In order to assess Nebraska’s most vulnerable population (children age 5 and under) the decision has been made to accept all calls made by Medical Professionals to the Abuse and Neglect Hotline if the identified child or alleged child is of the age 5 and under. These calls will be accepted regardless of meeting the definition of abuse or neglect as defined in the SDM Intake Policy and Procedure Manual. The information received from the Medical Professional will go through the same screening process to determine if the report meets the definition of abuse and neglect. If the information does not meet the criteria for an accepted intake, Hotline CFSS will use a discretionary override to accept the intake. In this situation where there is no maltreatment reported, the intake will be accepted as a Dependency Intake and assigned to the field for assessment. Initial Assessment CFSS will then complete a Safety and Prevention Assessment.

Initial Assessment CFSS will follow policy and procedure surrounding safety decisions and offering services to each family, whether through ongoing case management or referrals to community based services. The intent of this preventative measure is to ensure that families are provided with the tools necessary to ensure safety for their own children and prevent future abuse and neglect. CFSS will help connect the family with community based services by means of a warm hand off. A warm hand off means introducing the family to a service provider through joint phone call, face to face meet and greet, or other means of contact that ensures both the family and service provider have connected prior to CFSS’s closure of the case.

This will take place effective June 24, 2019.
The Structured Decision Making® System
for Child Protective Services

Policy and Procedures Manual
Manual Date: February 2012
Updated date: March 2012
Updated date July 2017
Update June 2019

Intake Screening

Nebraska Department of Health and Human Services
# TABLE OF CONTENTS

SDM® Intake Screening..........................................................................................................................1
Definitions...........................................................................................................................................10
Policy and Procedures.........................................................................................................................26

History of Review:
Manual Adopted: February 2012
Updated: March 2012
Updated July 2017
Updated June 2019

Children’s Research Center is a nonprofit social research organization and a division of the National Council on Crime and Delinquency.

Structured Decision Making® and SDM®
Registered in the U.S. Patent and Trademark Office
Intake Name: ___________________________  Referral Date: ______/_____/______
Primary Caregiver: ______________________  Secondary Caregiver: __________________

Instructions: In this pre-screening section, determine the type of report and whether any special considerations exist. Information entered in this section will help you decide how to proceed with a report, but will not determine if the report is accepted or not.

Indicate report type:
☐ Child abuse/neglect report (Complete screening.)
☐ Information-only report (Do not complete the remainder of the screening tool. Share information with other agencies as necessary.)

SECTION 1: SPECIAL CONSIDERATIONS
Mandatory collateral calls and comprehensive record checks must be done prior to screening out any intakes that include the following parent/caregiver/alleged perpetrator characteristics? Mark any parent/caregiver/alleged perpetrator characteristics that trigger this requirement:

☐ Under age 25 AND one of the following:
  ☐ Alleged to have mental health diagnosis;
  ☐ Alleged to be using methamphetamine or heroin;
  ☐ Former state ward;
  ☐ Alleged to be involved in a relationship involving domestic violence; or
  ☐ Has a criminal history involving violent crimes.

OR

☐ Has a current open CPS or APS case.

OR

☐ Has had three unaccepted reports in the past six months.

OR

☐ Has had a previous termination of parental rights or relinquishment due to HHS intervention with a parent not amenable to services.

OR

☐ No special considerations apply. None of the circumstances listed above are present in the current report.
Instructions: Information entered in this section will help you decide if the report meets criteria for abuse, neglect, or dependency requiring assessment, or if the report should not be accepted. Start by marking any allegations made by the reporter that fit the definition of an allegation listed in “Maltreatment Types.” If the reporter’s information does not fit the description of any of the maltreatment types below, mark “No Allegations Apply.” Then indicate the initial screening decision.

SECTION 2: MALTREATMENT TYPES (Mark all that apply)

Abuse
- Physical abuse
- Unreasonable use of confinement/restraints
- Cruel punishment
- Emotional abuse
- Drug-exposed infant

Neglect
- Physical neglect
  - Failure to provide food or essential nutrients
  - Failure to provide necessary clothing
  - Failure to provide any shelter or shelter is hazardous to the child
  - Medical neglect
  - Medical neglect of a handicapped infant
  - Failure to provide proper supervision
  - Failure to provide for physical hygiene
- Abandonment
- Failure to thrive
- Educational neglect
- Emotional neglect
- Domestic violence
- Parent/caregiver substance usage (mark only if another allegation is also marked)
- One or more Behavioral, Cognitive, or Mental Health Symptoms of methamphetamine and/or heroin use involving a parent or custodian

Sexual concerns:
- Inappropriate sexual acting out of children
- Sexual abuse
- Sexual exploitation
- Sex Trafficking

- Dependency

- No Allegations Apply

SECTION 3: INITIAL SCREENING DECISION

Use the space below to mark the initial screening decision. If any allegations are marked above, select “Accept report.” If you marked “No Allegations Apply,” select “Do not accept report.”

- Accept report: One or more allegation types are checked
Do not accept report: No allegations apply.

Instructions: If any overrides are present, mark them in Section 4. An overriding condition may be indicated in policy (i.e., one of the specific circumstances described below), or may be discretionary (i.e., at the worker’s judgment, using information not considered elsewhere in the screening tool). If you exercise a discretionary override, you must indicate a reason and obtain the approval of your supervisor. Indicate the final screening decision, which is the initial screening decision from the previous section, changed (or not changed) by any overrides exercised.

SECTION 4: CONSIDERATION OF OVERRIDES

Override to Accept Report:
- Law enforcement, county attorney, and/or court order requests assessment.
- Report involves a new baby on an open case with siblings who are placed out-of-home, or in-home with a finding of conditionally safe, OR an FPS or CFSS wrote an affidavit for removal of a child in an existing CFS case.
- Reporter is a Medical Professional AND the alleged victim is age 5 and under.
- Discretionary override (requires supervisory approval). Reason: ____________________________________________

Override to Do Not Accept Report:
- Refer to law enforcement:
  - Family and perpetrator reside in another state, but incident occurred in Nebraska.
  - Alleged victim is currently aged 19 or older, but was a child at the time of alleged sexual abuse.
  - The alleged perpetrator is not a member of the child’s household and no longer has access to the child.
- Insufficient information to locate family.
- Alleged victim is currently aged 19 or older, but was a child at the time of the alleged maltreatment (applies to any allegation other than sexual abuse).
- Allegation already assessed. The report contains no new allegations in addition to a report that has already been accepted for assessment or law enforcement. The current report involves the same alleged victim(s) and alleged perpetrator(s) and the same type of allegation as a previously assessed/investigated report AND the information reported refers to the time prior to the assessment/investigation. Do not apply this override if new perpetrators, victims, or allegations are involved, or if there has been a new incident subsequent to the assessment/investigation. A cross report to the assessing/investigating agency or ongoing caseworker is required if there is a current open assessment or case.
- Collateral contacts indicate that report is not credible. There is a pattern of reports from the same reporter, involving the same allegations, over a period of time. These reports have previously been assessed/investigated, and found to be without merit. A collateral contact for the current report indicates that the child is safe and the allegation is not credible.
- Discretionary override (requires supervisory approval). Reason: ____________________________________________
- No overrides apply.

SECTION 5: FINAL SCREENING DECISION

- Accept report for initial assessment: Report involves allegations regarding a child in his/her home (or non-custodial parent’s household) and a household member.
- Accept report for out-of-home assessment: Report involves allegations regarding a child in any alternative setting (e.g., child care, foster care, other institutions, etc.).
☐ Do not accept report. (Cross-report required: If report does not meet the threshold for assessment, but involves concerns in a placement household, cross-report to ongoing caseworker.)

**Instructions:** Some reports may require additional action after a screening decision is made, even if the decision is “Do not accept report.” Indicate below if an APS screening or additional notifications are required.

**If a report involves an adult who may be a vulnerable adult, consider a screening for APS.**

☐ Screen report for APS.
☐ Do not screen report for APS.

**SECTION 6: NOTIFICATION ANALYSIS**
Regardless of the screening decision, some reports may require additional notifications (e.g., if there is a licensed organization, developmental disability organization, or child care entity involved in the report, or if the alleged victim is part of a DDSC program case). Indicate if any additional notifications are required:

☐ Division of Developmental Disabilities
☐ Licensure Unit
☐ Child Advocacy Center
☐ Child Care Licensing
☐ NE Medicaid
☐ Medicaid fraud
☐ Law enforcement
☐ Community referral
☐ DHHS/lead agency worker
☐ No additional notifications are required

If the final screening decision is “Do Not Accept Report,” the intake screening tool is complete.

If the final screening decision is “Accept Report,” continue to Section 7.
**Instructions:** Complete a decision tree for each type of maltreatment identified in Section 2. Answer each question on the tree using the definitions. A tree is completed when you have reached a priority recommendation. Drug-exposed infant allegations are automatically recommended for Priority 1 response and do not have a decision tree. If you accepted a report using an override, skip to the initial response priority section.

**SECTION 7: RESPONSE PRIORITY** (Required for Accepted Reports only)

### Response Priority Tree: Physical abuse/unreasonable use of confinement/restraints cruel punishment

Does the allegation involve:
- A child death and other children remain in the home?
- Severe physical injury OR injury requiring medical attention?
- A child injured during an incident of domestic violence?
- A child victim under age 6 with an injury to the head or torso?
- A child victim limited by disability?
- Caregiver action likely to cause severe injury or death?

No

Does the allegation involve a current injury?

No → Priority 3

Yes → Does the allegation involve a current injury?

No → No

Yes → Does the alleged perpetrator have access to the child in the next 10 days?

No

Yes → Priority 2

### Response Priority Tree: Neglect (excluding emotional) and dependency

Does the allegation involve:
- A child death and other children remain in the home?
- A child without any caregiver?
- A child at threat of imminent harm due to lack of appropriate supervision?
- A current or habitually unsupervised child under the age of 6?
- An a current or habitually unsupervised child with a disability?
- Immediately hazardous living conditions?
- A child who needs emergency medical care?
- A child who is malnourished or failure to thrive?
- Domestic violence in the home that puts a child at imminent threat of harm?

No

Does the allegation involve:
- An alternative caregiver who is no longer willing/able to care for the child?
- An inappropriate alternative caregiver?
- An unsupervised child between the ages of 6 and 10?
- A child with unmet medical needs for a chronic or serious, but non-life-threatening, condition?
- A caregiver providing drugs to a child?
- A child who was present in the home during the injury of a caregiver during an incident of domestic violence?

No

Priority 3
Response Priority Tree:
Emotional abuse/neglect

Does the allegation involve:
- A child who requires immediate mental health treatment or evaluation (e.g., suicidal or self-harming)?
- Parental or caregiver behavior that is cruel or extremely dangerous?

No → Priority 3

Yes → Priority 1

Does the allegation involve child aggression toward others, animals, or self?

No → Priority 3

Yes → Priority 2

Response Priority Tree:
Sexual concerns

Does the allegation involve a child in imminent danger due to sexual exploitation (e.g., prostitution/trafficking)?

No → Priority 3

Yes → Priority 1

Does the alleged perpetrator have access to the child within the next ten days?

No → Priority 3

Yes → Priority 1

Does the alleged perpetrator have access to the child within the next five days?

No → Priority 2

Yes → Priority 1
Instructions: Indicate the initial response priority below. The initial response priority is the fastest priority recommended by the completed decision trees. Then, indicate if any overrides will be used. Overrides may make the priority higher or lower, and may be indicated in policy (i.e., one of the specific circumstances described below) or may be discretionary (i.e., at the worker’s judgment, using information not considered elsewhere in the decision trees). If you exercise a discretionary override, you must indicate a reason and obtain the approval of your supervisor. Indicate the final response priority decision, which is the initial response priority, changed (or not changed) by any overrides exercised.

If you accepted a report using an override in the screening section, you must use a discretionary override to determine the response priority in this section.

Initial Response Priority *(Indicate the fastest response priority from the decision trees above.)*
- [ ] Priority 1
- [ ] Priority 2
- [ ] Priority 3
- [ ] N/A—The report was accepted on an override

SECTION 8: FINAL RESPONSE PRIORITY

Override to a more urgent response:
- [ ] Law enforcement currently responding and requests immediate assistance.
- [ ] Discretionary override (requires supervisory approval). Reason: ____________________________

Override to a less urgent response:
- [ ] Child is in an alternative safe environment pending a Priority 2 or 3 response.
- [ ] Discretionary override (requires supervisory approval). Reason: ____________________________
- [ ] No Overrides Apply

Assigned Response Priority
- [ ] Priority 1
- [ ] Priority 2
- [ ] Priority 3

Supervisory Approval:

Date:
MALTREATMENT TYPES DEFINITIONS

Child abuse and neglect means knowingly, intentionally, or negligently causing or permitting a minor child to be:

A. Placed in a situation that endangers his or her life or physical health;
B. Cruelly confined or cruelly punished;
C. Deprived of necessary food, clothing, shelter, or care;
D. Left unattended in a motor vehicle if such minor child is 6 years of age or younger;
E. Sexually abused; or
F. Sexually exploited by allowing, encouraging, or forcing such person to solicit for or engage in prostitution, debauchery, public indecency, or obscene or pornographic films or depictions.

ABUSE

Physical abuse. Physical abuse means the non-accidental infliction of injury or an act that poses substantial likelihood of bodily injury. Physical injury means an inflicted injury that lasts more than 24 hours. Examples of injuries include but are not limited to: trauma and tissue damage, such as bruises, cuts, welts, abrasions, or lacerations; fractures, subdural hematomas, dislocations, sprains, and internal injuries.

If the reporter does not know how an injury occurred, but the injury is not consistent with accidental play injuries or is otherwise suspicious, mark this allegation. Include reports of injuries that are inconsistent with the explanations offered by the parent/caregiver.

If the parent or caregiver acted in a way that can reasonably be expected to result in injury, but the reporter cannot confirm the injury, mark this allegation. Also include injuries that result from domestic violence incidents or domestic violence incidents likely to result in injury to a child (e.g., physical violence while one partner is holding the child, thrown objects that hit and injure the child). Physically abusive acts that are administered to a child’s head or torso present a greater risk of injury and should be included as physical abuse, even if injury cannot be confirmed. If the reporter can confirm that no injury has occurred, do not mark this allegation. (The torso means the trunk of the human body that does not include the arms or legs. The torso includes the abdomen in the front but ends at the hips/waist line in the back. The head includes the neck area).
However, include physically aggressive acts toward children under age 2 (e.g., hitting, shaking), even if no injury has occurred.

Do not mark this allegation for injuries that result from physical discipline. If a child receives an injury due to disciplinary practices, select “Cruel Punishment.” Injuries that occur as a result of sexual abuse should be marked under one of the “Sexual Concern” allegations. If a child is injured by another child in the household, consider “Failure to Provide Proper Supervision” if the parent or caregiver did not respond protectively.

Unreasonable use of confinement/restraints. Mark this allegation for any type of activity the caregiver uses to confine or restrict the child such as tying the child up with rope, duct tape, or chain to keep the child in one place. This might also include locking up the child in any manner that threatens his/her safety, including confinement to areas without heat when necessary or without ventilation, overnight, or when the parent or caregiver leaves the home. Include the use of restraints without a physician’s order and the parent/caregiver’s using confinement to a chair, bed, corner, or similar environment for an unreasonable period of time that presents a threat to the child’s safety, considering the child’s age and abilities.

This does not refer to placing a child in time out, or sending the child to his/her room for a short period of time.

Cruel punishment. Cruel punishment means any type of discipline that results in injury, cuts, or extreme bruising; withholding food, water, or required care; requiring a child to consume nonfood items or inappropriate amounts of food, water, or nonfood items; or a parent or caregiver’s use of sadistic measures or weapons.

Include:

- A pattern of withholding water or food (with the exception of desserts, snacks, or candy).

- Forcing a child to consume excessive amounts of food or water.

- Forcing a child to consume an extreme amount of hot sauce, salt, pepper, or nonfood items, resulting in illness. Washing a child’s mouth out with soap is not considered an extreme measure unless child ingests sufficient soap to result in illness, vomiting, or physical distress.

- Forcing a child to ingest any substance that would be harmful, such as poisonous household/cleaning chemicals.

- Attempting to modify behavior by purposely injuring the child and inflicting pain. Examples include burns caused by cigarettes or scalding water.

- Any discipline that is designed to cause physical pain, such as excessive physical exercise including forcing a child to run laps, complete push-ups, carry heavy rocks, or similar activities that are beyond the child’s ability or endurance.
Spanking and corporal punishment that is confined to the buttocks area and that does not result in injury, scarring, or bruising should not be marked as cruel punishment.
Emotional abuse. Emotional abuse means the parent/caregiver demonstrates a pattern of criticizing, rejecting, insulting, isolating, terrorizing, or humiliating the child, resulting in serious emotional or behavioral issues.

To mark this allegation, two conditions must be present: parent/caregiver behavior and impact on child.

Parent/caregiver behaviors include, but are not limited to:

- Continual use of rejecting statements or behaviors such as saying: “I wish you were never born.” The parent/caregiver sees the child as responsible for their problems. Also include caregiver behaviors to infants that implicitly reject the child, such as consistently referring negatively to the child in harsh tones, or refusing or not attempting to bond with the child.

- Continual use of critical statements such as saying: “Why can’t you ever do anything right?” This could be a situation where one child has been identified as the scapegoat of the family and this child bears the blame for anything that goes wrong within the family system.

- Continual use of insulting statements such as saying: “I can’t believe you would be so stupid.” This would also include describing the child as ugly, evil, or in any demeaning or degrading manner, or using sexualized language such as “whore” or “slut” to describe the child.

- Continual use of humiliation tactics such as embarrassing the child in front of other people. Continual cursing at the child and belittling the child or teaching the child that he/she is worthless.

- Continual use of isolation tactics such as prohibiting the child from playing with friends and neighbors. The parent/caregiver works at preventing the child from forming friendships and/or teaches the child they are alone against the world.

- Continual use of terrorizing tactics such as saying: “The police or social services will come and take you away.” When the parent/caregiver destroys the child’s possessions or attacks beloved people or pets, the parent/caregiver is teaching the lesson that the world is a hostile place. Also include behaviors toward very young children or infants that teach the child that the parent/caregiver is not a source of comfort and/or that produce fear of the parent/caregiver.

The parent’s behavior must be causing serious emotional damage to the child. Evidence of emotional damage may include, but is not limited to, psychopathological disturbed behavior in the child that has been documented by a psychiatrist, psychologist, or licensed mental health professional in the past, or can be obtained as the result of a current assessment.

Serious emotional damage is also evidenced by a child’s severe anxiety, depression, withdrawal, or aggressive behavior. The following can be indicators of a child suffering from emotional abuse: eating disorders such as obesity and anorexia, speech disorders such as stuttering or stammering, developmental delays in the acquisition of speech and motor skills, nervous disorders such as rashes, hives, or facial tics. This list is not all-inclusive, nor is it absolute.

For very young or non-verbal children, include delays in making developmental milestones, behavioral evidence of fear of the parent/caregiver, and indications that the child has not bonded with the parent/caregiver (e.g., not seeking comfort from parent/caregiver, looking away from/not engaging parent/caregiver).

Drug-exposed infant. The drug-exposed infant allegation requires that an infant born has a positive urine or meconium test for alcohol or drugs. The birth parent’s toxicology screen is only relevant if there is a positive test for methamphetamine and/or heroin.
If the child or birth parent tests positive for methamphetamine or heroin shortly before or following birth, mark the allegation for drug-exposed infant.

If the child tests positive for any substance other than methamphetamine or heroin, consider the parent’s situation and observations of bonding and interaction with the infant. Accept the report if there is reason to believe that the parent will be unable to meet the child’s basic needs (or arrange for those needs to be met) after leaving the hospital. Examples include, but are not limited to:

- The parent has an addiction—defined as a persistent pattern of use over time that interferes with functioning (e.g., family, holding down job, involvement with law enforcement).

- Documented history of use, including prior delivery of drug-exposed newborn, without evidence of subsequent successful treatment.

- No evidence of preparation for child’s arrival (e.g., pre-natal care, preparation of sleeping area, purchasing diapers, formula, stroller, etc.).

- Evidence of current use and stated intent to breast-feed or observation of current breast-feeding by hospital staff/reporters.

- No evidence of in-home support system (e.g., another adult in the household who is able to provide care and protection for the child).

Indicators that the parent will be able to meet the child’s needs include:

- Evidence that parent has made appropriate arrangements for alternate care of her child (e.g., for another family member to assume primary care responsibilities for the child).

- The drug identified is one that remains in the system for a significant period after use and there are no indications that the parent is currently using (e.g., has completed treatment since becoming pregnant).

NEGLECT

Physical neglect. Physical neglect means the failure of the parent/caregiver to provide basic needs, for example food, clothing, shelter, medical care, supervision, and/or a safe and sanitary living environment for the child.

Failure to provide food or essential nutrients. Failure to provide food or essential nutrition means the parent/caregiver does not feed, provides inedible food, or withholds food from a child, which is likely to result in severe physical harm to the child as evidenced by emaciation, malnutrition, dehydration, failure to thrive, or weight loss. Mark this allegation if:
• Adequate food has not been provided for a period of time that interferes with the health needs of the child, based on age and other conditions.

• A child shows symptoms of malnutrition and/or dehydration. This may be evidenced by observation that the child has lost weight, has failed to appropriately gain weight, or by professional diagnosis.

• You have information that there is no food in the home.

• You have information that failure to thrive has been diagnosed as a result of inadequate nutrition.

Failure to provide necessary clothing. The child suffers illness, exposure, or frostbite due to inadequate clothing; or the clothing is insufficient to protect the child from the elements. This may include severe sunburn. Whether the clothing is new or name brand is not relevant to the discussion of whether the parent/caregiver is providing proper care. Consideration is given to whether the clothing is sufficient to protect the child from the elements and health hazards. Include clothing that is ill-fitting (e.g., too small) only if it presents a threat to the child’s health and/or safety (e.g., overly small shoes that lead to improper foot development).

Failure to provide any shelter or shelter is hazardous to the child. The parent/caregiver does not provide any shelter or the shelter is hazardous and jeopardizes physical safety.

Structural issues to consider include: exposed electrical wiring, holes in the floor of the home, flaking lead-based paint, plumbing/septic tank issues that affect the living area, leaking gas from stove or heating unit, lack of water or other utilities (heat, plumbing, and electricity) with no alternate provisions or inappropriate provisions made, or broken or missing windows.

Do not include housekeeping/cleanliness issues unless they present a threat of imminent and serious harm to a child. Younger children are generally at greater risk than older ones. Cleanliness issues to consider include: a substantial amount of scattered garbage/trash accessible to a young child, a substantial amount of contained garbage/trash that sits to the point that vermin are present, animal or human waste that is not disposed of properly, or any situation in which the failure to maintain cleanliness results in the need for medical treatment.

Also include activities of the parent/caregiver toward the manufacture or distribution of drugs/alcohol, or allowing activities that involve constant disruption of the home environment and the threat of violence in the home such as gang activity, prostitution, or gaming. This would include, but not be limited to, situations in which guns, weapons, and other dangerous objects are accessible to the child. Guns that are properly secured (e.g., locked appropriately) and/or families in which the children have been educated appropriately in gun/weapon safety should be excluded.

Considering the age and development of the child, include access to drugs and toxic substances. For example, younger children may accidentally ingest harmful substances. Such substances may not present a threat to an older child who is not inclined to ingest toxic substances or use drugs.
Do not consider co-sleeping as an indication of unsafe sleeping arrangements unless one of the adult co-sleepers habitually uses drugs or alcohol (include appropriate prescription use if the drug results in unresponsive sleep).

Poverty alone is not sufficient reason to accept a report. Problems involving evictions, utility shut-off notices, and similar issues should be considered under this allegation only if the parent/caregiver is unwilling or unable to take the appropriate steps to provide for the child's basic needs.

Medical neglect. Medical neglect means parent/caregiver's pattern of refusing or failing to seek/obtain medical treatment or rehabilitative care for the child's conditions that have potential life-threatening or long-term health effects, including failure to thrive. Also include a pattern of refusal or failure to supervise, or ensure compliance, with the medical treatment prescribed for the child's conditions which may be life-threatening. Include appropriate medication, medical or dental care, or speech or physical therapy when there is potential for lifelong negative impact.

Include situations in which parents/caregivers decline necessary medical treatment for life-threatening conditions for religious reasons. Exclude failure to provide an apparently healthy child with immunizations or routine well-child care, a parental decision not to provide a child with behavior modification medication if this decision does not seriously impair child health or involvement in school/community, and head lice or other pest infestations unless it creates a secondary medical condition (e.g., open or weeping sores, infected wounds).

This does not include failure to seek treatment for behavioral health issues.

Medical neglect of a handicapped infant. Medical neglect of a handicapped infant means the withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions. Exceptions include those situations where (1) the infant is chronically and irreversibly comatose; (2) the provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the life-threatening conditions; and (3) the provision of the treatment and the treatment itself under these conditions would be inhumane.

Failure to provide proper supervision. Failure to provide proper supervision means parent/caregiver fails to provide supervision appropriate to the child's age, development, and the circumstances, as evidenced by:

- A child, unable to care for him/herself, being left alone. This may be a child under the age of 6 or a child whose maturity/development indicates that he/she will be unable to meet basic needs (e.g., prepare a snack or simple meal) or respond in an emergency (e.g., go to a neighbor's house or call 911), given the amount of time without adult supervision.

- A child under the age of 7 being left unattended in a motor vehicle.

- A parent/caregiver driving with children in the car while substance affected.
• A parent/caregiver placing supervision responsibility with a person not willing or not capable of providing for the child's basic or special needs. Examples include but are not limited to, an alternative care provider who is a sex offender, has a significant substance abuse problem, has a significant delay or disability that directly impacts ability to meet basic child needs, has a current open out-of-home care case due to a child abuse/neglect allegation, and/or a child under the age of 11 caring for children under the age of 6.

• A parent/caregiver giving supervisory responsibility to an alternative caregiver who has a history of child protection involvement (e.g., substantiation, conviction, or termination of parental rights) AND whose current behavior is concerning.

• A parent/caregiver not being able or willing to provide supervision due to substance abuse or parental behaviors. This may be a caregiver who allows children to engage in dangerous activities (e.g., playing on a high-traffic street, engaging in high-risk play, using illegal drugs and/or inappropriate use of prescription drugs) where injury is likely, even if injury has not yet happened, taking into consideration the age and vulnerability of the child.

• A parent/caregiver who takes no protective action when sexual or physical abuse by another is suspected and there is reason to believe that the parent should be aware (e.g., disclosure to parent).

Proper supervision means care and control of a child that a reasonable and prudent person would exercise under similar facts and circumstances. Neb. Rev. Stat. § 28-364. Adequate supervision means an adult or other responsible person is present and attending to the child sufficiently to provide safety or to intervene if the child becomes unsafe. For young children this generally means the parent or caregiver is in close physical proximity to the child. As the child gets older and more responsible, this close proximity becomes less necessary.

Failure to provide for physical hygiene. Failure to provide for physical hygiene means parent/caregiver chronically does not provide care for child's need for physical hygiene. This chronic lack of hygiene results in continual demonstration of serious physical and/or social/emotional impact as evidenced by severe diaper rash, ulcers, bedsores, intense or continual isolation from others, humiliation, ridicule by peers, etc. The parent/caregiver may ensure proper hygiene by providing care, instruction, or necessary items for cleanliness (water, soap, toothbrush). Lice infestation alone does not indicate inadequate care for hygiene.

Abandonment. Abandonment means a child is without any appropriate caregiver due to the intentional act and decision of the parent not to care for the child. There is a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child. Examples include, but are not limited to:

• Situations in which a parent/caregiver left a child with another caregiver who agreed to provide care, but the parent did not return to assume care-taking responsibilities, and the alternative caregiver is now saying he/she is no longer willing or able to provide care.
• Situations in which a parent/caregiver has given care of the child to another without arranging for emergency medical care for the child.
• Situations in which there has been no parent/child contact for a significant period of time.
• The parent/caregiver is incarcerated and has made no effort to find an alternative care provider for his/her children.
• Situations in which the parent/caregiver kicks the child out of the home or refuses to allow the child to return to the home without making alternative arrangements for care.

Do not mark this allegation if one parent or caregiver is not providing care for the child, but another, appropriate caregiver is currently caring for the child on a long-term basis.

**Failure to thrive.** Mark this allegation where there is a diagnosis of inorganic failure to thrive. Failure to thrive means a serious medical condition in which a child’s weight and motor development are significantly below average for his/her age. Usually, though not always, this condition is found in children less than 1 year old; the syndrome may have an organic cause, or it may be caused by severe emotional or physical neglect.

**Educational neglect.** Educational neglect means the failure of the parent or caregiver to access an appropriate educational program and assure regular attendance for a child age 6 or older, but younger than age 13, unless the parent/caregiver has complied with one of the exceptions listed in Neb. Rev. Stat. § 79-201. Include any child age 6 or older who is not enrolled in school and is not exempted as described below. Do not include children who have obtained a high school diploma by meeting graduation requirements, have completed a program of instruction offered by a school that elects not to meet accreditation or approval requirements, are homeschooled in compliance with regulations (including submission of appropriate paperwork to the Department of Education), or have reached the age of 6 years prior to January 1 of the current school year and are preparing for first grade through an educational program selected by their parent.

Also include any child who is enrolled in school who is not attending regularly. Exclude children who miss school due to appropriately excused medical absences.

**Emotional neglect.** Emotional neglect means a parent/caregiver’s pattern of failure to seek ongoing or emergency mental health services for a child who has suicidal, homicidal, or severe self-harming behaviors. Severe self-harming behaviors include cutting, burning, or other self-mutilation that requires medical treatment OR risk-taking behaviors likely to result in serious physical harm (e.g., walking out into traffic with intent to self-harm, jumping off roofs).

**Domestic violence.** Domestic violence means the establishment of control and fear in a relationship through the use of violence and other forms of abuse. Mark this allegation if:

• The child is physically present in the home when an injury to the adult has occurred;
• The child has intervened;
• The child has called for help and/or the child is fearful;
• Weapons have been used, or items have been used as weapons in the incident;
• The child demonstrates a pattern of emotional or behavioral response to domestic violence in the home;
• Violence in the relationship is escalating (e.g., a relationship characterized by verbal fighting has escalated into physical violence, violence occurs while the child is not present but the injuries to the victim are becoming more serious);
• The perpetrator has repeatedly violated protection orders; and/or
• In situations involving reported isolation of the adult and/or children, there is a marked change in the usual routine.

The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the other person.

**Parent/caregiver substance usage.** Parent/caregiver substance usage requires a relationship between the parent/caregiver’s substance use and some form of maltreatment, such as inappropriate supervision, lack of food, etc., in order to justify DHHS intervention. Accept for assessment all intakes involving allegations of parent or custodian methamphetamine and or heroin use if the report identifies one or more of the Physical, Behavioral, Cognitive or Mental Health symptoms of methamphetamine use listed in the attached document “Methamphetamine Impact”. Continue to gather and document information about the impact of the parent/caregiver’s substance use on their parenting ability.

Marking this concern requires that another allegation be marked. If you have not identified another allegation of maltreatment in the current report, do not mark this item. Also, do not mark this item if the parent has made an alternative arrangement for ensuring those basic needs of the child are met.

**SEXUAL CONCERNS**

**Inappropriate sexual acting out of children.** Inappropriate sexual acting out of children means behavior that is not consistent with the child’s age AND/OR developmental level AND parents are not providing intervention or supervision. (Note: This does NOT include any allegation that meets the definition of sexual abuse.)

Inappropriate sexual acting out of children includes two patterns of behavior:

• The child is sexually aggressive toward others. Sexual activity among siblings, children of different ages, or involving sexual behaviors such as oral sexual contact,
or vaginal or anal penetration would warrant assessment. If the parent/caregiver was not aware of the behavior, consider if “failure to provide proper supervision” applies. Preschool-age children playing doctor does not usually warrant an assessment.

- The child engages in age and/or developmentally inappropriate sexual behavior involving self, which suggests that the child may have been the victim of sexual abuse, although no disclosures have been made. Examples include young children who habitually masturbate and older children with severely inappropriate sexual boundaries.

If you are able to ascertain at intake that the parent/caregiver is seeking treatment for the acting-out child and is supervising that child’s contact with others, do not mark this allegation. Mark the allegation only if there is concern that planning for the safety of the subject child or other children is insufficient.

Juveniles under the age of 16 or those with developmental delays may not be legally competent to consent to sexual activity.

**Sexual abuse.** Sexual abuse means any sexually oriented act, practice, contact, or interaction in which the child is or has been used for the sexual stimulation of a parent, child, vulnerable adult, or another person. See, for example, Neb. Rev. Stat. §§ 28-703, 28-319, 28-319.01, 28-320, 28-320.01, 28-320.02, mid 28-367.

The legal minimum age for a person to consent to sexual activity is 16 and persons under that age are deemed incompetent to consent.

Examples of sexual abuse include any of the following involving a child under 16 or a child 16 and older who does not consent or who is unable to consent.

- Sexual contact, meaning any intentional touching of the child’s genital area, groin, inner thighs, buttocks, or breasts or the clothing covering any of these areas OR forcing, coercing, or otherwise persuading a child to touch the genital area, groin, inner thighs, buttocks, or breasts of the alleged perpetrator or the clothing covering any of these areas.

- Sexual penetration, including sexual intercourse, cunnilingus, fellatio, anal intercourse, or any intrusion, however slight, of any part of the body or any object into the genital or anal opening for non-medical purposes.

- Incest, meaning any sexual penetration involving parents and children, grandparents and grandchildren (including stepparents or unmarried partners identified as such by the child victim), brothers and sisters (including half-siblings), uncles and nieces/nephews, or aunts and nephews/nieces. No person may consent to incest.
Electronic communication with a child 16 or younger intended to coax, entice, or lure the child into sexual activity.

If the parent/caretaker is unaware of sexual abuse, consider if “failure to provide proper supervision” applies. Parents providing condoms and/or birth control to their children is not, in and of itself, considered permitting or encouraging their children to engage in sexual activity. The provision of birth control is considered a preventative measure in order to maintain juveniles’ health.

Sexual exploitation. Sexual exploitation includes, but is not limited to, any person causing, allowing, permitting, inflicting, or encouraging a child to engage in voyeurism, exhibitionism, or prostitution; or in the production, distribution, or acquisition of pornographic photographs, films, or depiction of the child in same when the child is unable to give consent due to the child’s age or incapacity.

Include activities intended for the sexual gratification of others. This includes any action of the parent/caretaker to entice, force, encourage, supervise, support, advise, or protect the prostitution activities of the child.

Include parents/caregivers who deliberately engage in sexual activity in the presence of a child as causing or inflicting engagement in voyeurism. Exclude unintentional exposure of a child to sexual activity (e.g., child overhears activity, child walks in on activity).

Exclude families that practice nudism where there is no exhibitionism or sexual intent.

When considering sexting and similar activities, include any nude or sexually provocative photographs of children taken by adults or such photographs sent by adults. When children take and send such photographs of themselves, do not include such incidents as sexual exploitation. Also exclude situations when the recipient of such a photograph shares the image with others.

If there is an allegation of sexual exploitation and the parent/caretaker is unaware, consider if “failure to provide proper supervision” is appropriate.

DEPENDENCY

A family has a dependent child if no child maltreatment has been identified and information indicates that the parent/caretaker is or will be unable to care for the child through no fault of the parent/caretaker due to:

- Parent/caretaker incapacity: The parent or caretaker has an acute or persistent mental or physical condition that prevents him/her from parenting the child adequately.

- Parent/caretaker absence, the parent/caretaker is dying or dead, is incarcerated and seeking help with child placement, is hospitalized, or otherwise unavoidably unable to provide care and there are no alternative arrangements.
• Child has extraordinary mental health, emotional, or physical needs that the parent/caregiver does not have the ability or capacity to meet. Exclude parents/caregivers who have the capacity to seek help in the community who have not yet done so.

• Include parents/caregivers who are unable to meet their children's needs due to financial limitations and have exhausted available supports and services in the community.

• If law enforcement or the county attorney determines a juvenile petition is necessary because a child under the age of 11 committed a traffic offense; misdemeanor; felony or exhibits status offender behavior, the county attorney will file a petition under 43-247(2)(a) and an intake will be accepted for assessment as a Dependency.

• Call from a Medical Professional regarding a child age 5 and under.

**RESPONSE PRIORITY DEFINITIONS**

**Physical abuse/unreasonable use of confinement/restraints/cruel punishment**

Does the allegation involve:

• A child death and other children remain in the home? Mark “yes” if the current report alleges that a child has died due to maltreatment and there are other children in the care of the alleged perpetrator and/or to whom the alleged perpetrator will have access.

• Severe physical injury OR injury requiring medical attention? Mark “yes” if the current report involves a child who has sustained severe physical injury due to the action or inaction of the alleged perpetrator. Severe injury is defined as brain damage, skull or bone fractures, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, and severe cuts. Also mark “yes” if the child sustained any injury that required medical attention to prevent long-term or serious health concerns (e.g., diminished use of limbs, significant blood loss, or other impairment).

• A child injured during an incident of domestic violence? Domestic violence means the establishment of control and fear in a relationship through the use of violence and other forms of abuse, including physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of children to control the other person. Mark “yes” if the current report involves an incident of domestic violence in which any child received any injury.
• A child victim under age 6 with an injury to the head or torso? Mark “yes” if the current report involves as a victim or suspected victim any child who has not yet reached his/her sixth birthday AND has an injury to the head or torso. (Page 10)

• A child victim limited by disability? Mark “yes” if the current report involves as a victim a child who is limited by any kind of physical or developmental disability, including cognitive delays, limited mobility, limited use of limbs or senses.

• Caregiver action likely to cause severe injury or death? Considering the age and vulnerability of the child, the caregiver has taken action that is likely to result in severe injury as defined above, even if such injury cannot be confirmed at this time. Include shaken infants, thrown infants, and significant rough handling of infants.

Does the allegation involve a current injury? Mark “yes” if the child has any current physical injury, even if the injury is not serious. Examples of a current injury include, but are not limited to, bruises, cuts, welts, abrasions, and lacerations.

Does the alleged perpetrator have access to the child in the next 10 days? Mark “yes” if the alleged perpetrator is likely to have access to the child in the next 10 calendar days. If the reporter does not know when the alleged perpetrator will have access, but believes that access in the next 10 days is likely, mark “yes.”

Neglect (excluding emotional neglect) and dependency

Does the allegation involve:

• A child death and other children remain in the home? Mark “yes” if the current report alleges that a child has died due to maltreatment and there are other children in the care of the alleged perpetrator and/or to whom the alleged perpetrator will have access.

• A child without any caregiver? Mark “yes” if the current report involves a child for whom no adult currently takes responsibility.

• A child at threat of imminent harm due to lack of appropriate supervision? Mark “yes” if the caregiver does not attend to the child to the extent that need for care goes unnoticed or unmet (e.g., the caregiver is present, but the child can wander outdoors alone, play with dangerous objects, play on unprotected window ledge, or be exposed to other serious hazards; a child with some suicidal ideation is not closely monitored).

• A currently or habitually unsupervised child under the age of 6? Mark “yes” if the report involves a child who is currently or habitually unsupervised who has not yet reached his/her sixth birthday.

• A currently or habitually unsupervised child with a disability? Mark “yes” if the report involves a child who is currently or habitually unsupervised and limited by
any kind of physical or developmental disability, including cognitive delays, limited mobility, limited use of limbs or senses.

- **Immediately hazardous living conditions?** Mark “yes” if, based on the child’s age and developmental status, the child’s physical living conditions are hazardous and immediately threatening. Examples include, but are not limited to, leaking gas from stove or heating unit, substances or objects accessible to the child that may endanger his/her health and/or safety, lack of water or utilities (heat, plumbing, electricity) and no alternate or safe provisions are made, open/broken/missing windows, exposed electrical wires, excessive garbage or rotted or spoiled food that threatens the child’s health, evidence of human or animal waste throughout living quarters, guns and other weapons are not locked, or methamphetamine production in the home. Also mark “yes” if the child has suffered serious illness or significant injury due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).

- **A child who needs emergency medical care?** Mark “yes” if medical personnel indicate that the child needs immediate medical attention, or if the parent/caregiver refuses to or is unable to treat a serious or significant injury/condition.

- **A child with diagnosed malnutrition or failure to thrive?** Mark “yes” if the current report involves a child with a diagnosis of malnutrition or failure to thrive due to the action or inaction of a parent or caregiver.

- **Domestic violence in the home that puts a child at imminent threat of harm?** Domestic violence means the establishment of control and fear in a relationship through the use of violence and other forms of abuse, including physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of children to control the other person. Mark “yes” if the current report involves a domestic violence situation in which imminent harm to a child is likely. Examples include, but are not limited to, a child who has intervened in a domestic violence incident, past incidents have involved weapons or objects used as weapons, or there is evidence that violence in the home is escalating.

**Does the allegation involve:**

- **An alternative caregiver who is no longer willing/able to care for the child?** Mark “yes” if any child has been left with an alternative caregiver by his/her parent/caregiver, and this alternative caregiver states an intention of no longer providing care for the child and/or is currently unable to continue to provide care (e.g., is hospitalized, incarcerated, or otherwise unavailable).

- **An inappropriate caregiver?** Mark “yes” if the child has been left under the supervision of a caregiver who is unable to provide appropriate care. Inappropriate caregivers include other children under the age of 11, children aged 11 or over providing supervision for multiple children and/or special needs children,
caregivers who are substance-affected while providing care for the child, or any
caregiver with a significant physical or cognitive disability that directly impairs
his/her ability to care for and protect the child.

- An unsupervised child between the ages of 6 and 10? Mark “yes” if any child age 6 or older, but younger than 11, is currently unsupervised.

- A child with unmet medical needs for a chronic or serious, but non-life-threatening condition? Mark “yes” if the parent or caregiver is unwilling or unable to seek medical attention for a child with a serious and/or chronic medical condition that is not life-threatening.

- A caregiver providing drugs to a child? Mark “yes” if the parent or caregiver has provided the child with illegal substances and/or prescription medication for non-prescribed use.

- A child who was present in the home during the injury of a caregiver during an incident of domestic violence? Domestic violence means the establishment of control and fear in a relationship through the use of violence and other forms of abuse, including physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of children to control the other person. Mark “yes” if the current report involves a child who was present in the home at the time of any physical injury to a parent or caregiver during an incident of domestic violence (or in the same place where injury occurred if it occurred outside of the home).

**Emotional abuse/neglect**

Does the allegation involve:

- A child who requires immediate mental health treatment or evaluation? Mark “yes” if a medical or mental health professional indicates that the child needs immediate mental health attention, or if the parent/caregiver refuses to treat a serious or significant condition. Examples of serious or significant conditions include, but are not limited to:
  » Children who are suicidal or have suicidal ideation.
  » Children who engage in self-harming behaviors such as cutting, burning him/herself, interfering with wound healing, or ingestion of toxic substances.

Mark “no” if the child is currently in a facility receiving appropriate treatment. Coordinate with IA staff to ensure a swift Priority 2 response if release will occur in less than five days.
Parental or caregiver behavior that is cruel or extremely dangerous? Mark “yes” if the parent or caregiver has behaved toward the child in ways that are likely to result in imminent and severe emotional harm. Examples include, but are not limited to:

» The caregiver harms self, others, or pets in the child’s presence;

» The caregiver threatens to harm self, others, or the child’s pet;

» The caregiver uses unusual forms of discipline that rely on humiliation, fear, and intimidation, such as forcing a 10-year-old to wear diapers or forcing the child to stand in a corner on one leg; or

» The caregiver engages in extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child’s age/developmental status.

Does the allegation involve child aggression toward others, animals, or self? Mark “yes” if the child has begun to act out violently toward others, including animals, or has engaged in self-harm that is not an imminent threat of serious harm.

SEXUAL CONCERNS

Does the allegation involve a child in imminent danger due to sexual exploitation? Mark “yes” if the current report involves an allegation of sexual exploitation and the child is in imminent danger of harm, e.g., is engaged in prostitution or human trafficking.

Does the allegation involve a report of sexual concerns within the most recent 12 months? Mark “yes” if the current report involves evidence of sexual abuse within the most recent 12 months. Evidence includes verbal or non-verbal disclosure (e.g., extreme sexual acting-out behavior), witnessed activity, or medical evidence including medical findings related to sexual abuse, as well as suspicious findings such as sexually transmitted diseases in young children. If the reporter does not know when the sexual abuse occurred, mark “yes.”

Does the alleged perpetrator have access to the child within the next 10 days? Mark “yes” if the alleged perpetrator is likely to have access to the child in the next 10 days. If the reporter does not know when the alleged perpetrator will have access, but believes that access in the next 10 days is likely, mark “yes.” Also mark “yes” if the alleged perpetrator is unknown. If the allegation relates to inappropriate sexual acting out of children, mark “yes” if the child with acting out behaviors is likely to have contact with other children that is not supervised or otherwise restricted to ensure the safety of the other children.

Does the alleged perpetrator have access to the child within the next five days? Mark “yes” if the alleged perpetrator is likely to have access to the child in the next five days. If the reporter does not know when the alleged perpetrator will have access, but believes that access in the next five
days is likely, mark “yes.” Also mark “yes” if the alleged perpetrator is unknown. If the allegation relates to inappropriate sexual acting out of children, mark “yes” if the child with acting out behaviors is likely to have contact with other children that is not supervised or otherwise restricted to ensure the safety of the other children.
Which Cases: Sections 1–5 of the screening tool are completed on all referrals, excluding information-only. This includes new referrals of child abuse, neglect, and/or dependency on open cases and reports of safety plan violations. Include new referrals on children in out-of-home care, congregate care, and other institutional settings.

The response priority portion is completed only for referrals with a final screening decision of “accepted.”

Who: The CFSS intake worker completes the screening tool and the supervisor reviews and approves.

When: The intake worker completes the screening tool as soon as possible, ideally during the reporting telephone call. The intake screening is documented by the end of the worker’s shift.

If additional information is received after the end of the shift and prior to the assessment, the intake form may be revised.

The supervisor reviews and approves.

Decision: The screening criteria component determines whether a report should be accepted for initial assessment or out-of-home assessment.

The response priority component determines how quickly after acceptance the assigned worker must make face-to-face contact with the family. Possible response times are as follows:

Priority 1: Within 24 hours
Priority 2: Within 0–5 days
Priority 3: Within 0–10 days

Appropriate Completion:

Report Type. Indicate if this is a report of child abuse/neglect, or if this is an information-only report. Information-only reports do not require completion of the remainder of the screening tool. Examples of information-only reports include reports of child/ward damage to group homes or other concerning actions that are sexual or violent in nature, a report of concerns regarding a pregnant woman with no children at home, incidents being investigated by other states that require Nebraska cooperation for interviews, and other courtesy check-ins and interview requests.
Section 1: Special Considerations. Indicate if any special considerations exist that would require a mandatory collateral call. If any consideration is marked, at least one collateral call is required to gather additional information about the report or family prior to making the screening decision. A records check should not be considered a collateral contact. Appropriate collateral contacts include gathering information from: child care providers, law enforcement, therapists, doctors, schools, in-home service providers, health and human services staff, and family members. Intake workers may choose to ask for assistance from reporter to identify collaterals. If the report concerns a former state ward, that former ward's former caseworkers and/or foster parents may also be collateral contacts.

Section 2: Maltreatment Types. Indicate if the report fits the definition for any of the types of maltreatment listed. Mark all that apply.

Sections 3–5: Initial Screening Decision/Overrides/Final Screening Decision. Indicate if the initial decision is to accept or not to accept the report. Then, consider if any of the overriding conditions listed apply. The final screening decision is based on the initial decision influenced by any overrides.

Section 6: Notification Analysis. Regardless of the screening decision, some reports may require that a cross-report be made to another entity. Consider if any such notifications are required.

Section 7–8: Response Priority and Final Response Priority. For each accepted report, complete a decision tree for each type of maltreatment alleged. The initial response priority is the fastest of all the response priorities recommended by the decision trees completed. Consider if any overrides apply to increase or decrease the prioritization, and indicate the final response priority.