



The Structured Decision Making[®] System
for Child Protective Services

SDM[®] Careline Assessment Policy and Procedures Manual

January 2018
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Connecticut Department of Children and Families

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CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES
SDM® CARELINE ASSESSMENT

r: 11/17

CPS Report Name: (First Name, Last Name) CPS Report ID #: _____ Careline Worker: _____

Report Date: _____ Report Time: _____ ○ a.m. ○ p.m.

SECTION 1. SCREENING RULE OUT

- Alleged victim is 18 years or older and not currently receiving services from the Department of Children and Families (DCF), OR alleged victim is 21 years or older, regardless of whether currently receiving services from DCF. Note: Do not select this item if allegation involves sexual abuse of a high school student of any age by school personnel.
- Alleged perpetrator is not a person responsible for, given access to, or entrusted to care for the alleged child victim(s). Note: Not a necessary standard for reports alleging Human Trafficking of minor(s).
- Active case (intake or ongoing services) and information shared by reporter is consistent with known concerns/reason for DCF involvement.
- Duplicate report
- Insufficient information to identify or locate child/family

If any item in Section 1 is selected, the Structured Decision Making® (SDM) careline assessment is complete.

No further screening is required.

SECTION 2. ALLEGATION AND SCREENING DECISION

A. Maltreatment Allegation

Abuse

Physical abuse

- Non-accidental physical injury
- Excessive or cruel punishment
- Death of a child as a result of physical injury
- Injury at variance with history given
- Misuse of medical treatment or therapy
- Malnutrition
- Acts of deprivation of necessities by an established caregiver resulting in physical harm to child

Human trafficking

- Child sex trafficking
- Child labor trafficking

Sexual abuse and exploitation

- Non-accidental incident of or exposure to sexual behavior
- Sexual exploitation
- Grooming
- Physical, behavioral, or other suspicious indicators consistent with sexual abuse have been reported (regardless of disclosure)

Emotional maltreatment/abuse

- Act(s), statement(s), or threat(s) adversely affecting the child or seriously interfering with the child's positive emotional development

Neglect

Physical neglect

- Neglectful act resulting in death
- Abandonment
- Action or inaction resulting in failure to thrive
- Child is denied proper physical care and attention (select all that apply)
 - Inadequate clothing or hygiene
 - Inadequate food/nutrition or malnutrition
 - Inadequate supervision
 - Inadequate shelter
- High-risk newborn
- Erratic, deviant, or impaired behavior by the caregiver with adverse impact on the child

Medical neglect

- Unreasonable delay, refusal, or failure of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when caregiver knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child

Educational neglect

- Failure to register the child for school
- Failure to allow the child to attend school or receive home instruction in accordance with Connecticut General Statutes §10-184
- Failure to take appropriate steps to ensure regular attendance at school if the child is registered

Emotional neglect

- Denial of proper care and attention, or failure to respond, to the child's affective needs having an adverse impact on the child or seriously interfering with the child's positive emotional development
- Child displays indicators of emotional distress related to living conditions, circumstances, or associations injurious to his/her well-being (select items below that apply, if any)
 - Substance abuse by caregiver
 - Mental health/emotional instability of caregiver
 - Exposure to family violence

Moral neglect

- Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities

Screen Out

Does not meet statutory criteria

- Concern does not meet threshold of allegation of child abuse or neglect upon review of information shared by reporter compared to the listed maltreatment types and associated definitions.

B. Screening Decision

Preliminary screening decision (autofill)

- Not accepted (does not meet statutory criteria)
- Accepted (one or more maltreatment types are selected)

Screening override (must provide rationale in text box below; supervisory approval required)

- No override (no change in screening decision)
- Not accepted, despite maltreatment allegation selected ([managerial approval required](#))
- Accepted, despite no maltreatment allegation selected

Rationale:

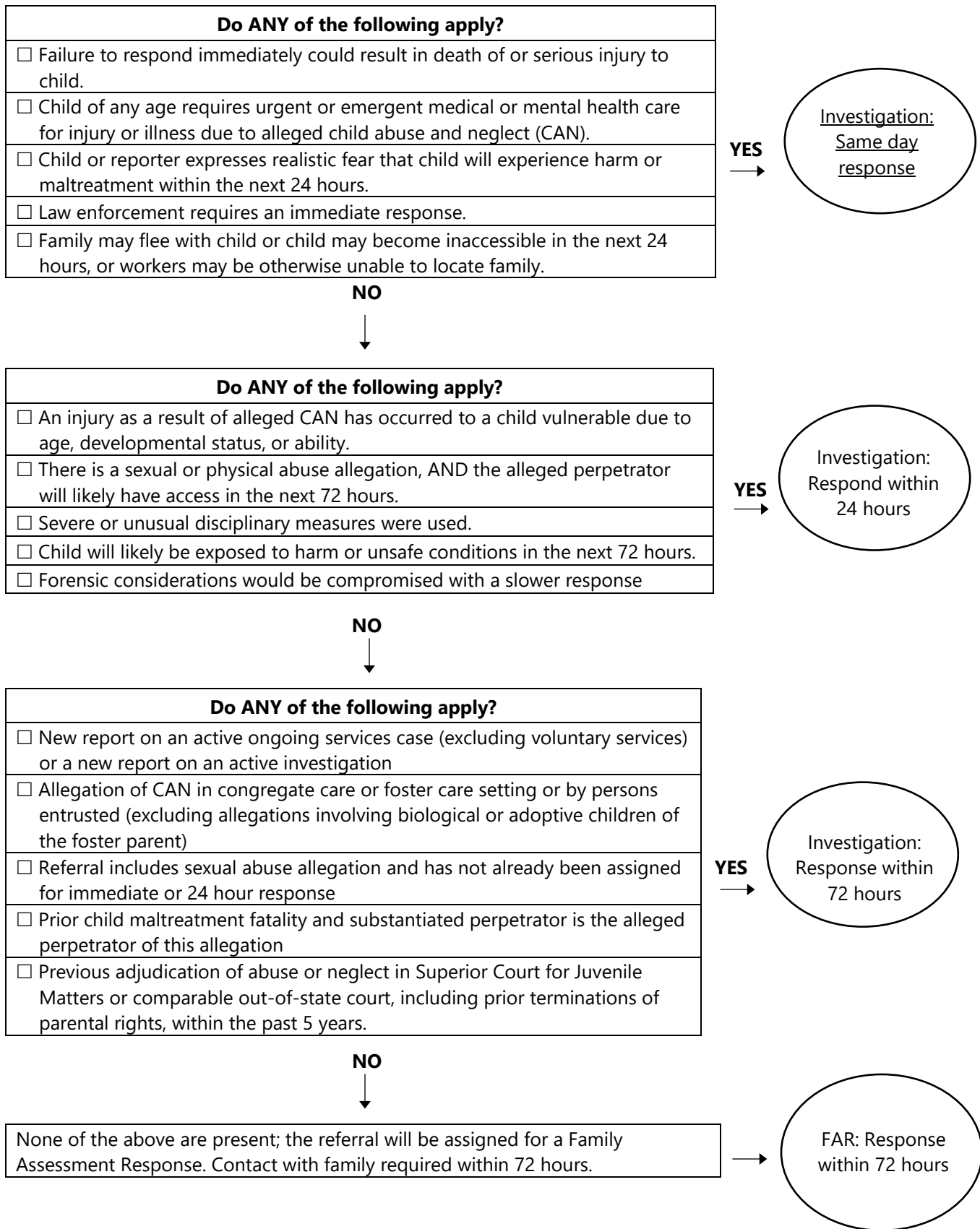
Final screening decision (autofill based on preliminary screening decision and override)

- Not accepted
- Accepted

SECTION 3. RESPONSE TIME AND TYPE DECISION:

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

A. Response time and type



B. Response Time and Type Decision

Preliminary Response Time and Type (autofill)

- Investigation - same day response
- Investigation - response within 24 hours
- Investigation - response within 72 hours
- Family assessment - response within 72 hours

Response time and type override (must provide rationale in text box below; supervisory approval required)

- No override (no change to response time/type)
- Increase response level
- Decrease response level

Rationale:

Final Response (autofill based on response time and type and use of override)

- Investigation—same day response
- Investigation—response within 24 hours
- Investigation—response within 72 hours
- Family assessment—response within 72 hours

CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES
SDM® CARELINE ASSESSMENT
DEFINITIONS

GENERAL DEFINITIONS

Child refers to any person under 18 years or under 21 years and in DCF care.

Caregiver refers to any of the following persons.

- **A person responsible for a child’s health, welfare, or care**, including:
 - » The child’s parent;
 - » The child’s guardian;
 - » The child’s foster parent;
 - » An employee of a public or private residential home, agency, or institution;
 - » Any other person legally responsible under state law for the child’s welfare in a residential setting; or
 - » Any staff person providing out-of-home care, including center-based child daycare, family daycare, or group daycare.
- **A person given access to a child**, defined as someone permitted personal interaction with a child by the person responsible for the child’s health, welfare, or care, or by a person entrusted with the care of a child.
- **A person entrusted with the care of a child**, defined as someone given access to a child by a person responsible for the health, welfare, or care of a child for the purpose of providing education, child care, counseling, spiritual guidance, coaching, training, instruction, tutoring, or mentoring.

Serious injury is any significant impairment of a person’s physical condition as determined by qualified medical personnel. This includes but is not limited to burns (rug/carpet burns are not considered serious injuries), lacerations, bone fractures, substantial hematomas (severe bruises), and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Only a child as defined above may be classified as a victim of child abuse and/or neglect.

Only a person responsible, a person given access, or a person entrusted as defined above may be classified as a perpetrator of child abuse and/or neglect.

SECTION 1. SCREENING RULE OUT

A report is ruled out if one or more elements of child abuse/neglect are not met. The following situations require ruling out a report.

Alleged victim is 18 years or older and not currently receiving services from the Department of Children and Families (DCF), OR alleged victim is 21 years or older, regardless of whether currently receiving services from DCF. Applies if abuse or neglect allegations are limited to individuals over age 18 if not receiving services from DCF or over age 21 if receiving services from DCF. Consider whether younger children remain in the care of the alleged perpetrator and may also be victims. When the alleged victim is older than DCF jurisdiction allows, allegations should be forwarded to law enforcement, adult protective services, or another appropriate agency. Note: Do not select this item if allegation involves sexual abuse of a high school student of any age by school personnel.

Alleged perpetrator is not a person responsible for, given access to, or entrusted to care for the alleged child victim(s). Note: Not a necessary standard for cases alleging Human Trafficking. When the alleged perpetrator is not the parent, guardian, person given access, or entrusted person, then the allegations should be forwarded to law enforcement. Note: Do not select this item if the allegation is Human Trafficking and it involves a perpetrator who is not a person responsible for, given access to, or entrusted to care for the alleged child victim(s).

Active case (intake or ongoing services) and information shared by reporter is consistent with known concerns/reason for DCF involvement. The reported incident contains the same allegations or concern that are being addressed by the Department or through managerial consultation within the region, can be addressed by the assigned worker. Allegations involving a new physical abuse incident or sexual abuse require a new report.

Duplicate report. Report of same incident was previously received and screened. If screened in, Information will be forwarded to assigned worker as additional information

Insufficient information to locate child/family. The caller was unable to provide enough information about the child's or family's identity and/or location to enable an investigation.

If any item in Section 1 is selected, the careline assessment is complete, and no further screening is required.

SECTION 2. ALLEGATION AND SCREENING DECISION

A. Maltreatment Allegation

The following operational definitions are working definitions and examples of CAN.

Abuse

Physical abuse

- Non-accidental physical injury. Non-accidental physical injury to a child is inflicted or allowed to be inflicted by the caregiver. If the reporter does not know how a reported injury was caused, consider the allegation to be a non-accidental injury. Consider size, location, shape, color, and fresh or healing state of injury or injuries. Injuries that may result from physical abuse include but are not limited to the following.
 - » Bruises, scratches, lacerations
 - » Burns or scalds
 - » Old, healed, or healing injuries that have gone untreated and appear suspicious
 - » Reddening or blistering of the tissue through application of heat by fire, chemical substances, cigarettes, matches, electricity, scalding water, friction, etc.
 - » Injuries to bone, muscle, cartilage, ligaments: fractures, dislocations, sprains, strains, displacements, hematomas, etc.
 - » Head injuries
 - » Internal injuries
- Excessive or cruel punishment. Excessive or cruel punishment likely to cause serious physical injury includes situations in which the caregiver is responding to and attempting to correct the behavior of the child but uses physical discipline that is age inappropriate and/or bears no resemblance to reasonable discipline.
- Death of a child as a result of physical injury. This involves injury that was inflicted or allowed to be inflicted by a caregiver.
- Injury at variance with history given. This includes situations inconsistent with the caregiver's explanation and/or those unlikely to have been caused by accident.

- Misuse of medical treatment or therapy. This includes circumstances in which medical treatments or therapies were misused.
- Malnutrition. This relates to acts of commission or omission by an established caregiver resulting in a child's malnourished state that can be supported by professional medical opinion.
- Acts of deprivation of necessities by an established caregiver resulting in physical harm to child. Examples include but are not limited to the following.
 - » Severe diaper rash as a result of caregiver not changing diapers or not appropriately cleaning infant/toddler/child who requires diapers
 - » (other examples)

Human trafficking

Any incident involving alleged human trafficking of a child, including sex or labor trafficking, Referral should be accepted if there is a new perpetrator, victim, or allegations.

- Child sex trafficking. This involves any sex act of or with a minor in exchange for anything of value. This includes not limited to cash, drugs, jewelry, clothing, food, shelter, protection, or transportation.
- Child labor trafficking. This involves any labor services provided by the child using force, fraud, or coercion; subjecting the child to involuntary servitude, debt bondage, or slavery.

Sexual abuse and exploitation

Any incident involving child non-accidental exposure to sexual behavior.

- Non-accidental incident of or exposure to sexual behavior. This includes but is not limited to the following, whether or not a specific perpetrator is identified.
 - » Rape
 - » Penetration (digital, penile, or foreign object)
 - » Oral/genital contact
 - » Indecent exposure for the purpose of sexual gratification of the offender or for purposes of shaming, humiliating, shocking, or exerting control over the victim

- » Incest
- » Fondling, including kissing, for the purpose of sexual gratification of the offender or for purposes of shaming, humiliating, shocking, or exerting control over the victim
- » Coercing or forcing a child to participate in or be negligently exposed to pornography and/or sexual behavior
- Sexual exploitation of a child may include the following.
 - » Possession, manufacture, or distribution of child pornography, including electronically
 - » Online solicitation of a child for sexual acts
 - » Unsolicited obscene material sent to a child
 - » A misleading domain name likely to attract a child to an inappropriate website
- Grooming includes verbal, written, or physical behavior not overtly sexual but likely designed to prepare a child for future sexual abuse. It includes a deliberate and escalating pattern of actions taken to lower a child's inhibitions (e.g., treating the child as "more special" than other children, talking about sexual topics that are age inappropriate, escalating touching from innocent to inappropriate, and "accidental" self-exposure by the caregiver).
- Physical, behavioral, or other suspicious indicators consistent with sexual abuse have been reported (regardless of disclosure). Evidence of such includes but is not limited to the following.
 - » Diagnosis of a child with a disease or condition that arises from sexual transmission
 - » Sexual acting out by the child in age- and/or developmentally inappropriate ways

Emotional maltreatment/abuse

- Act(s), statement(s), or threat(s) adversely affecting the child or seriously interfering with the child's positive emotional development. The adverse impact may result from a single event or from a consistent pattern of behavior, and may be currently observed and/or predicted as supported by evidence-based practice. Types of emotional maltreatment/abuse include, but are not limited to, the following:
 - » Rejecting and/or degrading the child
 - » Isolating and/or victimizing the child by means of cruel, unusual, or excessive methods of discipline
 - » Exposing the child to brutal or intimidating acts or statements, including exposure to family violence

Whether the adverse impact must be evident is a function of the child's age, cognitive abilities, verbal ability, and developmental level. Adverse impact is not required if the action/inaction is a single incident that demonstrates a *serious* disregard for the child's welfare.

Indicators of adverse impact of emotional abuse may include but are not limited to the following.

- Depression
- Withdrawal
- Low self-esteem
- Anxiety
- Fear
- Aggression/passivity
- Emotional instability
- Sleep disturbances
- Somatic complaints with no medical basis
- Inappropriate behavior for age or development
- Suicidal ideations or attempts
- Extreme dependence
- Academic regression
- Trust issues

Neglect

Physical neglect

Physical neglect is caregiver failure to provide and maintain adequate food, clothing, supervision, and safety for the child.

- Neglectful act resulting in death. There is reasonable cause to suspect that neglect was a cause of or a factor contributing to the child's death.
- Abandonment. A child has been abandoned. Examples of abandonment include but are not limited to the following.
 - » The caregiver left a child unattended, the child is unable to identify him/herself, and there is no evidence available to identify the child's family.
 - » There is evidence that the parent will not assume further responsibility for the child and/or parent did not intend for the child to survive (e.g., infant left in a dumpster).
 - » The caregiver left a child in the full-time care of an adult, but the caregiver has failed to arrange for the child's financial support to meet his/her basic needs or has failed to provide the child with emotional support, including direct contact with the child and direct contact with the caregiver.
 - » It is not known where the caregiver is or approximately when the caregiver will return.
- Action or inaction resulting in failure to thrive. The child has a current diagnosis by a qualified medical professional of non-organic failure to thrive; OR a qualified medical professional states that there are indicators of failure to thrive, but a formal diagnosis has not yet been made.
- Child is denied proper physical care and attention. Child's living conditions, circumstances, or associations are injurious to his/her well-being because the child is denied proper physical care and attention as defined by any of the following.
 - » *Inadequate clothing or hygiene:* Caregiver has failed to meet a child's basic needs for clothing and/or hygiene to the extent the child's daily activities are adversely impacted or there are medical consequences (e.g., sores, infection, physical illness, serious harm, hypothermia, or frostbite).

- » *Inadequate food/nutrition or malnutrition:* Caregiver left a child without food for an unreasonable period considering the child's age or physical needs, or the child is malnourished (as supported by medical opinion) as a result of acts of commission or omission by a caregiver.
- » *Inadequate supervision:* Given the child's age and cognitive abilities, the caregiver has failed to provide or is likely unable to provide reasonable care or proper supervision, has allowed a child to be alone for an excessive period of time, or has held the child inappropriately responsible for the care of siblings or other children; and/or caregiver has voluntarily and knowingly entrusted the care of a child to individuals who may be disqualified to provide safe care (e.g., persons who do not/cannot respond to the child's need for supervision, persons who are subject to active protection or restraining orders, persons with history of violent/drug/sex crimes, persons appearing on the Central Registry).
- » *Inadequate shelter:* Caregiver is unable or unwilling to provide basic shelter for the child, or the child's home environment contains hazards that could lead to injury or illness of the child if not resolved. Examples of such hazards include exposed heaters, gas fumes, faulty electrical wiring, no utilities (e.g., heat, water, electricity), no working toilet, broken windows or stairs, vermin, human or animal excrement, unguarded weapons, and accessible drugs or hazardous chemicals. Transience is also considered inadequate shelter.
- High-risk newborn. Newborn has specialized needs and concerns exist regarding parent's ability to meet his/her needs and there is lack of supports or resources available to help provide safe care. Child special needs warranting consideration of selecting this item include but are not limited to: positive urine or meconium toxicology for substances, positive test for HIV infection, and/or serious medical problem. Parent's condition or behavior that may impact their ability to nurture or physically care for the child may include but are not limited to substance use, intellectual limitations, psychiatric illness, and young age.
- Erratic, deviant, or impaired behavior by the caregiver with adverse impact on the child. Permitting the child to live under conditions, circumstances, or associations injurious to his well-being; including but not limited to the following.
 - » Substance abuse by the caregiver: Caregiver's use of substances impairs his/her ability to meet the child's needs for safety and well-being.
 - » Drug trafficking or illegal drug use: Non-accidental or negligent exposure of the child to drug trafficking and/or individuals engaged in the active abuse of illegal substances.

- » Psychiatric problem of the caregiver that adversely impacts child physically.
- » Exposure to family violence or violent events/situations/persons that would be reasonably judged to compromise a child's physical safety.

Note: Whether the adverse impact must be demonstrated is a function of the child's age, cognitive abilities, verbal ability, and developmental level. Adverse impact may not be required if the action/inaction is a single incident that demonstrates a *serious* disregard for the child's welfare.

Medical neglect

- The unreasonable delay, refusal, or failure of the caregiver to seek, obtain, and/or maintain necessary medical, dental, or mental health care when caregiver knows, or should reasonably be expected to know, that such actions may have an adverse impact on the child. Such actions may include but are not limited to the following.
 - » Frequently missed appointments, therapies, or other necessary medical and/or mental health treatments.
 - » Withholding or failing to obtain or maintain medically necessary treatment for a child with life-threatening, acute, or chronic medical or mental health conditions.
 - » Withholding medically indicated treatment from disabled infants with life-threatening conditions.

Note: Failure to provide the child with immunizations or routine well-child care does not constitute medical neglect in and of itself.

Educational neglect

Educational neglect occurs when a school-aged child has excessive absences from school through the intent or neglect of a parent or caregiver.

Note: Excessive absenteeism and school avoidance may be presenting symptoms of a failure to meet the physical, emotional or medical needs of a child. Careline staff shall consider these potential additional allegations at the time of referral.

For children school-aged to age 12, excessive absenteeism may be indicative of the parent or caregiver's failure.

For children older than 12, excessive absenteeism, coupled with a failure by the parent or caregiver to engage in efforts to improve the child's attendance, may be indicative of the

educational neglect. Excessive absenteeism through the child's own intent, despite the parents' or caregivers efforts, is not the educational neglect. Rather this is truancy which is handled through the school district.

Emotional neglect

- The denial of proper care and attention, or failure to respond, to the child's affective needs having an adverse impact on the child or seriously interfering with the child's emotional development. Examples include but are not limited to the following.
 - » Having inappropriate expectations of the child given the child's developmental level.
 - » Failure to provide the child with appropriate support, attention, and affection.
- Child displays indicators of emotional distress related to living conditions, circumstances, or associations injurious to his/her well-being. Examples include but are not limited to the following.
 - » *Substance abuse by caregiver* that adversely impacts the child emotionally
 - » *Mental health/emotional instability of caregiver* that adversely impacts the child emotionally
 - » *Exposure to family violence* that adversely impacts the child emotionally

Whether the adverse impact must be demonstrated is a function of the child's age, cognitive abilities, verbal ability, and developmental level. Adverse impact is not required if the action/inaction is a single incident that demonstrates a *serious* disregard for the child's welfare.

Indicators include but are not limited to the following.

- Depression
- Withdrawal
- Low self-esteem
- Anxiety
- Fear
- Aggression/passivity
- Emotional instability
- Sleep disturbances

- Somatic complaints with no medical basis
- Inappropriate behavior for age or development
- Suicidal ideations or attempts
- Extreme dependence
- Academic regression
- Trust issues

Moral neglect

- Exposing, allowing, or encouraging the child to engage in illegal or reprehensible activities. Evidence of moral neglect includes but is not limited to the following.
 - » Stealing
 - » Using drugs and/or alcohol
 - » Involving a child in the commission of a crime, directly or by caregiver indifference

Screen Out

Does not meet statutory criteria

- Concern does not meet threshold of allegation of child abuse or neglect upon review of information shared by reporter compared to the listed maltreatment types and associated definitions. Reported information does not meet any of the above statutory thresholds for child abuse and neglect. Report will not be accepted pending override consideration.

B. Screening Decision

Not accepted (does not meet statutory criteria)

Accepted (one or more maltreatment types are selected)

Screening override. Unique circumstances not captured by the screening criteria support a final screening decision different from the recommended screening decision. If one of these two items are selected, workers must provide rationale in the corresponding rationale box.

Not accepted, despite maltreatment allegation selected above

Accepted, despite no maltreatment allegation selected above

SECTION 3. RESPONSE TIME

Investigation – same day response

Failure to respond immediately could result in death of, or serious injury to, the child.

Considering age and developmental status of the child, allegations of abuse/neglect, and presence or absence of other responsible adults, there is concern that the situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. This includes reports of a child death when there are other children in the home.

Child of any age requires urgent or emergent medical or mental health care for injury or illness due to alleged child abuse and neglect (CAN). This includes failure to thrive, caregiver refusal to treat a serious or significant injury/condition, suicidal threats or attempts, severe emotional disorders, and/or behavior dangerous to self or others.

Child or reporter expresses realistic fear that child will experience harm or maltreatment within the next 24 hours. Child is exhibiting behavioral indicators of fear, and this fear is attributable to CAN allegation; and/or the reporter provides credible evidence of a threat to the child's immediate safety.

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

- Kicking, screaming, biting, spitting, throwing things, etc.;
- Shaking, quivering, crying uncontrollably;
- Running away/hiding/trying to escape the predicted dismissal or departure time;
- Zoning out, emotionally distancing from others;
- Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching;
- Physically distancing self from others. Finding a space (under table/desk/bed where visual and auditory input are decreased) and avoiding being touched or making eye contact;
- Covering ears, closing eyes, and tucking arms and legs in as much as possible; and
- Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

Fear of parental response to or discipline of a child due to poor grades or behavior must reach the level of concern for child safety. Consider age and developmental status of the child, historical parental response to the child, and concerns or incidents of CAN.

Law enforcement requires an immediate response. A law enforcement agency has requested a worker respond immediately to assess a child's safety.

Family may flee with child, or child may become inaccessible, in the next 24 hours, or workers may be otherwise unable to locate family. There is concern that in the next 24 hours, the family may flee, the child may become inaccessible, or workers will be unable to locate the family. Examples include but are not limited to the following.

- The caregiver and/or child threaten to flee or have a history of fleeing from child protective services (CPS) or police.
- Risk of flight case may result in an America's Missing: Broadcast Emergency Response (AMBER) alert.
- Home address is unknown and caregiver and/or child is currently at school, hospital, police station, or other known location.
- Parent/caregiver gives birth and threatens to flee the hospital with the child.

Investigation – response within 24-hours

An injury as a result of alleged CAN has occurred to a child vulnerable due to age, developmental status, or ability. An injury has occurred as a result of CAN and the child's age, developmental status, or ability level increases their vulnerability. This includes, but is not limited to, non-mobile children, children limited by disabilities, or young children. Examples of injuries include but are not limited to diaper rash; bed sores as the result of neglect; and bruising, welts, swollen joints, sprains, or breaks as the result of abuse.

There is a sexual or physical abuse allegation, AND the alleged perpetrator will likely have access in the next 72 hours. The current allegation involves physical or sexual abuse; and there is reason to believe that the alleged perpetrator will have unsupervised in-person contact with the child within the next 72 hours, including visitation.

Severe or unusual disciplinary measures were used. The referral contains information that severe or unusual disciplinary measures were used on a child. Severe or unusual disciplinary measures include use of punishment beyond the child's endurance with potential to cause physical or emotional harm.

Child will likely be exposed to harm or unsafe conditions in the next 72 hours. There is reason to believe that one or more of the following will be true within the next 72 hours.

- The alleged offender will have unsupervised in-person contact with the child, including visitation; and this contact will likely create a condition that is unsafe/harmful.
- For other reasons, the situation will likely deteriorate and become unsafe or harmful to the child. Consider age and developmental status of the child, allegations of abuse/neglect, history of unsafe or harmful circumstances, and presence or absence of other responsible adults.

Examples include but are not limited to the following.

- » The child has a chronic illness, condition, or mental illness not currently life-threatening, but the caregiver is unwilling to obtain/maintain treatment.
- » The child appears to have been adversely affected by the denial of proper care and attention.
- » The caregiver fails to respond to the child's affective needs.
- » The child has been allowed or encouraged by the caregiver to engage in illegal activities including but not limited to stealing and/or using drugs/alcohol.

Forensic considerations would be compromised with a slower response. Physical evidence necessary for the investigation would be compromised if the investigation does not begin within 24 hours, OR there is reason to believe statements will be altered if interviews do not begin within 24 hours. Investigation refers to DCF investigation or coordinated investigation with law enforcement.

Investigation – response within 72-hours

New report on an active ongoing services case (excluding voluntary services) or a new report on an active investigation. This includes any report on an open protective services case in Connecticut or another state, excluding cases open for FAR, probate, or voluntary services; and cases in which a household member has an open protective services case.

Allegation of CAN in congregate care or foster care setting or by persons entrusted (excluding allegations involving biological or adoptive children of the foster parent). Allegation occurred in congregate care, foster care, or daycare setting; or alleged perpetrator was in a role of entrusted person.

Sexual abuse by parent, guardian, or person given access by the parent or guardian. Sexual abuse allegations not assigned for immediate or 24-hour investigation must be assigned for 72-hour investigation. If the allegation is child sexualized behaviors with no sexual abuse disclosure, this may be coded as physical neglect and not sexual abuse. It is a case-by-case decision.

Prior child maltreatment fatality and substantiated perpetrator is the alleged perpetrator of this allegation.

Previous adjudication of abuse or neglect in Superior Court for Juvenile Matters or comparable out-of-state court, including prior terminations of parental rights, within the past 5 years. The alleged perpetrator was a responsible party in a previous adjudication of abuse or neglect, This does not include 96 hour holds or OTC in which there was no adjudication; nor does it include cases in which the child is committed to DCF for delinquent acts.

Family assessment response (FAR)—response within 72 hours

All screened-in reports not assigned for immediate, 24-hour, or 72-hour investigation will be assigned for FAR with a 72-hour response time.

Response Time Override

Increase response level. Unique circumstances not captured by the response time criteria support a quicker response time than recommended by the tool. Workers selecting this item must provide rationale in the corresponding rationale box.

Decrease response level. Unique circumstances not captured by the response time criteria support a slower response time than recommended by the tool. Workers selecting this item must provide rationale in the corresponding rationale box.

CONNECTICUT DEPARTMENT OF CHILDREN AND FAMILIES
SDM® CARELINE ASSESSMENT
POLICY AND PROCEDURES

The purpose of the careline assessment is to assess whether a CPS report meets agency criteria for a CAN investigation.

WHICH CASES

The tool is completed for all reports of CAN. This includes reports by telephone and all other means; it also includes new reports of CAN on open cases.

WHO

The careline worker.

WHEN

The tool is completed as soon as possible when processing the report, no later than the end of the worker's shift. Non-accepted reports must be approved by a supervisor before the end of the worker's shift.

DECISIONS

The tool guides whether a report requires a CPS intake assessment or a FAR.

APPROPRIATE COMPLETION

The worker selects all criteria alleged for each maltreatment type and makes the screening decision. Reports not meeting any of the screening criteria should not be accepted for CPS intake assessment.

Supervisors review, approve, and/or revise all reports *not* accepted for a CPS intake assessment, [and all reports in which a screening or response time override is used. Managerial review is required for all reports which employ the screening override of "Not accepted, despite maltreatment allegation selected."](#) [These](#) reviews are completed by the end of the worker's shift.

Area office staff shall not administratively screen out any careline report. In situations in which the area office may have information that merits a reconsideration of a careline decision to accept or not accept a report, the area office shall request a change of the decision. A request to change the decision may not be based solely on a disagreement with careline's decision and shall occur the same business day as the receipt of the report or the next business day if the report is received after the close of regular business hours. In the event of a request to change a

decision to accept a report, the original response time remains unless careline changes its decision to a not accepted report. The response time shall be based on the initial receipt of the report and not on the date the decision is changed. The area office may not request that a particular careline decision be changed more than once.