

DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES ADMINISTRATION
311 W. SARATOGA STREET
BALTIMORE, MARYLAND 21201

DATE: June 5, 2015

POLICY #: SSA – CW # 15-30

TO: Directors, Local Departments of Social Services
Assistant Directors, Services

FROM: 
Deborah Ramelmeier, Executive Director
Social Services Administration

RE: Child Protective Services Screening and Case
Determination Process. *(This Policy Directive
Replaces and Supersedes SSA – CW # 14-19)*

PROGRAMS AFFECTED: Child Protective Services Screening

ORIGINATING OFFICE: In-Home Services

ACTION REQUIRED OF: All Local Departments

REQUIRED ACTION: Implementation of Policy in Intake/Screening

ACTION DUE DATE: June 8, 2015

CONTACT PERSON: Steve Berry, Program Manager
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PURPOSE:

The purpose of this policy directive is to provide direction and clarification to local departments of Social Services (LDSSs) in conducting Screening and Intake, including what information screeners need to obtain, how to apply Structured Decision Making (SDM), how the expectations of screeners are changing in response to Alternative Response (AR), and how to respond to a variety of common reporting scenarios.

BACKGROUND:

Given the changes in Child Protective Services (CPS) brought about by AR, screeners must be properly trained on SDM, screening practices aligned with Family-Centered Practices, and screening policies that allow screeners to obtain the most comprehensive and complete information possible to inform decision making and subsequent agency actions.

ACTION:**Taking the Call**

During normal business hours, the phone must be answered by a person who can either appropriately screen the call or record the necessary information for a screener to respond immediately, as appropriate. Each jurisdiction must have an after-hours screening and intake process in place to handle calls during non-business hours. Consistent with a family-centered practice, screeners must be tactful, patient, and persistent in guiding the callers through the interview and obtaining the relevant information.

The entire community shares responsibility for protecting children and helping families and, accordingly, screeners should demonstrate principles of partnership when interviewing reporters, conveying the idea that preventing and intervening to stop child maltreatment cannot be done by the agency alone but requires the involvement of professionals and community members alike.

Screeners should:

- Show appreciation for the caller's concern and respect for the decision to ask for help on behalf of the family;
- Maintain objectivity toward the family that is the subject of the report;
- Show respect for the family by asking strength-based questions such as, "What is good about this family?" and, "How has this family handled problems in the past?";
- Ask callers to reflect on a family's past successes, support systems, and culture;

- Allow the caller to talk somewhat freely, understanding that being a good listener can aid in obtaining information;
- Avoid judging the caller;
- Go back for missed information, filling in gaps and clarifying timelines; and
- Thank the caller for taking the time to seek help for the family.

Gathering Information from the Reporter

Screeners should elicit and accurately document as much relevant information as possible and weigh the interconnected risk and safety factors to determine the degree of risk to the child(ren) and the likelihood of harm in the immediate and foreseeable future. After responding to immediate safety needs, screeners should attempt to engage the reporter to obtain information that will inform the assessment or CPS response and permit the CPS worker to engage the family and facilitate the safety of the child(ren).

The screener must ask appropriate questions to elicit information from the caller regarding:

- The type of alleged maltreatment and the circumstances and details of the maltreatment, including the date of the alleged maltreatment and the characteristics and appearance of any injury;
- The name, age, and whereabouts of any child alleged to be abused or neglected and of other children in the home or under the care of the alleged maltreater;
- Any factors that suggest a child is at immediate risk of harm, including present or impending dangers;
- Information about any alleged maltreater, including name, age, phone number, address, school or employer, and current location;
- Name and contact information of non-offending parents or caretakers;
- The names and contact information of other people with information regarding the child(ren), family, or alleged maltreatment and of protective adults who may be resources;
- Household composition and demographics (name, age, gender, race, and ethnicity) for all members of the household and their relationship to each other and, for family members, addresses, phone numbers, places of employment, and school or childcare, as applicable;
- The general condition, emotional and physical state, and proximity to threat of all children;

- The caretakers' level of functioning, mental and physical health, emotional state, ability to parent, use of alcohol or drugs, and attitudes toward, or perceptions of, the child(ren);
- The child(ren)'s level of functioning, mental and physical health, emotional state, and behavior, including the effects on the child of child maltreatment, caregiver behavior, and family conditions;
- The level of family functioning, including the presence of domestic violence;
- Living arrangements, household activity (including people in and out of the home), and the condition of the residence;
- Specific caregiver behavior indicative of child maltreatment;
- Any known prior incidents of abuse or neglect;
- Whether the maltreatment represents a change for this family and a description of conditions in the home when the family was doing better;
- The family's likely level of cooperation or overall receptivity to accepting agency intervention or assistance;
- Any potential danger to an investigating worker;
- The legal status of the child(ren), *e.g.*, custody orders, *ex parte* orders, criminal proceedings, or interstate compact issues;
- The reporter's name, relationship to the family, source of information, motivation for making a report at this time, and recommendations regarding the situation; and
- Any possible language or communication barriers, including the need for interpreter services.

The screener should also ask the following questions related to domestic violence:

- Is any adult in the home being assaulted or hurt by his or her partner?
- Have the police ever been to the home to respond to assaults against children or adults?
- Has any child in the home said that one of his or her caretakers is a victim of violence or is acting violently at home?
- Has there been any violence in the household toward a pet?
- Have weapons been used to threaten or harm a family member? If so, what kind of weapon was used and is it still in the home?

The screener should ask questions that are solution-focused and inclusive of the reporter. These questions are important in establishing the groundwork for family engagement practices and in assessing risk. Examples of appropriate solution-focused questions are:

- Are you aware of anything the family is doing to address the current concerns or conditions?
- How does the parent/family unit solve problems? What have you observed the parent/family doing to solve problems in the past?
- How did the non-offending parent react to the alleged maltreatment? If this has happened before, how has the family addressed the situation?
- Have you observed any changes in the family situation or family members that may have contributed to the abusive or neglectful behavior?
- What are the positive aspects of the parents or family? What are the mother's or father's strengths in parenting? What would the child(ren) say?
- What do you think is the cause of the maltreatment?
- What would make the child(ren) safer?
- Is there anything that you can do to help this family?

Requests to Hold a Child

There may be occasions when the LDSS receives a report of child maltreatment and is notified that another governmental entity (law enforcement, or public school) or medical facility is holding a child pending direction from the LDSS. When the screener or after hours worker receives this information, the worker should **immediately** notify his or her supervisor and determine whether the situation is appropriate for a CPS (Investigative or Alternative response) or other child welfare response and whether the circumstances appear to warrant the LDSS sheltering the child (i.e. that the child is in serious and immediate danger).

If the LDSS determines there is sufficient justification to warrant the child being held, thus authorizing shelter care, the LDSS must follow all shelter care procedures. This includes contacting the child's caregiver(s) and determining an appropriate placement. If the LDSS has insufficient justification to warrant the child being sheltered, the LDSS must **immediately** advise the governmental entity or medical facility that the child is not being sheltered and that it is their responsibility to ensure that the child is released to the parent/guardian, including, when appropriate, contacting the parent/guardian and explaining why the child was held.

There may also be occasions when the LDSS contacts another governmental entity or medical facility and requests that it keep the child in a safe environment until a worker can respond. For example, if the LDSS received a report from a school of child sexual abuse by a household member at 2:30 p.m. on a Friday, and the child were getting ready to get on the bus to go home to that household, the LDSS might request that the school detain the child until the worker responds to the school. The request to have a child held is equivalent to sheltering the child, and the LDSS MUST follow all shelter care procedures, including notifying the caregiver that the child is in the LDSS custody.

When the LDSS has asked another governmental entity or medical facility to hold a child, the screener must mark the Response Time Decision on the SDM as “Other” and state “LDSS has taken emergency custody” in the space provided.

All information obtained from the reporting source, and any other sources with which the screener may have contact, shall be entered on the Child and Family Services Intake Worksheet (DHR 396). A screener may verify information shared by a reporter, such as contacting a school to determine if the child has the reported injury or contacting a pediatrician to verify that the child’s failure to have medical care for a reported problem could be life threatening. For reports, referrals, or requests for services from an identified reporter, the screener should ask if the reporter would like a formal Acknowledgement Notice. If so, the screener must complete the Notice and mail it to the reporter as soon as possible. In addition to identifying the reporter as such in the “role in investigation” field, the screener must also capture the reporting source’s role in the child’s life (teacher, parent, grandparent, etc), or how the reporter gained the information provided in the report.

Information the screener enters on the Intake Worksheet should not be altered or deleted if it differs from prior or subsequent reports/referrals. The supervisor should not comment on the screening decision in the supervisory notes. Discrepancies should be documented in logs and/or in supervisory consultation documents. As appropriate, the screener should seek case consultation with the supervisor as this allows for shared, and often the best, decision-making. When the supervisor has approved the Intake Worksheet in MD CHESSIE, a hard copy of the report will be generated.

DETERMINING MALTREATMENT

Once the screener has obtained all necessary and available information regarding the report, the screener will complete *for each referral*, including new referrals of child abuse and neglect in open investigations or active service cases:

- The SDM form; and

- The child abuse/neglect (CA/N) screening and response time assessment in MD CHESSIE.

The screener shall complete the assessment as follows:

Section 1. Maltreatment Type

Using the definitions listed in the SDM Policy and Procedures Manual for Screening and ensuring that the referral information meets criteria, the screener will check all applicable maltreatment types (Physical Abuse, Sexual Abuse, Neglect and Mental Injury).

For neglect cases, Maryland law requires that the caller reports actual harm or substantial risk of harm **in order to Screen in** a referral for a CPS response. Screeners must try to elicit information that would support whether or not a child has been harmed or placed at substantial risk of harm. Factors supporting whether a child has been harmed or placed at substantial risk of harm include:

- The presence of circumstances, to a *significant* extent, causing concern for the safety, welfare or well being of the child during or resulting from the alleged maltreatment;
- The nature of the harm or probable harm is not minor or trivial and may reasonably be expected to have a substantial and demonstrably adverse impact on the child's safety, welfare or well being; and
- The probable detrimental effect on the child if there is no intervention.

Section 2. Recommendations and Overrides

- If any maltreatment type is checked in Section 1, the system will default to "Screen In."
- If no maltreatment type is checked, the system will default "Screen Out";
- Overrides
 - An override to screen out a referral where one or more maltreatment types are checked may be appropriate if:
 - The LDSS has insufficient information to locate child/family;
 - The LDSS is referring the matter to another jurisdiction; or
 - The victim is now an adult and either the perpetrator is deceased, or there are no other children in the care of the alleged perpetrator.
 - The screener may not use an override to screen out a case if the referral contains a "new" allegation of maltreatment in a case that is already open in CPS or where the type of maltreatment changes during the investigation from what was reported.

- An override to screen in a referral, even where *no* maltreatment type is checked, may be appropriate if:
 - A court ordered the investigation; or
 - Under the circumstances, a supervisor has made the decision to screen in the report and has checked “Other,” and noted the reason for the override in that section.
 - Note, an override checked “Other” must identify the risk and safety factors present and the perceived level of risk and safety;
 - Overrides are not to be checked “Other” on the basis that the supervisor did not agree with the screener’s decision. Instead, the screener will change the selections in SDM, as instructed by the supervisor, and, if deemed necessary, document in the referral that the supervisor changed the referral status from what the screener had originally determined.

SDM Trouble Shooting

Professional and lay communities have been encouraged to report their suspicions of child abuse and neglect, with certain individuals required by law to report as mandated reporters. Often a caller believes they are reporting child abuse or neglect when in fact what they are reporting does not meet criteria for initiating a CPS response. In order to screen a report in for a CPS response, the LDSS must conclude that the information contained in the report (assuming all the facts are true) is sufficient to sustain a finding of unsubstantiated or indicated abuse or neglect. For example, a caller who claims a child told them that they were physically disciplined over the weekend but is positive the child sustained no injury should be a screened out referral. This does not suggest that a caller must witness an injury to a child for an allegation of child abuse to be accepted for a response. The caller may have observed a physical altercation between a caretaker and a child, is unable to determine if an injury occurred, but their description of the incident suggests that a reasonable person would conclude that the child sustained an injury. Similarly, a caller may believe that a child who is subjected to a diet of fast food is neglected but unless the caller can identify how that harmed or placed the child’s health or welfare at substantial risk of harm (food allergy for example), the report should be screened out. If however, the caller alleges a child was not being fed for a period of time, they are not required to observe the actual withholding of food but are calling based on a child’s statement or behavior (falling asleep in class, stealing food from a classmate). This might be sufficient information to screen the allegation in for a CPS response.

The following types of maltreatment frequently pose a challenge to categorize as abuse or neglect. For purposes of uniformity, these reports should be screened as follows:

- Alcohol or substance use by a minor where the parent or caretaker is fully aware of or has encouraged the behavior:
 - Screen in as neglect if there is no documented physical injury;
 - Do not screen in as physical abuse when there is no documented injury;
 - Follow this rule even though the SDM form categorizes alcohol and drug use as physical injury and not neglect.
- Court Ordered Investigations:
 - If the documentation provided by the Court does not meet the criteria for screening in for CPS intervention, the case should not be accepted as a CPS response;
 - If the case is not screened in, the LDSS should contact the Court to advise the Court and ascertain if an assessment would meet the Court's needs; and
 - The LDSS should conduct an assessment and provide a report to the Court, as directed.
- Inadequate Attention or Supervision: Inadequate supervision by a caretaker can occur whether the child is indoors, outdoors, or in a vehicle. The SDM references an unattended or unsupervised child under the age of 8. While age is a factor, it is not the sole factor to consider when determining whether to screen in a report of an unattended or unsupervised child. Other factors are listed below.

Unattended children – Unattended children are children who are left on their own with no adult present to supervise. Family Law Article § 5-801(a), originally written as part of a fire code, makes it a crime to leave children under the age of 8 confined in a dwelling, building, enclosure, or motor vehicle, where fire might occur, without a responsible person of at least 13 to supervise. The statute does not apply to children left unattended outdoors. Moreover, even a clear violation of the age requirements in Fam. Law § 5-801 when children are left unattended in a building or vehicle is not child neglect *per se*. A violation of the age provisions in Fam. Law § 5-801 simply provides a basis for concluding that the younger child has received improper care and attention, necessitating a careful assessment of the risk to the younger child of being left without a mature individual of at least 13 to provide supervision.

Unsupervised children – Unsupervised children are children who have a caretaker present but who are not being adequately supervised within the home or are children outside of the home without supervision. In either situation, the caller needs to describe how the child's health or welfare was harmed or placed at substantial risk of harm due to the caretaker's incapacity, circumstances in the child's environment or the child's behavior. Children playing outside or walking unsupervised does not meet the criteria for a CPS response absent specific information supporting the conclusion that the child has been harmed or is at substantial risk of harm if they continue to be unsupervised. Screeners need to ask questions to gather information from the caller

that describes the specifics of their concern and document the information on the referral in MD CHESSIE.

The determination of whether an unattended or unsupervised child has received improper care and attention under circumstances that either harmed the child's health or welfare or exposed the child's health or welfare to a substantial risk of harm should include consideration of the following factors relating to the time the child was left unattended or unsupervised:

- The gravity and nature of any injury, harm, or possible harm to the child;
- The extent to which the parent anticipated and managed any risks to the child, including any protective measures the parent put in place;
- The accessibility of the parent or other responsible caregiver;
- The length of time;
- The risks posed by the location where the child was left unsupervised or unattended such as an unsafe neighborhood, areas with dangerous intersections and/or high volumes of commercial traffic, or other known hazards in the home or environment;
- The child's age, maturity, general level of responsibility and understanding of, or experience with, potentially harmful circumstances. For example, is the child exhibiting behavior potentially harmful to him/herself such as walking the traveled part of the roadway, or playing with items in a manner that could result in harm, such as shooting a BB gun at other children, playing with matches or lighters, etc.
- Consideration should be given to guidance the school system has developed in relation to children walking to/from school when reviewing reports of children walking/playing in the community unsupervised. However, failure by the parent to adhere to the school system's rules does not necessarily meet the criteria for CPS response.
- Other circumstances that are not readily categorized on the SDM form:
 - If a screener feels that the information obtained requires a response but that the SDM categories do not apply, the screener should confer with his/her supervisor:
 - to discuss the most appropriate category to check; or
 - to utilize the override.

Final Screening Decision (made after consideration of overrides)

- The SDM will check either Screen in or Screen out after the referral has been completed.
 - Screen Out: if no maltreatment type is checked in Section 1 (referral does not meet statutory requirements for an in-person response) and no screen in override is checked;

- Screen In: System selection on the SDM form if any maltreatment type is checked in Section 1 (at least one reported allegation meets statutory requirements for an in-person response) or a screen out override is checked;
- The screener must forward the case for approval to the screening supervisor immediately upon completing the referral;
 - The screening supervisor shall approve the case within 2 hours of submission; and
 - make the assignment decision to either AR or IR.
- The screening supervisor must give the screened case to the assigned worker's supervisor as soon as possible but no later than the end of that business day;
- In a situation requiring an urgent (priority) response, the screener shall:
 - Route the referral to a supervisor immediately;
 - Alert the supervisor of the need for a law enforcement response and/or to have a child welfare staff member respond to the site immediately.
 - If a supervisor is not available, the screener should do what is needed to secure the safety of the child including:
 - Alerting an administrator;
 - Speaking directly to the supervisor or worker who will have the responsibility for the investigation/assessment; or
 - Contacting law enforcement.

Section 3. Response Time Decision

For all screened in referrals, a response time must be identified:

- The screener shall review all criteria for *immediate response* and check all that apply;
- If any criteria are checked, an immediate response is required by the LDSS – see above;
- If no immediate response criteria are checked, the screener shall check the type(s) of maltreatment that were identified in the allegations and base the response time on the most severe type of maltreatment alleged.

Section 4. Data Collection

- For all screened in referrals, the question in Section 4 must be answered either “yes” or “no”;
- Check “yes” if the report meets the criteria for abuse or neglect *and* involved the corporal punishment of a child less than 1 year of age.

Supervisory Review

- All CPS reports and referrals for Non-CPS, whether screened in or out, must be approved by a supervisor or designee;
- Supervisors are responsible for reviewing and approving all screening decisions (both screened in and screened out), the sharing of any information, and referrals to other agencies and services;
- Supervisors are responsible for making the AR/IR assignment based upon the current AR policy directive;
- Supervisory input and review must be available 24 hours a day, 356 days a year.

Clearances

- For all referrals, the screener is responsible for checking history on:
 - The casehead;
 - Other adults in the home; and
 - All children in the home or under the care and supervision of the alleged maltreater.
- The screener should check history on:
 - MD CHESSIE and the Client Information System (CIS) - CPS history. Until October 1, 2015, screeners will only be able to see case details from investigations that took place in their jurisdiction (all ruled out, unsubstantiated and indicated older than 7 years). In order to research any details on a case outside their jurisdiction, screeners will need to contact the jurisdiction in which the investigation took place and request that they provide the necessary information. After October 1, 2015, screeners will be able to view case details from all jurisdictions in Maryland regardless of the case disposition or where it is in the appeal process. Screeners will also be able to view Service cases across the state);
 - Maryland Judiciary - criminal history;
 - Maryland and National Sex Offender Registry - registration as a sex offender; and
 - DJS Dashboard - involvement with DJS.

NOTE: MVA records may provide useful information to verify DOBs, addresses, Child Support delinquency and traffic related charges.

- History checks must be processed and documented as soon as possible and before forwarding for supervisory approval;
- The screener shall record all clearance information on the appropriate intake forms in MD CHESSIE (Child and Family Services Intake Worksheet, DHR 396);

- In cases of immediate danger to a child, the screener should contact their supervisor in order for the case to be assigned to a worker prior to completing the supervisor approval in MD CHESSIE.

Human Trafficking Cases Screening

- When the Screening Unit receives a call *from any source* regarding a child who is believed to be a victim of human sex trafficking, the case should be screened in as sexual abuse; The trafficker may be considered the “caretaker,” *as this person* may be presumed to have taken over control and care of the child for the purpose of human trafficking;
- Any minor who has an identified pimp or trafficker is a victim of human sex trafficking;
- The screener should select the Human Trafficking identifier in MD CHESSIE and on the SDM form and include all other categories that are appropriate (sexual exploitation of a child by an adult caregiver, family member, or household member);
- Individual circumstances may vary (*e.g.* parent may be aware of or involved in human trafficking, parent’s whereabouts may be unknown, trafficker may be unknown) and the screener should note all incidents of abuse or neglect as appropriate to the circumstances;
- In section 3 of the SDM form, Response Time Decision, the screener should check *immediate response required*:
 - In many if not most cases, the child is in urgent need of assistance, and arrangements must be made immediately to ensure the safety of the child;
 - Given the extreme nature of the trauma that victims have experienced, an initial placement will usually be necessary;
 - All After Hours staff need to be aware of and follow current SSA - CW Policy Directive on Management of After Hours Sex Trafficking Reports to Child Protective Services.
- Given the complexity, general lack of familiarity, and the unique service needs of this population, LDSSs may wish to designate a point person who is familiar with the management of human trafficking cases to be on-call after hours to direct after-hours staff.

Enhanced After Care

- As of October 1, 2013, Voluntary Placement for Former Children in Need of Assistance, allows former **Maryland** foster youth to re-enter out-of-home placement through the signing of a voluntary placement agreement;

- Enhanced After Care Voluntary Placement Agreement services are specifically aimed at former foster youth that exited Maryland DHR foster care after age 18;
- Youth in enhanced after-care are eligible for all services provided to youth in out-of-home placement services;
- Protocol for Screening:
 - If a youth contacts the LDSS that held custody or guardianship at the time of case closure by telephone or in person to request services, the LDSS screening staff should handle the request;
 - The screener will make a referral to Non-CPS Services in MD CHESSIE with the type of service requested as “Enhanced After Care VPA.”

Response to Screened In Cases

- All CPS responses (IR and AR) meeting the definition of abuse must be initiated within 24 hours;
- All CPS responses (IR and AR) meeting the definition of neglect must be initiated within 5 calendar days of receipt of the initial report;
- In priority cases (*e.g.*, out-of-home maltreatment, immediate danger to the child, child fatality, critical incident, serious physical injury, “Safe Haven” babies or abandoned children), the face-to-face response must be within 24 hours and often, based on the nature of the report and the specifics of the concerns, immediately;
- Receipt of a report occurs when the supervisor or designee or after hours worker establishes that the allegations meet the definition of abuse or neglect.

Documentation

- Acknowledgement Notices should be sent to all reporters who want one, regardless of the screening decision.
- The screener must forward screened in reports to local law enforcement.

RISK OF HARM CASES

Substance-Exposed Newborns

- All health care practitioners must make reports of newborns considered substance-exposed as determined by the following:
 - The child is a newborn less than 30 days old who was born or receives care in the state; and
 - The newborn:
 - Has a positive toxicology screen for a controlled drug as evidenced by any appropriate test after birth;

- Displays the effects of controlled drug use or symptoms of withdrawal resulting from prenatal controlled drug exposure as determined by medical personnel; or
 - Displays the effects of a fetal alcohol spectrum disorder; or
 - The newborn's mother had a positive toxicology screen for a controlled drug at the time of delivery.
- The screener shall take the call and obtain the following information from the mandated reporter:
 - The name, date of birth, and intended home address of the newborn;
 - The names and home addresses of the newborn's parents;
 - Current location of child;
 - The nature and extent of the effects of the prenatal alcohol or drug exposure on the newborn;
 - The newborn's medical condition and any current or ongoing health care needs, including the need for:
 - An extended hospital stay prior to discharge; or
 - Specific medical procedures, medication, specialized equipment, or ongoing monitoring;
 - Whether and when the newborn's mother had prenatal care;
 - The nature and extent of the mother's current drug use;
 - The extent to which the mother is responsive to the newborn's needs and is involved with providing care;
 - The nature and extent of any history of mental illness; and
 - Any other information that would support a conclusion that the needs of the newborn require a prompt assessment of risk and safety, the development of a plan of safe care for the newborn, and referral of the family for appropriate services.
- The screener should elicit information regarding:
 - Whether the parent has any supports/family members to assist with care of the newborn;
 - The parent's behavior and ability to provide care to the infant, while in the hospital;
 - Care issues hospital staff have observed; and
 - Evidence of caregiver incapacity.
- If a referral involving a substance exposed newborn meets the criteria for child abuse or neglect, the screener should screen and respond to the referral as a report of abuse or neglect;

- Being substance exposed does not, by itself, meet the criteria for a CPS response. The report must contain a separate allegation of abuse or neglect.
- In the case of a report of a substance exposed newborn that does not meet the standard for abuse or neglect, the law *requires* that the screener assign the case for assessment as a Non-CPS case;
- All oral reports of a substance exposed newborn, whether accepted for CPS or Non-CPS, shall be followed by a written report no later than 48 hours after the contact, examination, treatment, or testing that prompted the report;
- The LDSS must respond to all substance exposed newborn reports within 48 hours of receiving the report, and the screener should process accordingly.
- When entering the referral into MD CHESSIE, the screener must identify and add the newborn's name to the demographics and check the newborn as "In Household" and "Participating as a Child." If the newborn already has a CIS number or the newborn has been confirmed for Medical Assistance (MA), the screener should "Confirm" the newborn in the referral.

Substantial Risk of Sexual Abuse by Registered Child Sex Offenders

When the LDSS receives a report that a parent, guardian or caregiver is allowing a child to live in the same home as, or be in the regular presence of, a registered child sex offender who is not the child's parent, the screener must:

- Verify that the sex offender is actually registered on the Maryland Department of Public Safety and Correctional Services' Sex Offender Registry for an offense against a child;
- Confirm that the child sex offender is not the parent of the child suspected to be at risk;
- Ask appropriate questions to get specific information regarding:
 - The risk that the registered sex offender appears to pose to the child; and
 - Whether the offender's or the child's behavior suggests that sexual abuse has occurred or may occur including,
 - Conduct or statements made by the child,
 - Conduct or statements made by the offender, and
 - Any known details regarding the offender's prior child sexual offenses, including the age and gender of prior victims and the nature, circumstances, dates, and locations of the prior offense;
- Screen in the report for an investigation if the information suggests that sex abuse has already occurred;
- if evidence supports a substantial risk of the child being sexually abused, open a Non-CPS referral to assess the risk to the child.
- Screen out or decline to conduct an assessment if:
 - The report is a duplicate of a prior report and there is no new information; or

- The evidence provides no reason to believe that the child either has been sexually abused or is at substantial risk of sexual abuse.

Reports accepted for assessment shall be reported to law enforcement.

Substantial Risk of Harm - Reports of Domestic Violence

- The LDSS need not accept for formal investigation every child maltreatment report involving domestic violence but should generally proceed as follows:
 - If the report suggests that no child in the home has been injured or placed at a substantial risk of being injured during a domestic violence incident, the screener should refer the family to community resources specializing in domestic violence services;
 - If the report suggests that a child in the home has been injured as a result of domestic violence, the screener should screen in the report for abuse;
 - If the report suggests that a child in the home has not been injured during a domestic violence incident but has been placed at a substantial risk of harm, the screener should screen in the report for a Non-CPS response.
- If not reported, the screener should ask:
 - Have the children intervened or been physically injured during a violent assault?
 - Has the abuser made threats of homicide or suicide?
 - Does the abuser have access to dangerous weapons or firearms?
 - If the answer to any of the above questions is YES, the LDSS should accept the referral for investigation of either abuse, if a child has sustained an injury or, otherwise, Non-CPS;
 - If the answer to all the above questions is NO, and no child has been injured in the course of a domestic violence situation or placed at a direct risk of physical harm during a domestic violence situation, the screener may determine that the risk warrants accepting the case for assessment (CHESSIE will automatically assign as Non-CPS.) For example, the information presented may suggest that a child's repeated exposure to violence or the extreme nature of the violence has harmed the child.

Substantial Risk of Harm – Caregiver Impairment

- The LDSS may accept for assessment or investigation maltreatment reports involving a caregiver incapacity which if evaluated would likely result in a mental health diagnosis. The impairment must pose a significant threat to the child.
 - Key to this decision is an assessment of the caregiver's ability to provide care, which may be determined by considering factors as:

- In the case of mental impairment, the caregiver's skewed perception of the child, which may result in the caregiver:
 - Reacting unreasonably to the child;
 - Alienating or withdrawing from the child;
 - Being unable to respond to the child in a manner consistent with the child's developmental stage and age; or
 - Attributing qualities, behaviors, or motivations to the child or that are not consistent with the observations of others;
 - A caregiver's lack of parenting knowledge, skills, or the motivation necessary to assure the child's safety;
 - A caregiver's inability to care for and meet the basic needs of the child, including food, clothing, shelter, supervision, medical care, essential physical hygiene, and a safe environment; or
 - A caregiver's inability to control his or her own emotional or physical behavior;
- The screener must also consider:
- The likelihood that the child has been adversely affected by witnessing upsetting or harmful behavior;
 - Whether the caregiver often takes actions that harm the child or expose the child to a substantial risk of harm;
 - The onset, degree, and frequency of certain behaviors makes for an unstable or unpredictable living environment;
 - Whether the child has been inappropriately required to take over the caregiver role for the adult or other children in the household;
 - If any child is at risk of being inappropriately disciplined or left without appropriate supervision; and
 - Whether the caregiver's ability to provide care is compromised by chemical or alcohol dependence or by lack of compliance with a medication protocol to control a mental disorder.

Previous Death or Serious Injury of a Child Due to Child Abuse or Neglect

If the screener receives a report that a child has moved into the home of, or is being cared for by, an individual who has previously been found responsible for abuse or neglect that resulted in the death or serious injury of a child, the case may be screened in for Non-CPS response due to the possible risk of harm the individual may pose to this child.

Report of Adult Survivor of Maltreatment

If the screener receives a referral concerning a disclosure by an adult survivor of maltreatment, usually sexual abuse, the screener is required to secure the following information:

- The identity of the maltreater and his or her whereabouts;
- Whether the maltreater currently has children under his or her care and supervision;
- Whether the adult survivor is willing to speak with CPS.

If the reporter indicates that the maltreater has children under his or her care and supervision and is aware of the maltreater's whereabouts, the case should be accepted for CPS assessment.

If needed information (maltreater identity, whereabouts and children under care and supervision) is not available, screener shall request contact with the adult survivor or request the reporter to obtain the needed information.

Reports accepted for assessment must be reported to law enforcement.

OTHER POSSIBLE CIRCUMSTANCES REQUIRING A SPECIAL RESPONSE

- Out of Home Setting (critical incident)
 - Maltreatment that occurs in an agency-approved foster home, pending adoptive home, child care facility, or school setting shall be prioritized and managed as a report of a child in immediate danger.
- Infant with a Life-Threatening Condition
 - Any medical neglect report of an infant with a disability being denied nourishment, hydration or medical care for pain shall be managed as a report of a child in immediate danger.
- A Report Alleging Maltreatment by a LDSS Employee
 - Upon receipt of a report involving an employee of the same LDSS:
 - The screener will immediately notify his/her supervisor who will notify the local CPS administrator;
 - The CPS administrator shall make a formal request to the appropriate law enforcement agency for further investigation of the allegation;
 - The LDSS shall request that another LDSS conduct the CPS response and recommend a finding, if an IR, and possible services to be adopted by the LDSS where the employee is employed unless the LDSS believes there would be no conflict of interest by keeping the investigation within the LDSS; and
 - If necessary, the LDSS may request that SSA intervene should the LDSS not be able to gain the cooperation of another LDSS.

- A Report Alleging Child Maltreatment in Another Geographical Area
 - If a caller is making a referral regarding alleged maltreatment that occurred in another jurisdiction in Maryland, the screener's main objective is to ensure that the referral is made. If the caller is unable to contact the appropriate jurisdiction, the screener who the caller contacted should take the necessary information and then forward the referral in MD CHESSIE to the appropriate jurisdiction. If the caller is able to contact the jurisdiction where the incident of maltreatment occurred, the screener shall:
 - Give the caller the phone number to make a report in the appropriate jurisdiction;
 - Record enough referral information to contact the appropriate jurisdiction to confirm that the report was made.
 - If the alleged maltreatment occurred outside of Maryland, the screener should:
 - Record the referral information and forward a copy to the State, territory or district in which the alleged maltreatment occurred.
 - If the report involves immediate danger to a child:
 - Obtain as much information as possible;
 - Make a priority referral to the appropriate LDSS or law enforcement agency; and
 - Give the caller the contact information to these agencies.

CASES NOT APPROPRIATE FOR CPS

After the screener has determined to the best of his or her ability that there is NO OTHER ALLEGATION or indication of actual harm or a substantial risk of harm to a child, the following referrals are inappropriate for CPS intervention and should be screened out:

- School attendance problems;
- Failure to obtain preventive health care, including immunizations;
- Threats to the well-being of a fetus (encourage appropriate call after birth);
- Poverty or deprivation;
- Difficult teenagers whose parents are willing to provide care or make a plan for care even if the child is refusing to return home (could consider offering the family IHFS);
- Teenage drug or alcohol use (unless parent encouraged use or is refusing to get child treatment);
- A child's suicide attempt, unless a parent:
 - Encouraged or led to the attempt; or
 - Refuses to seek appropriate treatment for child.
- Maltreatment but with insufficient information to locate or identify the family or child;

- Maltreatment of any individual, including a young adult in care, alleged to have occurred after the individual's 18th birthday (If appropriate refer to Adult Protective Services.);
- Potentially harmful behaviors or conditions of a parent or caregiver that are not currently having an impact on a child, including:
 - A caregiver's chronic mental illness;
 - A caregiver's substance abuse;
 - A divorce or custody proceeding;
 - Trauma, grief, or loss in the family.
- Issues or problems that fall under the jurisdiction of another agency, *e.g.*, law enforcement, MSDE, the Health Department, although callers should be referred to the appropriate agency for assistance when no other safety issue is present.

REFERRALS FOR NON-CHILD PROTECTIVE SERVICES – APPROPRIATE FOR SERVICES

- A referral with no allegations of child abuse or neglect may be appropriate for services as follows:
 - **Services to Families with Children-Intake (SFC-I)**
SCF-I is a voluntary assessment program for families requesting assistance for problems that, if not addressed, might result in a breakdown in family functioning necessitating CPS intervention, out-of-home placement, or disruption of the family unit.
 - **Safe Haven Baby**
Safe Haven laws were enacted to enable mothers in crisis to safely relinquish newborn babies within 10 days of birth at designated locations where the infant could be protected. (Refer to the current policy on Maryland Safe Haven Program).
 - **Parents Refusing to Pick up Their Child From a Facility When Ready for Discharge**
 - Parents who refuse to take their child home due to a legitimate concern for their safety or the safety of the child or other children may be considered for services;
 - Prior to accepting this as a Non-CPS referral, the LDSS shall determine whether:
 - The parent is willing to cooperate with the department and has made a request for services;
 - There is a need for continued treatment; and

- There are safety and risk issues for the child, family and/or community.
 - If none of the above is present, the report may constitute a CPS neglect investigation.
- **Voluntary Placements**
 - There are two types of voluntary placements:
 - Time-limited Voluntary Placements - This type of placement is used when the parent or legal guardian needs temporary care for a child due to short-term hospitalization, incarceration or some other circumstance requiring the parent or guardian's absence. (Refer to the most recent policy on Voluntary Placements)
 - Children with Disabilities Voluntary Placement - Services are available to parents or legal guardians with a child who has a current documented disability or mental illness and who requires placement to obtain treatment or care that the parent or legal guardian is unable to provide. (Refer to the current policy on Voluntary Placements)
 - **Referrals from Other Agencies (ROA)**
 - Whenever a caller from the courts, another LDSS, state, district, or country contacts the agency to request a courtesy interview of a child or to obtain services for a family, the LDSS may accept the referral as an ROA.
 - **Information Related to an Active CPS Response**
 - When a report involves allegations that have already been reported, the screener must document the information in MD CHESSIE, screen out the report as a duplicate, and forward the information to the active worker.
 - **Information Related to an Active Services Case**
 - When a report contains information involving a child with an active service case and the report *does not* meet the criteria for a new maltreatment report, the screener must route all information as a Non-CPS referral to the active supervisor to notify the worker. (This includes all committed children on runaway status.)
 - **Community Request for Agency to File a CINA Petition on Behalf of a Child**
 - An individual can request that a LDSS file a petition on behalf of a child believed to be abused or neglected. Such a request should be brought to the immediate attention of the screening supervisor and local agency legal staff.

Response to Referrals for Services Other Than Agency CPS or Non-CPS Social Services

- When a screener determines that a caller has made a report to CPS that is not appropriate for CPS or Non-CPS social services, the screener should consider whether another agency or community resource is available to meet the needs of the family; and
 - Provide the caller with the appropriate referral information;
 - Offer to send the caller an Acknowledgement Notice (DHR/SSA 240) with the same referral information, and document offer on the Intake Worksheet;
 - Categorize the referral as Information and Referral (“I & R”); and
 - Document on the Intake Worksheet the referral and plan of action provided.
- If the screener refers the caller to any Non-CPS service within the agency, the screener shall provide the caller’s information to the assigning supervisor for that service within 48 hours.