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Chapter:	Child Safety Interventions	
Subject:	Screening Reports of Child Abuse and Neglect	Page 1 of 18
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Purpose


To describe requirements for Centralized Intake and Emergency Services (CIES) staff in gathering thorough information to guide decision-making about report acceptance and support planning for child safety interventions; to provide guidance for the screening of reports of child abuse or neglect.

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Related Policies

Family Services [Policy 50](#): Child Abuse and Neglect Definitions
Family Services [Policy 52](#): Child Safety Interventions – Investigations and Assessments
Family Services [Policy 60](#): Juvenile Proceedings Act – CHINS (C) and (D) Assessments

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Policy

Documenting Reports of Alleged Child Abuse or Neglect

The division's focus on child safety requires that the CIES family services worker gather thorough information from the reporter about:

- the alleged abuse or neglect; and
- the family's circumstances, strengths, family resources and natural supports.

Thorough information allows for an accurate determination about accepting the report and about the immediacy of response. If accepted, it will allow the district supervisor and worker to plan a child safety intervention in a way that will minimize risk to the child and to the worker.

If the worker judges that a child may be in immediate jeopardy, they will immediately notify the supervisor.

The CIES family services worker will promptly enter all reports of abuse and neglect in the FSDNet intake module. Documentation of concerns about the same incident from different reporters may be appended and screened for acceptance for up to 30 days.

Allegations of Child Abuse or Neglect by Department Employees


If a reporter alleges child abuse or neglect perpetrated by a Department for Children and Families (DCF) employee, the CIES supervisor will immediately notify the director of operations or designee. If accepted under Chapter 49, the Secretary of Agency of Human Services will determine the appropriate unit to conduct the child safety intervention.

Allegations of Child Abuse or Neglect by Vermont State Police Employees

If a reporter alleges child abuse or neglect perpetrated by a Vermont State Police employee, the CIES supervisor shall immediately notify the Family Services Director of Operations or designee.

Screening Reports of Child Maltreatment

In child protective services, the division is challenged to promote the safety of children while respecting family integrity and the diversity of family values and lifestyles. The division does not investigate concerns about children's general conditions. There must be a valid allegation of harm or risk of harm to a child or youth caused by abuse or neglect as defined by 33 V.S.A. Chapter 49 or a pattern of concerns or reports suggesting a child may be in need of care and supervision as defined in 33 V.S.A. Chapter 51.

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Special Considerations When Screening Reports for Sex Trafficking

All CIES staff should have a copy of the [Sex Trafficking Information Sheet](#) at their work station for reference. CIES staff are encouraged to ask the following question for every report received regarding sexual abuse allegations involving teenagers (ages 13 – 17):

“Do you believe this child/youth is being pressured or forced in any way to engage in sexual acts?”


CIES may ask additional questions to determine the following:

- What are the youth’s vulnerabilities? Is the youth being taken advantage of? How?
 - Vulnerabilities may include, but are not limited to: history of abuse or neglect, history of victimization, developmental delay(s), LGBTQ youth, history of running away, substance use, low self-esteem, desire to fit in with peers, anxiety, depression, or submissiveness.
- Does the youth have a history of running away or leaving the state with older “friends”?
- Where does the youth live? How do they provide for themselves?
- Does the youth have new and/or expensive possessions?
- Is the youth able to come and go as they please (as appropriate based on age and developmental level)?
- Is the youth afraid to leave, or afraid of someone in their home?
- Is anyone forcing the youth to do anything they don’t want to do?
- Does the youth have an older “friend”?
- Does the youth have an online relationship with anyone?
- If living with a boyfriend or girlfriend, is sex exchanged for housing, food, or basic needs?
- Is the youth being pressured to have sex with anyone?
- Is the youth exchanging sex or sexual acts for anything?
- Is substance abuse a concern for the youth? Is someone providing the youth with substances or alcohol?

CIES staff shall alert the ICPC/ICJ deputy compact administrator of all cases where sex trafficking is known or suspected to have occurred.

Acceptance of Reports

The division shall determine whether to accept a report as soon as sufficient information is available to make that determination. Decisions are based on the information provided in the report, regardless of who provided the information and whether their identity is known. Prior reports and patterns of past and current allegations will be

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considered when a report is screened (both the first screen and second screen) to inform acceptance.

A CIES supervisor makes the initial determination about report acceptance. Reports indicating that a child is in imminent danger will be screened immediately. All other reports will be screened by midnight on the day they are received. If not accepted by the CIES supervisor, a second person¹ will screen the report within 48 hours of the first screen.

On holidays occurring over long weekends, a second CIES supervisor will append the intake to indicate an additional review has occurred. A second screen will be completed by the district office after the holiday.

Second Screen of Reports

The purpose of the second screen of reports is to conduct a review independent of the first screen to determine whether the allegations meet criteria for acceptance, and to ensure a connection between the current allegation and local district knowledge of prior reports and past division involvement. Second reviewers shall conduct their own review of a report and should not feel bound by the first review.

The second reviewer will consider the family’s child protection history and recent reports received (both accepted and unaccepted) about the family. Additionally, the second reviewer may consider whether the current report, when considered with past reports, indicates ongoing cumulative harm to the child(ren). Patterns which may contribute to an accumulation of harm include:


- Failure to provide (food, clothing, shelter, hygiene, medical care, dental care); or
- Lack of supervision (inadequate supervision, inappropriate supervision or caregiver, or unsafe environment).

If accepted by the second screener, a child safety intervention will commence within 72 hours of the receipt of the report. If the report was accepted based on further information received, the child safety intervention will commence within 72 hours of the receipt of that information.

Gathering Additional Information

At times, information in the report may be insufficient to justify report acceptance. If the supervisor believes that more relevant information may be available, they will assign

¹ A Senior Family Services Worker, Family Services Supervisor, or District Director. The Director of Operations, Sr. Policy & Operations Manager, or Policy & Operations Manager may also determine that a report is a valid allegation.

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an intake worker to gather more information. This may include, in the case of second-hand reports, attempting to contact the original informant or other individuals who may have current and relevant information.

When a report indicates that the family may have had previous child protection involvement, the supervisor will assign an intake worker to attempt to gather more information about that involvement. Examples of involvement may include past investigations or assessments, open protective services cases or custody episodes.

The purpose of gathering additional information is to determine whether a report should be accepted and do not represent the commencement of a safety intervention. When a worker has been assigned to gather more information, the supervisor must establish and document clear tasks and deadlines to be met². Any additional information gathered will be appended to the intake report.

Additional information may be added to the intake within 30 days of the initial report, and such information may be used to determine acceptance. Reports are available for appending and/or accepting with more information for 30 days. Once accepted, the investigation must be commenced per the response priority determined by the assigning supervisor.


Reporting to Law Enforcement and Receiving Assistance

In instances where reports are accepted, division staff frequently report to law enforcement and receive assistance as required by 33 V.S.A. § 4915(g) and described in Family Services [Policy 52](#). Additionally, some **unaccepted reports** are required to be reported to law enforcement. It is typically the individual performing the second screen of the report who will report information to law enforcement; however, there may also be times when time-sensitive information is passed along to law enforcement by CIES.

Examples of unaccepted reports that must be reported to law enforcement include:

Situation:	Examples:
Physical assault of a minor by someone other than a caretaker resulting in serious bodily injury	Examples of serious bodily injury include, but are not limited to, a broken bone, the presence of multiple injuries, serious laceration, head injury, or any strangulation. Most bruises are not considered serious bodily injury. Bruises are considered serious injury when they entail substantial disfigurement (i.e., a “black eye” combined with swelling).

² This can be done in either the rationale for non-acceptance or appended to the intake report.

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Situations dangerous to a child that do not involve a caretaker	Examples include, but are not limited to: <ul style="list-style-type: none"> • Youth involved with the buying/selling of illegal substances where a weapon is involved or there is a threat of violence against the youth; or • Youth involved in the smuggling of illegal substances in a manner that places the youth at risk; or • Youth involved with gang-related activity involving weapons or violence; or • Youth is making threats of targeted mass violence.
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Additional information about the statutory requirements for reporting to law enforcement and receiving assistance are listed below.

33 V.S.A. § 4915(g) requires the department to report to and receive assistance from appropriate law enforcement in the following circumstances:

- Investigations of child sexual abuse by an alleged perpetrator 10 years of age or older;
- Investigations of serious physical abuse or neglect requiring emergency medical care, resulting in death, or likely to result in criminal charges;
- Situations potentially dangerous to the child or department worker; and
- An incident in which a child suffers:
 - Serious bodily injury by other than accidental means; and
 - Potential violations of:
 - lewd or lascivious conduct with child;
 - human trafficking;
 - sexual exploitation of children; and
 - sexual assault.


Determining Response Priority for Child Safety Interventions

All child safety interventions must be commenced within 72 hours. If multiple CSIs are received on the same day, the response priority is used to determine the order of response.

Jurisdiction Issues

The division shall respond to reports of child abuse or neglect when:

1. The alleged abuse or neglect (including risk of harm) occurred or is occurring in Vermont, or
2. The alleged abuse or neglect occurred out of state and the child is a resident of or is present in Vermont.

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When the division has determined that a report is a valid allegation and the child or the alleged perpetrator or both do not live in Vermont, the division may respond in one of the following ways, as most appropriate to the situation. The supervisor who determines that an allegation is valid may decide to:

1. Open an investigation;
2. Open an assessment; or,
3. Notify a child welfare system and/or law enforcement agency in another jurisdiction of the need to respond, including coordinating a joint response with the other jurisdiction when indicated.

Allegations that a resident of Vermont sexually abused a child will always be accepted. The supervisor who determines that an allegation is valid will also always notify the child welfare system and/or law enforcement agency in the relevant other jurisdiction(s) of the allegation. When accepting these reports, if the child does not live in Vermont, the investigation will be assigned to the most appropriate district, based on:

1. Where the alleged perpetrator resides;
2. The law enforcement agency that is investigating; or,
3. If the child is temporarily in Vermont, their current location.

Allegations of Maltreatment of Children in Open Cases


When an assigned worker receives information that alleges abuse or neglect of a child in an open family support case, the worker will, as a mandated reporter, make a report to CIES.

If accepted, the child safety intervention will be conducted by a worker other than the assigned worker in close coordination with the assigned worker.

Criteria for Report Acceptance Under Chapter 49

A report will be accepted for a child safety intervention under the authority of Chapter 49 if the information in the intake report gives the supervisor determines that the child may be an abused or neglected child, defined as:

- “a child whose physical health, psychological growth and development or welfare is harmed or is at substantial risk of harm by the acts or omissions of his or her parent or other person responsible for the child's welfare; or
- a child who is sexually abused or at substantial risk of sexual abuse by any person”; or,
- a child who died as a result of physical abuse (33 V.S.A. §4912(2)(a)).

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It is not necessary for all of the components required for substantiation to be present in a report for that report to be accepted. The division will assume that any adult residing in the child’s home serves in a parental role unless there is evidence to the contrary.

The following sections provide more specific guidance about accepting reports of certain types of child maltreatment.

1. Allegation is that a person responsible for the child’s welfare caused the child to be abused or neglected, by other than accidental means:

Type of Allegation	Allegation
Physical Abuse	<p>Physical injury or serious physical injury – see Policy 50 definitions.</p> <p>When the sole allegation is that the child has a mark caused by a person responsible for the child’s welfare, but no other injury, the report will not be accepted unless the mark lasted for or appears likely to last for more than twenty-four hours.</p> <p>Historical reports of physical abuse of individuals who are still minors are accepted when there is evidence that might lead to a supportable determination. Such evidence may include, but is not limited to: scars or marks; old, healed, or healing injuries; or a child or youth’s disclosure. The nature, recency, severity, and frequency of the alleged past abuse and the alleged perpetrator’s current access to the child will be considered when screening the report.</p>
Emotional Maltreatment	<p>See Policy 50 definition. A pattern of behavior, malicious intent, and a negative impact on the child’s functioning are present. The pattern does not have to be of the same behavior for the purpose of accepting the report for an investigation or assessment. Examples of such patterns of behaviors include, but are not limited to:</p> <ul style="list-style-type: none"> • Ignoring the child, either physically or psychologically, by choosing to not respond to the child (e.g., refusing to look at the child or call the child by their name); • Rejecting the child by actively refusing to respond to their needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child); • Confining or isolating the child for long periods of time or limiting the child’s freedom of movement; • Verbally assaulting behavior which involves the constant belittling, berating, shaming, ridiculing, or threatening the child; or • Terrorizing the child through threats and bullying which creates a climate of fear for the child in the home.

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Type of Allegation	Allegation
	<p>Emotional maltreatment will be accepted when there is a pattern of behaviors as listed above, malice, and an observed negative impact on the child's functioning.</p> <p>Children with disabilities and LGBTQ children and youth are particularly vulnerable to emotional maltreatment and the above examples.</p>
Neglect	<p>See Policy 50 definition. Neglect causes actual or substantial risk of negative consequences to the child's health. Allegations of neglect may be based on a single issue or chronic concerns. The presence of poverty alone does not meet the Policy 50 definition of neglect. While poverty is a risk factor for neglect, poverty does not equate to neglect. Allegations suggesting financial inability to provide for a child is not neglect. Unless the child is in immediate danger, attempts will be made to gather information about efforts and willingness to access public benefits and other support to meet the child's needs.</p> <p>Most allegations of neglect are appropriate for the assessment track. Sometimes allegations of neglect pose an immediate danger for the child and warrant an investigation track. Examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Failure to seek medical treatment for a medical emergency; or • Exposure to extreme cold temperatures.
Abandonment	See Policy 50 definition.
Risk of Physical Harm	<p>See Policy 50 definition. Examples of risk of harm include, but are not limited to:</p> <ul style="list-style-type: none"> • DUI with children in the car in circumstances that suggest significant risk or danger of serious harm to the child; • Failure to provide age appropriate care and developmentally appropriate supervision when children are using or have access to firearms; • A firearm is discharged inside a home, by either an adult or child, when child(ren) are also in the home regardless of proximity. • Corporal punishment of a child under 1 years of age (no injury necessary) OR a child under the age 3 has experienced malicious punishment (with no physical injury resulting); • Incapacity, due to a mental or physical illness/condition or developmental disability, of providing age-appropriate supervision, and no other person is available to assist.

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Type of Allegation	Allegation
	<ul style="list-style-type: none"> • The reporter has observed or a professional reports that a parent or caretaker has a current pattern of use of methamphetamine or the child has been exposed to methamphetamine production. • There is significant risk of serious physical harm to a child due to an incident of domestic violence (also commonly referred to as intimate partner violence) in the home. In considering whether a child is at significant risk, the following issues should be considered: <ul style="list-style-type: none"> ○ Past history of substantiation(s) or conviction(s) or reported history of child maltreatment. ○ Criminal history of domestic-violence related crimes. ○ Proximity of the children to the domestic violence as well as the nature of the violence or crime; including when a child physically intervenes in a domestic assault or is forced to participate in a domestic assault. ○ Use of weapons or objects that could cause harm in the presence of children in the context of domestic violence. Issues related to who is the dominant aggressor and whether the person is acting in self-defense will be taken into consideration as part of the case determination. ○ In the context of domestic violence, presence of direct threats (including verbal threats) of serious bodily injury or death to or regarding the child or other children of the family or in the household. <p>Separate from the circumstances described above, the division shall accept a report when there is a death of a parent or caretaker as a result of domestic violence (DV)/intimate partner violence (IPV) unless there is another legal caretaker who was not the victim or perpetrator who can provide safety, care, and decision-making. Such DV/IPV homicide reports will be accepted regardless of: (1) the parentage of the child(ren) in relation to the partner who committed the homicide and (2) the child's location at the time of the incident.</p> <p>The division does not intervene in situations in which the sole concern is that parents or caretakers fail to:</p> <ul style="list-style-type: none"> • Install smoke detectors; • Use car seats for young children; • Use seatbelts for children; • Ensure the use of bicycle or motorcycle helmets by children; • Ensure the child receives recommended immunizations;

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Type of Allegation	Allegation
	<ul style="list-style-type: none"> • Ensure the child receives recommended newborn prophylaxis (Vitamin K, newborn hearing screen); • Failed to give prescribed medication which will not have serious health implications on the child (i.e., ADHD medications); or • The only allegation is that a child has witnessed or been exposed to domestic violence.


2. Any person is alleged to have sexually abused a child or caused a child to be a significant risk of sexual abuse.

For allegations of lewd and lascivious conduct or sexual assault, the report should first be evaluated for elements of force, threat or coercion. If these are not present the screener should also consider whether there is a significant difference in age, size, or development.

Type of Allegation	Allegation
Child Pornography (Child Sexual Abuse Material or CSAM)	See Policy 50 definition.
Exploitation	See Policy 50 definition.
Incest	See Policy 50 definition.
Lewd and Lascivious Conduct	See Policy 50 definition.
Luring	See Policy 50 definition.
Obscenity	See Policy 50 definition.
Sexual Assault	See Policy 50 definition.
Voyeurism	See Policy 50 definition.

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Type of Allegation	Allegation
Sex Trafficking of Minors	<p>See Policy 50 definition. Further clarification includes situations where:</p> <ul style="list-style-type: none"> • A child has been exploited through survival sex or child reports “consensual” participation in a sexual act (including the online trading of sexual images, videos, or content) in exchange for food, shelter, clothing, transportation, drugs, alcohol, money, status, promises, gender-affirming care, or any other item of value; • A child has been exploited through pornography, which is also known as child sexual abuse material/CSAM (excludes the exchange of images between mutually consenting minors) • A child has been exploited through sexual venues (i.e., peep shows, strip clubs) or other forms of the adult entertainment industry; • A child has been exploited through sex tourism, mail order bride trade, or forced marriage; • A child has been sexually exploited or has been recruited, enticed, harbored, transported, or obtained by someone for the purpose of sexual exploitation; • A child reports being forced or coerced into sexual activity for the monetary benefit of another person; • Photos or videos of the child have been posted on a website, social media, or through a subscription-based service advertising them as an adult, escort, or providing sexual services; or • A child is known to recruit their peers for sexual exploitation.
Risk of Sexual Abuse	<p>See Policy 50 definition.</p> <p>A registered sex offender, person convicted for a sexual offense, person substantiated for sexually abusing a child or vulnerable adult, or a person with a sexual offending history residing with or spending unsupervised time with a child. Information known at the time of the intake about the offender’s risk level and the caretaker’s protectiveness will be considered in the screening process.</p> <p>A referral from an adult alleging they were sexually abused as a child will not be considered a valid allegation of sexual abuse of that person. The report may be accepted as an allegation of risk of sexual harm if the alleged perpetrator has current access to children. Information known at the time of the intake about the offender’s risk level and the caretaker’s protectiveness will be considered in the screening process.</p>

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Type of Allegation	Allegation
	If the alleged perpetrator was a child at the time of the past sexual abuse, the supervisor will exercise judgement based on the amount of time that has elapsed, the seriousness of the alleged conduct, and any subsequent history of sexual abuse or offenses by the actor.

Should the division be informed about repeated incidents of such child-to-child sexual abuse and it appears a caretaker has failed to attend to the child’s needs; the allegations may be opened under medical neglect or risk of harm, or as a CHINS (B) Assessment.


Criteria for Report Acceptance Under Chapter 51

The division may conduct an assessment under the authority of 33 V.S.A. § 5106. The focus of the assessment is on whether a child may be in need of care and supervision (CHINS (B)). The division will conduct an assessment under the following circumstances:

Lack of Parental Capacity	<p>A pattern of concerns, a single incident, history of violent behavior, or concerns about parental capacity that do not meet criteria for acceptance under 33 V.S.A. Chapter 49, but suggest that the child may be without proper parental care or subsistence, medical, or other care necessary for their well-being. This may include, but is not limited to:</p> <ul style="list-style-type: none"> • Situations where the division becomes aware of prior child welfare court history, including previous relinquishment or termination of parental rights of another child; or • Situations where there is a previous substantiation for serious physical injury and the perpetrator is unknown or still in the home, and there is a pregnancy or new child. <p>Additionally, situations where a woman is pregnant and either parent or caretaker has a substantial history with DCF. An assessment may begin approximately one month before the due date or sooner if medical findings indicate that the mother may deliver early.</p>
Substance Abuse by Pregnant Women	<p>A physician certifies or the mother admits to use of illegal substances, use of non-prescribed prescription medication, or misuse of prescription medication during the last trimester of her pregnancy. When there is an allegation that there is likely to be a serious threat to a child’s health or safety due to the mother’s substance abuse during pregnancy, intervention before a child’s birth may assist the family to remediate the issues and avoid the need for DCF custody after the birth. Therefore, such assessments may begin approximately</p>

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	<p>one month before the due date or sooner if medical findings indicate that the mother may deliver early.</p> <p>The division does not intervene in situations where the sole concern is a pregnant woman's use of marijuana.</p>
Newborn Infant	<ul style="list-style-type: none"> • A newborn has a positive toxicology screen for illegal substances or prescription medication not prescribed to the patient or administered by a physician; OR • A newborn has been deemed by a medical professional to have Neonatal Abstinence Syndrome through NAS scoring as the result of maternal use of illegal substances or non-prescribed prescription medication; OR • A newborn has been deemed by a medical professional to have Fetal Alcohol Spectrum Disorder. <p>The division does not intervene in situations where the sole concern is a newborn's prenatal exposure to marijuana.</p>
Caretaker's Behaviors Suggesting a Child May Be Without Proper Parental Care	<p>Allegations unable to be accepted for emotional maltreatment but suggest that the child may be without proper parental care. The allegation must:</p> <ul style="list-style-type: none"> • Be chronic over time or situation; or • Be developmentally inappropriate or misdirected; or • Be well beyond community norms of acceptable parenting; or • Indicate the child is significantly compromised in a major life domain (mental health, health, social, etc.) <p>The following examples, which must first meet the criteria above, include but are not limited to:</p> <ul style="list-style-type: none"> • Ignoring the child, either physically or psychologically, by choosing to not respond to the child (e.g., refusing to look at the child or call the child by their name); • Rejecting the child by actively refusing to respond to their needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child); • Confining or isolating the child for long periods of time or limiting the child's freedom of movement; • Verbally assaulting behavior which involves the constant belittling, berating, shaming, ridiculing, or threatening the child; or • Terrorizing the child through threats and bullying which creates a climate of fear for the child in the home. Terrorizing can include placing the child or the child's loved one (such as a sibling, pet, or toy) in a dangerous or chaotic situation, or placing rigid,

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	unrealistic, or developmentally inappropriate expectations on the child with threats of harm if they are not met.
Educational Neglect	<p>It is alleged that a parent or person responsible for a child’s care knowingly fails to enroll a child in school or to provide education in accordance with 16 V.S.A. § 1121. Through the parent or caretaker’s action or inaction, the child regularly fails to attend school. Educational neglect will be considered for children beginning at age six until the completion of the sixth grade, where the expectation is that the parent or caretaker is responsible for getting the child to school and the parent or caretaker’s behavior has contributed to the child’s lack of attendance. The parent is responsible for the child’s attendance at a public school, an approved or recognized independent school, or a home study program for the full number of days for which that school is held, unless the child:</p> <ul style="list-style-type: none"> ○ is mentally or physically unable to attend; or ○ has completed the tenth grade; or ○ is excused by the superintendent or a majority of the school directors; or ○ is enrolled in and attending a postsecondary school which is approved or accredited in Vermont or another state.

See [Policy 60](#) for information on children and youth who are habitually truant.

Assignment to Investigation or Assessment Response

The division may conduct an investigation of any valid allegation. In making the decision about the whether to conduct an assessment or an investigation, the division shall consider the following factors when determining whether to respond with an investigation or an assessment response:

1. There is reason to believe that a child’s safety will be jeopardized if parental permission cannot be obtained to interview the child.
2. The nature, severity, or chronicity of the abuse and extent of a child’s injury, if any.
3. The alleged perpetrator’s prior history of child abuse or neglect, including prior reports or child safety interventions.
4. To the extent known by the reporter, the alleged perpetrator’s willingness and capability to accept responsibility for the conduct and engage in a plan of services.
5. Any strengths and formal and informal supports and/or resources that are available or exist within the family and community, including resources and supports for people with disabilities if relevant.

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The supervisor who determines that an allegation is valid will determine if the case should be assigned for investigation or assessment.

Mandatory Investigation Track

The division’s initial safety intervention shall be an investigation if it alleges substantial child endangerment, including but not limited to allegations that:

1. A child has been sexually abused by any adult.
2. A child is at risk of harm for sexual abuse by any adult.
3. The acts or omissions of a person responsible for a child’s welfare resulted in child fatality.
4. A person responsible for a child’s welfare:
 - (a) abandoned the child;
 - (b) maliciously punished the child;
 - (c) physically abused a child under the age of 3, including shaking;
 - (d) physically abused a child of any age who is non-verbal or non-ambulatory;
 - (e) allowed a child to be exposed to methamphetamine production or pre-production.


Valid allegations involving the presence of multiple injuries should be assigned as an investigation response unless there is information that suggests the injuries occurred because of a single incident that did not include the use of malicious punishment and is not otherwise outlined above as requiring investigation response.

Valid allegations of child abuse and neglect within licensed and regulated facilities will be accepted for investigation if the alleged perpetrator is over the age of 10. See the following policies for additional information:

- Family Services [Policy 222](#): Foster Care Interventions
- Family Services [Policy 241](#): Residential Treatment Program Licensing and Interventions

Track Assignment for Accepted Reports of Sexual Abuse When Alleged Actor is Under Age 18

Age of Alleged Actor at the Time of the Abuse	Type of Child Safety Intervention
Age 5 and younger	CHINS (B) Assessment (usually focusing on actor’s family)
Age 6 to 13	Chapter 49 Assessment
Age 14 and older	Chapter 49 Investigation

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Supervisors may assign an accepted report to an investigation track if there are aggravating circumstances, the youth is being charged criminally, or there are a pattern of accepted reports regarding an alleged actor aged 13 and younger.

Accepted reports of child pornography (also commonly referred to as child sexual abuse material or CSAM) that involve the retransmission of images between minors, commonly referred to as “sexting”, will generally be accepted as assessments when both of the involved parties are under the age of 18. If a child continues to repeatedly retransmit images after division involvement, the allegation may be viewed as aggravating circumstances and therefore accepted as an investigation.

Notification of Mandated Reporters

CIES shall inform mandated reporters when a report is not accepted for a child safety intervention. CIES shall inform mandated reporters that a report has been accepted for a child safety intervention, the track assignment, and the assigned worker. If it is in the best interest of the child, non-mandated reporters may also be informed that the report was accepted.

Assignment of Cases with Cross-District Implications

At times, a new report is accepted concerning a family with an open Family Support case who has recently moved to another district. In that case, the new child safety intervention will be assigned to the district of the family’s residence, in order to expedite an assessment of the child’s safety. The districts will then determine if the open case should be transferred as directed in Family Services [Policy 211](#).

When there is an open case in a district and child in custody reports abuse while placed out of district (excluding licensed or regulated facilities), the child safety investigation will be assigned to the district where the child’s case originates.

Conflict Investigations

At times, the assignment of a child safety intervention to a particular district may be or appear to be a conflict of interest. If that may the case, the supervisor should contact the assigned policy and operations manager to discuss the appropriate assignment of the case to another district.

In some cases, the director of operations may assign the Residential Licensing and Special Investigations (RLSI) Unit to conduct the child safety intervention depending upon the nature of conflict.

Appendix I: Educational Neglect vs. Truancy Acceptance Considerations for CIES First Read and District Second Read

CHINS (B) Educational Neglect	CHINS (B) Educational Neglect	CHINS (D) Truancy
Age 6 – Grade 6	Grade 7 – Age 16	Grade 7 – Age 16
Parent or guardian failed to enroll the child in a public school, private school, or Agency of Education (AOE) approved home school program	Parent or guardian failed to enroll the youth in a public school, private school, or Agency of Education (AOE) approved home school program	An intake is not required. The school initiates a process with the State’s Attorney and family court: → An Emergency Care Order (ECO) has been issued; or → There is a post-merits finding of truancy with an open court case
Child has missed 20 or more days of school NOT due to illness (medical or mental health) or school-imposed suspension, resulting in negative impact on child’s school performance		Youth has missed 20 or more days of school NOT due to illness (medical or mental health) or school-imposed suspension, resulting in negative impact on child’s school performance
Parent has contributed to or prevented child or youth from attending school	Parent has contributed to or prevented child or youth from attending school	Youth is capable of getting to school; however, is not attending