASSESSMENT PROTOCOL

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CHILD MALTREATMENT ASSESSMENT PROTOCOL

ABANDONMENT (Priority I)

I. Definition

Ark. Code Annotated 12-12-503(8): "Abandonment" means the failure of the parent to provide reasonable support and to maintain regular contact with the juvenile through statement or contact, when the failure is accompanied by an intention on the part of the parent to permit the condition to continue for an indefinite period in the future, and failure to support or maintain regular contact with the juvenile without just cause or an articulated intent to forego parental responsibility.

NOTE: Abandonment is parental conduct, which demonstrates an intent to relinquish all parental or custodial rights and claims to the child. Abandonment is also defined as any parental or caretaker conduct which evinces a settled purpose to forego parental duties and relinquish parental claims to the child.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child was abandoned.
- B. Usage

The reporter has reason to believe that a child has been abandoned due to the parent's or caretaker's disregard of his or her responsibilities to the child.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that a child has been abandoned; and
- . Secured a preponderance of evidence that the parent's, caretaker's or responsible person's identity and/or whereabouts are unknown or that the parent, caretaker or responsible person is no longer demonstrating an interest in retaining custody or caring for the child.

ABUSE WITH A DEADLY WEAPON (Priority I)

- I. Definition - The assault or attempt to assault an individual by inflicting a wound, or conduct that reasonably could be expected to result in a wound, or the infliction of a wound, as the direct, non-accidental action of a parent or caretaker by any object which under the circumstances in which it is used is readily capable of causing death or serious injury. This may also include using a weapon to threaten a child.

A gunshot, stabbing injury, other injuries, or the attempt to inflict such injury using any deadly weapon.

A deadly weapon is any weapon or object which, under the circumstances in which it is used, is readily capable of causing death or serious physical injury.

Assault is conduct which creates a substantial risk of death or physical injury.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has received an injury as a result of abuse with a deadly weapon.

B. Usage

The reporter has reason to believe that abuse with a deadly weapon resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in abuse with a deadly weapon (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the parent or caretaker attempted to injure the child; or
- . Verified that the child currently has a wound caused by a deadly weapon or that the child has received such a wound in the past (verification of past wounds must come from a physician, a law enforcement officer, an equally credible witness or by a direct admission from the alleged offender); and

secured a preponderance of evidence that the wound was sustained as the result of abuse or neglect as defined in section I.

- . Verified that a weapon was used to threaten bodily harm.

BONE FRACTURES (Priority I)

I. Definition

A fracture is a broken bone. There are ten types of fractures, the most common being:

- . Chip fracture: A small piece of bone is flaked from the major part of the bone
- . Simple fracture: The bone is broken, but there is no external wound.
- . Compound fracture: The bone is broken, and there is an external wound leading down to the site of fracture or fragments of bone protrude through the skin.
- . Comminuted fracture: The bone is broken or splintered into pieces.
- . Spiral fracture: Twisting causes the line of the fracture to encircle the bone in the form of a spiral.
- . Coroner fracture (metaphyseal): Caused by a pulling or jerking of an extremity.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a bone fracture as a result of maltreatment.

B. Usage

The reporter has reason to believe that the bone fracture resulted from one of the following:

- . A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in a bone fracture (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has a bone fracture or has sustained a bone fracture in the past (such verification must come from a physician); and
- . Secured a preponderance of evidence that the bone fracture was sustained as the result of the abuse or neglect as defined in Section I.

BRAIN DAMAGE/SKULL FRACTURE (Priority I)

I. Definition

Brain damage is an injury to the large, soft mass of nerve tissue contained within the cranium/skull.

Skull fracture is a broken bone in the skull.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained brain damage or a skull fracture as the result of maltreatment.

B. Usage

The reporter has reason to believe that the brain damage or skull fracture resulted from one of the following:

- . A direct, non-accidental action of the parent, caretaker or other person responsible for the child's welfare (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child sustaining brain damage or a skull fracture (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child is currently brain damaged or has a fractured skull or has been brain damaged or sustained a skull fracture in the past (such verification must come from a physician); and

- . Secured a preponderance of evidence that the brain damage or skull fracture was sustained as the result of maltreatment as defined in section I.

BURNS/SCALDING (Priority I)

I. Definition

Burns are any tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. Burns are usually classified as:

- . First degree: Superficial burns, damage being limited to the outer layer of skin. Scorching or painful redness of the skin.
- . Second degree or partial thickness burn: The damage extends through the outer layer of the skin into the inner layers. Blistering will be present within 24 hours.
- . Third degree or full thickness burn: Burns in which the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated. Skin grafting may be required.

Scalding is a burn to the skin or flesh caused by moist heat and hot vapors, such as steam.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a burn or was scalded as the result of maltreatment.

B. Usage

The reporter has reason to believe that the burn or scalding resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the burn or scalding (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that a child has been burned or scalded. Severe burns, burns of an unknown origin, or burns where the injury is not consistent with the explanation provided for it should be examined by a physician or registered nurse. This includes cigarette burns, or burns in which it appears a hot instrument was applied to the skin. All immersion burns (scalds) must be confirmed by a physician unless the alleged offender has admitted to scalding the child; and
- . Secured a preponderance of evidence that the burn or scalding was sustained as a result of maltreatment as defined in section I.

CUTS, BRUISES, & WELTS (Priority I, referred to Family Protection Division if the child is age 3 or under and the injury is reported by medical personnel, a medical facility, or law enforcement and involves injury to the head, face, neck or abdomen. All other reports to be considered Priority II and referred to DCFS.)

I. Definition

Cut (laceration): An opening, incision, or break in the skin made by some external agent.

Bruise (ecchymosis): An injury which results in bleeding within the skin, where the skin is discolored but not broken.

Welt: An elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible. Regardless of age, depending on the location, severity and multiplicity of the injuries, it may also be a Priority I

The investigation of bruises, cuts, welts or swelling in or on any position of the head, face, neck or abdomen that are a direct act against the child by a parent or caretaker. This does not include an injury that is the result of a failure on the part of the parent or caretaker to safeguard the child from environmental situations that resulted in those injuries.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a cut, bruise, or welt as a result of maltreatment. For the allegation to be directed to the Family Protection Division, the report must come from medical personnel, a medical facility or law enforcement and involve injuries to the head, neck, face or abdomen of a child age 3 or under.

B. Usage

The reporter has reason to believe that the cut, bruise, or welt resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in a cut, bruise, or welt (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has a cut, bruise, or welt or has sustained one in the past (such verification may come from a physician, registered nurse, law enforcement officer, observation by the Family Service Worker or by a direct admission from the alleged offender); and
- . Secured a preponderance of evidence that the cut, bruise, or welt was sustained as a result of maltreatment as defined in section I.

DEATH (Priority I)

I. Definition

Permanent cessation of all vital functions.

The following definitions of death are also commonly used:

- . Total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system.
- . The final and irreversible cessation of perceptible heart beat and respiration.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has died as the result of maltreatment.

B. Usage

The reporter has reasonable cause to suspect that a child's death resulted from the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child's death (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child is dead (such verification must come from a physician or coroner); and
- . Secured a preponderance of evidence that the child died as a result of maltreatment as defined in section I.

EDUCATIONAL NEGLECT (Priority II)

I. Definition

Any child who is not meeting compulsory school attendance requirements because his or her parent or custodian is failing or refusing to enforce these attendance requirements is educationally neglected. A parent or custodian is failing or refusing to enforce the state's compulsory attendance requirements if:

- . The parent or guardian having custody or charge of any child between the ages of five through seventeen years (by September 15 of the school year), both inclusive, fails to enroll and send the child to a public, private, or parochial school, or provide a home school for the child, or
- . The parent or guardian having custody or charge of a child of the above-referenced age disregards his or her responsibility to ensure that a child attends school, or actively prevents such child from attending school.

Examples of educational neglect include:

- . The parent or custodian who does not enroll the child in school; or,
- . The parent or custodian who prevents a child from attending school; or,

- . The parent or custodian who does not take reasonable action to ensure that the child regularly attends school; or,
- . The parent or custodian who has not made arrangements to home school the child.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is educationally neglected.

B. Usage

The reporter has reason to believe that a child is not home schooled and is not attending school because:

- . The parent or custodian did not enroll the child in the school program; or
- . The parent or custodian disregards the responsibility to ensure that the child is attending school or the parent or custodian actively prevents the child from attending school; or,
- . The parent or custodian has not taken the necessary steps to provide home schooling.

C. Factors to be considered in taking and/or founding a report

- . The child's physical condition, particularly as it relates to the child's ability to get ready for school, and
- . The child's mental abilities, particularly concerning the child's ability to get ready for school, and
- . The number of days missed, and
- . The parent's or custodian's attempts to ensure that the child attends school, and
- . The parent or custodian has hand-delivered to the superintendent written notice of the parent's or custodian's intent to home school the child.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child is not or was not meeting mandated educational requirements;
and
- . Secured a preponderance of evidence that the child is/has been educationally neglected as defined in Section I and
- . Verified the parent or custodian has failed to provide written notice to the superintendent of the intent to home school the child.
- . Applied the factors in Section II, C, above and determined that the child is/was educationally neglected.

ENVIRONMENTAL NEGLECT (Priority II)

I. Definition

The child's person, clothing, or living conditions are unsanitary to the point that the child's health is in significant danger of impairment. This may include infestations of rodents, spiders, insects, snakes, etc., human or animal feces, rotten or spoiled food and/or garbage which the child can reach.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is living in the conditions noted above and that the conditions are a significant threat to the child's health.

B. Usage

The reporter has reason to believe that the child is living in conditions defined above as the result of disregard of duty or negligence on the part of the child's parent or caretaker responsible for the child's welfare.

C. Factors to be considered

Special attention should be paid to the age of the child, the child's physical condition, and the living conditions in the home in order to determine whether the

report constitutes an allegation of harm. In addition, the following incident factors should be considered:

- . Severity of the conditions,
- . Frequency of the conditions,
- . Duration of the conditions, and
- . Chronicity or pattern of similar conditions.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the conditions described exist or had existed; and
- . Secured a preponderance of evidence that the unhealthful/unsanitary conditions are/were the result of neglect as defined in Section I and
- . Applied the factors in Section II, C, above, and determined that the conditions represent a threat to the child's health.
- . Secured a preponderance of evidence that the child has been maltreated as defined in section I.

FAILURE TO PROTECT (Priority I or II)

I. Definition

Failure of an individual responsible for the care of a child to take reasonable action to protect that child from maltreatment when that individual had reasonable cause to believe that the child was in significant danger of being maltreated.

This allegation may include situations in which a person with a documented history as an offender of child sexual abuse is allowed to be an unsupervised caretaker of a child.

NOTE: The Priority Level (I or II) is determined by the Type of Maltreatment from which the caregiver failed to protect. This is a sub-issue when considering sexual abuse, physical abuse, neglect, etc.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child was endangered and that an individual responsible for the care of the child failed to take reasonable action to protect the child.

B. Usage

The reporter has reason to believe that failure to protect resulted from one of the following:

- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in maltreatment to the child.
- . A blatant disregard by the parent or caretaker of his or her responsibilities for the child's welfare.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has concluded that:

- . An individual responsible for the care of a child had or should have had reasonable cause to believe that the child was in significant danger of maltreatment and failed to take action to protect the child from that danger.

NOTE: A finding of failure to protect should not be made against a caretaker who was in significant fear of his or her own safety.

- . Secured a preponderance of evidence that failure to protect occurred as a result of maltreatment as defined in section I.

FAILURE TO THRIVE (Priority I)

I. Definition

A clinical term used by pediatric clinicians to describe infants and young children, generally 3 years of age and younger, who fail to grow as expected based on established growth standards for age and gender. A central cause of failure-to-thrive is under-nutrition, whether or not an associated organic disease is present. Pediatric under-nutrition, or Failure-To-Thrive triggers an array of health problems in children and may be associated with long-term impairments in growth, physical and cognitive development, academic performance, and behavior. The majority of the children with Failure-To-Thrive do not have a physical disease and most are associated with problems in the child's environment.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child suffers from failure to thrive.

B. Usage

The reporter has reason to believe that the child has failure to thrive syndrome as a result of the parent's or caretaker's neglect.

C. Factors to be considered

.Central to the definition of Failure-To-Thrive is abnormal growth compared to children of similar age and sex, using typical national growth standards.

.The child's symptoms, i.e. weight and/or velocity of growth and/or clinical signs of deprivation improve when the child is properly nurtured.

.There appears to be significant environmental or psychosocial disruption in the child's family.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

. Verified that the child has or had failure to thrive (such verification must come from a physician); and

. Secured a preponderance of evidence that the failure to thrive was at least partially a result of the parent's or caretaker's failure to provide for or meet the needs of the child.

HUMAN BITES (Priority II)

I. Definition

A bruise or cut in the skin caused by human teeth.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a human bite as a result of maltreatment.
- B. Usage

The reporter has reason to believe that the human bite resulted from one of the following:

- . A direct, non-accidental action of the parent, caretaker, or other person responsible for the child's welfare (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another which resulted in a human bite (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has a human bite or has sustained a human bite in the past (such verification may come from a physician, dentist, registered nurse, law enforcement officer, observation by the Family Service Worker, or by a direct admission from the alleged offender); and
- . Secured a preponderance of evidence that the human bite was sustained as a result of maltreatment as defined in section I.

IMMERSION (Priority I)

I. Definition

Interference with a child's ability to breathe by holding the child's nose and mouth under water or other liquid.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has been immersed as a result of maltreatment.
- B. Usage

The reporter has reason to believe immersion resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).

- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another which resulted in immersion (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that a child has been immersed and restricted breathing.
- . Secured a preponderance of evidence that the immersion occurred as a result of maltreatment as defined in section I.

INADEQUATE CLOTHING (Priority II)

I. Definition

Lack of adequate clothing to protect the child from the elements.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is inadequately clothed.

B. Usage

The reporter has reason to believe that a child is or recently has been inadequately clothed due to the parent's or caretaker's disregard of his or her responsibilities.

C. Incident factors to be considered

- . Frequency of the incident,
- . Duration of the incident,
- . Chronicity or pattern of similar incidents,
- . Weather conditions such as extreme heat or extreme cold.

NOTE: Evidence of physical harm to the child such as frostbite, hypothermia, severe sunburn, or heat exhaustion is not required in order to indicate this allegation. Lack of clothing in the home is not sufficient to indicate a report of inadequate clothing unless other factors substantiate that the child is not being clothed. On the other hand, the mere availability of clothing is not sufficient to unfound a report of inadequate clothing. Other factors must be considered.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the incident or circumstances occurred; and
- . Secured a preponderance of evidence that the child is/has been inadequately clothed in accordance with Section II,B, above; and
- . Applied the factors in Section II, C, above and determined that the clothing was not appropriate to protect the child from the elements.

INADEQUATE FOOD (Priority II)

I. Definition

Lack of food adequate to sustain normal functioning. It is not as severe as malnutrition or failure to thrive, both of which require a medical diagnosis.

Examples include:

- . The child who frequently and repeatedly misses meals or who is frequently and repeatedly fed insufficient amounts of food.
- . The child who frequently and repeatedly asks neighbors for food and other information substantiates that the child is not being fed.
- . The child who is frequently and repeatedly fed unwholesome foods when his age, developmental stage, and physical condition are considered.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has received/is receiving inadequate food.

B. Usage

The reporter has reason to believe that the child has not received/is not receiving adequate food due to the parent's or caretaker's disregard of his responsibilities.

- C. Incident factors to be considered:
- . Frequency of the occurrence,
 - . Duration of the occurrence,
 - . Pattern or chronicity of occurrence,
 - . Previous history of occurrences,
 - . Availability of adequate food.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the incident or circumstances occurred; and
- . Secured a preponderance of evidence that the child received/is receiving inadequate food as the result of maltreatment as defined in Section I and
- . Applied the factors in Section II, C, above and determined that the amount of food received is not adequate to sustain normal functioning.

NOTE: Lack of food in the home is not sufficient to indicate a report of inadequate food unless other factors substantiate that the child is not being fed. On the other hand, the mere availability of food in the home is not sufficient to unfound a report of inadequate food. Other factors must also be considered. Do not found a report if the parents are making alternative arrangements to provide adequate food.

INADEQUATE SHELTER (Priority II)

I. Definition

Lack of shelter which is safe and which protects from the elements.

Examples of inadequate shelter include, but are not limited to:

- . No housing or shelter.
- . Exposed, frayed electrical wiring.
- . Housing with structural defects which significantly endanger the health or safety of the child.
- . Housing with indoor temperatures consistently below 50 degrees Fahrenheit.

- . Housing which is a significant fire hazard obvious to the reasonable person.
- . Housing with an unsafe heat source which poses a significant fire hazard or threat of asphyxiation.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is being inadequately sheltered.

B. Usage

The reporter has reason to believe that the child is being inadequately sheltered due to the parent's or caretaker's disregard of his or her responsibilities.

C. Shelter factors to be considered

- . Seriousness of the problem.
- . Frequency of the problem
- . Duration of the problem.
- . Pattern or chronicity of the problem.
- . Previous history of shelter-related problems.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the incident or circumstances occurred; and
- . Secured a preponderance of evidence that the child is being or has been inadequately sheltered as the results of maltreatment as defined in Section I and
- . Applied the factors in Section II,C, above and determined that the shelter is inadequate.

INADEQUATE SUPERVISION (Priority II)

I. Definition

The parent or caretaker has failed to appropriately supervise the juvenile which results in the juvenile being left alone at an inappropriate age or in inappropriate circumstances which put the juvenile in danger.

Examples include, but are not limited to:

- . Leaving the juvenile alone when the juvenile is too young to care for himself or for other children.
- . Leaving a juvenile alone when the juvenile has a condition that requires close supervision. Such conditions may include medical conditions, behavioral, mental, or emotional problems, developmental disabilities, or physical handicaps.
- . Leaving a juvenile in the care of an inadequate or inappropriate caretaker, as indicated by the caretaker factors in Section II, C, below
- . Being present but unable to supervise because of the caretaker's condition. This includes the parent or caretaker who uses drugs or alcohol to the extent that it has the effect of producing a substantial state of stupor, unconsciousness, intoxication, or irrationality. This also includes the parent or caretaker who cannot adequately supervise the juvenile because of the parent's or caretaker's medical condition, behavioral, mental, or emotional problems, developmental disability, or physical handicap.
- . Leaving a juvenile unattended in a place which is unsafe considering their maturity, physical condition, and mental abilities.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a juvenile has been/is being inadequately supervised as a result of maltreatment.

B. Usage

The reporter has reason to believe that the juvenile has been/is being inadequately supervised due to the disregard of responsibilities by the parent or caretaker.

C. Factors to be considered

Caretaker factors

- . How long does it take the caretaker to reach the juvenile?
- . Can the caretaker see and hear the juvenile?
- . Is the caretaker accessible by telephone or pager?

- . Caretaker's age (must be age ten or older).
- . Is the caretaker mature enough to assume responsibility for the situation?
- . Is the caretaker physically, mentally, and emotionally able to care for the juvenile?
- . Is the caretaker able to make appropriate judgments on the juvenile's behalf?

Incident factors

- . Frequency of occurrence
- . Duration of the occurrence
- . Time of day or night when the incident occurs.
- . Juvenile's location.
- . Other supporting persons who have agreed to assist in supervising the juvenile.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified/secured a preponderance of evidence that inadequate supervision occurred; and
- . Secured a preponderance of evidence that the inadequate supervision is/was due to the parent or caretaker's neglect as defined in Section I; and
- . Applied the factors in Section II, C, above and determined that the supervision was inadequate.

INTERNAL INJURIES (Priority I)

I. Definition

Internal injury is an injury which is not visible from the outside, e.g. an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semi-comatose. Pain is usually intense at first, and may continue or gradually diminish as patient grows worse.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained internal injuries as the result of maltreatment.

B. Usage

The reporter has reason to believe that the internal injuries resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to stop an action by another person which resulted in internal injuries (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has internal injuries or has sustained external injuries in the past (such verification must come from a physician); and
- . Secured a preponderance of evidence that the internal injury was sustained as a result of maltreatment as defined in Section I.

LOCK-OUT (Priority II)

I. Definition

The parent or caretaker has denied the child access to the home necessary to the safety and health of the child.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been locked out of the home.

B. Usage

The reporter has reason to believe that the child has been denied access to his home.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

Verified that the child was denied access to the home by the parent or caretaker; and

- . Secured a preponderance of evidence that the lock-out occurred as a result of maltreatment as defined in section I.

MALNUTRITION (Priority I)

I. Definition

Lack of necessary or proper food substances in the body caused by inadequate food, lack of food, or insufficient amounts of vitamins or minerals.

The child with malnutrition is not simply a diminutive version of a well-nourished child
There are various physical signs of malnutrition, including the following:

- . A decrease in lean body mass or fat; very prominent ribs; the child may often be referred to as "skin and bones."
- . The hair is often sparse, thin, dry, and is easily pulled out or falls out spontaneously.
- . The child is often pale and suffers from anemia.
- . Excessive perspiration, especially about the head.
- . The face appears lined and aged, often with a pinched and sharp appearance.
- . The skin has an old, wrinkled look with poor turgor. Classically, skin folds hang loose on the inner thigh and buttock.
- . The abdomen is often protuberant.
- . There are abnormal pulses, blood pressure, stool patterns, inter-current infections, abnormal sleep patterns, and a decreased level of physical and mental activity.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was malnourished as a result of maltreatment.

B. Usage

The reporter has reason to believe that the child was malnourished due to the parent's or caretaker's disregard of his or her responsibilities. The malnourishment must be non-organic in nature.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child is/was malnourished (such verification must come from a physician); and
- . Secured a preponderance of evidence that the child was malnourished as a result of the parent's or caretaker's disregard of his or her responsibilities.

MEDICAL NEGLECT (Priority II)

I. Definition

Lack of medical or mental treatment for a health problem or condition which, if untreated, could become severe enough to constitute a serious or long-term harm to the child; lack of follow-through on a prescribed treatment plan for a condition which could become serious enough to constitute serious or long-term harm to the child if the plan is unimplemented.

II. Taking a report

A. Acceptable reporter is any person with reasonable cause to suspect that a child has been/is being medically neglected.

B. Usage

The reporter has reason to believe that the child has not or is not receiving proper and necessary medical care due to the parent's or caretaker's disregard of his or her responsibilities.

C Factors to be considered

- . Seriousness of the current health problem,
- . Probable outcome if the current health problem is not treated and the seriousness of that outcome,
- . Generally accepted medical benefits of the prescribed treatment, and
- . Generally recognized side effects/harm associated with the prescribed treatment.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

Verified that the child has/had an untreated health problem, or that a prescribed treatment plan was unimplemented. Such verification must come from a physician, registered nurse, psychologist, dentist, or by a direct admission from the alleged offender, and

- . Secured a preponderance of evidence that the child is/was medically neglected as defined above.
- . Applied the factors in Section II, C, above and determined that the problem or condition, if untreated, could result in serious or long-term harm to the child. Such verification must come from a physician, registered nurse, or dentist.

NOTE: If the Family Service Worker determines that the parent's decision to withhold medical treatment was based solely upon a religious belief, choosing instead to furnish the child with prayer and spiritual treatment in accordance with a recognized religious method of healing by an accredited practitioner, the investigative determination will be Exempted From Founded Due to Religious Exemption.

IV. Determining who is the offender

When a person, usually a relative, has assumed full-time responsibility for care of the child but has not been appointed the child's legal guardian or the guardianship status is unknown when the report is taken, both that caretaker and the child's legal parents shall be named as alleged offenders. If the legal parents did not make necessary arrangements for securing medical care for the child, the parents shall be indicated as offenders of medical neglect. If the caretaker had attempted to secure medical care, but was unable to do so because the parents did not make the necessary arrangements, the caretaker shall

not be indicated as an offender of medical neglect.

MEDICAL NEGLECT OF DISABLED INFANTS (Priority I)

I. Definition

The withholding of appropriate nutrition, hydration, medication, or other medically indicated treatment from a disabled infant with a life-threatening condition. Medically indicated treatment includes medical care which is most likely to relieve or correct all life threatening conditions and evaluations or consultations necessary to assure that sufficient information has been gathered to make informed medical decisions. Nutrition, hydration, and medication, as appropriate for the infant's needs, is medically indicated for all disabled infants. Other types of treatment are not medically indicated when:

- . The infant is chronically and irreversibly comatose,
- . The provision of the treatment would be futile and would merely prolong dying, or
- . The provision of the treatment would be ineffective in ameliorating or correcting all the life-threatening conditions.

In determining whether treatment will be medically indicated, reasonable medical judgments, such as those made by a prudent physician knowledgeable about the case and its treatment possibilities, will be respected. However, opinions about the infant's future "quality of life" are not to bear on whether a treatment is judged to be medically indicated.

NOTE: Review FSPP Policy and Procedure Section II-F, Medical Neglect Of A Disabled Infant.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a disabled infant with a life-threatening condition has been/is being medically neglected.

B. Usage

The reporter has reason to believe that the disabled infant has not received/is not receiving medically indicated treatment (including appropriate nutrition, hydration, medication, and independent evaluations and consultations) due to the parent's or caretaker's disregard of his or her responsibilities.

- C. Factors to be considered
- . Infant's physical condition,
 - . Seriousness of the current health problem,
 - . Probable medical outcome if the current health problem is not treated and the seriousness of that outcome.
 - . Generally accepted medical benefits of the prescribed treatment,
 - . Generally recognized side effects/harms associated with the prescribed treatment,
 - . The opinions of the Infant Care Review Committee (ICRC), if the hospital has an ICRC,
 - . The judgment of the individual designated by contract for the purposes of coordination, consultation, and notification of cases of suspected medical neglect of disabled infants (Refer to FSPP II-F), and
 - . The parent's knowledge and understanding of the treatment and the probable medical outcome.
- D. On acceptance of this type allegation the Hot Line supervisor will be notified immediately. The Hot Line supervisor will immediately notify the designated DCFS Child Protective Services Field Assistance Unit.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that medical treatment (including appropriate nutrition, hydration, or medication) is/was withheld from an infant; and
- . Secured a preponderance of evidence that the infant is/has been medically neglected due to the parent's or caretaker's disregard of his or her responsibilities; and
- . Applied the factors in Section II, C, above and determined that the treatment was medically indicated. Such verification must come from a physician, and may come from experts in the field of neonatal pediatrics. Appropriate nutrition, hydration, and medication is medically indicated for all disabled infants.

MENTAL INJURY (Priority II)

I. Definition

Injury to the intellectual, emotional, or psychological development of a child as evidenced by observable and substantial impairment in the child's ability to function within a normal range of performance and behavior.

II. Taking a report

A. Any person with a reasonable cause to suspect that a child has suffered a substantial impairment in his or her ability to function as a result of a specific, non-accidental action or inaction committed by a parent or caretaker.

B. Usage

The reporter has reason to believe that the mental injury resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the mental injury (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child has been mentally injured. A psychiatrist, registered psychologist, licensed clinical social worker, professional employee of a community mental health center, or licensed psychological examiner must confirm that the child has suffered a mental injury; and
- . Secured a preponderance of evidence that the mental injury resulted from maltreatment as defined in section I.

NOTE: Under some circumstances, such as divorce, a mental injury to a child may be an unavoidable consequence of purposeful parental action. When determining whether to found a report, the Family Service Worker should consider whether the parents or caretakers took reasonable action to minimize the degree of mental injury resulting from a necessary action or uncontrollable event.

MUNCHAUSEN SYNDROME BY PROXY OR FACTITIOUS ILLNESS BY PROXY – (Priority II)

I. Definition

A form of child maltreatment in which the parent or guardian falsifies a child's medical history or alters a child's laboratory tests or actually causes an illness or injury in a child in order to gain medical attention for the child which may result in innumerable harmful hospital procedures.

II. Taking a report

A. Acceptable reporters include medical personnel or medical facilities with reasonable cause to suspect that a parent or caregiver has fabricated a medical condition in a child.

B. Usage

The reporter has reason to believe that the parent or caregiver is presenting a child to a health care provider for a fabricated medical condition.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

Verified that the child has been presented to a health care provider with a fabricated medical condition. Such verification must come from a physician, registered nurse, dentist, or by a direct admission from the alleged offender; and

Secured a preponderance of the evidence that the parent or caregiver has presented the child to a health care provider with a fabricated medical condition.

POISON/NOXIOUS SUBSTANCES (Priority I)

I. Definition

Poison is any substance, other than mood altering chemicals, tobacco, tobacco products or alcohol, taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. (Almost any substance, including water, can be poisonous if consumed in sufficient quantity; therefore, the term poison usually implies an excessive amount rather than a specific group of substances.)

Noxious means harmful or injurious.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child consumed poison or a noxious substance as the result of maltreatment.

B. Usage

The reporter has reason to believe the child was poisoned or ingested a noxious substance as a result of one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child consuming poison or a noxious substance (failure to protect).
- . A blatant disregard of responsibilities for the child's welfare (neglect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child has consumed poison or a noxious substance (such verification must come from a physician or by a direct admission from the alleged offender); and
- . Secured a preponderance of evidence that the consumption of the poison or noxious substance was the result of maltreatment as defined in Section I.

SEX (ORAL) (Priority I)

I. Definition

Any contact, however slight or the attempted contact between the sex organ of one person and the mouth of another person when one of those persons is a child and the other is a caretaker of the child. This includes acts commonly known as cunnilingus and fellatio.

This form of maltreatment does not require that the offender be a caretaker of the child.

II. Taking a Report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been involved in oral sex.

B. Usage

The reporter has reason to believe that oral sex resulted from one of the following:

- . A direct action by a parent or caretaker ten years of age or older (abuse); or
- . A direct action by any person under any of the following circumstances:
 - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt, or
 - (b) One person is eighteen (18) or older and the other is under the age of sixteen and not the spouse, or
 - (c) One person is a caretaker or sibling of the other who is less than eighteen (18) years old

Forcible Compulsion – physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person

- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in oral sex (failure to protect).

III. Founding a report

This allegation may be founded only after the Worker has

- . Verified that the child has been involved in oral sex, or the attempt to engage in oral sex; and
- . Secured a preponderance of evidence that the oral sex, or the attempt occurred.

SEXUAL CONTACT (Priority I)

I. Definition

Any non-penetrative act involving the touching, directly or through clothing, of the sex organs, or buttocks, or anus of any child or the breast of a female child. This includes encouraging, forcing, or permitting the child to inappropriately touch parts of the alleged offender's body generally associated with sexual activity

This form of maltreatment does not require that the offender be a caretaker of the child.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child been involved in sexual contact or attempted sexual contact.

B. Usage

The reporter has reason to believe that the sexual contact resulted from one of the following:

- . A direct action by a parent or caretaker ten years of age or older (abuse);
- . A direct action by any person under any of the following circumstances:
 - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt, or
 - (b) One person is eighteen (18) or older and the other is under the age of sixteen and not the spouse, or
 - (c) One person is a caretaker or sibling of the other who is less than eighteen (18) years old
- . Forcible Compulsion – physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in sexual contact (failure to protect).
- . When a child’s behavior would tend to indicate the child has been a victim of sexual contact. This does not include developmentally appropriate behavior. (See Addendum)

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child has been involved in sexual contact or attempted sexual contact; and
- . Secured a preponderance of evidence that the sexual contact or attempted sexual contact occurred.

SEXUAL EXPLOITATION (Priority I)

I. Definition

Allowing, permitting, or encouraging participation or depiction of the juvenile in prostitution, obscene photographing, filming, or obscenely depicting a juvenile for any use or purpose.

This form of maltreatment does not require that the offender be a caretaker of the child.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been sexually exploited as the result of maltreatment.

B. Usage

The reporter has reason to believe that sexual exploitation resulted from one of the following circumstances:

(a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt, or

(b) One person is eighteen (18) or older and the other is under the age of sixteen and not the spouse, or

(c) One person is a caretaker or sibling of the other who is less than eighteen (18) years old

III. Founding a report

This allegation may be founded only after the Worker has:

. Verified that the child has been sexually exploited; and

. Secured a preponderance of evidence that the sexual exploitation occurred.

SEXUAL PENETRATION (Priority I)

I. Definition:

Any penetration, however slight, of any part of the body of one person or any animal or object into the sex organ or anus of another person when at least one of the persons involved is a child. This includes acts commonly known as anal penetration, digital penetration, coition, coitus and copulation.

This form of maltreatment does not require that the offender be a caretaker of the child

II Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was sexually penetrated as a result of maltreatment.

B. Usage

The reporter has reason to believe that sexual penetration of a child resulted from one of the following:

- . A direct action by any person under any of the following circumstances:
 - (a) The alleged offender is ten (10) years of age or older and the alleged victim is under the age of eighteen and forcible compulsion was used in the act or attempt, or
 - (b) One person is eighteen (18) or older and the other is under the age of sixteen and not the spouse, or
 - (c) One person is a caretaker or sibling of the other who is less than eighteen (18) years old
- . Forcible Compulsion – physical force or a threat, express or implied, of death or physical injury to or kidnapping of any person.
- . The failure of the parent or caretaker to make reasonable and prudent efforts to prevent an action by another person which resulted in sexual penetration (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child was sexually penetrated; and
- . Secured a preponderance of evidence that the sexual penetration or attempted sexual penetration occurred.

SHAKING A CHILD UNDER AGE THREE (Priority I)

I. Definition

The parent or caretaker uses one or both hands to violently and rapidly move the body of a child under age three in a back and forth or up and down motion.

II. Taking a Report

A. An acceptable reporter is any person who has witnessed or been provided with reliable information that a child under age three has been shaken by a parent or caretaker

B. Usage

The reporter has reason to believe that a child under age three has been shaken by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- . Secured a preponderance of evidence that a child under age three years has been shaken by a parent or caretaker

SPRAINS/DISLOCATIONS (Priority II)

I. Definition

Sprain: trauma to a joint which causes pain and disability depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are rapid swelling, heat, and disability, often discoloration and limitation of function.

Discoloration: the displacement of any part, especially the temporary displacement of a bone from its normal position in a joint. Types include:

- . Complicated dislocation: a dislocation associated with other major injuries.
- . Compound dislocation: a dislocation in which the joint is exposed to the external air.
- . Closed dislocation: a simple dislocation.
- . Complete dislocation: a dislocation which completely separates the surfaces of a joint.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child sustained a sprain or dislocation as a result of maltreatment.

B. Usage

The reporter has reason to believe that a sprain or dislocation resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child sustaining a sprain or dislocation (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has a sprain or dislocation or had a sprain or dislocation in the past (such verification must come from a physician, registered nurse, or by a direct admission from the alleged offender); and
- . Secured a preponderance of evidence that the sprain or dislocation was sustained as a result of maltreatment as defined in Section I.

STRIKING A CHILD ON THE FACE (Priority II)

I. Definition

The victim child has sustained a blow to the face inflicted by a parent or caretaker with either an open hand or an object

II. Taking a Report

A. An acceptable reporter is any person who has witnessed or been provided with reliable information that a child has been struck on the face by a parent or caretaker.

B. Usage

The reporter has reason to believe that a child has been struck on the face by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- . Secured a preponderance of evidence that a child has been struck on the face by a parent or caretaker.

STRIKING A CHILD WITH A CLOSED FIST (Priority II)

I. Definition

The parent or caretaker has used a clenched hand to hit the child on any part of his body.

II. Taking a Report

A. An acceptable reporter is any person who has witnessed or been provided with reliable information that a child has been struck with a fist by a parent or caretaker.

B. Usage

The reporter has reason to believe that the child has been struck with a fist by a parent or caretaker.

III. Founding a Report

This allegation may be founded only after the Worker has:

- . Secured a preponderance of evidence that the child has been struck by a parent or caretaker with a fist.

SUBDURAL HEMATOMA (Priority I)

I. Definition

Hematoma is a swelling or mass of blood (usually clotted) confined to an organ, tissue, or space and caused by a break in a blood vessel.

Subdural means beneath the dura mater (the outer membrane covering the spinal cord and brain).

A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or the shaking of a small child or infant. It may result in loss of consciousness, seizures, mental or physical damage, or death.

II. Taking a report

A. Acceptable reporters are medical personnel, medical facilities or pediatric facilities with reasonable cause to suspect that a child sustained a subdural hematoma as the result of maltreatment.

B. Usage

The reporter has reason to believe that the subdural hematoma resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in a subdural hematoma (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child currently has a subdural hematoma or has sustained a subdural hematoma in the past (such verification must come from a physician); and
- . Secured a preponderance of evidence that the subdural hematoma was sustained as a result of maltreatment as defined in Section I.

SUBSTANCE MISUSE (Priority II)

I. Definition

The consumption of a mood altering substance capable of intoxication to the extent that it observably affects the child's health, behavior, motor coordination, judgment, or intellectual capability. Mood altering chemicals include cannabis (marijuana), hallucinogens, stimulants (including cocaine) sedatives (including alcohol and Valium) narcotics, or inhalants.

Examples of substance misuse may include, but are not limited to:

- . Giving a minor (unless prescribed by a physician) any amount of heroin, cocaine, morphine, peyote, LSD, PCP, pentazocine, peyote, or methaqualude or encouraging, insisting, or permitting a minor's consumption of the above substances.
- . Giving any mood altering substance, including alcohol or sedatives (unless prescribed by a physician) to an infant or toddler.
- . Encouraging, assisting, or permitting a child to consume alcohol, drugs, or another mood altering substance on a regular basis.
- . Encouraging, assisting, or permitting an adolescent to consume alcohol, drugs, or another mood altering substance on a daily basis.
- . Encouraging, assisting, or permitting any minor to become intoxicated by alcohol, drugs, or another mood altering substance, even if on an infrequent basis.

II. Taking a report

- A. An acceptable reporter is any person with reasonable cause to suspect that a child has consumed a mood altering substance as a result of maltreatment.

B. Usage

The reporter has reason to believe that the substance misuse resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . One or more of the foregoing persons encouraged or assisted the child's consumption of the mood altering substances.
- . The failure of the parent or caretaker to make reasonable efforts to stop another person from giving mood altering substances to the child (failure to protect).
- . A blatant disregard to responsibilities for the child's welfare. This includes the failure of the parent or caretaker to take reasonable actions to prevent the child from misusing mood altering substances (neglect).

C. Factors to be considered

The following factors should be considered when determining whether a child is involved in substance misuse:

- . Age of child.
- . Frequency of substance misuse.
- . Amount of substance consumed.
- . Degree of behavior dysfunction, or physical impairment linked to substance misuse.
- . The child's culture, particularly as it relates to use of alcohol in religious ceremonies or on special occasions.
- . Whether the parent's or caretaker's attempts to control an older child's substance misuse or to seek help for the child's substance misuse were reasonable under the circumstances.

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that a child is currently involved in or has been involved in substance misuse; and
- . Secured a preponderance of evidence that the substance misuse was the result of maltreatment as defined in Section I.
- . Applied the factors in Section II, C, above and determined that the substance misuse is significant enough to constitute child abuse and neglect.

SUBSTANTIAL POSSIBILITY OF SEVERE MALTREATMENT (Priority I)

I. Definition

The conduct of the parent or caretaker places the child at substantial risk of severe maltreatment including: death, permanent or temporary disfigurement, illness, impairment of any bodily organ, or an observable and substantial impairment in the intellectual or psychological capacity of the juvenile to function within his normal range of performance and behavior with due regard to his culture.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child is at substantial risk of physical injury or functional impairment as a result of maltreatment.

B. Usage

The reporter has reason to believe that the incident/circumstances which create the substantial possibility of maltreatment resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . A constellation of circumstances or findings which, taken together, suggest significant danger of physical injury or neglect.

III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the incident occurred or the circumstances exist; and
- . Determined that the child is/was in substantial risk of physical injury, neglect, or functional impairment as a result of maltreatment; and
- . Secured a preponderance of evidence that the risk to the child is significant enough to constitute a substantial possibility of physical injury, neglect, or functional impairment as defined in Section I.

SUFFOCATION (Priority I)

I. Definition

Interference with a child's ability to breath by covering the child's nose and mouth with a hand or other object that restricts breathing. This includes interference with breathing by choking the child, compressing the child's chest or placing a binding material around the child's neck.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child has been suffocated as a result of maltreatment.

B. Usage

The reporter has reason to believe suffocation resulted from one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse).
- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another which resulted in suffocation (failure to protect).

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that a child has been suffocated or a caretaker's hand or object has covered the child's nose or mouth and restricted breathing.
- .
- . Secured a preponderance of evidence that the suffocation occurred as a result of maltreatment as defined in section I.

THROWING OR KICKING A CHILD (Priority II)

I. Definition

The parent or caretaker of the child has thrown or flung the child into an object or across a space or

The parent or caretaker has used a foot to deliver a non-accidental sudden and forceful blow to any portion of the child's body.

II. Taking a Report

A. An acceptable reporter is any person who has witnessed or been provided with reliable information that a child has been thrown, hurled, or flung by a parent or caretaker or sustained a sudden and forceful non-accidental blow from the parent or caretaker's foot.

B. Usage

The reporter has reason to believe that the child has been thrown, hurled, or flung into an object or across space by his parent or caretaker or has sustained a sudden and forceful non-accidental blow from the parent or caretaker's foot.

III. Founding a Report

This allegation of maltreatment may be founded only after the Worker has:

- . Secured a preponderance of evidence that the child was thrown, hurled, or flung by a parent or caretaker into an object or across space.
- . Secured a preponderance of evidence that the child sustained a sudden and forceful non-accidental blow from the parent or caretaker's foot.

TYING/CLOSE CONFINEMENT: (Priority II)

I. Definition

Unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together or forcing the child to remain for more than a few minutes in a closely confined area which restricts physical movement. Examples include, but are not limited to:

- . Locking a child in a closet.

- . Tying one or more limbs to a bed, chair, or other object except as authorized by a licensed physician.

- . Tying a child's hands or legs together.

II. Taking a report

A. An acceptable reporter is any person with reasonable cause to suspect that a child was tied or closely confined as the result of maltreatment.

B. Usage

The reporter has reason to believe that the child was tied or closely confined as a result of one of the following:

- . A direct, non-accidental action of the parent or caretaker (abuse)

- . The failure of the parent or caretaker to make reasonable efforts to stop an action by another person which resulted in the child being tied or closely confined (failure to protect.)

III. Founding a report

This allegation of maltreatment may be founded only after the Worker has:

- . Verified that the child is/was tied or closely confined; and

- . Secured a preponderance of evidence that the tying or close confinement was sustained as a result of maltreatment as defined in Section I. If the alleged offender contends that reasonable tying/close confinement was recommended by a physician or psychiatrist as a suggested means to ensure the child's safety or control the child's behavior, this must be verified by the physician or psychiatrist.

ADDENDUM:

SEXUAL ACTING OUT BEHAVIORS IN CHILDREN AGE 9 AND UNDER*

Sexual acting out is the single most common behavioral symptom in children who have been sexually abused. In and of itself, this is not conclusive evidence of a history of sexual abuse, but indicates reasonable cause to suspect sexual abuse or exposure of the child to inappropriate sexual knowledge and information. Certainly, all sexual acting out behaviors must be evaluated on a case by case basis.

Using this list is not meant to replace professional judgement in screening reports and during child maltreatment investigations.

Reasonable cause to suspect sexual abuse is raised when one or more of the following behaviors are present:

- sexual contact between children where there is an age difference of two or more years;
- sexual contact between children when there is a significant size difference between the children;
- sexual contact between children when there is a significant difference in their intellectual functioning levels or in their capacities to understand the meaning of sexual behavior;
- sexual contact between children involving the use of physical force or the threat of bodily harm;
- sexual contact between children involving penetration, oral-genital contact, or the insertion of objects into the vagina or rectum of one or both of the children;
- sexual contact between children persists over the objection of one of the children;
- multiple incidents of sexual contact between the same children;
- when a child has had sexual contact with several different children over a period of time;
- sexual contact of a child with (an) animal(s);
- children approaching adults for sexual contact; and
- excessive masturbation, which includes the infliction of pain or injury and/or cannot be redirected and persists in public settings.

* For other sexual abuse categories relevant to older children see: Sex (Oral), Sexual Exploitation, and Sexual Penetration.

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