

**COMMUNITY
RESPONSE
GUIDE
DRAFT**

ACKNOWLEDGMENTS

This Ohio Community Response Guide (CRG) represents the contributions of many individuals whose efforts to develop, review, and refine concern categories and their definitions are greatly appreciated. Representatives from the community include those with lived experience, community service providers, government agencies, non-lived experience stakeholders and community-at-large. This group contributed to tool development through their participation in workgroup meetings, CRG development and planning sessions, or through volunteering to participate in the testing stages of the tool development.

AGENCY

This section presented currently for context. It is not part of testing but will appear in the final tool.

OHIO

JULY 2023 PREPARED SOLEY FOR WORKGROUP PURPOSES

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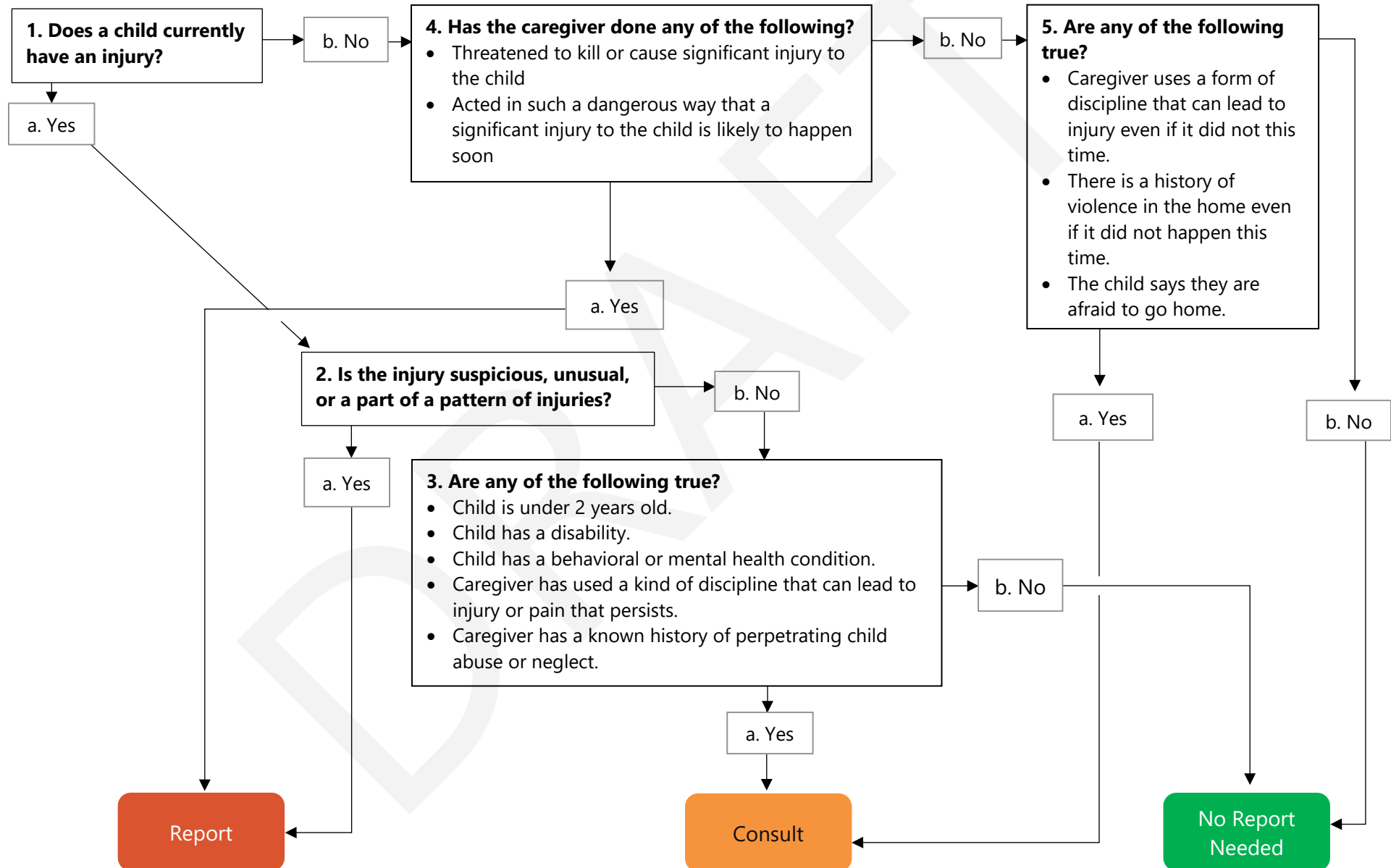
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CONCERN ABOUT PHYSICAL HARM OR THREATS OF PHYSICAL HARM TO A CHILD BY A CAREGIVER



1. Does a child currently have an injury?	
a. Yes	<p>Child has a visible injury, OR child appears injured even if you cannot see an injury.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child mentions having an injury that you are unable to see because it is covered by clothing. • Child has a welt, a cut, a burn, a human bite mark, a split lip, a black eye, a mark in the shape of an object or a cigarette, or another contact burn. • Child is acting as if they may have injuries; e.g., limping, holding an arm or leg in an awkward position, losing consciousness, or not bearing weight.
b. No	<p>Child is uninjured despite a concerning incident. OR You know of a concerning incident but do not know whether child was injured. OR You are just learning of a prior injury that has already healed.</p>
2. Is the injury suspicious, unusual, or a part of a pattern of injuries?	
a. Yes	<p>Based on something said by the child or someone who saw the incident, or based on your own observations, there is reason to believe that a caregiver did something to harm a child. Sometimes, you may not know how the child's injury was caused; but the nature (e.g., size, shape, location on the body) of the injury suggests that it was non-accidental.</p> <p>Suspicious injuries are those that are highly correlated with abuse. You do not need to be a doctor to reasonably conclude that certain injuries are suspicious, based on the symptoms or injury.</p> <p>Practice Guidance: Select this response in situations where the child has died and there is reason to be suspicious of the cause of death.</p> <p>Some indicators of suspicious injuries include:</p> <ul style="list-style-type: none"> • The child has an injury or injuries with no explanation. OR • There is a pattern of injuries to the child. OR • The explanation of how the injury occurred is not consistent with the injury the child has. OR • The nature of the injury itself suggests it was caused by abuse or neglect. OR • You are unable to determine that the injury is not suspicious or unusual.

	<p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver hit or shook child hard enough to cause injury even though caregiver later said they did not mean it or were sorry about it. • Caregiver caused lasting injury while physically disciplining a child. • An adolescent and a caregiver got in an argument, the adolescent was aggressive, and the caregiver used physical force in response, which injured the child. • A caregiver’s use of confinement or restraint caused injury (e.g., bruising from physical restraints, spinal injury due to confinement in a cage) to a child. • Caregiver or other person in the home purposely (forcefully or otherwise) caused child to ingest life-threatening substances, causing injury.
b. No	<p>Child does not disclose that injury was caused by a caregiver intentionally, AND you have no information that a caregiver intentionally caused the injury.</p> <p>Practice Guidance: Do not select this item when an injury occurred during discipline.</p> <ul style="list-style-type: none"> • Injury is not inherently suspicious. <p>OR</p> <ul style="list-style-type: none"> • There is no pattern or history of injuries. <p>OR</p> <ul style="list-style-type: none"> • The history provided by child or others leads to a reasonable conclusion that the cause was truly accidental. <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver injured child while attempting to protect child from greater danger (e.g., bruise on arm from grabbing child to prevent child from running into traffic, grabbing child by arm while bathing or changing diaper to stop child from falling to the floor). • Caregiver inadvertently injured child in the course of routine care or other activity. • Injury is not inherently suspicious, OR the history provided by child or others leads to a reasonable conclusion that the cause was accidental, and no concerning prior injuries are known.
<p>3. Are any of the following true?</p> <ul style="list-style-type: none"> • Child is under 2 years old. • Child has a disability. • Child has a behavioral or mental health condition. • Caregiver has used a kind of discipline that can lead to injury or pain that persists. • Caregiver has a known history of perpetrating child abuse or neglect. 	
a. Yes	<p><u>Child is under 2 years old.</u> Child has not yet turned 2 years old.</p>

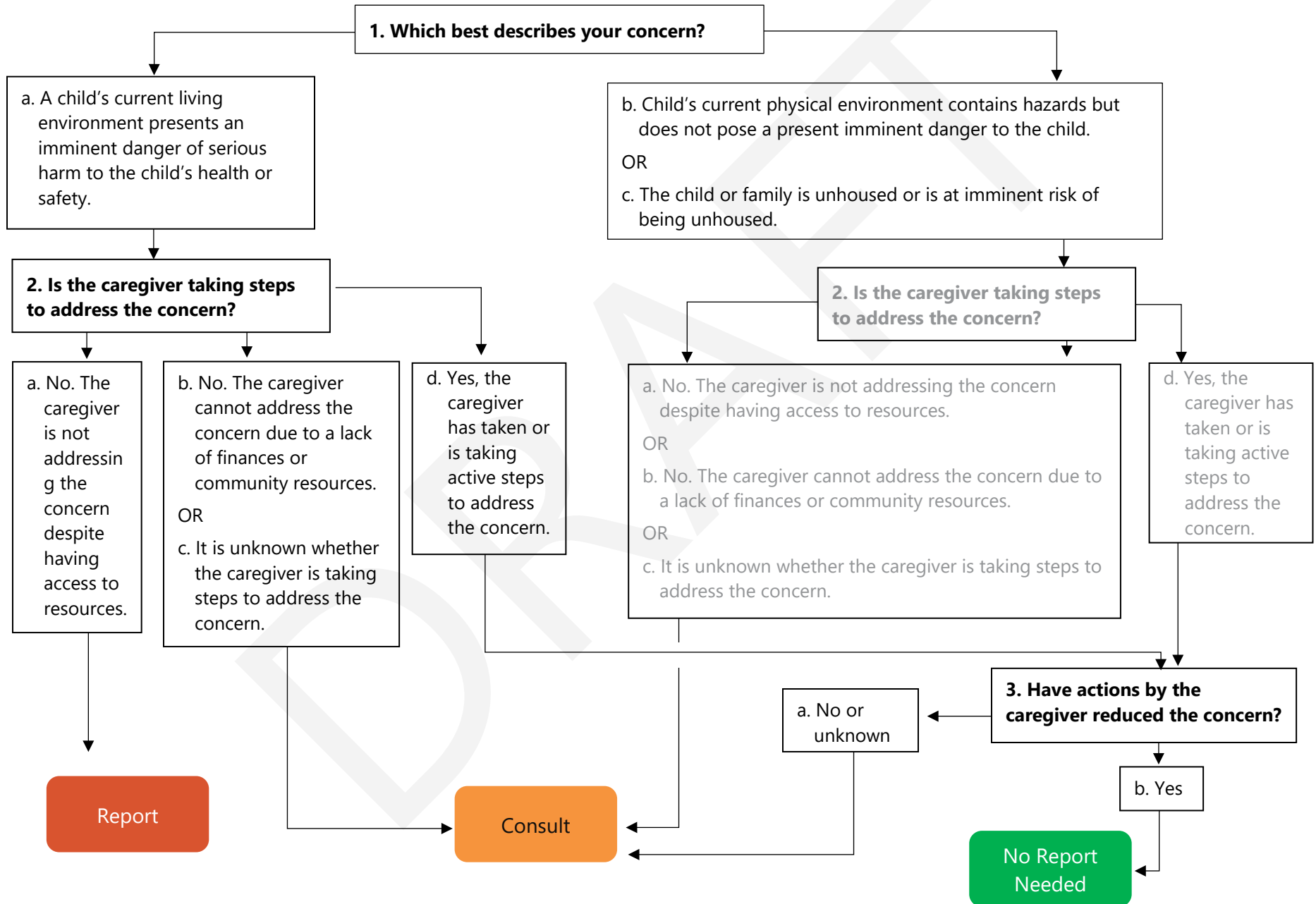
	<p><u>Child has a disability.</u></p> <ul style="list-style-type: none"> • Child has a physical, developmental or learning disability that could make them more vulnerable to harm and/or will make it more difficult for them to seek help or protection. • Child has a physical condition or disability (e.g., impaired mobility). <p><u>Child has a behavioral or mental health condition.</u> Child has a mental health, emotional, or behavioral condition (e.g., habitually lying, stealing, running away from home, or having diagnosed or observed emotional or mental disorders).</p> <p><u>Caregiver has used a kind of discipline that can lead to injury.</u> Caregiver has, at least once in the past, used physical discipline resulting in pain or injury to a child.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver used any form of physical discipline on a child age 2 or younger. • Caregiver was intoxicated or in an uncontrolled rage when hitting child. • Child escaped injury through own evasive or self-protective actions, the intervention of a third party, or chance. • Caregiver used too much force for the child’s age, physical size, or physical vulnerability. For example, caregiver hit the child with such force that the child fell; or caregiver used an object to discipline a toddler, infant, or physically limited child. <p>Do not select if caregiver used physical discipline, but no injuries nor lasting pain occurred (e.g., caregiver spanked child with open hand on the buttocks, leg, or arm; no injuries occurred).</p> <p><u>Caregiver has a known history of perpetrating child abuse or neglect.</u> It is known that the caregiver abused or neglected a child in the past regardless of whether the incident was reported.</p>
b. No	None of the above are true.
<p>4. Has the caregiver done any of the following?</p> <ul style="list-style-type: none"> • Threatened to kill or cause significant injury to the child • Acted in such a dangerous way that a significant injury to the child is likely to happen soon 	
a. Yes	<p><u>Threatened to kill or cause significant injury to the child</u> Based on something the child said, something seen or heard by others, or your own observations, caregiver has an intent to kill or cause significant injury to child; and without intervention, child will be significantly harmed.</p> <p>This may be based on any of the following.</p> <ul style="list-style-type: none"> • Known history of confirmed or reported abuse by caregiver who made the threat. • Child has significant fear of caregiver or reports prior instances of being injured by caregiver. • Caregiver mentioned plans to hurt child in order to “teach child a lesson.”

	<p><u>Acted in such a dangerous way that a significant injury to the child is likely to happen soon</u> While caregiver may not have intended to harm child, they acted in a unsafe way that showed reckless disregard for child's safety. The only reason the child was not significantly injured was because of child's protective or evasive behavior, intervention by a third party, or chance.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver driving under the influence of alcohol or drugs. • Caregiver driving recklessly with an unrestrained child in the car. • Caregiver administering drugs carelessly to a child, whether prescribed or not. • Domestic violence involving at least one caregiver where the child attempted to intervene, was being held by a caregiver during a violent episode between adults, or was close enough to be accidentally injured. • Caregiver using or brandishing a weapon (e.g., firearm, knife, hammer) toward the child or another person in the presence of the child. • Child being taken along when person is involved in violent crime. • Caregiver routinely co-sleeping with child age 1 or younger while intoxicated or high. • Caregiver disregarding safety when handling firearms around child.
b. No	None of the above are true.
<p>5. Are any of the following true?</p> <ul style="list-style-type: none"> • Caregiver uses a form of discipline that can lead to injury even if it did not this time. • There is a history of violence in the home even if it did not happen this time. • The child says they are afraid to go home. 	
a. Yes	<p><u>Caregiver uses a kind of discipline that can lead to injury even if it did not this time.</u> Caregiver has, at least once in the past, used physical discipline resulting in pain or injury to a child.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver used any form of physical discipline on child age 2 or younger. • Caregiver used too much force for child's age, physical size, or physical vulnerability. For example, caregiver hit the child with such force it caused the child to fall; or caregiver used an object to discipline a toddler, infant, or physically limited child. <p>Practice Guidance: Do not select if caregiver used physical discipline, but no injuries nor lasting pain occurred and the discipline did not create a substantial risk of physical harm to the child. (e.g., spanked child with open hand on the buttocks, leg, arm; no injuries occurred.)</p> <p><u>There is a history of violence in the home even if it did not happen this time.</u> Reporter knows that a current caregiver uses physical force or violence toward other adults.</p> <p><u>The child says they are afraid to go home.</u></p>

	Child is stating that they are afraid to go home or is refusing to go home. This may be fear of being harmed again or fear of retaliation for disclosing abuse. It is not necessary that child specifically state a fear or refuse to go home if child appears extremely anxious (e.g., tearful, shaking, upset stomach).
b. No	None of the above are true.

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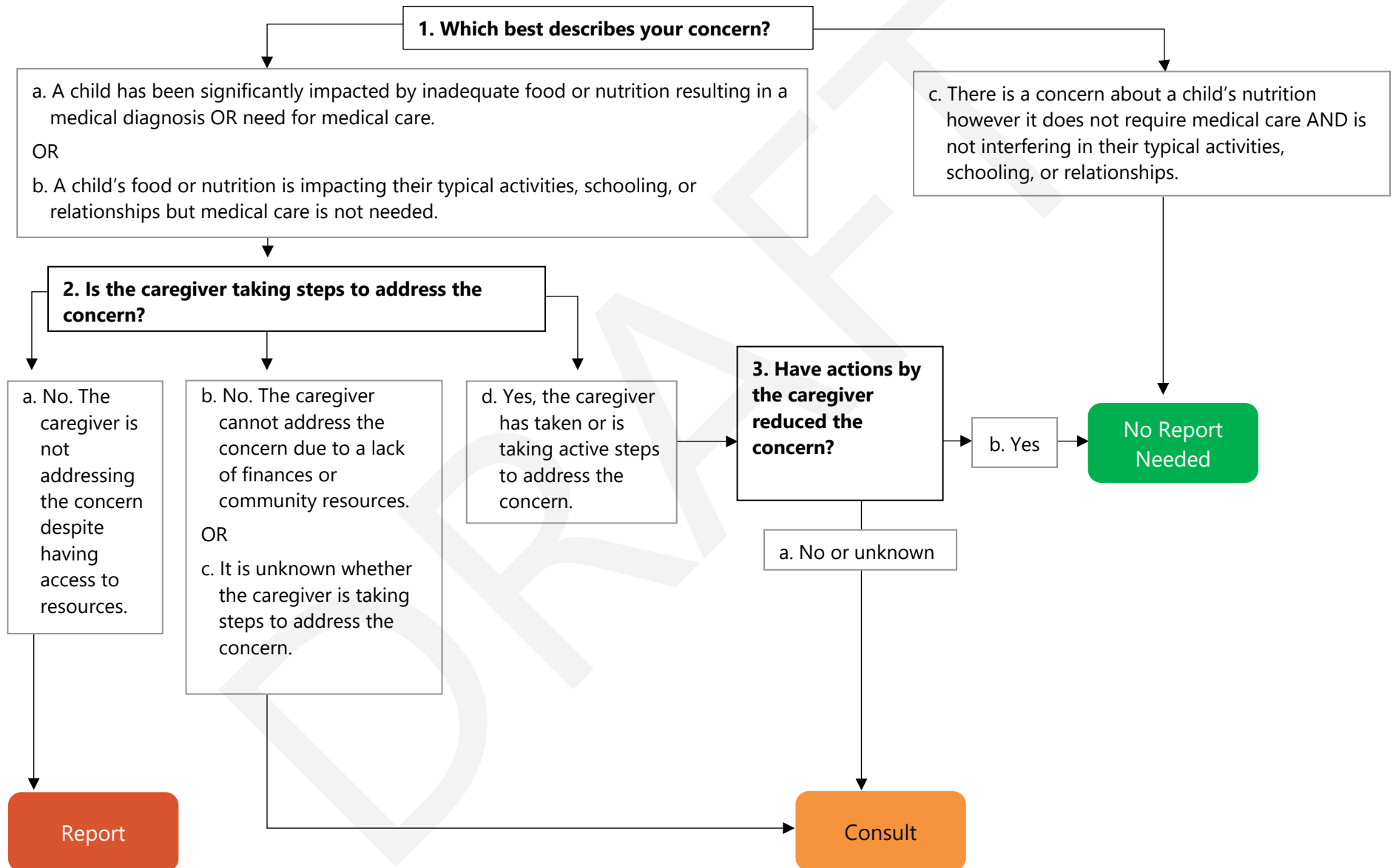
CONCERN ABOUT HOUSING OR THE PHYSICAL LIVING ENVIRONMENT OF A CHILD



1. Which best describes your concern?	
a. A child's current living environment presents an imminent danger of serious harm to the child's health and/or safety.	<p>The child's physical health or safety has been compromised by the child's living environment.</p> <p>Practice Guidance Families may stay in parks, beaches, shelters, hotels, or other atypical environments. Choose 1a only if these residences pose an imminent danger of serious harm (see examples below). Consider child's age, development, medical needs, etc.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is exposed to current harsh weather that has affected child's physical health. • Family has no residence (homeless) and is residing on the streets, beach, parks, etc.; AND child is consistently ill or has a medical condition that cannot be properly managed. • Caregiver left firearms, illegal drugs, or other dangerous items easily accessible to the child.
b. Child's current physical environment contains hazards but does not pose a present imminent danger to the child.	<p>The child's living environment is very unclean (e.g., rotting food, sticky floors, unpleasant odors, overly cluttered) but does not pose an imminent danger to the child.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The home is unclean; and as a result, there is an insect or rodent problem. • A caregiver appears to be hoarding items, causing difficulty in freely navigating the home.
c. The child or family is unhoused or is at imminent risk of being unhoused.	<p>The child or family is without or is at risk of being without stable housing.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver was laid off from their job, is unable to pay rent, and is facing eviction. • A family is living in a car and is on waiting lists for public housing and Section 8.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	<p>Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <ul style="list-style-type: none"> • The caregiver has taken no steps to provide a safe living environment for the child. <li style="text-align: center;">OR • The caregiver is aware AND deliberately lets the child's need go unmet. <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is aware that there is a rodent or insect infestation due to a lack of cleanliness in the home and does not take steps to resolve it. • A caregiver is unresponsive or dismissive of hoarding clutter that prevents movement around the home.

<p>b. No. The caregiver cannot address the concern due to a lack of finances or community resources.</p>	<p>The caregiver shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver does not have the financial resources to obtain housing. • A caregiver is unable to obtain housing due to criminal history. • A caregiver requires a professional plumber or electrician to address the concern and is unable to hire one due to a lack of financial resources.
<p>c. It is unknown whether the caregiver is taking steps to address the concern.</p>	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
<p>d. Yes, the caregiver has taken or is taking active steps to address the concern.</p>	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is on waiting lists to obtain housing or shelter and remains unhoused as a result. • A caregiver has cleaned their apartment to address an ongoing rodent or insect infestation and/or contacted their landlord to address the infestation. • A caregiver has sought support from friends or family to respond to the concern.
<p>3. Have actions by the caregiver reduced the concern?</p>	
<p>a. Yes</p>	<p>Actions by the caregiver have reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A rodent or insect infestation has been resolved due to the caregiver cleaning the home. • A caregiver has purchased a lockbox for their weapons to restrict the child’s access. • A caregiver sought temporary housing and the child is currently in a safe place while the caregiver continues to search for permanent housing
<p>b. No or unknown</p>	<ul style="list-style-type: none"> • Despite the caregiver making efforts to meet the child’s need, the concern still exists. <p>OR</p> <ul style="list-style-type: none"> • It is not clear whether the steps the caregiver is taking are successfully addressing the concern. <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A landlord refuses to hire an exterminator to address an insect or rodent infestation. • A caregiver is unable to obtain public housing due to long waitlists or a lack of shelter beds.

CONCERN ABOUT A CHILD'S FOOD OR NUTRITIONAL NEEDS

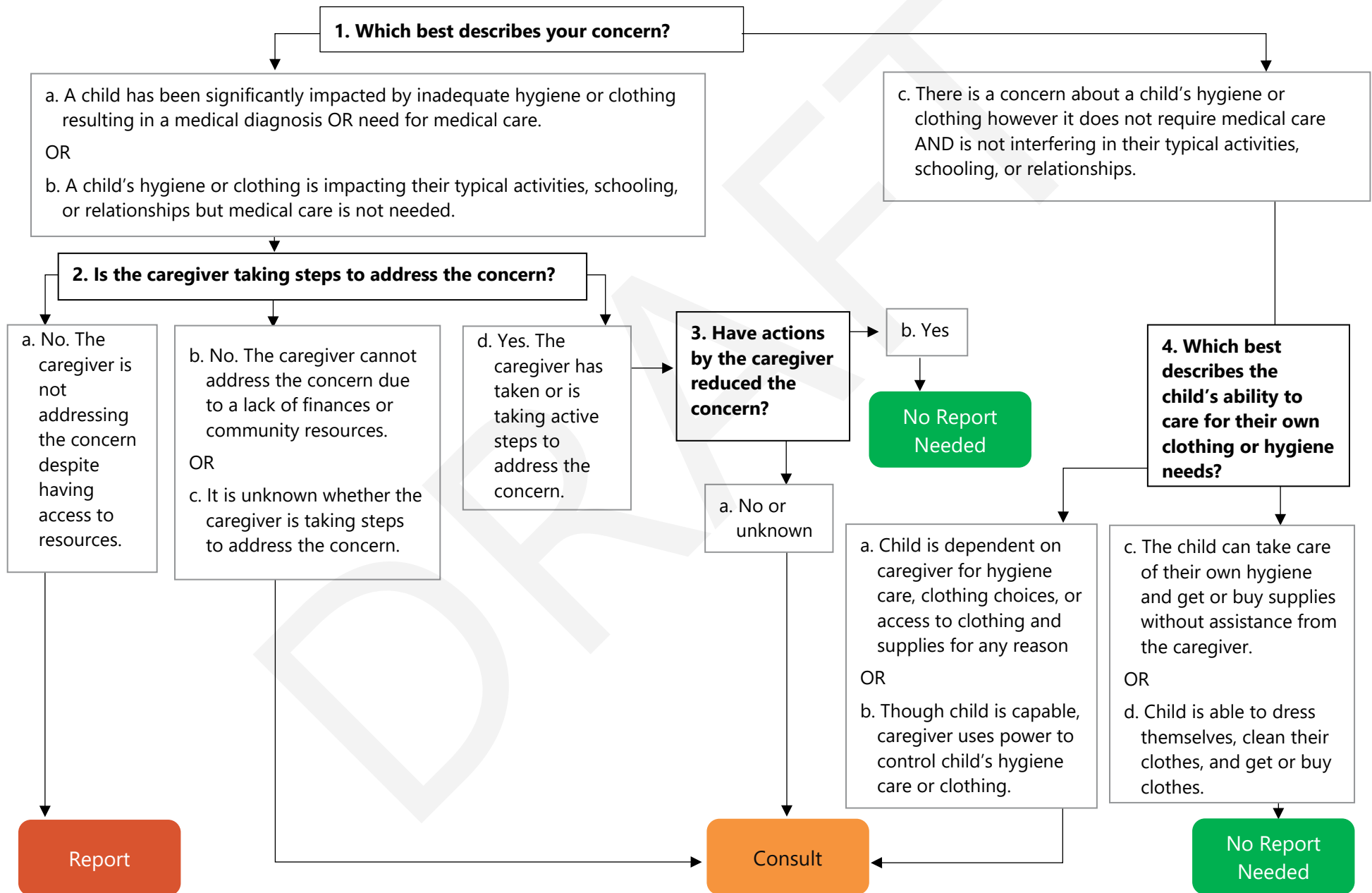


1. Which best describes your concern?	
<p>a. A child has been significantly impacted by inadequate food or nutrition resulting in a medical diagnosis OR need for medical care.</p>	<p>The child has been diagnosed with a condition caused by lack of food or inappropriate nutrition. OR The child appears physically unwell, AND medication or medical consultation is necessary to improve or evaluate the child's condition.</p> <p>Practice Guidance Take into consideration if a child has an eating or thyroid disorder that may impact their well-being but is not related to actions or inactions by the caregiver. If there are concerns that a child may not be receiving medical care necessary for their condition, direct your concerns to the Concern About a Child's unmet Need for Medical, Vision, or Dental Care tree .</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has been diagnosed with a condition caused or exacerbated by inadequate or poor diet (e.g., rickets, scurvy, anemia, hyponatremia) • Child with Type 1 diabetes has repeated episodes of ketoacidosis or prolonged escalation of blood sugar due to improper meal planning. • Child is failing to keep pace with expected growth, AND there is no known organic cause. Based on standard growth charts, child has a weight that has fallen below the fifth percentile for age on more than one occasion; or has weight deceleration that crosses two major percentile lines. This includes diagnosed non-organic failure to thrive or any other growth failure that is not explained by known disease. • Child is intentionally provided with an inappropriate amount of food (i.e., overfed or underfed) or spoiled or altered food, which results in temporary illness or discomfort. • Child appears thin, frail, or listless. Child appears to be unusually thin or less energetic than is typical or shows other symptoms of malnutrition (e.g., muscle wasting, thinning hair, bloating abdomen, bleeding gums), and you are not aware of any known medical condition that could be causing this. • Child has special food need (e.g., diabetes, celiac) and, on more than one occasion, has not been provided with the appropriate diet.
<p>b. A child's food or nutrition is impacting their typical activities, schooling, or relationships but medical care is not needed.</p>	<p>The child is experiencing some impact such as discomfort or hunger, but no medical attention is required.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is exhibiting concerning food behaviors such as hoarding or stealing food. • Child frequently reports hunger that results in difficulty concentrating, pain, or lethargy. For nonverbal children, hunger can be expressed through crying. Be aware that severe dehydration and malnutrition can inhibit crying.

	<ul style="list-style-type: none"> • Caregiver describes inadequate or inappropriate feeding regimen (including food choices that are potentially harmful based on child’s age), or this is observed by another person. • Child has access to food only at school.
c. There is a concern about a child’s nutrition, however it does not require medical care AND is not interfering in their typical activities, schooling, or relationships.	<p>To the best of your knowledge, child has experienced no harm, though child may experience temporary hunger.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child discloses they did not eat dinner last night. • Child states the family has no good food in the house. • Child is provided food but chooses not to eat it. • Child states that they are hungry without lasting effects.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	<p>The caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <ul style="list-style-type: none"> • The caregiver has taken no steps to provide appropriate food for the child. <p>OR</p> <ul style="list-style-type: none"> • The caregiver is aware AND deliberately lets the child’s need go unmet. <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver wanted to shame or punish the child or “teach a lesson.” • Caregiver routinely withholds full meals or limits meals to nutritionally inadequate amounts or types of food, such as only bread and water; or limits fluid intake. “Routinely” is defined as a form of discipline has been used more than just once or twice or is a standard form of discipline. • The food or fluids the caregiver provides for child are not enough to maintain health or growth, AND numerous efforts have been made by others (e.g., community, faith-based or cultural support providers, extended family, friends) to help the family obtain necessary food or fluids; but the problem persists. • Caregiver provides food that most people would know to be insufficient, too much, spoiled, or likely to result in harm to the child based on their age and development. • Caregiver forces child to ingest food or liquid to the point of harm. • Caregiver refuses to provide appropriate food to meet special medical needs, including allergies. • There are other concerns affecting the caregiver’s ability to provide appropriate food and nutrition (e.g., substance use, mental health).
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p>

	<ul style="list-style-type: none"> • Caregiver is providing food for the child; however, the amount or type of food provided is consistently below minimum needs for child due to food scarcity. • Caregiver is not aware of or cannot access the necessary food/nutrition resources to keep child safe. • Caregiver cannot access transportation needed to obtain necessary food/nutrition resources.
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is seeking or sought medical attention when needed. • Caregiver is already engaging with community resources that address the concern (e.g., community, faith-based or cultural support providers, extended family, friends). • You know that the caregiver cannot afford food, AND you know that the caregiver has historically accepted help to access food. • Caregiver has sought out or participated in learning about safe nutrition.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	<ul style="list-style-type: none"> • Despite the caregiver’s efforts, the concern about food or nutrition exists and is affecting the child’s health or well-being. <p>OR</p> <ul style="list-style-type: none"> • It is not clear whether the steps the caregiver is taking are successfully addressing the concern.
b. Yes	<p>The caregiver’s action to respond to the concern has reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is seeking or sought medical attention when needed in response to food or nutrition concerns. • Caregiver is already engaging with community resources (e.g., community, faith-based or cultural support providers, extended family, friends) that are addressing the concern for food and nutrition.

CONCERN ABOUT A CHILD'S CLOTHING OR HYGIENE



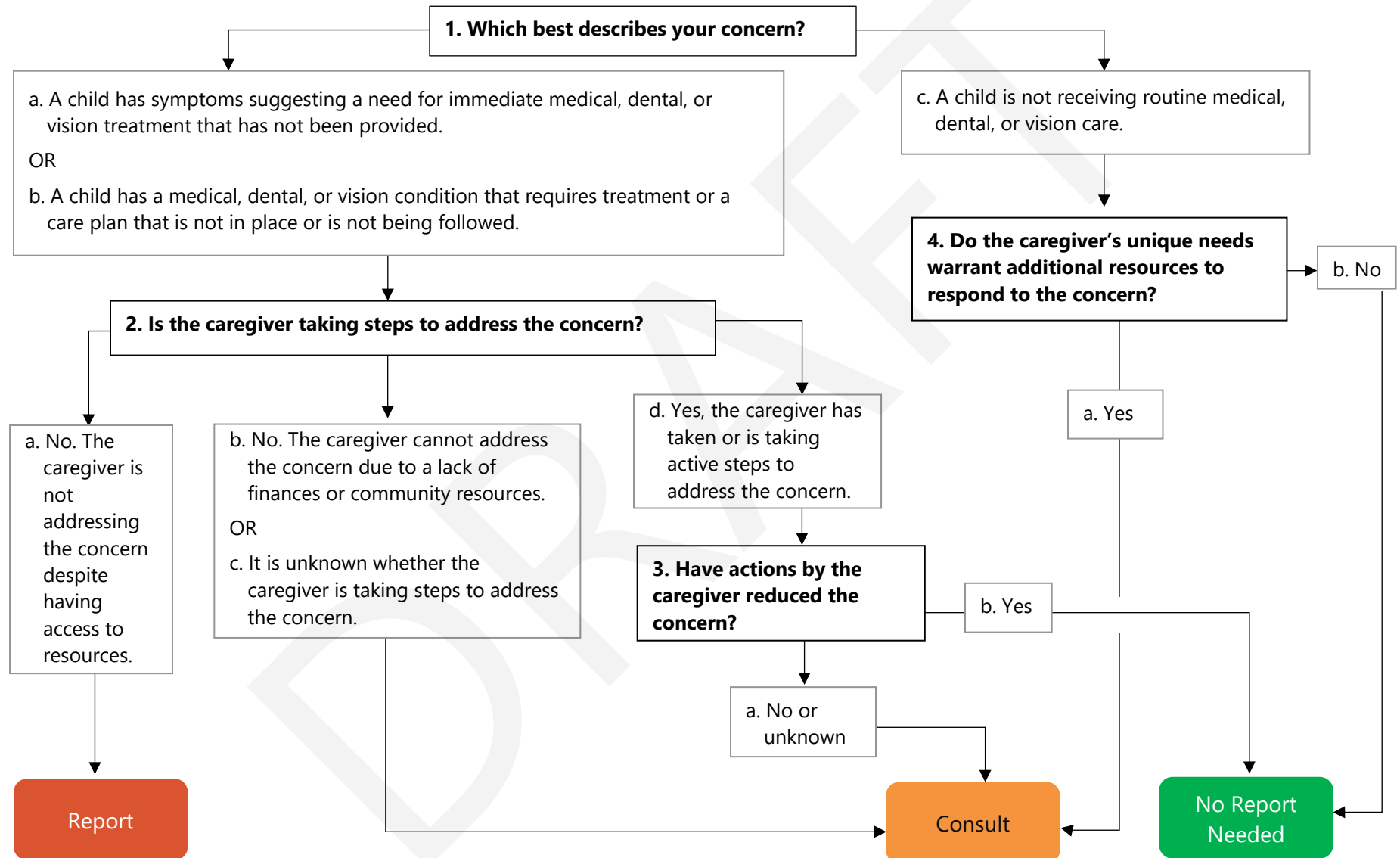
1. Which best describes your concern?	
<p>a. A child has been significantly impacted by inadequate hygiene or clothing resulting in a medical diagnosis OR need for medical care.</p>	<ul style="list-style-type: none"> • A child has been diagnosed with a condition caused or made worse by improper hygiene or clothing. <p>OR</p> <ul style="list-style-type: none"> • A child appears physically unwell, AND medication or medical consultation is necessary to evaluate or improve child's condition. The child's condition has been caused or made worse by poor hygiene or specific clothing. <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has such a severe lice infestation that child requires medical care. • Child who is consistently unwashed has an injury that appears infected. • Child who is consistently unwashed has extremely matted hair, open wounds, or a body lice infestation. • Child has chronic infection such as continuous bacterial or yeast infection or tooth decay, and this is deemed concerning by a medical professional. • The child, without warm clothing, appears to have frostbite or hypothermia. • The child is wearing shoes that are so small that the child's feet are becoming deformed. • The child has severe sunburn (e.g., has second- or third-degree burns, blisters, swelling) from not wearing appropriate clothing during extended sun exposure.
<p>b. A child's hygiene or clothing is impacting their typical activities, schooling, or relationships but medical care is not needed.</p>	<p>A child's hygiene or clothing is causing some harm to the child such as discomfort or embarrassment.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has head lice condition that is treatable with at-home care. • Child feels embarrassed or unable to complete routine activities due to poor hygiene. • Child reports feeling itchy due to poor hygiene; rash is present. • The child is being bullied because of poor hygiene. • The child is wearing shoes that are too big, causing blistering and bleeding. • The child is wearing clothes that are so small that the child cannot sit or bend. • The child appears very uncomfortable and unable to do routine activities due to clothing.
<p>c. There is a concern about a child's hygiene or clothing however it does not require medical care AND is not interfering in their typical activities, schooling, or relationships.</p>	<p>The child's hygiene and clothing are not interfering with their typical activities, schooling, nor relationship.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has access to hygiene necessities but refuses to use them and has strong body odor or greasy hair. • Child presents with body odor, smell of urine, etc., from not showering regularly. • Child has visible dirt under fingernails. • You saw a child outside in the winter without a coat or shoes. • You saw a child wearing filthy clothing. • The child is provided with appropriate clothing but chooses not to use it.

	<ul style="list-style-type: none"> • Child has stated that they are cold or hot.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	<p>Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver does not use hygiene or clothing resources that are provided by community, faith-based, or cultural support providers; extended family; friends; etc. • Child reports the caregiver withholds or uses access to shower, bathing, etc., as punishment in a way that creates significant impact. • There are other concerns (substance use, mental health, etc.) affecting the caregiver’s ability to provide safe, appropriate hygiene. • Caregiver wanted to shame or punish the child or “teach a lesson.” • In dressing child, caregiver knowingly selected clothing that was too dirty, too hot, too cold, too big, too small, or would result in child being bullied or teased AND this is unrelated to poverty. <p>There are other concerns affecting the caregiver’s ability to provide appropriate clothing or hygiene care (e.g., substance use, mental health concerns). Please return to the main page and select additional categories for the other concerns.</p>
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver cannot afford hygiene products (e.g., deodorant, soap), and that is the sole concern. • Caregiver cannot access transportation needed to obtain necessary hygiene resources. • The caregiver cannot afford clothing or laundering resources, and that is the sole concern. • The caregiver is not aware of or cannot access appropriate clothing resources to keep child unharmed (e.g., obtaining clothing, washing and drying). • The caregiver cannot access transportation to a community clothing resource.
c. It is unknown whether the caregiver is taking steps to address the concern.	It is not clear what steps, if any, the caregiver is taking to address the concern.
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following..</p>

	<ul style="list-style-type: none"> • Caregiver is seeking or sought medical attention for concern caused by clothing or hygiene concern when needed. • Caregiver is already engaging with community resources that address the concern (e.g., community, faith-based or cultural support providers, extended family, friends).
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	<p>Despite the caregiver making efforts to meet the child’s need, the concern still exists.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • An adolescent continuously refuses to shower and is being bullied at school. • A caregiver takes a child with chronic yeast infections to the doctor only when prompted to do so by the school nurse. • An adolescent has a bacterial infection from wearing soiled clothing and refuses to wear clean clothes or have the caregiver launder the clothing. • A caregiver seeks medical care for a child related to a child’s skin infection caused by a clothing concern but does not follow through with administering prescribed medication to resolve the infection. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>
b. Yes	<p>The caregiver’s action to respond to the concern has significantly reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver sought medical attention to address the child’s bacterial infection and plans to administer or has administered the prescribed medication. • Caregiver treated the child’s head lice with at-home lice treatment recommended by school nurse.

4. Which best describes the child's ability to care for their own clothing or hygiene needs?	
a. Child is dependent on caregiver for hygiene care, clothing choices, or access to clothing and supplies for any reason.	<p>Some children have an increased need for special care or support for hygiene or clothing due to young age; differences in physical or developmental abilities; or a behavioral, emotional, or mental health condition. These conditions may make the child more dependent on their caregiver.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is an infant, a toddler, or primary-school age. • Child cannot bathe/dress self or obtain hygiene products or clothing. • Child is not able to make decisions about hygiene care or appropriate clothing without prompting from a caregiver.
b. Though child is capable, caregiver uses power to control child's hygiene care or clothing.	<p>Child is capable of clothing or bathing themselves; but the caregiver uses power to control, humiliate, punish, or degrade by limiting access to hygiene products or a shower or forcing them to wear soiled or other specific clothing, for the purposes of embarrassment.</p>
c. The child can take care of their own hygiene and get or buy supplies without assistance from the caregiver.	<p>Child has ability to complete hygiene activities including obtaining necessary supplies without the parent/caregiver's support.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is an adolescent and can access the shower or hygiene products independently. • Child can complete activities of daily living without additional support (e.g., shower, apply deodorant, brush teeth).
d. Child is able to dress themselves, clean their clothes, and get or buy clothes.	<p>Child has ability to provide clothing for themselves without the parent/caregiver's support.</p> <ul style="list-style-type: none"> • Child is a teen and obtains own clothing. • Child is old enough to make their own clothing choices, even if the choices are questionable, like wearing shorts in the winter.

CONCERN ABOUT A CHILD'S NEED FOR MEDICAL, VISION, OR DENTAL CARE

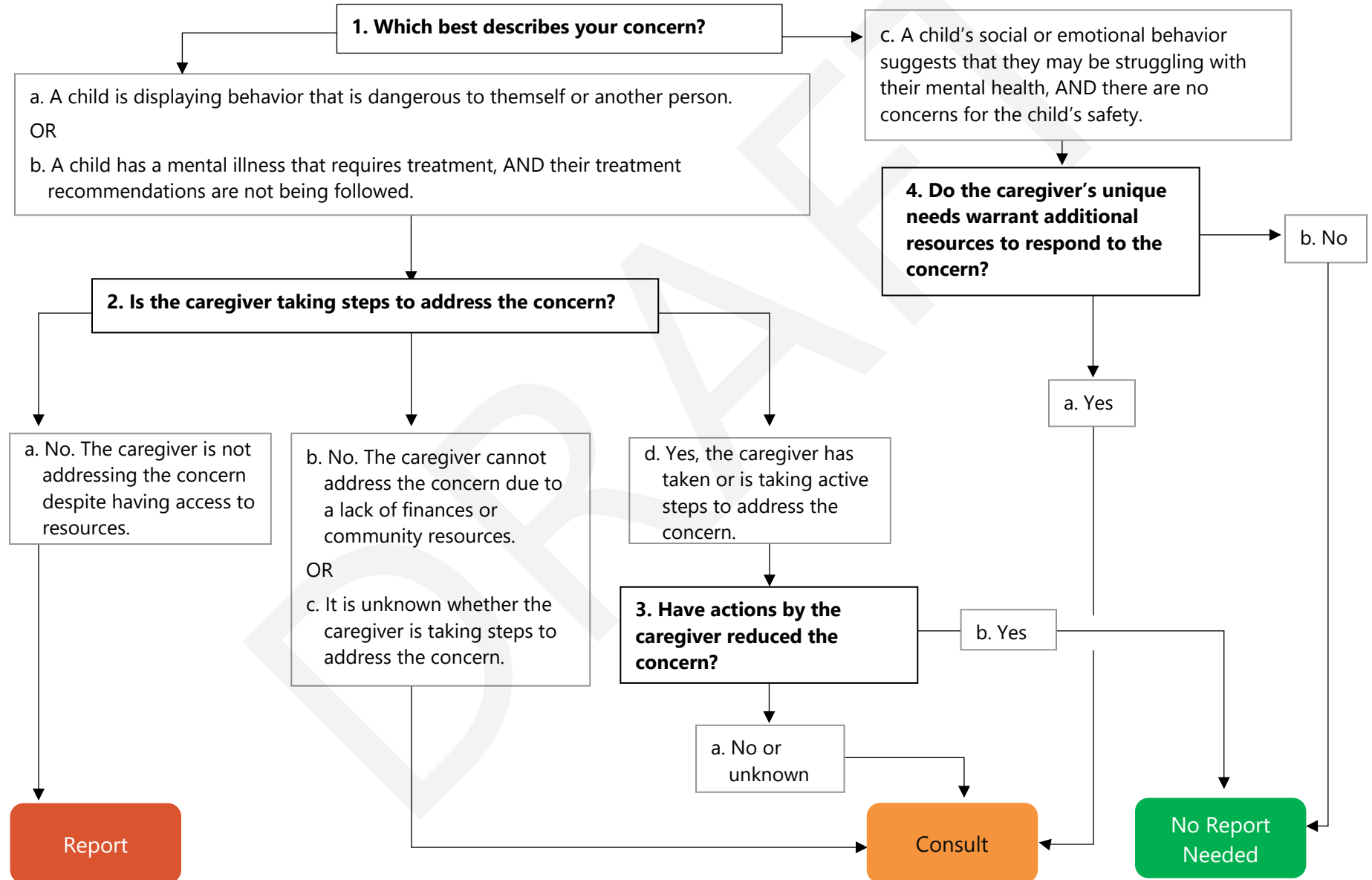


1. Which best describes your concern?	
<p>a. A child has symptoms suggesting a need for immediate medical, dental, or vision treatment that has not been provided.</p>	<p>Child has an illness, condition (such as a severe food allergy), disability, or injury that, if untreated, is likely to result in death, disfigurement, loss of bodily function, or prolonged significant pain and suffering</p> <p>AND</p> <p>is not receiving the treatment or intervention needed.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child appears to have a broken bone, and caregiver is not taking child to the hospital. • Child is unconscious or lost consciousness recently, and caregiver is not taking child to the hospital or arranging medical evaluation. • Child has a life threatening condition and caregiver is not seeking treatment or is actively going against medical advice.
<p>b. A child has a medical, dental, or vision condition that requires treatment or a care plan that is not in place or is not being followed.</p>	<p>Child has a medical condition or disability that requires ongoing treatment (e.g., diabetes, asthma, Crohn’s disease, cystic fibrosis); or child requires feeding tube, ventilation, or other medical devices.</p> <p>AND</p> <p>Caregiver is providing no care or inadequate care.</p> <ul style="list-style-type: none"> • <i>No care.</i> Caregiver is completely disregarding recommended medical, dental, or vision treatment plan. Caregiver may be providing home or alternative care. • <i>Inadequate care.</i> Caregiver is only providing parts of needed medical, dental, or vision treatment, leaving important portions of the treatment unfulfilled. <p>AND</p> <p>As a result, child is experiencing increased pain or suffering OR is at increased risk of complications.</p> <p>Practice Guidance</p> <p>Concerns for a caregiver’s mental health related to falsifying a child’s medical condition, making a child ill, or seeking unnecessary or invasive medical treatments for a child (i.e., factitious disorder) should be directed to the Caregiver Mental Health decision tree.</p>
<p>c. A child is not receiving routine medical, dental, vision care.</p>	<p>Child is not receiving routine medical, dental, or vision care (well-child visits, dental cleanings, immunizations) recommended for the child’s age.</p>
2. Is the caregiver taking steps to address the concern?	

<p>a. No. The caregiver is not addressing the concern despite having access to resources.</p>	<p>Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is knowingly withholding medically necessary medications for a chronic condition (e.g., seizures, diabetes). The family has been offered resources through multiple attempts and continues to withhold care. • A child requires urgent medical treatment (e.g., head injury, broken bone, tooth abscess); and despite the caregiver knowing this, they significantly delay or do not obtain necessary care for the child.
<p>b. No. The caregiver cannot address the concern due to a lack of finances or community resources.</p>	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver lacks health insurance to secure medical care or medication for the child. • The caregiver lacks transportation to get the child to medical appointments.
<p>c. It is unknown whether the caregiver is taking steps to address the concern.</p>	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
<p>d. Yes, the caregiver has taken or is taking active steps to address the concern.</p>	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment to get the child seen. • A medical provider informed a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. • Caregiver is already engaging with community resources that address medical, vision or dental needs (community clinic, glasses or hearing aid assistance program)
<p>3. Have actions by the caregiver reduced the concern?</p>	
<p>a. No or unknown</p>	<p>Despite the caregiver making some efforts to respond to the child’s medical, vision, or dental concern, the concern is affecting the child’s ongoing functioning and well-being.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment to get the child seen. The caregiver brought the child to the dentist, and the child received an antibiotic for the infection. The antibiotic was never picked up from the pharmacy.

	<ul style="list-style-type: none"> • A medical provider told a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. A caregiver agreed to follow the diet and have the child seen by the specialist. The caregiver brought the child to a specialist but did not follow the recommended diet. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>
b. Yes	<p>Action by the caregiver has significantly reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A school nurse told a caregiver that a child had tooth pain and that the tooth looked infected. The caregiver contacted a dentist and made an appointment for the child. The caregiver brought the child to the dentist, and the child received an antibiotic for the infection. • A medical provider told a caregiver that a child was not gaining weight appropriately and recommended a specific diet and specialist to support the child in gaining weight. The caregiver agreed to follow the diet and have the child seen by the specialist.
4. Do the caregiver's unique needs warrant additional resources to respond to the concern?	
a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child's care.

CONCERN ABOUT A CHILD'S NEED FOR MENTAL HEALTH CARE OR A CHILD IS A DANGER TO THEMSELVES OR OTHERS

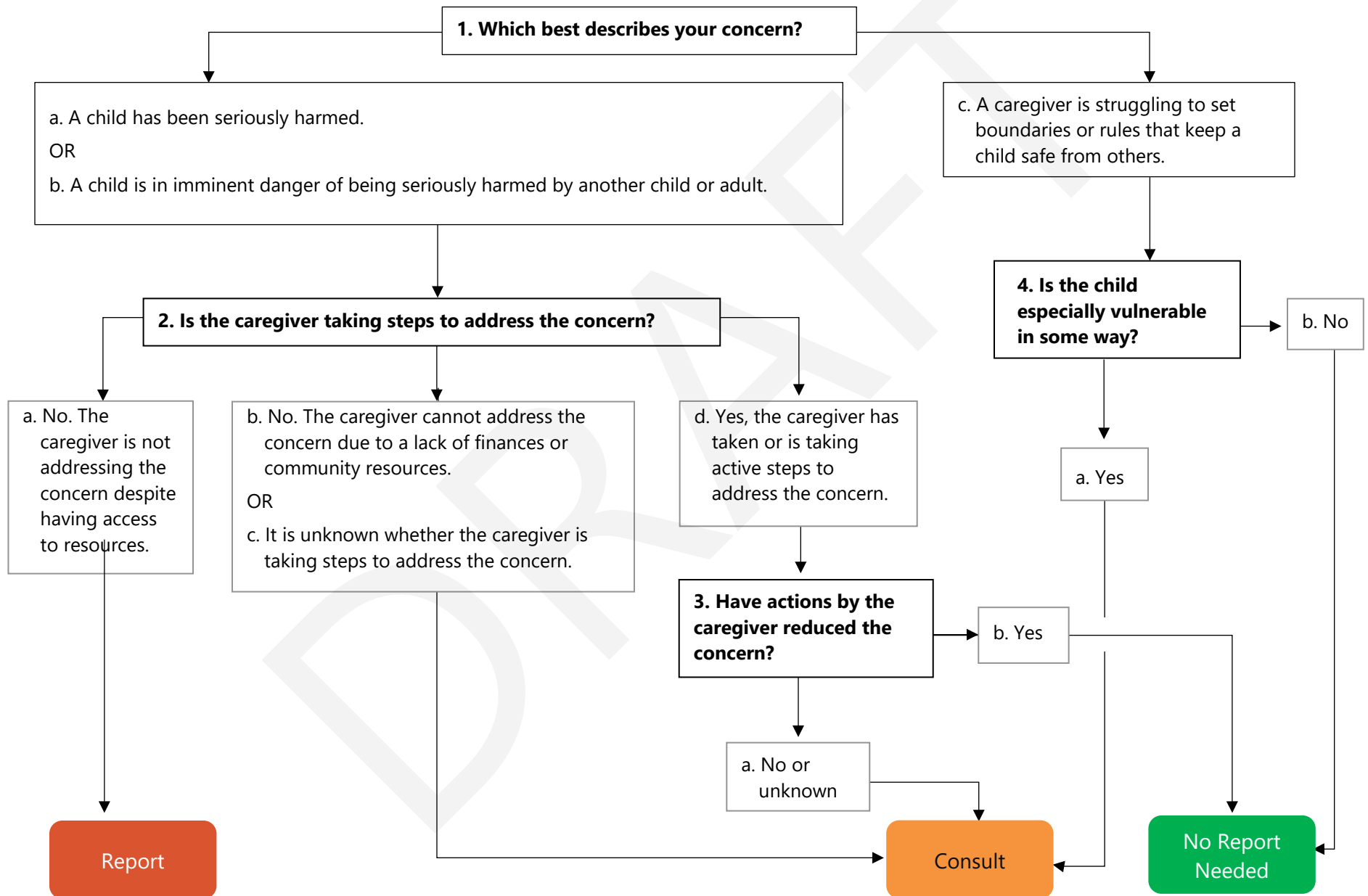


1. Which best describes your concern?	
<p>a. A child is displaying behavior that is dangerous to themselves or another person.</p>	<p>A child is engaging in self-injurious behavior, suicidal behavior, problematic sexual behavior, or substance use that is harmful to themselves or others</p> <p>AND</p> <p>this behavior has caused or is likely to cause physical injury or emotional harm to the child or another person.</p> <p>Practice Guidance If a child's physical safety or another person's physical safety is compromised by the child's behavior or mental state, call 9-1-1.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has deliberately injured self; and medical care was required • Child has deliberately injured self; and while medical care was not required, the injury was more than superficial, such as cuts that bled but did not require stitches. • Child causes family or household members injury or excessive fear. • Child is using alcohol or drugs to the extent that child: <ul style="list-style-type: none"> » Has suffered an overdose because of substance use; » Has stopped attending school; » Has little or no interest in activities other than drug or alcohol use; » Has impaired physical health or development due directly or indirectly to substance use; for example, the child's use of substances has led to diagnosed malnutrition or loss of concentration that persists even after the substances have cleared the system; or » Is engaging in injecting illicit drugs, sharing needles, or other behaviors that will put child at high risk of health issues such as HIV, hepatitis or sexually transmitted infections.
<p>b. A child has a mental illness that requires treatment, AND their treatment recommendations are not being followed.</p>	<p>A child has a diagnosed mental illness that requires ongoing treatment (e.g., therapy, medication), AND the child or caregiver is not following the care plan.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child has schizophrenia, requires medication to address hallucinations, and is not taking medication consistently. • Child has a substance use disorder that requires regular therapy and drug screens and is missing appointments. • Child is refusing to take prescribed medication.
<p>c. A child's social or emotional behavior suggests that they may be struggling with their mental health,</p>	<p>A child's actions, demeanor or interactions with others suggest a concern about the child's mental health but there are not concerns for the child's safety.</p>

AND there are no concerns for the child’s safety.	<p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is frequently falling asleep at school, appears withdrawn or irritable, or has difficulty making friends. • A child is engaging in self-harming behaviors that are not immediately dangerous (e.g., skin picking, hair pulling) • A child is using substances in a way that is not immediately dangerous (e.g., alcohol or marijuana use)
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	<p>The caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A child requires an emergency mental health evaluation at school due to suicidal ideation, and a caregiver refuses consent for the evaluation or does not take the concern seriously. • A caregiver does not fill their child’s psychiatric medication prescription despite knowledge that the child not receiving the medication puts them at risk of harm. • Caregiver is unresponsive to child who is showing signs of mental health such as consistent flatness in demeanor, withdrawn behavior, or early signs of an eating disorder.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver lacks health insurance to secure mental health treatment for the child. • There are not psychiatric or mental health resources available in the child’s community that meet the child’s needs, or existing services have long waiting lists. • The caregiver lacks transportation
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver has sought support from mental health resources to address the child’s symptoms. • The caregiver has taken steps to restrict access to harmful items (e.g., sharps, medication) following a child’s self-harm or suicide attempt.

3 Have actions by the caregiver reduced the concern?	
a. No or unknown	<p>Despite the caregiver making efforts to respond to the child’s mental health concern, the child’s mental health concern affects the child’s ongoing functioning and well-being. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver made good-faith efforts to access substance abuse services for the child, and the child refuses them and is continues using substances. • The child needs a higher level of care (e.g., hospitalization, residential treatment), and the resources are not accessible to the family. • Despite efforts to encourage and engage the child in treatment the child refuses to participate in mental health assessment, therapy, etc. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>
b. Yes	<p>Action taken by the caregiver has significantly reduced the concern. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver has brought the child to an urgent appointment with their psychotherapist who was able to make a plan for safety with the family, which eliminated the crisis. • The caregiver has contacted emergency services for support in responding to the child’s mental health crisis.
4. Do the caregiver’s unique needs warrant additional resources to respond to the concern?	
a. Yes	<p>The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating and accessing services due to differences in language, social, or learning abilities.</p>
b. No	<p>The caregiver has the information and resources accessible and available to them to make choices about their child’s care.</p>

CONCERN ABOUT CAREGIVER'S RESPONSE TO OTHERS CAUSING HARM TO THE CHILD



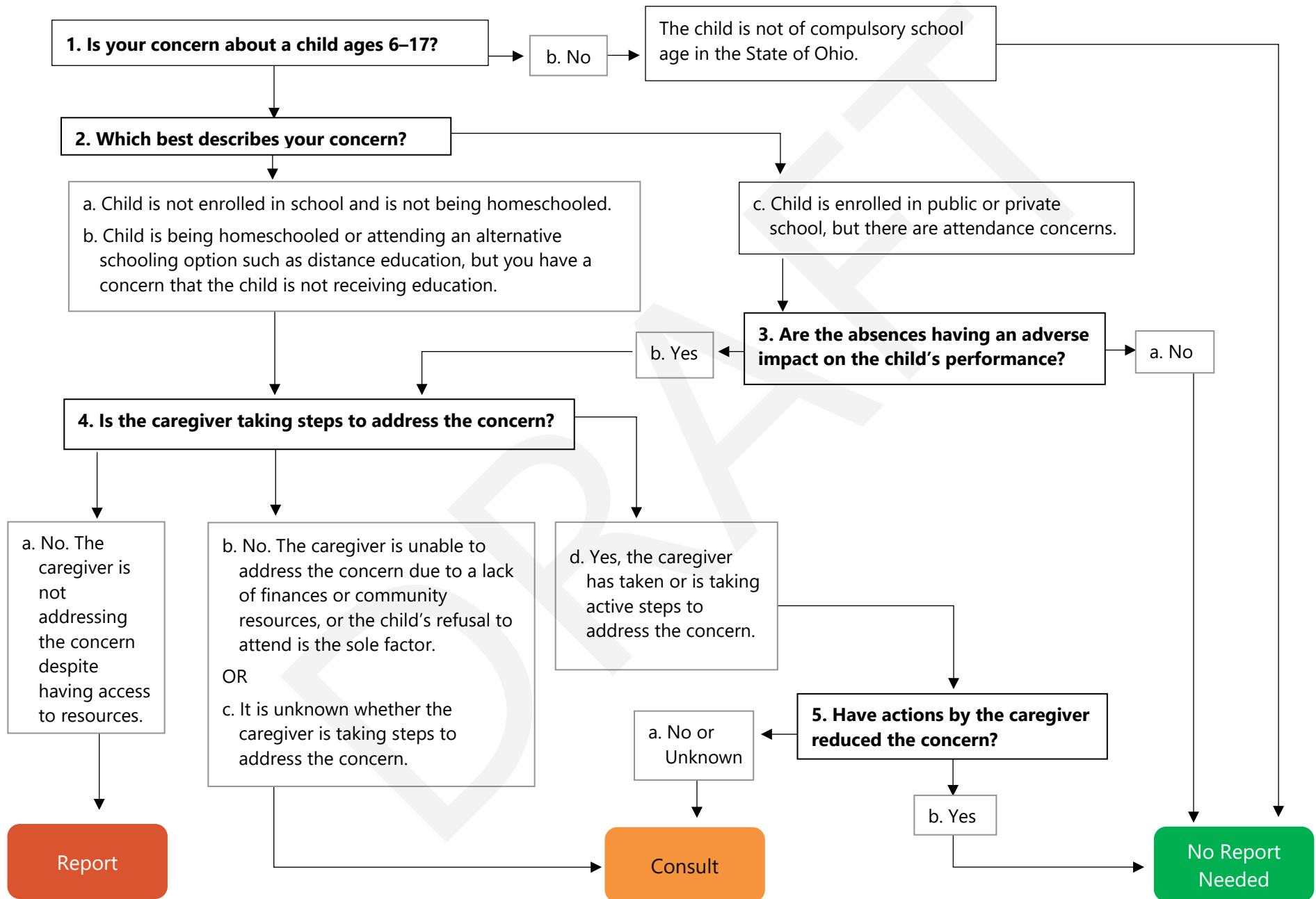
1. Which best describes your concern?	
a. A child has been seriously harmed.	<p>A person other than a caregiver has done one or more of the following:</p> <ul style="list-style-type: none"> • Caused a significant injury to a child • Sexually abused or exploited a child • Sexually trafficked a child
b. A child is in imminent danger of being seriously harmed by another child or adult	<p>The child is in a position in where they are likely to be seriously harmed by another child or adult. This includes siblings and/or temporary caregivers.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is having regular contact with a person who has been violent toward this child in the past and is likely to be violent in the future. • Child is having regular contact with a person who has been known to be violent to children in the past. • Child is having regular contact with adults who are involving them in criminal activity. • Child is having regular contact with adults who are grooming them for sexual abuse, exploitation, or trafficking.
c. A caregiver is struggling to set boundaries or rules that keep a child safe from others.	<p>While there is no danger currently, the caregiver is unable or unwilling to set regular expectations that would keep the child safe from concerns. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • When child begins to engage in criminal activities with others, caregiver does not respond in a way that effectively addresses the concern. • When child begins to spend time in situations that could cause them serious physical harm, caregiver does not respond in a way that effectively addresses the concern.
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	<p>Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources.</p> <p>The caregiver takes no steps to keep the child safe from the person who has caused harm or who is in imminent danger of causing harm.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver allows or even encourages child unsupervised contact with this person. • Caregiver does not set reasonable rules that would protect child.
b. No. The caregiver cannot address the concern due to a lack of finances or	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child’s need but lacks finances or resources to do so.</p> <p>Examples include but are not limited to the following.</p>

community resources.	<ul style="list-style-type: none"> • Caregiver is isolated, leading to them to be unsupported or without a network (family, friends, or professionals) to address the concern. • Caregiver is living in a home with drug activity and does not have the finances to relocate. • Caregiver is in a domestic violence situation and does not have the resources or finances to relocate.
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is acting to prevent contact between the child and the person who has caused or may cause harm. • Caregiver is ensuring that a safe person is always present when child is with a person who may cause harm. • Caregiver has set consequences and rules in the home. • Caregiver has reached out to friends, family, or community supports; and together, they are working with the caregiver to address the concern.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	<p>Despite the caregiver making efforts to keep the child safe, the child continues to be in some danger. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver made good-faith efforts to set rules and expectations in the home, but the child cannot or does not follow them. • Caregiver made good-faith efforts to keep the child away from the person causing harm, but that person has persisted in having contact with the child. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>
b. Yes	<p>The caregiver's action to respond to the concern has reduced the concern. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child is no longer in contact with the person who has caused or could cause harm. • Child and caregiver have a set of strategies they use together when concerns arise (e.g., a plan for safety).
4. Is the child especially vulnerable in some way?	
a. Yes	<p>The child is likely to be more susceptible to harm than most other children because of a specific characteristic. Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The child is developmentally or physically disabled.

	<ul style="list-style-type: none">• The child struggles with behavioral or mental health.• The child is isolated from peers, mentors, or community.• The child is not school-aged.
b. No	The child has no characteristics that make it harder for them than it is for most children to protect themselves or seek assistance.

DRAFT

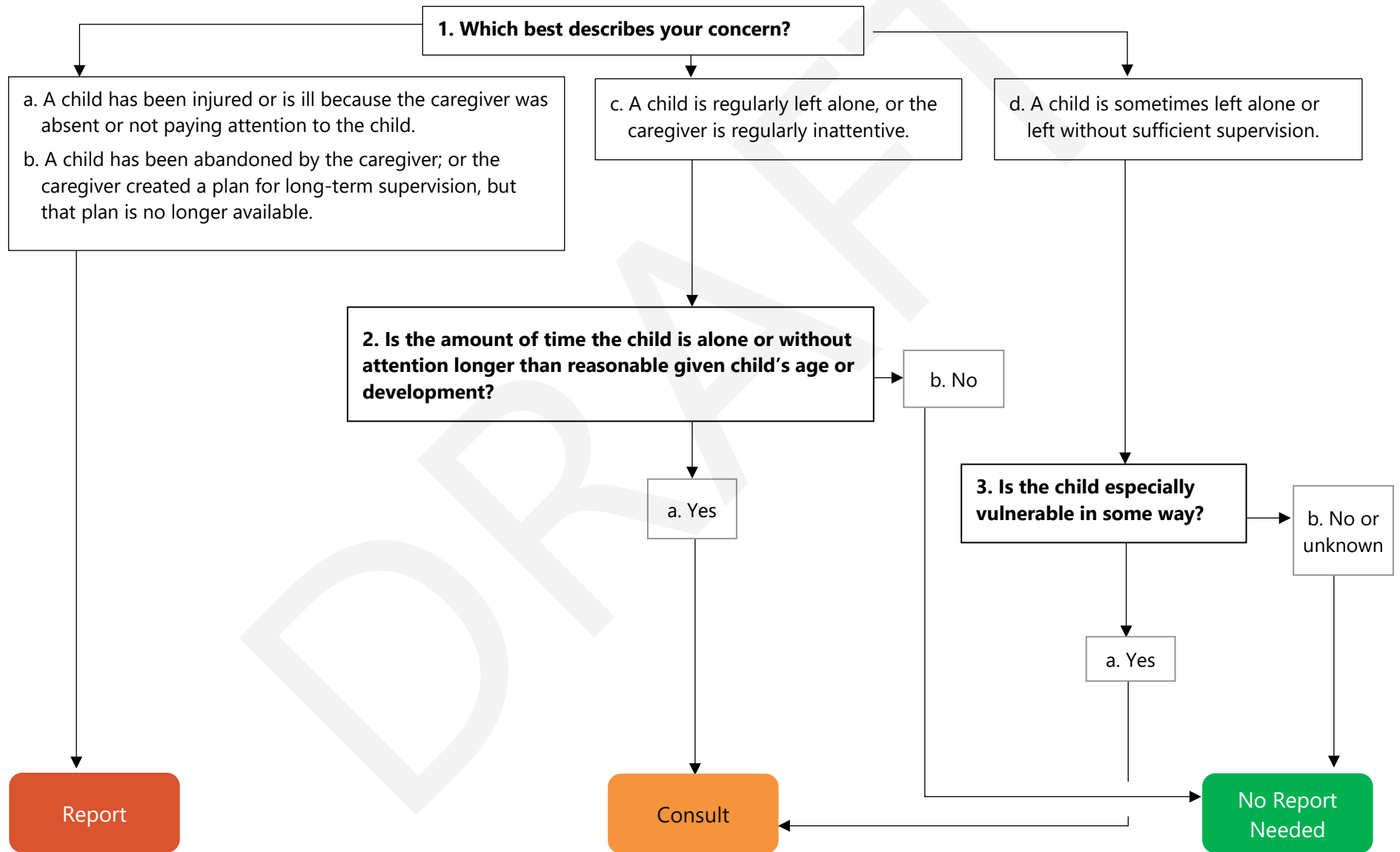
CONCERN ABOUT A CHILD'S SCHOOL ENROLLMENT OR ATTENDANCE



1. Is your concern about a child ages 6–17?	
a. Yes or unsure	The child is of compulsory school age (age 6 until 17 th birthday), or you are unsure of the child’s age.
b. No	The child is younger than 6 or age 18 or above.
2. Which best describes your concern?	
a. Child is not enrolled in school and is not being homeschooled.	Caregiver has not signed the child up for school, and you know that the child is not receiving education via homeschooling.
b. Child is enrolled in public or private school, but there are attendance concerns.	Child attends public or private school, and you are concerned about the number of unexcused absences the child has. Practice Guidance: Do not select this item if a child repeatedly misses school due to ongoing medical issues with verification of medical treatment.
c. Child is being homeschooled or attending an alternative schooling option such as distance education, but you have a concern that the child is not receiving education.	You know or suspect that the caregiver is not in compliance with the homeschool requirements for Ohio and as a result, the child’s education is compromised. A caregiver has not done the following. <ul style="list-style-type: none"> • Contacted a participating agency (in most cases, the local school superintendent or a participating private school) about their intent to homeschool. • Kept a portfolio of the homeschooled child’s work and log of reading materials. • Had an annual evaluation demonstrating educational progress commensurate with the child’s age and ability. Practice Guidance Caregiver does not need to teach a certain number of days, certain hours of the day, or specific subjects to meet the above requirements.
3. Are the absences having an adverse impact on the child’s performance?	
a. Yes	The child is not reaching minimum milestones for age or grade level.
b. No	Despite absences, lack of attendance, or unmet requirements, the child is reaching grade-level milestones.
4. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not addressing the concern despite having access to resources.	Despite knowledge of the concern, the caregiver is either unwilling to address it or is unable to for reasons other than lack of resources. This may be evidenced by child still not being enrolled in school. Examples include but are not limited to the following.

	<ul style="list-style-type: none"> • Caregiver has refused services. • Caregiver has indicated acceptance but, after a reasonable period of time, has not engaged in services. • Having engaged in services, caregiver is not effectively using services to reduce risk of truancy to child.
b. No. The caregiver is unable to address the concern due to a lack of finances or community resources, or the child's refusal to attend is the sole factor.	<p>The caregiver is aware of the concern AND shows efforts or desire to meet the child's need but lacks finances or resources to do so; or the concern is due to a child age 14 or older refusing to attend school.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver lacks awareness about educational requirements due to barriers such as language or cultural differences. • The child lacks transportation.
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has taken or is taking active steps to address the concern.</p> <p>You or another person have already provided resources that the caregiver is engaging with, or the family has sought services and interventions on their own.</p>
5. Have actions by the caregiver reduced the concern?	
a. No or unknown	<ul style="list-style-type: none"> • Despite the caregiver making efforts to meet the child's need, the concern still exists. An example might be the caregiver or child having agreed to services but not having engaged in them. <p>OR</p> <ul style="list-style-type: none"> • It is not clear whether the steps the caregiver is taking are reducing the concern.
b. Yes	<p>The caregiver's action to respond to the concern has significantly reduced the concern.</p> <p>An example might be a caregiver or child having agreed to services, and based on time elapsed since services were recommended, engaging in services and making progress toward reducing risk of truancy to child.</p>

CONCERN ABOUT A CHILD'S SUPERVISION



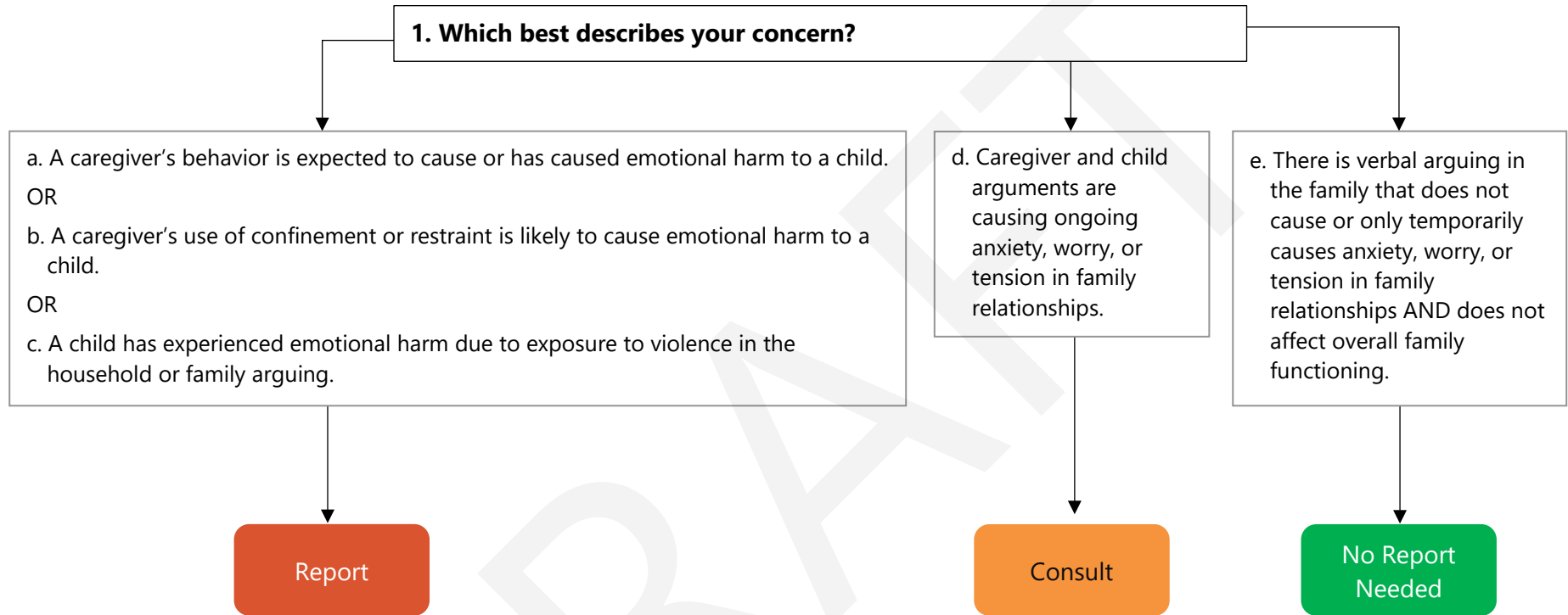
1. Which best describes your concern?	
a. A child has been injured or is ill because the caregiver was absent or not paying attention to the child.	<p>A child has been injured or became ill because caregiver did not provide the level of supervision required.</p> <p>The child suffered a physical injury or illness as a direct result of the caregiver being not present or inattentive.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A 4-year-old suffered burns from using the microwave or stove inappropriately because child was left alone and had to meet their own food needs. • While the caregiver was sleeping, a 2-year-old was hit by a car after wandering out of the house and into the street. • A child ingests drugs and requires medical attention. • Child was repeatedly assaultive toward another, causing serious injury; and caregiver did not intervene.
b. A child has been abandoned by the caregiver; or the caregiver created a plan for long-term supervision, but that plan is no longer available.	<p>The child has been abandoned by the caregiver; or the caregiver has created a plan for long-term supervision, but that plan is no longer available.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver’s whereabouts are unknown. • Caregiver arranged for a child to stay with a family member for a week; but it has been three weeks, and the family member cannot reach the caregiver. • Caregiver refuses to allow child to come home after an argument, and the caregiver did not make alternative care plans.
c. A child is regularly left alone, or the caregiver is regularly inattentive.	<p>Child is regularly left alone, or there is a pattern of the child being left alone.</p> <p>OR</p> <p>The caregiver is present but regularly inattentive. While the caregiver is physically present, they are often distracted, busy, or otherwise not attending to the child.</p> <p>Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child’s daily needs are not being met; e.g., caregiver is not feeding the child or getting the child to school because the caregiver is routinely absent or routinely inattentive. • Caregiver is with the child but is not responding to threats to child safety (e.g., child is putting dangerous objects into mouth, and caregiver is not responding; child walks out while caregiver is asleep or passed out); OR child is causing harm to another person (e.g., injuring another child or initiating sexual behavior). • Caregiver does not demonstrate ability to provide safe supervision of newborn upon discharge. Caregiver is inattentive while holding the newborn at the hospital to the extent that the newborn could have been injured, or

	<p>may already be. Caregiver is unresponsive to the newborn at the hospital, such as by not noticing crying or potential danger.</p> <ul style="list-style-type: none"> • A chosen temporary caregiver is a child or adult lacking the knowledge, skills, or experience to safely meet child’s special medical needs. <p>Practice Guidance This does not include brief periods of time when a caregiver may need to shower or use the bathroom, unless the child has specific needs that place them in immediate danger if left briefly unsupervised (e.g., a child with autism who bolts out of the house).</p>
d. A child is sometimes left alone or left without sufficient supervision.	<p>There are occasional periods when the child is being left alone or left without proper supervision.</p> <p>Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.</p> <ul style="list-style-type: none"> • A group of siblings age 3–7 are playing in the street for one to three hours, and you have not seen the caregiver. • A child discloses they were left alone with their sibling (age unknown) and states that the sibling was engaging in other activities and refusing to provide food. • A caregiver left the apartment next door, and you know that they have three children under 5. You hear the children crying during the day. You are unsure if there is an adult in there with them. • A child needs a higher level of care due to a medical condition. The child is being left with an older sibling. You are unsure if the sibling has the capacity to meet the child’s special needs. <p>Practice Guidance This does not include brief periods of time when a caregiver may need to shower or use the bathroom, unless the child has specific needs that place them in immediate danger if left briefly unsupervised (e.g., a child with autism who bolts out of the house).</p>
2. Is the amount of time the child is alone or without attention longer than reasonable given child’s age or development?	
a. Yes	The child is left by themselves or with someone who can not meet their basic needs for longer than is acceptable for a child of their age or stage of development. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.
b. No	The child is not left by themselves for longer than acceptable. Refer to the Examples of Circumstances and Appropriate Supervision Levels table for guidance while also considering the specific context of the situation.
3. Is the child especially vulnerable in some way?	
a. Yes	The child is likely to be more susceptible to harm than most other children because of a specific characteristic. Examples include but are not limited to the following.

	<ul style="list-style-type: none">• The child is developmentally or physically disabled.• The child struggles with behavioral or mental health.• The child is isolated from peers, mentors, or community.
b. No or unknown	The child is unlikely to be more susceptible to harm than other children. OR It is unknown if the child is especially vulnerable in some way.

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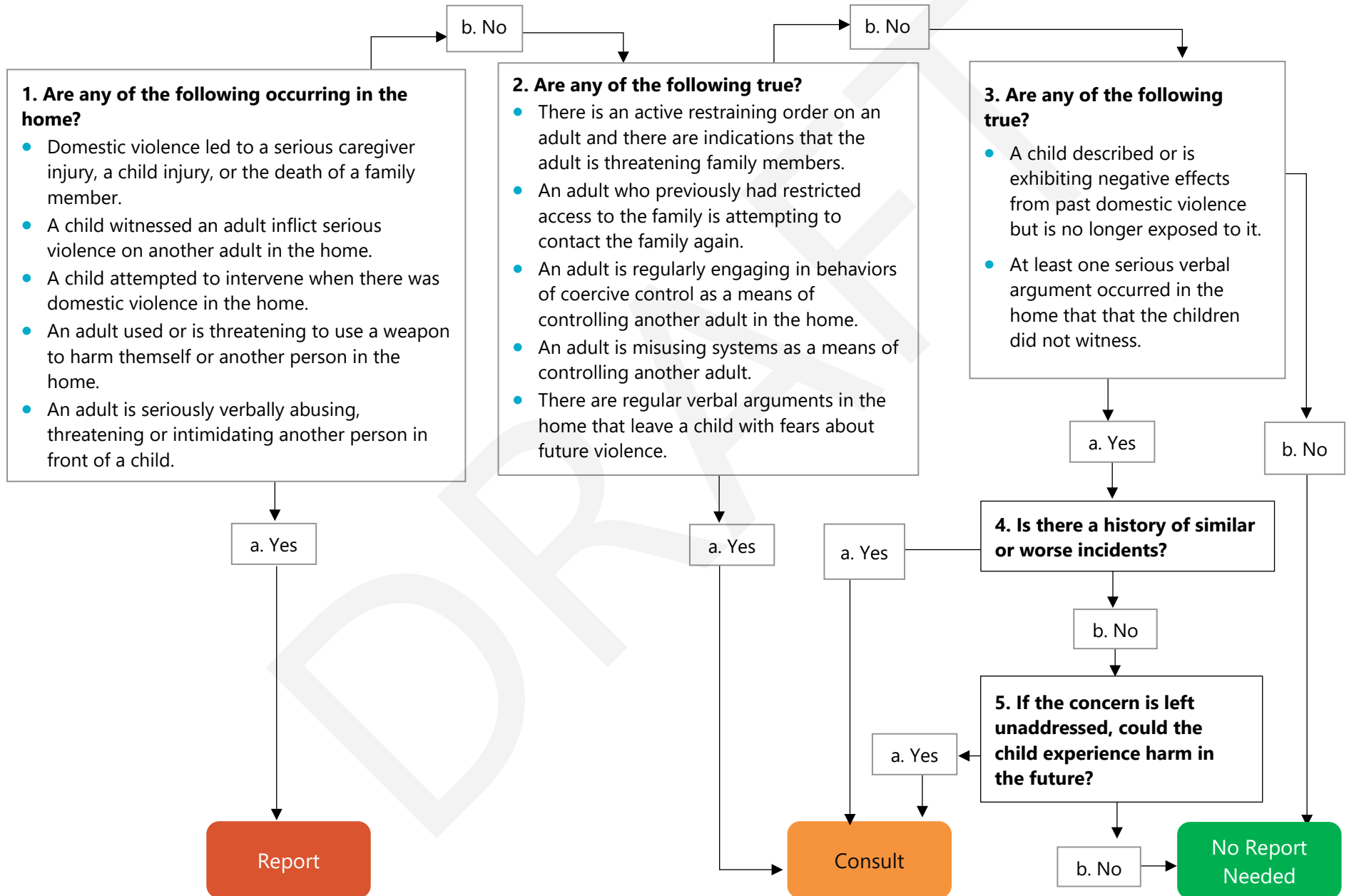
CONCERN ABOUT EMOTIONAL HARM TO A CHILD



1. Which best describes your concern?	
a. A caregiver’s behavior is expected to cause or has caused emotional harm to a child.	<p>Caregiver actions or inactions have produced a significant adverse effect on the child’s emotional well-being. The child has observable behaviors resulting from significant psychological harm (e.g., bedwetting, self-harming, withdrawing, aggressive behavior, running away, sleep disturbances).</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver has overdosed or attempted suicide in front of the child. • A caregiver has caused or fabricated mental, emotional, or behavioral health symptoms in a child to obtain tests, procedures, or treatment. • A caregiver has acted in one of the following ways. <ul style="list-style-type: none"> » Hostile. Virtually everything child does is criticized. » Rejecting. Caregiver does not accept child. For example, caregiver consistently tells child that child is not wanted or is unworthy of belonging in the family; or belittled, bullied, terrorized, or isolated a child (e.g., caregiver bullies child in response to a child’s sexual orientation or gender identity). » Degrading. Caregiver publicly humiliates child; for example, makes child appear in public wearing a diaper for having a toileting accident. » Terrorizing. Caregiver consistently acts or says things that frighten child, including threats to harm child, self, others, or pets; caregiver deliberately causes child to witness traumatic events. » Blaming. A caregiver persistently and strongly blames child for family dysfunction, violence, or abuse.
b. A caregiver’s use of confinement or restraint is likely to cause emotional harm to a child.	<p>A caregiver’s use of confinement or restraint is likely to impact a child’s emotional, social, or physical development; or health.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver routinely locks a child in a room, cage, closet, or other space; and they are unable to exit. • A caregiver repeatedly restrains a child in ways that are painful or humiliating.
c. A child has experienced emotional harm due to exposure to violence in the household or family arguing.	<p>A child is experiencing extreme distress as a result of witnessing the physical, verbal, or sexual assault of another person or pet by a caregiver; or a pattern of a caregiver exerting power and control over another person or pet.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A child observes interaction between caregivers where one caregiver is belittling or humiliating the other. The child is mirroring this behavior in friendships or showing signs of distress (e.g., bedwetting, anxiety, sleep disturbance). • A caregiver strikes another adult in the presence of the child, and the child shows signs of distress (e.g., bedwetting, fear of future violence, anxiety).
d. Caregiver and child arguments are causing ongoing anxiety, worry,	<p>There are arguments in the home between the caregiver and the child that create ongoing anxiety, worry, or tension in family relationships.</p> <p>Examples include but are not limited to the following.</p>

1. Which best describes your concern?	
or tension in family relationships.	<ul style="list-style-type: none"> • Child expresses worry or fear about future interaction with a caregiver after continuous disagreement about academics. • Ongoing tension in the home between caregiver and child about stepparent or additional adult in household.
e. There is verbal arguing in the family that does not cause or only temporarily causes anxiety, worry, or tension in family relationships AND does not affect overall family functioning.	<p>A caregiver and a child or other family members get into arguments that may cause temporary emotional escalation, but the overall family dynamic is not affected.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Adults in the home bicker, but the child is not fearful and does not worry about escalating dynamics. • A caregiver and child argue about chores; but the child is not experiencing significant emotional distress, worry, or anxiety. • There may be some instances of arguing or disagreements in the home in line with common experiences of family life.

CONCERN ABOUT DOMESTIC VIOLENCE



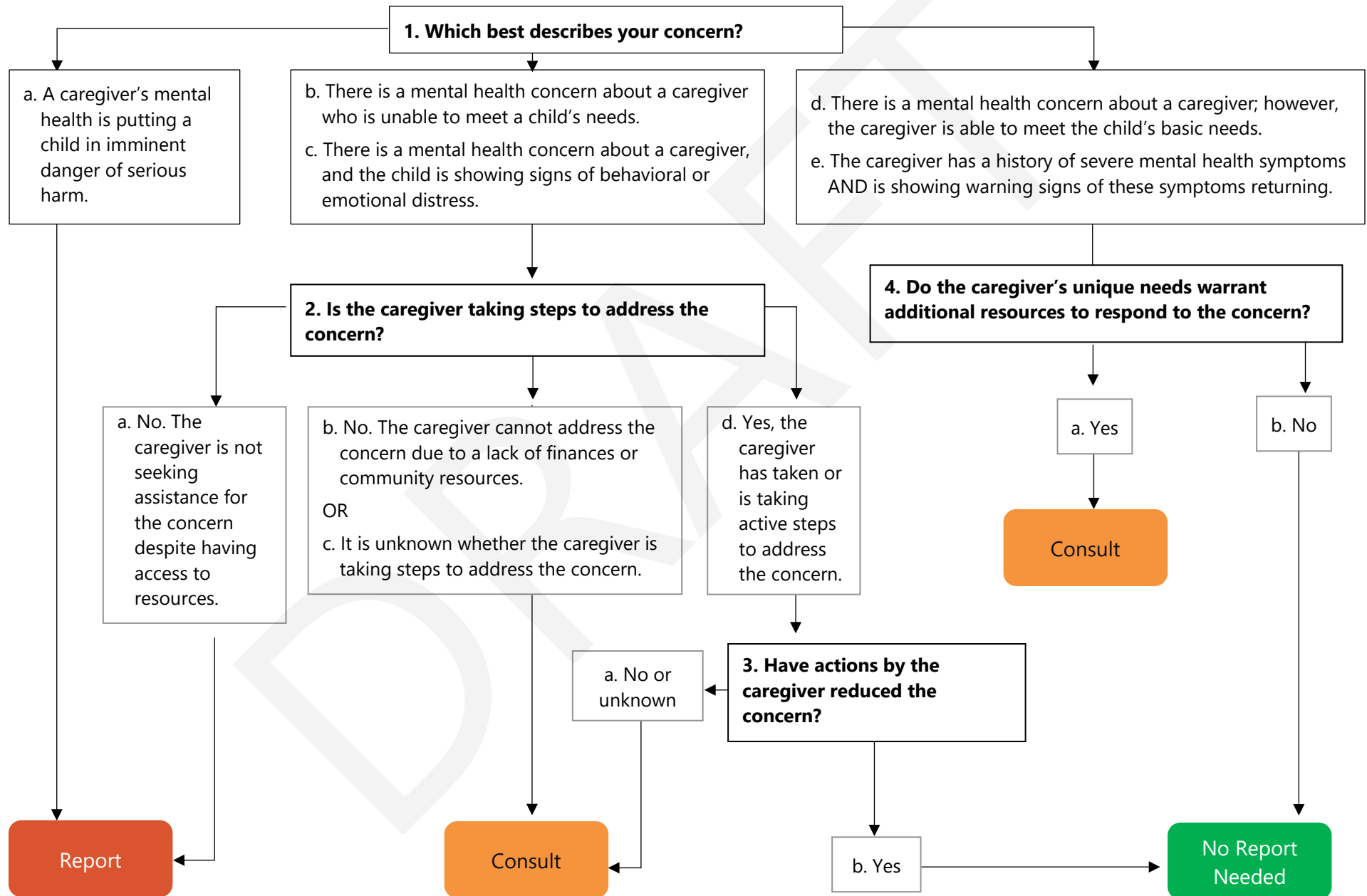
1. Are any of the following occurring in the home?		
a. Yes	Any of the following are happening or recently happened.	
	Domestic violence led to a serious caregiver injury, a child injury, or the death of a family member.	One adult seriously physically injured another person during an incident of domestic violence. Examples include but are not limited to one adult strangulating, sexually assaulting, causing fractures, death, or any injury that requires hospitalization to another child or adult.
	A child witnessed an adult inflict serious violence on another adult in the home.	A child disclosed that they saw, heard or was told of significant violence perpetrated by one adult on another in the home. Note that the child does not need to have been in the exact same room to have "witnessed" this violence. An example would be one adult physically striking another adult in the home and the child seeing a bruise or mark later that day.
	A child attempted to intervene when there was domestic violence in the home.	A child attempted to stop an adult from assaulting another person or becomes involved to protect the victim adult Examples include but are not limited to: A child who tries to hold back an adult in the home who is attempting to harm another adult in the home; a child tells an adult to stop making threatening gestures.
	An adult used or is threatening to use a weapon to harm themselves or another person in the home.	An adult has access to a weapon that can cause serious injury, AND that adult has used that weapon to harm themselves or others in the home OR flaunted it in a purposefully threatening manner. An example would be an adult who has access to and is using or threatening to use a gun, knife, hammer, or flammable liquid to cause harm to themselves or another person.
	An adult is seriously verbally abusing, threatening, or intimidating another person in front of a child.	An adult has made significant verbal threats or tried to frighten another person in front of at least one child in the home. Examples include but are not limited to: <ul style="list-style-type: none"> • Using menacing language or calling demeaning names in front of the child; or • Threatening to become physically or sexually violent or harm another person in front of the child.

b. No	None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.	
2. Are any of the following true?		
a. Yes	Any of the following are happening or recently happened.	
	There is an active restraining order on an adult, and there are indications that the adult is threatening family members.	One household member has a legal restraining order prohibiting contact with a child or adult in the home, AND the person with the restraining order is no longer following that order. Examples include but are not limited to: A person with a restraining order who begins to send threatening text messages, make threatening phone calls, leave threatening notes, use threatening language or tone, etc.
	An adult who previously had restricted access to the family is attempting to contact the family again.	Someone who has a history of perpetrating violence against anyone in the home, AND who had their access to the family limited at one point (e.g. restraining order or family court order) is reaching out to contact family members again. Examples include but are not limited to: <ul style="list-style-type: none"> • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is sending text messages or making phone calls to family members; or • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is coming by the school or home and seeking contact with children in the home.
	An adult is regularly engaging in behaviours of coercive control as a means of controlling another adult in the home.	Coercive control is a behavior that involves a pattern of abuse (e.g. violence, threats, intimidation) on another adult perpetrated by someone they are/or were in an intimate relationship with. Coercive controlling behaviors have the cumulative effect of denying a victim/survivor their autonomy and independence. It may include physical, sexual, psychological or financial abuse, Examples include but are not limited to: <ul style="list-style-type: none"> • An adult prohibits other adult in the home from accessing shared financial resources • An adult uses technology (i.e. geotracking) to stalk or conduct surveillance on a victim/survivor • An adult uses pressure to isolate another adult from family friends and community as a means of controlling them.
	An adult is misusing systems as a means of controlling another adult.	An adult seeks to use court order and legal processes (including child protection) to threaten or control the behavior of another adult in the home.

		Examples include but are not limited to: An adult household member who regularly files false reports with child protection or law enforcement , or regularly lies about their behavior and their partner or previous partners behavior in court in order to seek control over that person and their family.
	An adult who previously had restricted access to the family is attempting to contact the family again.	Someone who has a history of perpetrating violence against anyone in the home, AND who had their access to the family limited at one point is reaching out to contact family members again. Examples include but are not limited to: <ul style="list-style-type: none"> • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is sending text messages or making phone calls to family members; or • A person who previously harmed partners or children and who, at one time, had a restraining order preventing contact with that family, is coming by school or home and seeking contact with children in the home.
	There are regular verbal arguments in the home that leave a child with fears about future violence.	Two adults have frequent verbal arguments that a child says leaves them scared or concerned that someone may get hurt in the future. An example would be two adult having arguments two to three times per week where they regularly scream AND the child saying this scares them and leaves them nervous about someone getting more seriously hurt in the future.
	An adult is regularly undermining another adult in the home in front of a child	An adult regularly undercuts, demeans, diminishes, scapegoats or encourages children to do the same to another household member. An example would be a parent/caregiver who tells children the other parent/caregiver is 'stupid' or 'worthless' or is not worth listening to.
b. No	None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.	
3. Are any of the following true?		
a. Yes	Any of the following are happening or recently happened.	
	A child described or is exhibiting negative effects from past domestic violence but is no longer exposed to it.	A child describes an experience of domestic violence in the past that continues to scare them or leave them nervous about future violence AND denies any current experience of domestic violence. An example would be a child describing one household member hitting another a year ago, saying there have been no more experiences like that since then, but describing regularly having nightmares about it and fearing that violence may return to the home in the future.

	At least one serious verbal argument occurred in the home that the children did not witness.	A child or adult household member describes a serious verbal argument that did not result in physical violence occurring in the home. During this argument, the child was not present in the home or was far enough away from the adults that the child did not hear the argument. An example would be two adult household members having an argument where at least one screamed or used demeaning language with the other, AND the child did not see or hear this, even if the child heard about the argument afterwards.
b. No	None of the above are happening or recently happened, or it is unknown if they have; but you still have a concern about domestic violence.	
4. Is there a history of similar or worse incidents?		
a. Yes	You are aware of a previous history of similar or more severe experiences of domestic violence or arguments. OR You are unsure whether there is such a history.	
b. No	You know there is no history of similar or more severe experiences of domestic violence or arguments.	
5. If the concern is left unaddressed, could the child experience harm in the future?		
a. Yes	You believe, based on the description of domestic violence or arguments, that the child could be injured from similar experiences in the future.	
b. No	You do not believe, based on the description of domestic violence or arguments, that the child could be injured from similar experiences in the future.	

CONCERN ABOUT A CAREGIVER'S MENTAL HEALTH IMPACTING CHILD

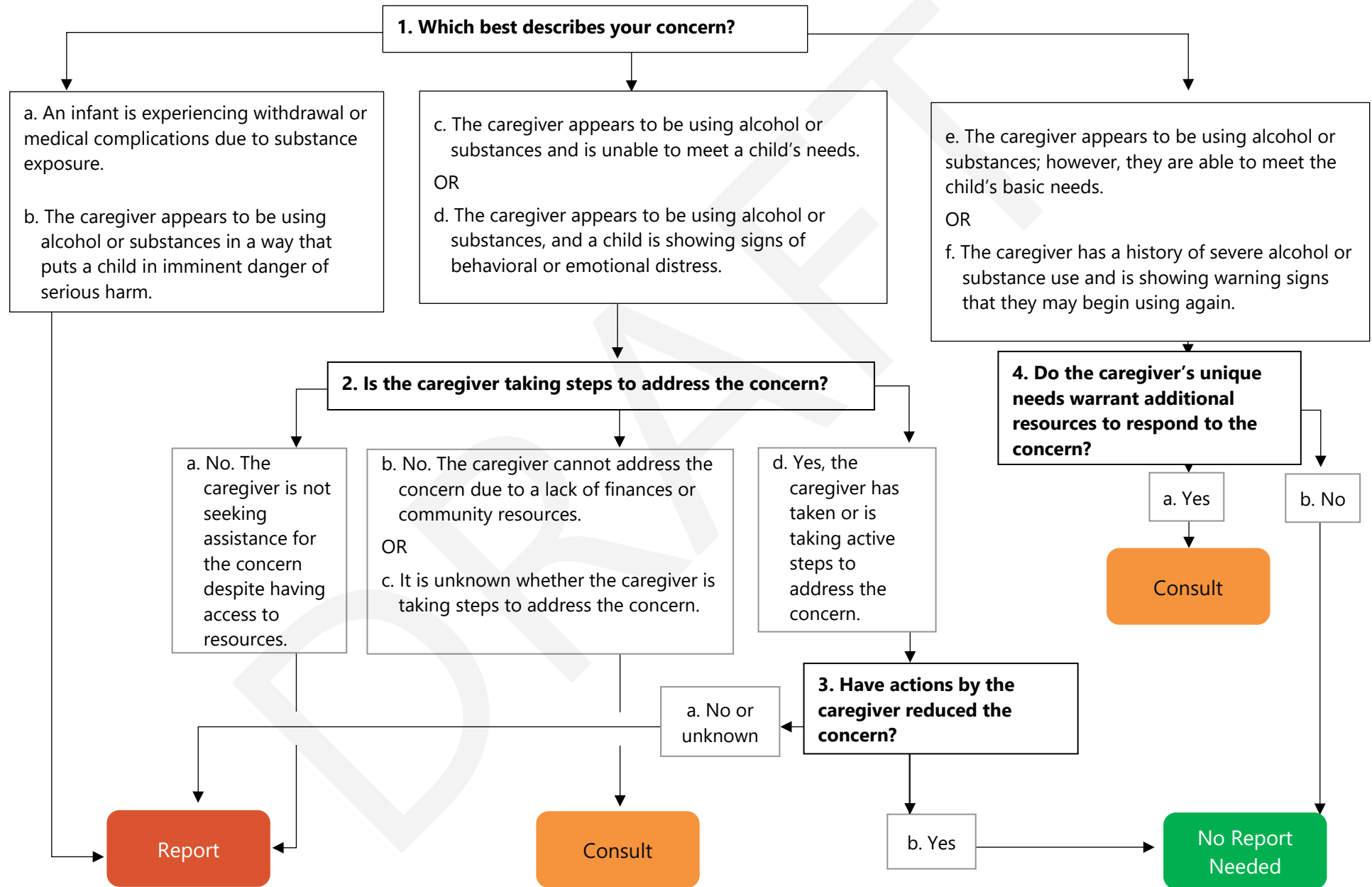


1. Which best describes your concern?	
<p>a. A caregiver's mental health is putting a child in imminent danger of serious harm.</p>	<p>There is a mental health concern about a caregiver; AND, as a result, the child's imminent safety is threatened.</p> <p>Symptoms of mental health concerns may include but are not limited to volatile emotional expressions, anger management issues, social withdrawal, cognitive impairment, hallucinations and delusions, and homicidal or suicidal and self-harm behaviors.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver experiences severe depression; and a young child is unsupervised, leaves the home, is playing in a road, or is outside without supervision. • Caregiver has attempted suicide or engaged in self-harm while caring for the child. • Caregiver experiences psychosis (voices or visions) that instruct the caregiver to harm the child. • A caregiver with manic episodes has regular experiences of extreme anger and credibly threatens serious harm to the child. • A caregiver intentionally makes their child ill, falsely claims that their child has an illness, or is seeking unnecessary or invasive medical treatments for their child.
<p>b. There is a mental health concern about a caregiver who is unable to meet a child's needs.</p>	<p>There is a mental health concern about a caregiver; AND, as a result, the child has regular and critical needs that are unmet.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver experiences severe depression, and the child is regularly going without food, adequate clothing, shelter or is not attending school. • Caregiver is completely withdrawn to the point where they are unaware of their child's needs or not interacting with the child.
<p>c. There is a mental health concern about a caregiver, and the child is showing signs of behavioral or emotional distress.</p>	<p>There is a mental health concern about a caregiver; AND, as a result, the child is showing some emotional, behavioral, or social harmful impact.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A child is showing signs of excessive fear/anxiety from their caregiver's mental health symptoms, such as suicidality, delusions or mania. • Caregiver has excessive fears and requires the child to stay isolated and withdraw contact from friends or family.
<p>d. There is a mental health concern about a caregiver; however, the caregiver is able to meet the child's basic needs.</p>	<p>There is a mental health concern about a caregiver, AND all signs indicate that the child is experiencing minimal to no impact. All of the child's critical needs are regularly met.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver experiences anxiety and fears; however, the child directly reports that they regularly are fed, clothed and getting any medical care they need • A caregiver experiences anxiety and fears; however, the child directly is showing no signs of emotional distress.

	<ul style="list-style-type: none"> • A caregiver has a serious mental illness; however, there is another caregiver in the home who says they are aware of the likely symptoms that can result; and that other caregiver is able to ensure the child’s needs are met. • A caregiver experiences suicidal thoughts or engages in self-harming behaviors, but the child is experiencing minimal to no impact.
e. The caregiver has a history of severe mental health symptoms AND is showing warning signs of these symptoms returning.	<p>A caregiver has an extensive history of severe psychiatric and behavioral health symptoms that have significantly limited their functioning in the past, AND they are showing signs that some or all of these symptoms may be returning.</p> <p>An example would be a caregiver who experienced severe psychosis in the past indicating they are beginning to hear voices or see visions again, even if not at the level they were in the past.</p>
2. Is the caregiver taking steps to address the concern?	
a. No. The caregiver is not seeking assistance for the concern despite having access to resources.	<p>The caregiver is taking no steps to keep the child protected from the effects of their mental health symptoms.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is so affected by their psychiatric or behavioral health symptoms that they cannot create any safety or support plans for their child. • A caregiver minimizes the impact of their symptoms on the child.
b. No. The caregiver cannot address the concern due to a lack of finances or community resources.	<p>The caregiver is attempting to keep the child safe from the effects of their mental health. However, this is not effective because the caregiver lacks important knowledge or assistance from others.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is isolated from family, friends, or community and therefore cannot create an effective support system for their child. • A caregiver is willing but unsure of how to protect their child from their effects of their mental health. • The caregiver is actively seeking treatment for their mental health but cannot access it due to long wait lists, lack of insurance, lack of transportation, or other barriers.
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps	<p>The caregiver is taking active steps to keep the child safe and protected from their mental health.</p> <p>Examples include but are not limited to the following.</p>

to address the concern.	<ul style="list-style-type: none"> • Together with other adults and older adolescent children, the caregiver has made a plan for safety for when the caregiver experiences psychiatric symptoms that interfere with their ability to care for the child. • The caregiver is actively seeking treatment for their mental health.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	<p>Despite the caregiver making efforts to keep the child safe, the child continues to be impacted in some ways by the caregiver’s mental health.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver is engaging in treatment; however, it is early in that treatment, and little to no behavioral change has been seen. The child continues to have important needs unmet. • The caregiver is making a plan for safety to keep the child safe when psychiatric symptoms interfere with their caregiving; however, the caregiver cannot or does not always follow this plan. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>
b. Yes	<p>The caregiver’s action to protect the child from the effects of their mental health has significantly reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver is engaging in treatment for their mental health, AND this has begun to reduce either the severity or number of symptoms that interfere with their ability to care for the child. • The caregiver has told multiple members of their community (family, friends, etc.) about their mental health and is seeking their assistance in caring for the child at needed times.
4. Do the caregiver’s unique needs warrant additional resources to respond to the concern?	
a. Yes	The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.
b. No	The caregiver has the information and resources accessible and available to them to make choices about their child’s care.

CONCERN ABOUT A CAREGIVER'S SUBSTANCE USE IMPACTING CHILD



1. Which best describes your concern?	
a. An infant is experiencing withdrawal or medical complications due to substance exposure.	<p>An infant was born experiencing effects of substance exposure such as withdrawal, features of Fetal Alcohol Syndrome (FASD), Neonatal Abstinence Syndrome (NAS), or other medical complications. OR an infant is experiencing effects of substance exposure resulting from breastfeeding,</p> <p>“Substance” refers to alcohol; any illegal substance; and, when not used as prescribed or directed, any prescription or over-the-counter substance.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A birthing parent or infant has withdrawal symptoms, such as tremors. • The infant is born with facial characteristics consistent with fetal alcohol spectrum disorders (FASD). • Medical complications caused by substance use during pregnancy have occurred.
b. The caregiver appears to be using alcohol or substances in a way that puts a child in imminent danger of serious harm.	<p>A caregiver appears to be using alcohol or substances; AND, as a result, the child’s imminent safety is threatened.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is distracted or unavailable as a result of substance use; and a young child has left the home, is playing in a road, or is outside without supervision. • Caregiver is distracted or unavailable as a result of substance use and is leaving those substances in a place where a child can easily access them. • Child is exposed to substances such as methamphetamine or crack cocaine; or to the sale or manufacturing of such a substance. • Caregiver leaves substances unattended, accessible to the child. • Caregiver drives under the influence with child in the car. • Caregiver routinely co-sleeps with child age 1 or younger while intoxicated or high.
c. The caregiver appears to be using alcohol or substances and is unable to meet a child’s needs.	<p>A caregiver appears to be using alcohol or substances; AND, as a result, the child has regular and critical unmet needs.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is distracted or unavailable as a result of substance use, and the child is regularly going without food, adequate clothing or shelter. • Caregiver is distracted or unavailable as a result of substance use, and the child is no longer getting the education they need or are required to. • Caregiver is distracted or unavailable as a result of substance use, and the child is not getting to regular medical appointment
d. The caregiver appears to be using alcohol or	<p>A caregiver appears to be using alcohol or substances; AND, as a result, the child is showing some emotional, behavioral, or social harmful impact.</p>

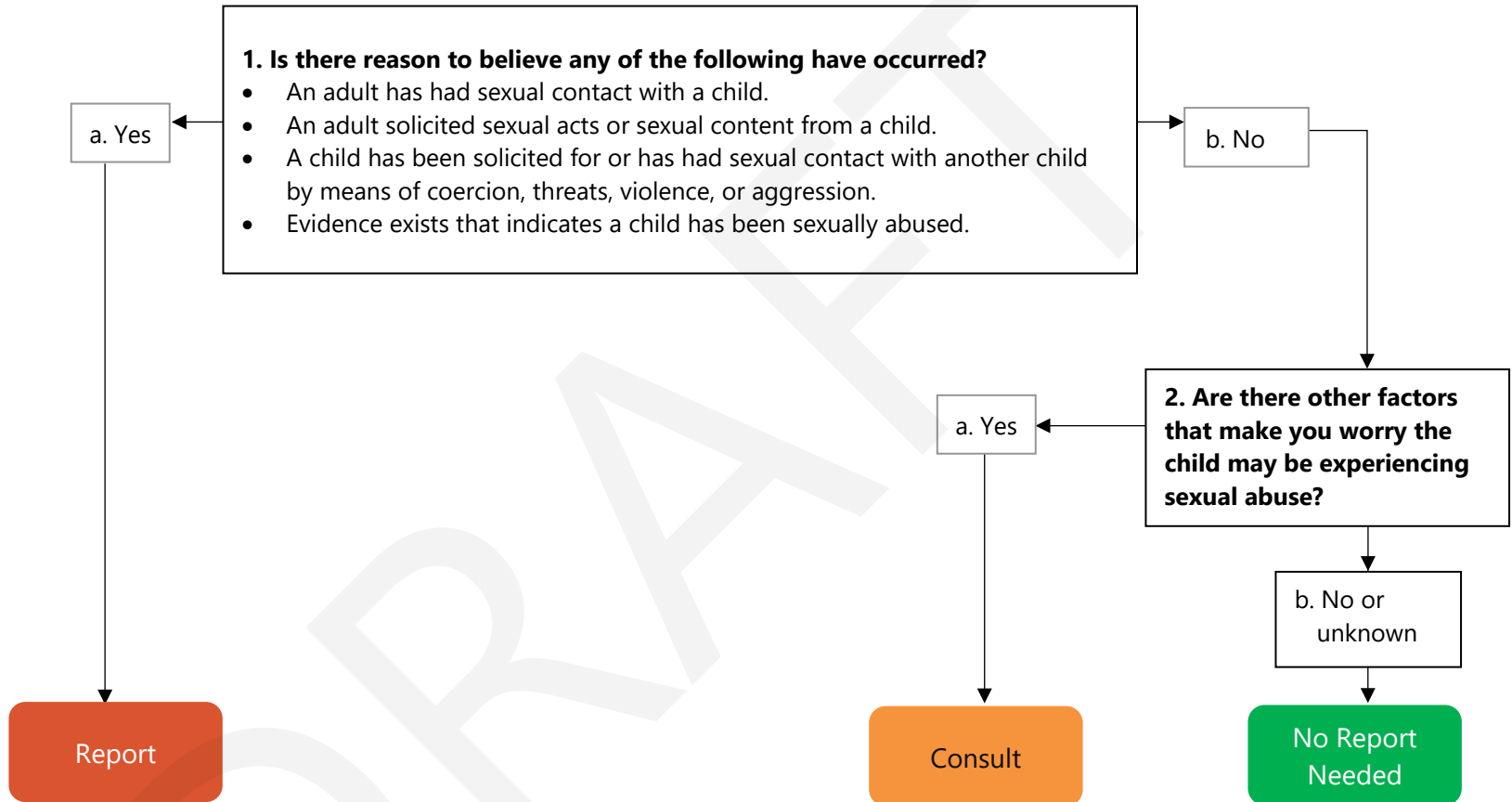
<p>substances, and a child is showing signs of behavioral or emotional distress.</p>	<p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Caregiver is distracted or unavailable as a result of substance use, and child shows signs of excessive fear or anxiety. • Caregiver is distracted or unavailable as a result of substance use, and child is isolated and withdrawing contact from friends or family.
<p>e. The caregiver appears to be using alcohol or substances; however, they are able to meet the child's basic needs.</p>	<p>A caregiver appears to be using alcohol or substances, AND all signs indicate that the child is experiencing minimal to no impact. All of the child's critical needs are regularly met.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver has been seen affected by substances at some point; however, the child directly reports that they regularly are fed, clothed and getting any medical care they need • A caregiver has been seen affected by substances at some point; however, the child is showing no signs of emotional distress. • A caregiver has been seen affected by substances at some point; however, another caregiver in the home says they are aware of the substance use and able to ensure the child's needs are met.
<p>f. The caregiver has a history of severe alcohol or substance use and is showing warning signs that they may begin using again.</p>	<p>A caregiver has an extensive and severe history of using alcohol or substances AND is showing signs that they may begin using again.</p> <p>An example would be a caregiver who has shared that they have a long history of substance use and indicates they are beginning to think about or seek substances again.</p>
<p>2. Is the caregiver taking steps to address the concern?</p>	
<p>a. No. The caregiver is not seeking assistance for the concern despite having access to resources.</p>	<p>The caregiver is taking no steps to keep the child protected from the effects of their substance use.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • A caregiver is so impacted by their substance use that they cannot create a plan to keep the child safe. • When discussing substance use with others, a caregiver minimizes the impact of their substance use on the child.
<p>b. No. The caregiver cannot address the concern due to a lack of</p>	<p>The caregiver is attempting to keep the child safe from being impacted by the substance use; however, this is not effective because the caregiver lacks important knowledge or assistance from others.</p> <p>Examples include but are not limited to the following.</p>

finances or community resources.	<ul style="list-style-type: none"> • A caregiver is isolated from family, friends, or community and therefore cannot create an effective safety or support system for their child. • A caregiver is willing but unsure of how to protect their child from being impacted by their substance use. • While the caregiver is seeking additional support services, they are unable to obtain support due to long wait lists, lack of insurance, lack of transportation, or other barriers.
c. It is unknown whether the caregiver is taking steps to address the concern.	<p>It is not clear what steps, if any, the caregiver is taking to address the concern.</p> <p>Practice Guidance: Unasked is different than unknown, whenever possible reporters should have the conversation with families about resources.</p>
d. Yes, the caregiver has taken or is taking active steps to address the concern.	<p>The caregiver has demonstrated through their actions that they can keep the child safe and protected from their substance use.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Together with other adults and older adolescent children, the caregiver has created a safety or support system for their child to keep the child safe if the caregiver knows they are at risk of using substances. • The caregiver always makes a plan for another adult to watch a child before they use substances. • The caregiver is actively seeking treatment for their substance use.
3. Have actions by the caregiver reduced the concern?	
a. No or unknown	<p>Despite the caregiver making efforts to keep the child safe, the child continues to be impacted in some ways by the caregiver's substance use.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver is actively seeking treatment for the substance use; however, it is early in their treatment, and little to no behavioral change has been seen. The child continues to have important needs unmet. • The caregiver has made a plan to keep the child safe and separated from them when they use substances; however, the caregiver cannot always or does not always follow the plan. <p>OR</p> <p>It is not clear whether the steps the caregiver is taking are reducing the concern.</p>

b. Yes	<p>The caregiver’s actions to protect the child from being impacted by their substance use have significantly reduced the concern.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • The caregiver is actively seeking treatment for their substance use; AND caregiver either has begun to decrease use and/or has a harm-reduction plan that is working. • The caregiver has told multiple members of their community (family, friends, etc.) about their substance use and is actively seeking their assistance in caring for the child at needed times.
4. Do the caregiver’s unique needs warrant additional resources to respond to the concern?	
a. Yes	<p>The caregiver has difficulty navigating or understanding how to access needed resources without additional assistance. For example, the caregiver has difficulty communicating about and accessing services due to differences in language, social, or learning abilities.</p>
b. No	<p>The caregiver has the information and resources accessible and available to them to make choices about their child’s care.</p>

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CONCERN ABOUT THE SEXUAL ABUSE OF A CHILD



1. Is there reason to believe any of the following have occurred?

- An adult has had sexual contact with a child.
- An adult solicited sexual acts or sexual content from a child.
- A child has been solicited for or has had sexual contact with another child by means of coercion, threats, violence, or aggression.
- Evidence exists that indicates a child has been sexually abused.

a. Yes

An adult has had sexual contact with a child.

Child clearly indicated to any person that they were touched in the genital area, chest, or buttocks by an adult or any part of an adult's body OR engaged in touching the genital area, chest, or buttocks of an adult with any part of the child's body. This also includes but is not limited to the following.

- Adult had a child display or touch their own genitals for the purposes of sexual stimulation.
- Adult had child observe pornography, observe adult sexual activity with others, or observe the adults displaying their own genitals.
- Adult engaged a child in any behaviors for the purposes of sexual stimulation.
- Child disclosed an incident of sexual abuse either past or ongoing, with or without identifying the perpetrator.

Practice Guidance

The age of consent in Ohio is 16 years old. If a child 16-years or older engages in consensual sexual contact with a non-related adult, it is not a reportable situation. Sex or sexual contact is not consensual if the adult is in a position of authority over the child. (i.e., child's teacher, doctor, boss).

An adult solicited sexual acts or sexual content from a child.

Child clearly indicated to any person that an adult attempted to engage in sexual contact or obtain sexual content from them.

This also includes but is not limited to the following.

- Adult caused child to dress or act in a sexual way; or adult communicated with child in a sexual way.
- Child disclosed grooming behavior by an adult such as the adult describing the child in sexualized ways, or prolonged hugging or kissing.
- Email, text, or other proof exists of adult soliciting pictures of child's body.

A child has been solicited for or has had sexual contact with another child by means of coercion, threats, violence, or aggression.

A child has used manipulation or force to engage in sexual contact with another child.

Examples include but are not limited to the following.

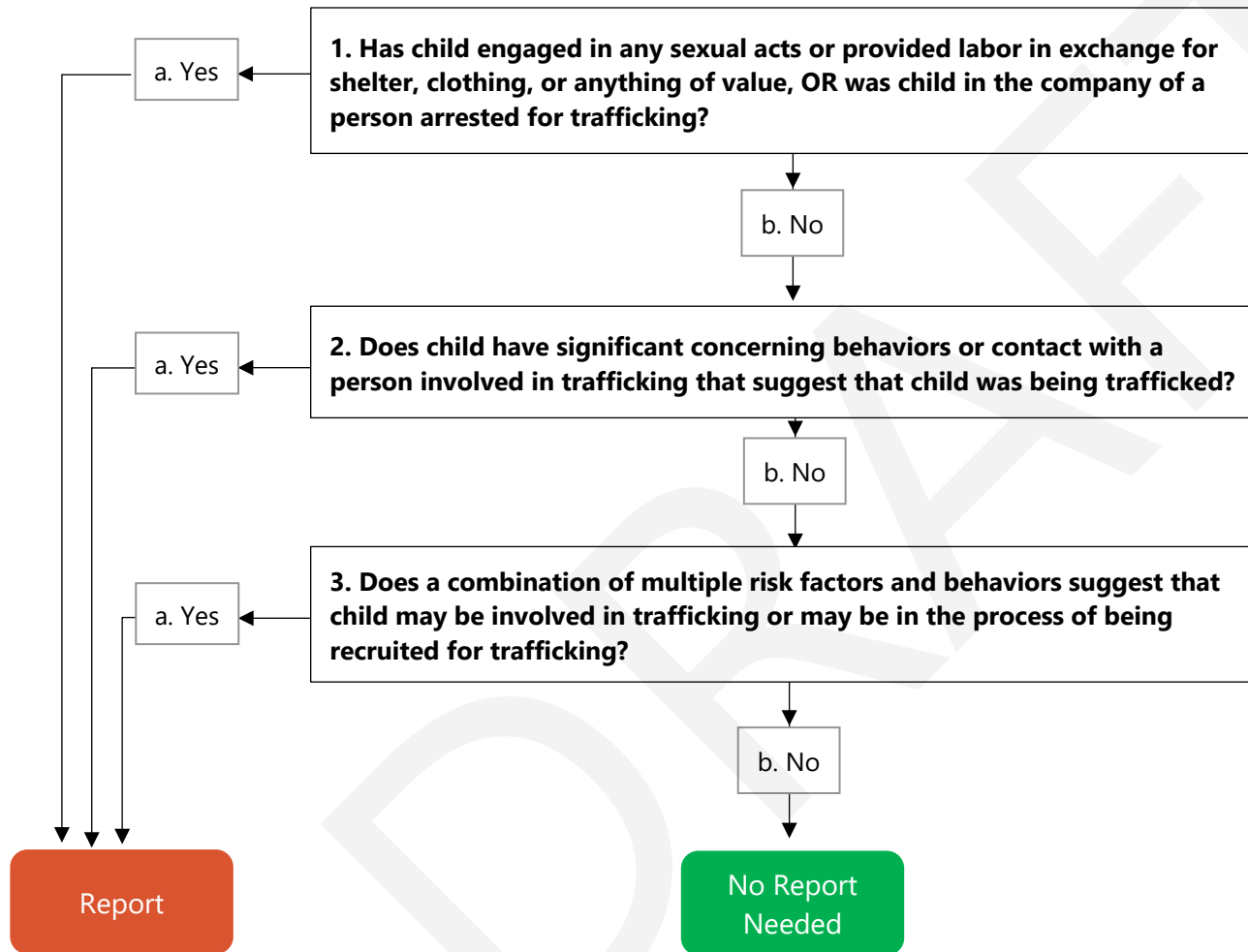
- A child engages in sexual contact or acts with a child who is much younger (for example, ages 12 and 6).
- Two children force a third child to engage in sexual contact via bullying.
- A child bullies a peer into a sexual act by threatening to tell on them.
- A child touches the private area of a child with diminished mental or physical capacity.

This does not include consensual exploration between two children of similar age and mental capacity.

	<p><u>Evidence exists that indicates a child has been sexually abused.</u> Factors exist that suggest a child has been sexually abused even though the child has not made a disclosure.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Genital trauma with no known nonsexual cause • Sexually transmitted infection with no known nonsexual cause • Someone who has a history of sexual offending behavior or conviction related to sexual abuse of children(based on disclosure by family members or other significant people, including social service professionals) is engaging in grooming behaviors with the child. Grooming is when an adult manipulates or coerces a child to trust them so they engage in sexual conduct with them. An intra-familial individual has had sexual activity with a child • Disclosure by family members or other significant people, including social service professionals, that someone is engaging in grooming behaviors with the child. Grooming is when an adult manipulates or coerces a child to trust them so they engage in sexual conduct with them. <p>Practice Guidance For nonverbal children who cannot provide a statement, be mindful of nonverbal indicators of possible sexual victimization.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> • Unexplained fear of caregiver or other household member; or • Unexplained anxiety in child related to a specific person.
b. No	<p>No clear evidence exists that the child was sexually abused by an adult or another child.</p> <p>Examples include but are not limited to the following.</p> <ul style="list-style-type: none"> • Child made statements that included words such as “secret” or “touch” used in general ways, and no other basis exists to conclude that these words are related to sexual abuse. • Child is at times in contact with an individual who has a history of sexual offending, AND child has no indicators of sexual abuse, AND known sex offender’s behavior with or around child is not inappropriate or concerning. • Child engaged in age appropriate sexual behaviors such as masturbation.
2. Are there other factors that make you worry the child may be experiencing sexual abuse?	
a. Yes	<p>No clear evidence exists that the child was sexually abused by an adult or another child; however, factors that may be indicators of sexual abuse are present. .</p>
Practice Guidance	

	<p>Children may not always disclose sexual abuse. Instead, you may notice physical or emotional signs or changes in a child’s behavior. Some children who have experienced sexual abuse may show signs, and some might not show any signs at all. If a child shows one or more of the signs listed, it doesn’t necessarily mean they’ve experienced sexual abuse. A child’s behavior can change for many reasons outside of sexual abuse. It is important to consider these signs in combination with other facts that support your worry.</p>
	<p>Factors that may be indicators of sexual abuse include but are not limited to the following.</p> <p>Physical</p> <ul style="list-style-type: none"> • Swelling or redness in genital area • Pain when going to the bathroom • Bruises on parts of the body such as buttocks and thighs • Abnormal discharge <p>Emotional</p> <ul style="list-style-type: none"> • Seems scared or shows signs of anxiety/depression • Is more distant than usual • Cries for no obvious reason • Dissociation <p>Behavioral</p> <ul style="list-style-type: none"> • New onset of bedwetting or fecal soiling in a previously toilet-trained child. • Leaves “clues” that seem likely to provoke a discussion about sexual issues, such as asking a questions like “Do kids have to keep secrets?” • Begins exhibiting adult-like sexual behaviors, language, and knowledge (e.g., 3-year-old simulating intercourse) • Starts having nightmares • Becomes clingy • New fears of a particular person, place, or characteristic of a person • Starts behaving like a younger child • Discomfort with physical touch • Unexplained changes in sleep or appetite
<p>b. No or unknown</p>	<p>No signs exist, considered with the known details, that lead you to worry a child has been sexually abused. OR It is unknown if the child is showing signs of sexual abuse.</p>

CONCERN ABOUT THE TRAFFICKING OF A CHILD (SEX OR LABOR)



1. Has child engaged in any sexual acts or provided labor in exchange for shelter, clothing, or anything of value? Or was child in the company of a person arrested for trafficking?	
a. Yes	<ul style="list-style-type: none"> • Has engaged child in sexual acts in exchange for anything of values, such as drugs, food, shelter, protection, or money. • Controls or grooms child. • Whose internet search history, cell phone records, or social media posts suggest that child is being solicited or engaged in sex acts in exchange for anything of value; or sexually explicit photos of child are posted on the internet. • Child has tattoos, scarring, or branding that indicate being treated as someone's property. • Law enforcement arrested one or more persons for labor or sex trafficking AND child was in the company of the person at the time of the arrest, or is known to have been with arrested person in ways that suggest child was being trafficked.
b. No	<ul style="list-style-type: none"> • No information or knowledge exists that any person has exchanged sex with child for any drugs, food, shelter, protection, basics of life, or money. • Child had incidental contact with a person arrested for labor or sex trafficking and was unlikely involved in trafficking.
2. Does child have significant concerning behaviors or contact with a person involved in trafficking that suggest that child was being trafficked?	
a. Yes	<p>One or more of the following are true.</p> <ul style="list-style-type: none"> • Child uses language or makes an indirect statement that highly suggests involvement in exploitation or labor trafficking. • Child engages in sexual activity or relationships that involve coercion, bribery, threats, or violence. • Child engages in sexual activity with someone significantly older or an adult. • Child has significant contact or a relationship with a person known to be involved in trafficking, AND behaviors suggest child is being trafficked.
b. No	No indicators above exist to suggest a child is being trafficked.
3. Does a combination of multiple risk factors and behaviors suggest that child may be involved in trafficking or may be in the process of being recruited for labor or sex trafficking.	
a. Yes	<p>Multiple risk factors and behaviors exist that when considered together, suggest that child may be involved in trafficking.</p> <ul style="list-style-type: none"> • Child experiences a significant lack of supervision, is isolated, or runs away for extended periods of times. • Child receives or has access to unexplained means, such as large amounts of money, credit cards, hotel keys, gifts, drugs, or cars. • Child has repeated or otherwise concerning testing or treatment for pregnancy or STIs. • Child presents with a significant change in appearance (e.g. dress, hygiene, weight). • Child has unhealthy or inappropriate romantic relationships that cause physical or emotional harm, or that place them at risk of victimization.
b. No	One risk factor or behavior exists alone, and no other evidence suggests that child is involved in trafficking or in the process of being recruited.

APPENDIX: EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS

Note: The following table is a general guide to consider what appropriate supervision needs children may have. Consider the specific child you are concerned about, and their individual needs and developmental level and abilities, when making your final decision.

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
OLDEST CHILD'S AGE OR DEVELOPMENTAL EQUIVALENT	SAFE CIRCUMSTANCES
Child with a disability	Assess safety based on the specific needs regarding the child's disability.
0-3	<p>A child of this age should not be left alone without adult supervision for any length of time unless the child is clearly in a safe situation (e.g., sleeping, safely playing indoors).</p> <p>Caregivers should keep visual observation with minimal interruption, other than times child is asleep or clearly in a safe situation (e.g., sleeping, safely playing indoors).</p>
4-6	<p>A child of this age should not be left without adult supervision for any length of time unless the child is clearly in a safe situation (e.g., sleeping, safely playing indoors).</p> <p>Caregiver supervision can become increasingly indirect, with the adult at least within range to hear the child. During waking hours, visual observation of child by a responsible adult should occur periodically. Visual observation may become less frequent if child is in a safe situation.</p>
7-9	<p>A child of this age may be left alone for up to about one hour if all of the following are true.</p> <ul style="list-style-type: none"> • The environment is safe. • Child has demonstrated the ability to be left alone safely for shorter periods of time. • Child has demonstrated the ability to follow instructions when adult is nearby but not directly supervising child. • Child knows how to make emergency phone calls. • Child is not responsible for other children (multiple children may be together, but each is responsible only for themself). • Child is not a danger to self or others. <p>AND</p> <ul style="list-style-type: none"> • There is a backup responsible adult available to child who can be physically present within minutes if needed.

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS

OLDEST CHILD'S AGE OR DEVELOPMENTAL EQUIVALENT	SAFE CIRCUMSTANCES
10–12	<p>A child of this age may be left alone for up to about two hours if all of the following are true.</p> <ul style="list-style-type: none"> • The environment is safe. • Child has demonstrated the ability to be left alone safely for shorter periods of time. • Child knows how to manage emergencies. • Child has been given instructions and demonstrated the ability to follow instructions related to safety. • Child is responsible for other children only within their capability to watch over. • Child is not a danger to self or others. <p>AND</p> <ul style="list-style-type: none"> • There is a backup responsible adult available to child who is accessible, on call, and able to assist for periods of up to two hours.
13–15	<p>A 13- to 15-year-old may be left alone for increasing lengths of time, up to about 24 hours, if all of the following are true.</p> <ul style="list-style-type: none"> • The environment is safe. • Child has demonstrated ability to be left alone safely for shorter periods of time. • Child knows how to manage emergencies. • Child knows how to handle daily routines that occur during the time child is alone. • Child has been provided with meals they are capable of preparing. • Child has been given instructions and demonstrated ability to follow instructions related to safety. • Child is not a danger to self or others. <p>AND</p> <ul style="list-style-type: none"> • There is a backup responsible adult available to child who is accessible.
16–17	<p>Assess safety based on child's capacity to live independently.</p>