

**CHILD ABUSE/NEGLECT (CA/N)
ALLEGATIONS AND DEFINITIONS**

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I. Introduction

A. Serious Harm

Child protective services' central purpose is to protect children from serious harm. Serious harm is defined as significant physical injury; sexual abuse; severe impairment in a child's functioning; permanent disability or disfigurement; or death. "Severe impairment in a child's functioning" is a serious deficit in a child's behavior or cognition.

This document describes specific types of abuse and neglect as defined by DHR. The common theme running through the definitions is that serious harm is present or threatened. The Intake and CA/N Assessment flow charts (refer to Appendix) visually reflect how protecting children from serious harm drives the intake and CA/N assessment processes, and guides DHR's decision-making.

B. Abuse And Neglect Defined

Abuse occurs when serious harm is inflicted non-accidentally on a child by any person age fourteen (14) years or older.

Neglect occurs when parents or primary caregivers negligently fail to protect children from a threat of serious harm. This includes incidents of "blatant disregard" where children are placed in harmful and dangerous situations that require precautionary measures to protect them.

"Blatant disregard" is defined as incidents where the threat of harm to children is so imminent and apparent that it is unlikely a parent or primary caregiver would have exposed the children to such danger without exercising precautionary measures to protect the children from harm.

C. Poverty Versus Neglect

Child abuse and neglect occurs across all socioeconomic, religious, and ethnic groups. Economic factors are often found in combination with other factors (e.g., child, parent, and family factors) as contributing to abuse/neglect. Family stresses caused by poverty, as evidenced during times of increased unemployment and recession, are associated with higher rates of reported abuse/neglect. It is essential that child welfare staff make the distinction between poverty and neglect. Neglect may be evident when parents or primary caregivers do not use their resources to provide their children with basic care and protection. Poverty, not neglect, may be evident when families use resources available to them, but are unable to meet their children's basic needs. If poverty is determined to be the **sole** reason for the alleged neglect, the disposition would be "not indicated." Since poverty can result in children not receiving proper care, child welfare staff must be prepared to help families access needed services.

Note: Code of Alabama 1975 § 12-15-71 (a) (6) provides that children cannot be removed from their parents' custody solely because of emergency housing needs.

D. Cultural Diversity And Child Abuse/Neglect

Cultural diversity must also be considered when child welfare staff intervene in children's and families' lives. As child welfare staff analyze information collected during intake and CA/N assessment, they must recognize and consider cultural factors which may be influencing the reporter's information as well as the child's/family's situation. What one culture defines as child abuse and neglect may be socially acceptable interaction in another culture. Given these considerations, collecting information during intake and assessment from individuals who understand the family's culture may be necessary.

Examples of cultural issues include, but are not limited, to:

- alcohol consumption during religious ceremonies; or
- attitudes and practices related to the use of physical punishment.

While cultural practices must be considered, the presence of "cultural practice" as an explanation for abuse/neglect is not sufficient, in and of itself, to preclude a finding of abuse/neglect if abuse/neglect is otherwise indicated.

II. ALLEGATIONS AND DEFINITIONS

The specific CA/N allegations and definitions described in this section are consistent with the statutory abuse/neglect definitions in Code of Alabama 1975 § 26-14-1(1) through (3).

Child welfare staff shall utilize one (1) or both of the following methods to verify alleged abuse/neglect.

- Direct observation by a child welfare worker or law enforcement officer;
- A written or verbal statement by a medical professional.

A specific verification method may be required for some allegations. In such cases, that method is specified within the definitions that follow. In addition, when child welfare staff or law enforcement are unable to observe injuries due to alleged abuse or neglect, verification by a credible source (e.g., school teacher) who saw the injuries may be used. This will typically occur when a report is not received in a timely enough manner to permit direct observation by child welfare or law enforcement staff. The CA/N record must contain sufficient documentation of the source's credibility and a detailed description of what the person observed.

Note: A court finding of abuse/neglect is not required for child welfare staff to conclude that a report is "indicated. However, when a juvenile or criminal court finds that abuse or neglect occurred, that finding serves as presumptive evidence that the report is "indicated" (§ 26 – 14 – 7.1).

If DHR's disposition must be changed to "indicated," child welfare staff must provide the person with an opportunity for a CA/N hearing or an administrative record review according to procedures identified in *Due Process*. Once due process procedures have taken place, child welfare staff must ensure that the correct disposition is reflected in the CA/N Central Registry. If the disposition needs to be changed, refer to sections L. or M. in *Special CA/N Procedures*.

PHYSICAL INJURIES

BONE FRACTURES

Definition A fracture is a broken bone. This allegation also includes skull fractures. The most common fracture types that might be encountered in medical reports are:

Chips: A small piece of bone is flaked from the major bone part.

Simple: The bone is broken, but there is no external wound.

Compound: The bone is broken and there is an external wound leading to the fracture site or bone fragments are protruding through the skin.

Comminuted: The broken bone is splintered into pieces.

Spiral: The fracture encircles the bone in the form of a spiral; usually caused by a twisting motion.

**Additional
Verification**

Written or verbal statement by a medical professional; and preferably a neurosurgeon or radiologist for skull fractures.

BURNS/SCALDING

Definition

Burns

Tissue injury resulting from excessive exposure to thermal (dry heat), chemical, electrical, or radioactive agents. Effects vary according to the type, duration, and intensity of the agent and the body part involved.

Burn Classifications:

First Degree: Superficial burns with damage (e.g., scorching, painful redness) limited to the outer skin layer.

Second Degree: Damage extends into the inner skin layers with blistering present within 24 hours.

Third Degree: Skin is destroyed; damage extends into underlying tissues which may be charred or coagulated.

Scalding: A burn to skin or flesh caused by moist heat and hot vapors (e.g., steam).

**Additional
Verification**

All immersion burns and burns of suspicious or unknown origin (e.g., suspected cigarette burns; burns appearing to have been caused by a hot instrument being applied to the skin) must be diagnosed/verified by a physician.

Diagnosis/verification by a physician is not always necessary for severe burns; however, they need to be examined by a physician for any needed medical treatment.

CUTS, BRUISES

Definition

Cuts

Open incisions or breaks in the skin made by some external agent.

Bruises

Bleeding within the skin where the skin is discolored, but not broken.

Note: Injuries resulting from excessive corporal punishment are also included under this allegation.

Corporal Punishment

Alabama laws and court decisions support the use of corporal punishment by parents and those acting “in loco parentis” (e.g., school teachers) to discipline children. State courts have held that bruising produced by corporal punishment does not, **in and of itself**, constitute abuse, and parents or primary caregivers have the right to choose disciplinary methods as long as their actions do not constitute abuse.

Consider the following factors when determining whether cuts or bruises (including those resulting from corporal punishment) constitute abuse/neglect.

- age (children under 3 years old are at a much greater threat of harm, and bruises/cuts resulting from corporal punishment are generally considered significant enough to constitute child abuse/neglect);
- children’s physical, mental, and emotional condition;
- any developmental, physical, or mental disability, particularly if it impairs the children’s ability to protect themselves (e.g., ability to verbalize or communicate);

- location and severity of the injury and for bruises, the size, number, depth, and extent of discoloration;
- parents' or primary caregivers' explanation of how the injury occurred; whether an instrument was used, and if so, what kind; and
- previous history of indicated abuse or neglect.

Corporal punishment, even when bruises are present, is **not** considered abusive when all the following factors are present.

- the punishment is administered by a parent or someone acting in the parent's place;
- the punishment's sole purpose is to restrain or correct the child; and
- the force used is reasonable in manner, moderate in degree, and is not reckless or disregarding of the child's vulnerability.

HUMAN BITES

Definition Wounds, bruises, cuts, or indentations in the skin caused by seizing, piercing, or cutting the skin with the human teeth.

INTERNAL INJURIES

Definition Internal injuries (not visible from the outside) which are caused by physical force (e.g., hitting, kicking, shaking). These injuries can result in a loss of consciousness, seizure, and mental or physical damage.

Additional Verification Written or verbal statement by a medical professional

SHAKEN BABY SYNDROME

Definition Shaken Baby Syndrome (SBS), also known as Abusive Head Trauma (AHT) and Inflicted Traumatic Head Injury (ITHI) is severe internal injury to the brain of an infant or child (e.g., usually younger than 1 year old but may occur in children up to age 5) directly related to infant/child being violently shaken and often associated with one or more of the following medical conditions, bleeding at the back of one or both eyes (retinal hemorrhage), an accumulation of blood in the outer part of the brain (subdural hematoma), or swelling of the brain caused by an accumulation of fluid (cerebral edema).

Additional Verification	Written statement from a physician that based on his opinion, injuries the infant received are consistent with those associated with shaken baby syndrome.
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SPRAINS/DISLOCATIONS

Definition	<u>Sprain</u> Trauma to a joint which causes pain and limited range of motion depending upon the degree of injury to the ligaments. <u>Dislocation</u> Displacement of a bone from its normal position in a joint.
Additional Verification	Written or verbal statement by a medical professional

TYING/CLOSE CONFINEMENT

Definition	Unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed (or heavy) object, tying limbs together, or forcing the child to remain in a closely confined area which restricts physical movement. Examples of tying/close confinement include, but are not limited to: <ul style="list-style-type: none">• Tying one or more of a child's limbs to a bed, chair, or other object;• Restraining limbs to the point where blood circulation is affected;• Tying the child's hands or feet; and• Locking a child in a closet for any period of time.
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BIZARRE DISCIPLINE

Definition	Extreme or aberrant disciplinary actions, events, and/or devices, used in an attempt to set behavioral standards or to modify behavior, which are manifestly over-reactive to the child's behavior and the disciplinary situation; <u>and</u> which place the child at threat of serious harm. Examples of bizarre discipline include, but are not limited to:
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- forcing children to kneel on objects that cause pain;
- tying the penis to stop bed wetting;
- threatening to kill/injure or killing/injuring a child's pet;
- placing unsafe amounts of pepper or tabasco in the mouth; and
- forcing the child to drink Drano or other noxious/choking substances.

MENTAL ABUSE/NEGLECT

Definition Extreme and aberrant behavior that directly results in severe impairment to a child's functioning.

Circumstances that may indicate abuse/neglect include, but are not limited to:

- family violence episodes that continue to the extent that a child's school grades drop significantly and the child becomes severely emotionally disturbed
- parent repeatedly curses, yells, screams at child or repeatedly demeans child which results in child becoming suicidal or violent.

**Additional
Verification**

Written statement based on a mental health professional's evaluation. The mental health professional must be informed in writing of the Department's definition of mental abuse/neglect. The written statement must specify the behavior-cited fits within the department's definition, in order for the allegation disposition to be "Indicated."

SEXUAL INJURIES

The following five (5) allegations (i.e., exploitation, molestation, penetration, sex trafficking and sexually transmitted disease) constitute child sexual abuse. Sex abuse, as defined in the child abuse reporting statute, is based on the criminal statutes which contain specific factors (i.e., age, relationship, consent, and deviation) that determine whether a particular sexual activity constitutes child sexual abuse.

Due to the complexity of sexual abuse and associated statutes, behaviorally specific and detailed information must be gathered by child welfare staff during intake and CA/N assessment. Refer

to “*Sexual Abuse Guidelines*” for additional information on activities that constitute child sexual abuse.

SEXUAL EXPLOITATION

Definition Sexual use of a child for sexual arousal, gratification, advantage, or profit.

Note: Penetration and molestation are separate CA/N allegations; therefore, they are excluded from this definition. In addition, detailed information may not be known at intake about the purpose of the sexual use; therefore, the report shall be taken and sufficient details obtained during the CA/N assessment.

Sexual exploitation includes, but is not limited to, the following:

1. indecent solicitation of a child, or enticement for the purpose of committing a sexual act or fondling of a sexual or genital part or breast of a child under age 16 (§ 13A-6-69)

Note: Enticement may be verbal or by gesture (e.g., enticing a child with alcohol and/or drugs for the purpose of an immoral act; inviting a child, without other enticements, into a house for the purpose of committing an immoral act; inviting a child into a home and subsequently showing sexually explicit pictures of a married couple and children performing the act of fellatio);

2. exposing sexual organs to a child for the purpose of sexual arousal or gratification

Note: The exposure of one’s buttocks only does not constitute indecent exposure.

3. promoting, allowing, permitting, intimidating or encouraging a child to engage in masturbation (§ 13A-6-68) of others or to openly engage in self-masturbation;
4. promoting, allowing, permitting, forcing, intimidating or encouraging a child to engage in or soliciting patrons for prostitution of a child under age 16, (§ 13A-12-110, et seq.);
5. promoting, allowing, permitting, forcing, intimidating or encouraging a child(ren) to engage in sexual contact or other sexual activities with other children or adults;

6. allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes; and,
7. showing, exhibiting, displaying, selling, renting, distributing obscene materials or sexual conduct to an unmarried child under age 18 (§13A-12-200, et seq.).

SEXUAL MOLESTATION

Definition

Sexual conduct with a child when such contact, touching or interaction over or under the child's clothes is used for arousal or gratification of sexual needs or desires.

Sexual molestation includes, but is not limited to, the following:

1. fondling, touching or pinching intimate or other parts of the child's body generally associated with sexual activity;
2. encouraging, forcing, or permitting a child to inappropriately touch intimate or other parts of another's body generally associated with sexual activity (§ 13A-6-69); and
3. contact or touching, however slight, but not penetration between the intimate or sexual parts of the person allegedly responsible for maltreatment and the intimate or sexual parts of a child.

(Sexual abuse § 13A-6-66 et seq. and sexual conduct § 13A-6-60)

SEXUAL PENETRATION

Definition

Any intrusion or entrance, however slight, through use of digits (i.e., fingers or toes), through use of an inanimate object, or between the sex organ, mouth or anus of one person and the sex organ, mouth or anus of another person.

Sexual penetration includes acts commonly known as:

- oral sex (cunnilingus, fellatio);
- anal sex (penetration);
- sexual intercourse (coition or copulation);
- sexual intercourse to the point of orgasm and ejaculation of semen (coitus);
- digital penetration; and

- penetration of the vagina, anus, or mouth with an inanimate object with the intent to sexually abuse a child under age twelve (12) (§13-6-65.1).

SEX TRAFFICKING

Definition

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act when such act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained eighteen (18) years of age.

Any sexually exploited child under the age of eighteen (18) is considered an alleged victim of sex trafficking, even if there is no force, fraud or coercion. Alleged victims can be of multiple racial and ethnic groups, males or females, U.S. citizens or children trafficked to the U.S. from all regions of the world.

Indicators of sex trafficking includes, but is not limited to, the following:

- chronic runaway/homeless youth
- excess amount of cash in possession and reluctant to explain source
- lying about age/false ID
- inconsistencies in story
- hotel keys and key cards
- any mention of a pimp/boyfriend
- refers to employer/boyfriend using slang such as “daddy”
- has engaged in prostitution or commercial sex acts

Populations especially vulnerable to sex trafficking include undocumented immigrants, youth in foster care, runaway and homeless youths, victims of abuse and neglect, refugees fleeing social or political conflict or oppression, and impoverished groups and individuals.

SEXUALLY TRANSMITTED DISEASE

Definition

A disease which was originally acquired as a result of sexual penetration or sexual contact with an afflicted individual (Refer to the Appendix for additional information on sexually transmitted diseases).

Diagnosis of any non-neonatal, sexually transmitted infection in a child who is prepubertal raises the strong possibility of sexual abuse (unless proven otherwise). The presence of any sexually transmitted infection in older children may also be due to sexual abuse.

**Additional
Verification**

Written or verbal statement by a medical professional.

NEGLIGENT TREATMENT

ABANDONMENT

Definition The parents' relinquishment of caregiving responsibility and there is no current caregiver or the current caregiver can no longer provide care.

FAILURE TO THRIVE

Definition Child's weight, height, and motor development fall significantly short of normal children's average growth rate (i.e., below the 5th percentile).

Failure to thrive is a serious medical condition most often seen in children under age 1. The condition may be due to organic reasons (e.g., serious kidney, heart, intestinal disease; brain damage) or may result from failure to meet a child's nutritional and/or emotional needs.

**Additional
Verification**

Written or verbal statement by a physician that the child's condition is non-organic in nature.

INADEQUATE CLOTHING/PERSONAL HYGIENE

Definition Failure to provide clothing and/or personal hygiene to the extent that it poses a threat of serious harm to the child. This allegation applies to children under age twelve (12) and to those children, regardless of age, who have a disability that prevents self-care.

Factors to consider include:

- child's age; physical condition, mental ability, level of functioning;
- * frequency and severity of occurrence; and
- * previous history of occurrences.

Note: Having head lice, in and of itself, is not considered inadequate personal hygiene. Other symptoms/indicators must also be present before this allegation can be disposed of as "indicated."

Circumstances that may indicate a threat of serious harm include, but are not limited to:

- twelve (12) month old child, recently released from the hospital after a severe episode with pneumonia, is being brought to the doctor on cold January days for follow-up care while wearing only a diaper and thin T-shirt with no shoes or socks
- fifteen (15) year old physically disabled youth is wheelchair-bound and wearing soiled diapers which have resulted in sores on the genitals and buttocks

INADEQUATE FOOD

Definition Failure to provide food sufficient to sustain normal functioning and prevent serious harm.

INADEQUATE SHELTER

Definition Parents' or primary caregivers' failure to provide shelter that protects against threat of serious harm.

The shelter must protect the children from weather elements and other hazards (in the dwelling and on the property) that pose a threat of serious harm.

Adequate shelter includes a heating or cooling source (if needed for health reasons) and access to water and sanitary facilities for personal hygiene. A lack of sanitation/cleanliness constitutes neglect when it poses a safety threat (i.e., threat of serious harm) to children.

Note: Code of Alabama 1975, § 12-15-71 (a) (6), as amended, prohibits the removal of children from their parents' custody solely because of an emergency housing need.

INADEQUATE SUPERVISION

Definition Failure to provide supervision that protects children from serious physical harm or sexual abuse.

Factors to consider include, but are not limited to:

- children's age, physical and mental condition, and developmental stage particularly as they relate to the ability to make sound judgments about providing self-care and protection;
- children's location and the parents' presence or accessibility to the children;
- frequency and duration of occurrence; and
- time of day or night incidents occur.

Circumstances that may indicate a threat of serious harm include, but are not limited to:

- Children are being left alone or with siblings in situations that pose a threat of serious harm (given the children's age, physical condition, maturity, and judgment).
- Parents/primary caregivers or secondary caregivers display erratic or impaired behavior, engage in substance/alcohol abuse, suffer from severe emotional disturbances, and/or are unable to cope; **and** the resulting behaviors, alone or in combination, are of such duration and intensity that the bare minimum of child-care tasks cannot be performed.
- Parents/primary caregivers or secondary caregivers exhibit behaviors that pose a threat of serious harm (e.g., leaving a child in an unventilated car in the summer heat or in cold temperatures without heat; leaving a young child alone without access to a responsible adult or without knowledge of how to reach help).
- Parents or primary caregivers child care plan poses a threat of serious harm.
- Parents make no effort to intervene or to obtain assistance when the child is engaged in substance abuse, criminal activity, or status offenses.
- Parents have guns, controlled or illegal substances, and/or poisonous or noxious substances in the home and the children have unsupervised access to them.
- Child is consuming a mood altering substance which poses a threat of serious harm, and the parents/primary caregivers, secondary caregiver or non-caregiver are encouraging, insisting, or permitting the child to consume the substance.

Mood altering substances include cannabis (marijuana), hallucinogens, stimulants (including cocaine), sedatives (including alcohol and Valium), narcotics, or inhalants.

Consider, at a minimum, the following factors when determining if the substance misuse constitutes abuse/neglect.

- * child's age;
- * frequency of misuse;

- * whether the substance is illegal;
- * degree of behavioral dysfunction or physical impairment;
- * child's culture (particularly as it relates to using alcohol in religious ceremonies or on special occasions); and
- * parents' attempt to control an older child's substance misuse or seek help for the child.

MEDICAL NEGLECT

Definition Failure to provide medical or dental treatment for a health problem which, if untreated, could cause serious harm.

Note: The following situations, in and of themselves, do not constitute medical neglect and require the presence of some other condition or situation which might cause harm to the child.

- Failure of parents or primary caregivers to obtain immunizations for their children; refer these reporters to the Department of Public Health.
- Failure of parents or primary caregivers to sign permission slips for school physicals.

Religious objection. Any parent who, in good faith, allows treatment by spiritual means alone or through prayer in accordance with the tenets and practices of a recognized church or religious denomination by a duly accredited practitioner shall not, for that reason alone, be considered neglectful under any provision of these definitions unless the judge in a court of law finds that it is in the child's best interest for the court to take jurisdiction.

DHR must petition a court of law for a decision about adherence to religious beliefs as the basis for refusal or failure to seek, obtain, and follow through with either diagnostic procedures or medical, mental, or dental treatment in any situation where, according to medical opinion, failure to provide these may result in permanent disability or death to the child.

"Medical neglect of children with disabilities" (P.L. 98-457) is also included under this allegation, and is defined as withholding nourishment and medically indicated treatment from infants (i.e., any child less than one year old) solely on the basis of the infant's present or anticipated mental or physical impairment.

"Withholding medically indicated treatment" is defined as failure to respond to an infant's life-threatening conditions by providing treatment

(including appropriate nutrition, hydration, and medication) which, in the treating physician's reasonable medical judgment, will most likely be effective in ameliorating or correcting life-threatening conditions.

Medical neglect of children with disabilities (P.L. 98-457) requires special procedures (refer to *Special CA/N Procedures*) when assessing treatment decisions. These procedures will also be used with:

- other severely disabled children when DHR is called upon to intervene, on behalf of the child, in the proposed medical treatment plan, and
- in situations where children in DHR custody or planning responsibility are older than one (1) and they have a life-threatening medical condition.

Treatment to ameliorate or correct life-threatening conditions may be withheld in the following situations:

- infant is chronically and irreversibly comatose; or
- treatment would merely prolong death, would not be effective in ameliorating or correcting the infant's life-threatening conditions, or would otherwise be futile in terms of the infant's survival; or
- the treatment itself, under the circumstances, would be inhumane.

**Additional
Verification**

Written or verbal statement by a medical professional

DEATH

Definition

Permanent cessation of all vital functions.

The following also define death:

- total irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system;
- the final and irreversible cessation of perceptible heart beat and respiration.

FACTITIOUS DISORDER BY PROXY

Definition

A form of child abuse where the parents or primary caregivers, in order to gain attention for themselves, exaggerate/fabricate and/or induce illness or symptoms in a child, placing the child at threat of serious harm.

Munchausen Syndrome by Proxy is a narrower type of Factitious Disorder by Proxy in which the main gain for the parents or primary caregivers is attention from the medical or mental health community. The parents or primary caregivers have an intense need or compulsion to be in a relationship with the medical or mental health community, and the child is used to obtain and maintain this relationship.

Diagnostic indicators include, but are not limited to, the following:

- Parent fakes the child's illness or symptoms; upon examining the child, the physician finds no evidence of what the parent has described.
- Signs and symptoms of a child's illness quickly cease when the child and parent or primary caregiver are physically separated.

**Additional
Verification**

Written statement by a medical professional

POSITIVE TEST FOR ALCOHOL AT BIRTH/FETAL ALCOHOL SYNDROME

Definition

Child tests positive at birth for alcohol and/or exhibits symptoms of fetal alcohol syndrome. Fetal alcohol syndrome is associated with growth, mental, and physical problems (e.g. low birth weight, facial abnormalities, organ dysfunction, etc.) that occur in a baby when a mother consumes alcohol during pregnancy.

**Additional
Verification**

Written or verbal statement from a medical professional.

POSITIVE TEST FOR DRUGS AT BIRTH/DRUG WITHDRAWAL

Definition

Infants who test positive at birth for drugs are considered to be abused/neglected. Infants who test positive at birth for prescription medication or over the counter medications due to the mother's consumption and misuse of prescription medications or over the counter medications are considered to be abused/neglected. Misuse of prescription medications or over the counter medications is defined as an excessive amount of the medication in the infant's system as determined by a medical professional.

**Additional
Verification**

Written or verbal statement by a medical professional.

**Additional
Information
Collection Protocol
Requirements**

When the report is received before the infant is discharged from the

hospital, child welfare staff per December 1, 2016 Memorandum, *Amended Timely Response to Intake Calls*, shall respond immediately to the hospital. In-person contact must be made with the mother, the infant, and hospital medical staff prior to the infant's discharge. The mother's and infant's address and living arrangement must be verified (e.g., relatives, Medicaid records, DHR records, postal service), and a home visit **must** be made within twelve (12) hours after the infant's discharge from the hospital.

When the report is received after the infant's discharge from the hospital, child welfare staff must make a home visit as soon as possible, but no later than twelve (12) hours after the report is received.

Child welfare staff must collect and assess information about:

- Conditions and circumstances related to the substance use/misuse (e.g., type, frequency, duration, underlying conditions);
- The presence of any other individuals (e.g., household members, friends) in the home who may also be using/misusing substances or influencing the parent's substance use/misuse;
- How the parent's substance use/misuse is impacting caregiving knowledge and skills;
- The parent's ability to meet the infant's unique needs;
- Adequacy of living arrangements and means of financial support; and
- Whether the mother has other children not living with her; if so, those children's whereabouts, current living arrangement and legal status. Specifically assess whether there are safety and permanency needs (e.g., mother left child in an inappropriate or unsafe setting) in these children's current living arrangement. If there is any indication that child safety is or was a concern for these children (e.g., parental rights terminated), consideration must be given as to whether the same or similar circumstances and safety issues may occur with this infant.

CHEMICAL ENDANGERMENT (METHAMPHETAMINE)

Definition

Child(ren) are in a situation/environment where through direct or indirect exposure they ingest or inhale, a controlled substance (methamphetamine)

or chemical substance (e.g., pseudoephedrine, freon, sulfuric acid, etc.) used in the production of methamphetamine, and parents'/primary caregivers' purpose for being in possession of the chemicals is to produce or manufacture crystal meth for personal use or distribution.

**Additional
Verification**

Direct observation by a child welfare worker or law enforcement officer of a child(ren) presence and removal from an operational meth lab (e.g., observation creates preponderance of credible evidence of exposure), or

Statement from medical professional on diagnosed health problems which are directly related to child(ren) exposed to controlled/chemical substance during the production of methamphetamine.

OTHER THREAT OF SERIOUS HARM

Definition

Serious harm has not yet occurred, but a child has been placed in a situation that can result in significant physical injury; sexual abuse; severe impairment in the child's behavioral and/or cognitive functioning; permanent disability or disfigurement; or death.

Use this allegation when no other allegations apply and the total circumstances lead a reasonable person to believe that the child is at other threat of serious harm.

Circumstances that may indicate the children are at other threat of serious harm include, but are not limited to, the following:

- a person, upon release from prison for child physical/sexual abuse or who has a prior indicated CA/N in the Central Registry, is known to be living in the home with any child or has regular access to the child, and the past history of indicated abuse provides reason to believe another child may be at threat of serious harm;
- a person previously responsible for abuse who has been ordered to remain out of the home, returns, and has access to the child;
- non-accidental death of one child provides reason to believe that another child in the home may be at threat of serious harm;
- producing, selling, trafficking, or having drug users in and out of the home which places the children at serious threat of harm;
- parents, other household members or caregivers are abusing drugs and/or alcohol to the extent that the children are placed at

- threat of serious harm (e.g., parent arrested for DUI with child in the car).
- non-caregivers behavior/actions (use of drugs, manufacture of drugs, providing child drugs etc.) pose a threat of serious harm.

OTHER THREAT OF SERIOUS HARM/DOMESTIC VIOLENCE

Definition

Serious harm has not yet occurred, but a child has been placed in a situation due to domestic/family violence of one family member or intimate partner on another that can result in physical injury; permanent disability or disfigurement; or death.

Circumstances that may indicate a child is at other threat of serious harm due to domestic/family violence, include, but are not limited to, the following:

- child is at serious threat of being hurt while intervening in incidences of domestic violence;
- child is directly exposed to incidents of domestic violence and is at serious threat of being hit or hurt ;
- child is threatened and physically prevented from leaving during the incident and is at serious threat of being hurt;
- child is at serious threat of being hurt due to exposure to the use of weapons and/or threats of homicide during an incident of domestic violence; or
- child is directly exposed to domestic violence that is markedly increasing in frequency and severity and is at serious threat of being hurt.

In order to substantiate this allegation, there must be clear documentation in the case narrative that places the child at other serious threat of harm due to domestic violence.