The reporter makes statements or gives information about what is known or suspected to be happening to an alleged child victim. DCFS is authorized to investigate alleged child abuse and/or neglect where the alleged perpetrator is a parent; a caretaker as defined in the Louisiana Children's Code Article 603 (as defined below); or, individuals listed in the Louisiana Children's Code Article 610 whom DCFS is authorized to investigate as a perpetrator.

Caretaker is defined in Louisiana Children's Code Article 603 as any person legally obligated to provide or secure adequate care for a child, including a parent, tutor, guardian, legal custodian, foster parent, an operator or employee of a residential or treatment facility licensed by the Department of Children and Family Services or the Louisiana Department of Heath, or other person providing a residence for the child. Caretaker shall not include an operator or employee of a correctional facility, detention facility, nonresidential school, or unlicensed residential or child care provider.

Louisiana Children's Code Article 610 requires DCFS to investigate a person who maintains an interpersonal dating or engagement relationship with the parent or caretaker; a person living in the same residence as the parent or caretaker; a person living in the same residence as the child, or any residence of the child, if the child has more than one residence; an employee or an operator of an early learning center as defined in R.S. 17:407.33; or, an operator or employee of a registered family child day care home. From these statements, DCFS staff determines if the information meets the legal criteria for acceptance, including suspicion of abuse and/or neglect. If accepted, the allegation(s) initiate the ensuing investigation and determine many of the activities required of the CPS worker. The focus of the investigation is to ensure the safety of the child(ren).

This appendix includes the specific allegations to be used in child abuse and/or neglect report documentation, intake decision making and investigation, along with the agency definition for each allegation. The agency definitions for the allegations are listed in this appendix instead of in the body of Chapter 4 of the manual as a convenience to CPS staff. The definitions are policy and the expectation is that they be regarded as such. The definitions may have examples included but they are not limited to those listed.

Certain allegations have restrictions as to who may report the allegation, or under what condition(s) the allegation may be used. They are identified by the term ALLEGATION USAGE CRITERIA and they are found after the allegation definitions.

Certain allegations have FINDING requirements, and those are also listed in the appendix. They are found after the allegation definition or after the allegation usage criteria if the allegation has one. The FINDING is a requirement for the type of professional collateral from whom the worker may obtain the diagnosis and/or verification of the injury, condition or situation that was alleged. The FINDING also gives the possible sources for the evidence and/or verification that the injury, condition or situation was the result of child abuse and/or neglect.

The allegations are grouped according to the general child abuse/neglect type represented and are listed alphabetically within the groupings.

Before you finalize the finding determination, consult CW policy 4-535 to ensure that the finding meets the criteria for a substantiated finding. This is particularly true when substantiating a parent/adult perpetrator when they refuse to continue to parenting a child due to the child being a threat to themselves or others in the home, and the parent/adult perpetrator has exhausted all possible options (resources, placements, and services) in meeting a child's needs. In this situation, State Office CPS Programs should be consulted prior to substantiating.

A. CHILD ABUSE AND NEGLECT ALLEGATIONS

PHYSICAL ABUSE

BONE FRACTURE - A fracture is a partial or complete broken bone. This category excludes skull fracture(s).

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

BRUISES - Injuries resulting in bleeding under the skin, where the skin is discolored but not broken. Bruises are also called contusions. This category excludes a contusion to the eye, often called a "black eye" as this is considered an eye injury.

ALLEGATION USAGE CRITERIA: This category is used when the reporter states that a bruise has been observed.

FINDING: A diagnosis or verification of the injury or mark by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if the injury or mark is observed in person by a the representative of the Department and is deemed appropriate by the worker and/or supervisor depending on location of the injury, the severity, the possible need for medical treatment, the age of child, the physical condition, the instrument used, the chronicity, and the victim's statement. The failure or inability to obtain a diagnosis or verification of the injury by medical professionals listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

BURNS - Tissue injury resulting from excessive exposure to thermal, chemical, electrical, radioactive, caustic or other agents. This includes scalding. During or after the healing of such injury scarring, hyperpigmentation, or hypopigmentation, may be present

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required if there is any observable mark. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2 or Moderate (Tier 3) and must be approved by a supervisor.

CENTRAL NERVOUS SYSTEM DAMAGE/BRAIN DAMAGE/SKULL FRACTURE - Damage to the portion of the nervous system consisting of the brain and the spinal cord. This category also includes skull fracture, which is a broken bone in the skull.

This category excludes concussions, which are included under Minor Head/Facial Injuries, and this category also excludes Shaken Infant Syndrome or Whiplash, which that allegation is used.

ALLEGATION USAGE CRITERIA: Shall be reported only by a mandated or other professional reporter.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

CUTS - An opening, incision, or break in the skin made by some external agent. During or after the healing of such injury scarring, hyperpigmentation, or hypopigmentation, may be present.

ALLEGATION USAGE CRITERIA: This category is used when the reporter states that a cut has been observed.

FINDING: A diagnosis or verification of the injury or mark by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if the injury or mark is observed in person by a representative of the Department and is deemed appropriate by the worker and/or supervisor depending on location of the injury, the severity, the possible need for medical treatment, the age of child, the physical condition, the instrument used, the chronicity, and the victim's statement. The failure or inability to obtain a diagnosis or verification of the injury by medical professionals listed above does not prevent a

substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

DISLOCATIONS OR SPRAINS

Dislocation - The temporary displacement of a bone, from its normal position in a joint without a fracture.

Sprain - Abnormal stretching of the joint ligaments and trauma to a joint which causes pain and disability depending upon the degree of injury to ligaments. In severe sprain, ligaments may be completely torn.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations also require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

EYE INJURY - A trauma to any part of the eye, eye socket, and/or the adjacent structures. This category includes a contusion to the eye area, which is often called a "black eye".

FINDING: A diagnosis or verification of the injury or mark by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if the injury or mark is observed in person by a representative of the Department and is deemed appropriate by the worker and/or supervisor depending on location of the injury, the severity, the possible need for medical treatment, the age of child, the physical condition, the instrument used, the chronicity, and the victim's statement. The failure or inability to obtain a diagnosis or verification of the injury by medical professionals listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations also require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

FACTITIOUS DISORDER BY PROXY/MUNCHAUSEN BY PROXY SYNDROME - A parenting disorder in which the parent or adult perpetrator fabricates, exaggerates or induces symptoms of physical or psychological illness in the child in order to obtain unnecessary medical treatment while disclaiming knowledge of the etiology of the illness. The behavior is motivated by the parent or adult perpetrator's psychological needs and the abuse to the child victim is a result of the child being regarded as ill or impaired. This can result in complex medical investigations and tests, hospitalizations, and needless surgeries. The efforts to induce the symptoms or illness can also result in death to the child victim.

This allegation does not include cases in which an overanxious parent who exaggerates a child's symptoms as a result of their concern for the child.

FINDING: The determination that the parent/adult perpetrator induced or fabricated illness, symptoms of illness and/or physical/emotional injury in the child shall be from at least one of the following: medical diagnosis by a physician or other health care provider (e.g. nurse practitioner, clinical nurse specialist, psychologist, social worker, licensed professional counselor, etc.) as defined in LA R.S. 40:1231.1, victim statement, confession of the perpetrator, or witness statement. The diagnosis by a health care provider shall be made in accordance with the requirements of LA R.S. 37:1745.2 whenever the allegation of factitious disorder constitutes grounds for a "child in need of care" proceeding. This requires that the physician/health care provider is licensed in Louisiana, qualified to diagnose mental health conditions, and conducted a bona fide evaluation of the parent/caretaker.

HUMAN BITES - An injury, wound, bruise, indentation, or puncture that breaks the skin, caused by human teeth. During or after the healing of such injury scarring, hyperpigmentation, or hypopigmentation, may be present.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained when appropriate, depending on the victim's statement, the size of the mark(s), the severity of the injury(ies), the number of bites or marks, the age of the victim, and the possible need for medical treatment. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of severe or moderate and must be approved by a supervisor prior to being assigned to Tier 2 or Tier 3.

INTERNAL INJURIES - An injury to one or more of the internal organ systems occupying the thoracic or abdominal cavities, which is not visible from the outside.

ALLEGATION USAGE CRITERIA: Shall be reported only by a mandated or other professional reporter.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

HEAD/FACIAL INJURIES - A trauma or harm to the head, scalp, or face and any other facial injury. Examples of injuries may include but are not limited to things such as concussion, hair pulled out, scalp injury, injury to the ear(s), nose injury, nose bleeds, facial swelling, and any other facial injury.

For the more specific head injuries choose Central Nervous System Damage/Brain Damage/Skull Fracture, Bruises, Cuts, Welts or Scratches, Human Bites, Subdural Hematoma, Eye Injury, and Mouth/Dental Trauma.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if any injury or mark is observed, in person, by a representative of the Department, or when there are concerns for a concussion, confusion or altered mental status, or swelling. The failure or inability to obtain a diagnosis or verification of the injury by a medical professional listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations also require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

MOUTH/DENTAL TRAUMA - An injury to the mouth area. This category includes injuries to the jaw, lips, tongue, frenum, upper palate, gums or teeth. This category excludes a fracture to the jaw, which would be Bone Fracture.

FINDING: A diagnosis or verification of the injury by a dentist, physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required if there is a mark or injury observed, in person, by a representative of the Department. The failure or inability to obtain a diagnosis or verification of the injury by a medical professional listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: dental or medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

PASSIVE PHYSICAL ABUSE - Failure of a parent/adult perpetrator to protect a child from physical abuse while it is occurring or knowingly allowing a situation, circumstance, occurrence, event or opportunity to arise, which increases the likelihood that a child is placed at risk of being physically abused. This allegation is limited to those situations in which the physical abuse of a child is alleged, and the caretaker/adult perpetrator is believed to be culpable because of their failure to protect.

Examples include, but are not limited to:

a. The parent/adult perpetrator observes the abuse of the child occurring but fails to take action to protect the child from harm.

b. The parent/adult perpetrator gives permission (explicitly or implicitly) for the abuse to occur (e.g. encourages a known abuser to spank the child.)

c. Leaving a child in the care of an individual who previously physically abused this child or any other child.

FINDING: The determination may be from at least one of the following: medical professional or records, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

POISONING OR NOXIOUS SUBSTANCE INGESTION - Any substance intentionally introduced into the body by ingestion, inhalation, injection or absorption that interferes with normal physiological functions or has the potential to kill. Poison often implies an excessive degree of dosage rather than a specific group of dangerous or noxious substances since many substances can be poisonous if consumed in sufficient quantity. This allegation does not include an incident of accidental poisoning or ingestion.

FINDING: A diagnosis or verification of poisoning or ingestion, inhalation, injection, or absorption of a noxious substance shall be made by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

SCRATCHES - An injury resulting in a thin, shallow opening, mark, or break in the skin. This may be caused from, but is not limited to, a sharp instrument or fingernails. This includes abrasions. During or after the healing of such injury scarring, hyperpigmentation, or hypopigmentation, may be present.

ALLEGATION USAGE CRITERIA: This category is used when the reporter states a scratch/abrasion has been observed.

FINDING: A diagnosis or verification of the injury or mark by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if the injury or mark is observed in person by a representative of the Department and is deemed appropriate by the worker and/or supervisor depending on location of the injury, the severity, the possible need for medical treatment, the age of child, the physical condition, the instrument used, the chronicity, and the victim's statement. The failure or inability to obtain a diagnosis or verification of the injury by medical professionals listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

SUBDURAL HEMATOMA - A swelling, mass of blood (usually clotted), or bleeding confined to the tissue or space between the brain and the skull caused when the vein bridging the two is torn. This category includes subdural hemorrhage.

ALLEGATION USAGE CRITERIA: Shall be reported only by a mandated or other professional reporter.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

SUFFOCATION - The stoppage of respiration in which a child is deprived of oxygen.
Examples include but are not limited to:

a. strangling,

b. asphyxiation, or

c. drowning.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, coroner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or

treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

THREATENED HARM - Refers to non-accidental, dangerous behavior that places a child at substantial risk of serious physical injury. This includes the parent/adult perpetrators behavior or verbal communication which is threatening, physically aggressive, violent, or assaultive that a reasonable person would recognize as dangerous and likely to result in serious harm.

It also includes any physical actions, verbal communication, or aggressive behavior, directed at the child, that demonstrates a disregard for the child's safety or welfare and poses a risk of serious injury. This allegation is also used for repeated or escalating behaviors, which have not resulted in a physical injury to the child, but if repeated are likely to result in a serious or life-threatening injury. Examples include but are not limited to the following:

a. Threatening the child with a weapon such as a gun or a knife. This also includes non-accidental discharging of a gun in the residence or on the premises of the residence with the intent to injure or threaten the child.

b. Throwing or shoving an infant or young child's head against a wall or other surface.

c. Shaking an infant.

d. Placing hands around a child’s neck as a means of a threat.

e. Striking a child on or about the head severely or repeatedly.

f. Threatening to harm a child in a manner that could cause serious harm to the child.

FINDING: A physical injury is not required for a substantiated finding for this allegation, as long as the behavior or verbal communication presents a foreseeable and significant risk to the child’s safety. The determination as to whether the injury was a result of child abuse shall be from at least one of the following law enforcement verification; victim statement; confession of the perpetrator; witness statement; or medical or other mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding.

TORTURE - Deliberately and/or systematically inflicting or subjecting the child to unusual, bizarre, brutal, or cruel treatment, or mutilation that causes either an injury, suffering, agony, and/or severe physical pain as a means of punishment, coercion or injurious cultural/religious practice. This may be a one-time act as well as a pattern of actions. Some examples include, but are not limited to:

a. Hanging a child from the ceiling;

b. Sticking a child with needles and pins;

c. Forcing a child to kneel on surfaces and/or objects that cause pain for a long period of time;

d. Tying the child's penis to stop bed wetting, and

e. Female genital mutilation as defined in LA R.S. 14:43.4.

FINDING: Medical documentation is needed regarding the extent of the injury, suffering, agony, and/or the severe physical pain which resulted in the child being in substantial risk of harm by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding. The determination as to whether the injury/incident was the result of child abuse shall be from at least one of the following: medical documentation, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

Female genital mutilation finding for Torture may be by a physician, physician assistant, nurse practitioner, coroner verification, victim statement, confession of the perpetrator, confession of the permission for the procedure by a parent/adult perpetrator, or witness statement; and, only requires verification of the procedure on the victim.

TYING OR CONFINEMENT - 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 include, but are not limited to:

a. Locking or otherwise requiring a child to remain in a room for an unreasonable period of time;

b. Locking a child in a closet for any period of time;

c. Tying one or more of a child's limbs to a bed, chair, or other object;

d. Tying a child's hands behind his back; or

e. Putting a child in a cage.

This category does not include locking a child in a house unsupervised, which would be Lack of Adequate Supervision.

FINDING: The determination may be from at least one of the following: law enforcement verification; victim statement; confession of the perpetrator; witness statement; or medical or other mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding if needed.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

UNSPECIFIED PHYSICAL ABUSE - An alleged physical abuse incident without specific information whether the child has an injury or the extent of the injury.

ALLEGATION USAGE CRITERIA: This use of this allegation is limited to case acceptance for investigation.

FINDING: No substantiated final finding status is permissible for this allegation. If the investigation does not reveal significant evidence for a determination of one of the other specific allegations, then the report shall be found unsubstantiated.

WELTS - An elevation of the skin which may be red in color produced by a lash, pressure, or blow. Items that may be used to cause welts include, but are not limited to, a belt, electrical cord or coat hanger. During or after the healing of such injury scarring, hyperpigmentation, or hypopigmentation, may be present.

ALLEGATION USAGE CRITERIA: This category is used when the reporter states that a welt has been observed.

FINDING: A diagnosis or verification of the injury or mark by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding should be obtained if the injury or mark is observed in person by a representative of the Department and is deemed appropriate by the worker and/or supervisor depending on location of the injury, the severity, the possible need for medical treatment, the age of child, the physical condition, the instrument used, the chronicity, and the victim's statement. The failure or inability to obtain a diagnosis or verification of the injury by a medical professional listed above does not prevent a substantiated finding for this allegation. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

WHIPLASH-SHAKEN INFANT SYNDROME - Severe injuries to an infant or young child caused by the rapid movement of the head or spinal column during shaking with short jerky movements. Common injuries reported from shaking include: brain damage, spinal cord injury/paralysis, blindness or other eye trauma, seizures, mild

to severe mental retardation, developmental delay, impaired motor and sensory skills, broken bones, and dislocation.

ALLEGATION USAGE CRITERIA: Shall be reported only by a mandated or other professional reporter.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; or coroner is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, confession of the perpetrator, or witness statement.

WOUNDS - A serious bodily injury caused by a physical means such as a knife, gunshot or other potentially lethal weapon in which the skin or any other external organ surface is broken, pierced, cut or torn. Examples include but are not limited to:

a. Lacerations;

b. Punctures; and

c. Tears.

FINDING: A diagnosis or verification of the injury by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the injury was the result of child abuse shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

SEXUAL ABUSE

HIV/AIDS AND HEPATITIS

HIV - Human Immunodeficiency Virus, or HIV, is a virus that attacks the body's immune system. Over time the virus weakens a person's defenses against disease, leaving them vulnerable to many infections and cancers that would not normally develop in healthy people. Some people with HIV infection have no symptoms at all, some have mild health problems, and others have AIDS.

HIV is transmitted when infected blood, semen, vaginal fluids, or breast milk enter the body through the mucus membranes of the anus, vagina, penis (urethra), or mouth, or through cuts, sores, or abrasions on the skin. HIV is spread most commonly by unprotected sexual intercourse. It is also spread by sharing needles or syringes to inject drugs and from an infected mother to her infant.

AIDS - Acquired Immune Deficiency Syndrome (AIDS) is the end stage of HIV infection. AIDS means HIV has seriously damaged the immune system.

HEPATITIS - an inflammation of the liver which may be caused by a variety of agents including viral infections. Identified strains caused by viruses are: Hepatitis A, B, C, D, E, and G. The three most common strains in the U. S. are A, B, and C.

Hepatitis A is caused by the hepatitis A virus and is transmitted through oral-fecal contact, often from eating contaminated foods or drinking unsafe water. Transmittal through blood borne sources or sexual contact is rare.

Hepatitis B is a blood borne viral disease caused by the hepatitis B (HBV) virus. It is transmitted horizontally by blood and blood products and sexual transmission. It is also transmitted vertically from mother to infant in the prenatal period.

Hepatitis C is a blood borne viral disease caused by the hepatitis C virus which is also transmitted with blood to blood contact. The hepatitis C virus is also present in other body fluids of people infected with the disease. It can be transmitted through contact with infected blood, from a mother to a baby, and through sexual intercourse.

ALLEGATION USAGE CRITERIA: Shall only be accepted when there is an allegation or suspicion that the child has HIV/AIDS or hepatitis as a result of sexual transmission from a parent/adult perpetrator. The diagnosis alone is not sufficient for assuming possible sexual abuse.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The verification that the transmission of the disease to the child was the result of sexual transmission shall be from at least one or a combination of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, and/or witness statement.

ORAL SEX - A parent/adult perpetrator placing their mouth and/or tongue however slight, on the anus or genitals of a child or a child placing their mouth or tongue on the anus or genitals of the parent/adult perpetrator.

FINDING: Shall be from at least one of the following: physician, physician assistant, nurse practitioner, psychiatrist, psychologist, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

PASSIVE SEXUAL ABUSE - Failure of a parent/adult perpetrator to protect a child from sexual abuse OR knowingly allowing a situation, circumstance, occurrence, event or opportunity to arise which increases the likelihood that a child is placed at risk of being sexually abused.

Examples include but are not limited to:

a. After a parent/adult perpetrator has knowledge of an incident of child sexual abuse, or attempted sexual abuse, and takes no reasonable action to protect the child from future contact with the sexual abuse perpetrator, regardless as to whether or not the child is abused or there is another incident or attempted incident of child sexual abuse;

b. After a parent/adult perpetrator has knowledge of an identified sexual abuse perpetrator or perpetrator of an unlawful sexual act and takes no reasonable action to protect a child from contact with the known perpetrator of the abuse or unlawful sex act, regardless as to whether or not the child is sexually abused;

c. The parent/adult perpetrator fails to provide adequate supervision, care, guidance, and/or protection to a child while they are present or at close proximity, and as a result, a child is sexually abused;

d. The parent/ adult perpetrator fails to arrange for adequate care and/or supervision during the parent/ adult perpetrator's absence that results in sexual abuse to the child when the parent/ adult perpetrator could reasonably be expected to know sex abuse could occur; and/or

e. The parent/ adult perpetrator knowingly leaves a child in the care of an inadequate or inappropriate individual (e.g. leaving a child in the care of an individual who previously sexually abused the child, permits the perpetrator to have access to the child, or is known to have previously sexually abused a child), regardless as to whether or not the child is sexually abused.

ALLEGATION USAGE CRITERIA: The use of this allegation is limited to those situations in which it is alleged that a child was either sexually abused or placed at risk of being sexually abused and the parent/adult perpetrator is believed to be culpable because of their failure to take protective action.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

SEXUAL ENTICEMENT - Activity between a child and an adult perpetrator to engage in or commit any lewd or lascivious act upon the child and/or in the presence of a child. These acts may be sexually suggestive or intend to arouse sexual desire, but it does not require physical contact.

Sexual Enticement includes grooming which is defined as an adult perpetrator who engages in behavior aimed at persuading, seducing, coercing, and/or creating an intimate relationship with a minor by means of seduction, emotional manipulation, threats, promises, coercion, enticement, isolation, psychological tactics, or extortion

with the specific intent to prepare a child for sexual activity. Grooming involves a deliberate process that builds trust and/or emotional dependence even when no physical contact has occurred.

This behavior can happen in person or through any form of communication (email, text, social media, mail, messaging apps, etc.).

Examples of seduction, emotional manipulation, threats, promises, coercion, enticement, isolation and extortion include but are not limited to:

a. Kissing in a lingering and intimate way

b. Observing the child masturbate, undress, bathe, excrete and/or urinate.

c. Complimenting a child's body or physical attributes in an inappropriately intimate manner. This may be followed by inappropriate physical contact or verbal suggestions or comments.

d. Exposure of the genitals, buttocks, anus, vulva, vagina, penis, scrotum, groin, or breast.

e. Sexual harassment, suggestion of future sexual activity, or engagement in explicit sexual activity in the victim's presence or through any kind of communication

f. Requesting that the child touch, pinch, and/or caress the parent or adult perpetrator's breast, abdomen, genital area, inner thigh, or buttocks under or over clothing.

g. Establishing a connection with the child or making them feel special or wanted in an effort to create an inappropriate intimate relationship with the child.

h. Threatening to release a child's personal information (secrets, photographs, documents, etc.) if the child does not submit to the adult's requests or demands.

ALLEGATION USAGE CRITERIA: Reports should not be accepted if the allegation consists of one accidental incident of observation by the child of sexual intercourse by parents. However, if it is alleged that this is a repeated occurrence or it is alleged that the child's observation enhances the parental sexual gratification, then the report may be accepted under this allegation. The use of this allegation is also for grooming concerns in which the adult perpetrator's actions toward the child are believed to be gradually enticing, preparing or developing the child for future sexual acts. The adult perpetrator should be at least four years of age or older than the child.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding;

Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement

SEXUAL EXPLOITATION, PORNOGRAPHY - The allowing, permitting, encouraging or forcing a child to participate in the obscene or pornographic photographing, filming, videotaping or visual reproduction of any sexual performance as those acts are defined by LA R.S. 14:81.1. It also includes submitting pornographic pictures and/or material involving the child on the internet.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; or law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

SEXUAL INTERCOURSE (VAGINAL OR ANAL) - Penetration of the female child's vagina by the perpetrator's penis, penetration of the anus or rectal opening of a male or female child by the perpetrator's penis, or penetration of the anus, rectal or vaginal opening of an adult perpetrator by a child victim's penis.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

SEXUAL MANIPULATION OR FONDLING - The intentional act of touching, or causing the child to touch, either directly or through the clothing, the vagina, vulva, penis, scrotum, anus, groin, breast, inner thigh, buttocks, with an intent to abuse, humiliate, harass, degrade, or to arouse or gratify the sexual desire of the parent/adult perpetrator. Touching may be accomplished by using any part of the body, and/or an inanimate object.

This may also include behaviors, which are grossly vulgar, obscene, or distasteful that may excite sexual desire or deprave morals with respect to sexual relations. This includes committing any lewd or lascivious act with the intent to arouse or gratify sexual desires.

a. The adult touching, pinching or caressing a child's breasts, abdomen, genital area, inner thigh, or buttocks under or over clothing.

b. The child touching, pinching or caressing a parent/adult perpetrator's breasts, abdomen, genital area, inner thigh, or buttocks under or over clothing. This act of physical touching can be initiated from a request by the parent/adult perpetrator.

c. Masturbation of a child or mutual masturbation.

d. Digital penetration of the vaginal, anal or rectal opening and/or insertion of inanimate objects.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

SEXUALLY TRANSMITTED DISEASE - A disease found in a child which was originally acquired as a result of sexual contact or intercourse with an infected person. The diseases may include but are not limited to: Gonorrhea, Nonspecific Urethritis, Syphilis, Chancroid, Genital Candidiasis, Lymphogranuloma Venereum, Granuloma Inguinal, Genital Herpes, Genital Warts, Balanoposthitis, Proctitis and Chlamydia. This excludes HIV/AIDS and Hepatitis.

All cases of medically confirmed sexually transmitted disease in children under age thirteen shall be investigated as child sexual abuse unless the facts of the case indicate no involvement in the abuse by a parent/adult perpetrator as defined in the Children's Code and policy.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination shall be from at least one of the following: medical diagnosis, law enforcement verification, confession of the perpetrator, or victim statement.

SIMULATED INTERCOURSE - Sexual interaction in which the parent/adult perpetrator simulates intercourse or rubs the female child's vagina inner thigh or rectal area against the perpetrator's penis, anus, rectum or vaginal opening or the male child’s penis, inner thigh, rectal area against the perpetrator’s penis, anus, rectum, or vaginal opening. This can be directly or through clothing.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

UNSPECIFIED SEXUAL ABUSE - A suspicion of sexual abuse without sufficient information to classify under a specific sexual abuse allegation. In order to accept under this allegation, a report must contain information which would reasonably lead one to suspect sexual abuse rather than some other form of maltreatment or upsetting event in a child's life.

ALLEGATION USAGE CRITERIA: This allegation may only be used for case acceptance for investigation.

FINDING: If an investigation does not reveal significant evidence for a determination of one of the other specific allegations, then the report shall be found unsubstantiated.

JUVENILE SEXUAL TRAFFICKING

JUVENILE SEXUAL TRAFFICKING - To knowingly recruit, harbor, transport, provide, sell, offer, advertise, permit, consent, purchase, benefit, receive, isolate, entice, obtain, maintain or solicit the use of a person under the age of eighteen years for the purpose of engaging in commercial sexual activity or to knowingly facilitate any of the activities listed above, by any means, including but not limited to help aiding, abetting, or conspiring, regardless of whether a thing of value has been promised or received by the person as specified by RS 14:46.3 (A)

Commercial Sexual Activity means any sexual or lewd or lascivious act performed or conducted when anything of value has been given, promised, or received by any person, directly or indirectly, including the production or transmission of child sexual abuse material or pornography as specified by RS 14:46.3(B).

Examples include but are not limited to:

a. A parent/adult perpetrator receives or is promised anything of value for the purpose of the child to engage in commercial sexual activity.

b. A parent/adult perpetrator has knowledge and allows the child to engage in commercial sexual activity and takes no reasonable action to protect the child.

c. A parent/adult perpetrator has knowledge and allows the child to send nude images/videos of themselves, through electronic means, for anything of value, and takes no reasonable action to protect the child.

d. A parent/adult perpetrator asks, encourages, or demands the child to engage or participate in any commercial sexual act in exchange for anything of value. The child need not engage in sexual act or receive anything of value.

FINDING: Shall be from at least one of the following: psychiatrist; psychologist; other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; coroner; law enforcement collateral; confession of the perpetrator; victim statement; or witness statement.

NEGLECT

ABANDONMENT - The absence, disappearance, or desertion, of a child by a parent or adult perpetrator without providing for the child's well-being or needs. This includes conduct by the parent/ adult perpetrator which indicates clear intention to refuse responsibility for the child, now or in the future. This may also include the legal parent or adult perpetrator intending to forego all parental responsibilities and/or to relinquish all parental claims to the child, as provided in the Louisiana Children's Code, Article 1015 (5). Asking the Department of Children and Family Services to take custody of the child cannot be a plan for the child. If the Department of

Children and Family Services did not intervene, the child would be without food, clothing, shelter, medical care, supervision, or other care. Examples include, but are not limited to:

a. A baby left on the doorstep or thrown in garbage can.

b. A child left in a public place with no apparent intention by the parent/ adult perpetrator to return.

c. An adolescent who is without care by not being allowed to return home by the parent/adult perpetrator.

d. A baby left at a hospital or public place, whether or not in the care of an individual, without an intention to return and without making an alternative plan, placement, or safe haven relinquishment.

e. A person who has been caring for a child for an extended period of time (6 months or longer) and is unable to provide continued care.

Abandonment differs from Dependency in that the parents are not deceased, there is clear intent to abandon, and there is no condition which prevents them from assuming their parental responsibilities.

FINDING: This allegation does not have an age requirement. The age of the child(ren) is ONLY used to determine the appropriate tier level assignment. A child under 10 years old is Tier 2 and a child 10 years of age or over is Tier 3. This is determined in ACESS based on the date of birth of the child.

ABSENT AND/OR INCAPACITAED PARENT/CARETAKER - A child who is without reasonable food, shelter, clothing, medical care or parental care/guardianship due to the incapacity or absence of a parent/adult perpetrator.

Examples include but are not limited to:

a. An absent parent the department is unable to locate;

b. A father who is unaware of paternity; never involved in child's life;

c. A parent/adult perpetrator hospitalized for a physical illness or injury other than one meeting the criteria for Dependency (e.g. Substance Use Disorder, chronic mental illness or development disability);

d. A parent/adult perpetrator with a chronic/terminal physical illness;

e. Caretaker who is deployed;

f. A person who has been caring for a child who is no longer able to care for the child, at the time of the investigation, due to being incapacitated (ex. health issue) and/or unavailable (ex. incarceration); and

g. Parent/adult perpetrator who was incarcerated prior to the current circumstances of the child, and, the incarceration was unrelated to the current department involvement with the family.

Finding: This should be used in **very limited** circumstances involving an absent or incapacitated parent/adult perpetrator. The absent parent/adult perpetrator has not been primarily responsible for the child's care immediately prior to the department's involvement.

- ❖ This category is distinguished from Abandonment in that the current circumstances of the parent/adult perpetrator prevent them from caring for the child at the present time.

- ❖ This category is distinguished from Dependency as the absence or incapacity of the parent/adult perpetrator is not expected to have an impact on the safety or well-being of a child.

ALCOHOL AFFECTED NEWBORN - A newborn, age 30 days or younger, whose mother's chronic or severe use of alcohol during pregnancy resulted in one of the following:

a. included in Fetal Alcohol Spectrum Disorders (FASD) or a diagnosis of Fetal Alcohol Syndrome (FAS); or,

b. the newborn has withdrawal symptoms or a positive alcohol screen through a blood urine, or meconium test.

ALLEGATION USAGE CRITERIA: Shall be reported by a physician, physician assistant, nurse practitioner, or other hospital personnel.

FINDING: The verification shall be from a physician, physician assistant, nurse practitioner, or other hospital personnel, or a positive toxicology report and/or other medical documentation for the newborn.

CLOTHING-INADEQUATE - Knowingly failing to provide sufficient clothing and/or footwear to protect the child from severe climate and environmental conditions. This excludes a child going barefoot except in inappropriate climate and/or environmental conditions.

DEPENDENCY - Being without reasonable or necessary food, clothing, shelter, medical care, supervision or other care, or without parental care or guardianship, as a result of the chronic severe mental illness, incarceration, substance abuse, or other condition related to the parent/adult perpetrator's ability to care for the child. This excludes those conditions and/or circumstances defined in the Absent and/or Incapacitated Parent/Caretaker allegation.

Examples include but are not limited to:

a. A person who has been caring for a child for an extended period of time (6 months or longer) and no longer wants a child.

b. A parent/adult perpetrator who is unavailable due to a recent/current arrest related to the cause/reason for the current investigation of dependency.

c. A parent/adult perpetrator is too incapacitated on an ongoing basis to provide minimal care as a result of an ongoing substance abuse disorder, chronic severe mental illness, or developmental disability.

This category is distinguished from Abandonment in that the unavailability or incapacity is not related to a conscious decision to leave the child without ongoing care.

The severity considerations referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2) or Moderate (Tier 3) and must be approved by a supervisor.

DRUG AFFECTED NEWBORN - A newborn, age 30 days or younger, who is exposed to the unlawful use of any controlled dangerous substance, or when that substance is used in a manner not lawfully prescribed. "In a manner not lawfully prescribed" refers to a newborn exposed to levels of medication that exceed the mother's prescribed dosage. The mother's unlawful use of a controlled dangerous substance during the pregnancy resulted in one of the following:

a. observable and harmful effects in the physical appearance or functioning of the newborn; or,

b. the newborn has withdrawal symptoms or diagnosis of Neonatal Abstinence Syndrome, or,

c. a positive drug screen from the newborn's body, blood, urine, or meconium test.

ALLEGATION USAGE CRITERIA: Shall be reported by a physician, physician assistant, nurse practitioner, or other hospital personnel.

FINDING: The verification shall be from a physician, physician assistant, nurse practitioner, or other hospital personnel, or a positive toxicology report and/or other medical documentation for the newborn.

DRUG/ALCOHOL ABUSE - An allegation that a child is excessively consuming drugs and/or alcohol where the child has been harmed or placed at risk of harm with the permission, encouragement, and/or insistence of the parent or adult perpetrator. Examples include but are not limited to:

a. A child who is consuming prescription medication not as directed, with the permission, encouragement, or insistence of the parent or adult perpetrator(s) and as a result the child has been substantially harmed or placed at risk of substantial harm.

b. A child who is consuming illegal substances and/or alcohol, with the permission, encouragement, or insistence of the parent or adult perpetrator(s) and as a result the child has been substantially harmed or placed at risk of substantial harm.

c. A child who is excessively consuming illegal substances and/or alcohol, the parent or adult perpetrator(s) have knowledge concerning the substance and/or alcohol use and have failed to obtain resources to address the child's substance abuse needs.

The severity determination referenced in Appendix 4-B.1 is to be used when determining the tier level for this allegation. This allegation requires a determination of Severe (Tier 2), or Moderate (Tier 3), and must be approved by a supervisor.

DRUG/ALCOHOL EXPOSED CHILD - An allegation that a child has been exposed or ingested drugs, alcohol, or chemical substances (including, but not limited to cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamines, heroin, fentanyl, or kratom) that could adversely affect the child's physical, mental, or emotional functioning. The adverse reactions the child experiences due to the exposure or ingestion are as a result of the direct action or behaviors of the parent or caregivers where the child has been substantially harmed or placed at substantial risk of harm.

Examples include but are not limited to:

a A child who has been substantially harmed or placed at risk of substantial harm as a result of drug and/or alcohol exposure via breastfeeding.

b. A child who has been substantially harmed or placed at risk of substantial harm as a result of drug exposure as evident by a positive hair exposure test or positive drug screen.

c. A child who has been substantially harmed or placed at risk of substantial harm as a result of alcohol exposure.

d. A child who has been substantially harmed or placed at risk of substantial harm as a result of drug exposure as evidenced by the child being responsive to the administration of Narcan (an opioid reversal medication) or Romazicon.

e. A child who unintentionally ingests drugs, chemical substances, or alcohol, with or without gross negligence on the parent or caretaker's part and as a result, the child tests positive for drugs or alcohol on a drug screen with the exception to drugs legally prescribed to the child.

Refer to Drug and/or Alcohol Affected Newborn allegation for drug and/or alcohol exposure of an infant while in utero.

FAILURE TO THRIVE (NON-ORGANIC) - A serious medical condition most often seen in children under two years of age. The child's weight, height, and motor development fall significantly short of the average growth rates of a normal child (i.e., below the fifth percentile) due to inadequate nutrition with no known medical cause. The condition is a result of a disturbed parent/perpetrator relationship manifested in severe physical and emotional neglect of the child and withholding of food.

ALLEGATION USAGE CRITERIA: Shall be reported only by a mandated or other professional reporter. The reporter must state a clear suspicion or statement that the child victim falls below the fifth percentile on the growth chart, or state that the child has been diagnosed as nonorganic failure to thrive.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required.

EXPLOITATION (OTHER THAN SEXUAL) - The unethical or illegal use of a child for advantage or profit by a parent or adult perpetrator. It includes frequent and inappropriate expectations or demands on a child to perform dangerous, humiliating, demanding, improper or illegal tasks which emotionally or physically exhaust or weaken the child. It also includes exploitation of the child, his abilities, or resources, including his labor or wage-earning capacities and/or use of the child for begging, narcotics traffic, or other illegal activities of a nonsexual nature. This definition excludes reports that the parent/adult perpetrator responsible takes or keeps earnings of a child or that funds intended for a child e.g. FITAP grants, Social Security, child support, etc. are misused.

Examples include but are not limited to:

a. Forcing a child to steal for the benefit of the caretaker.

b. Forcing workloads on a child inside or outside the home so as to interfere with the health and well-being of the child.

FOOD-INADEQUATE - Failure, whether intentional or not, to provide nutritious edible food in an adequate supply which is having a harmful effect on the child. This category excludes a reporter's objection to a child's diet, i.e., too many hamburgers, unless the inadequate diet is harming the child.

This category includes reports of children who are underweight due to lack of adequate food regardless of age when Nonorganic Failure to Thrive or Malnutrition/Starvation is not applicable. It also includes but is not limited to reports that a family is without food on a regular basis.

This category includes two allegations, Food Inadequate under 6 years (Tier 3) and Food Inadequate over 6 years (Tier 4).

LACK OF ADEQUATE SUPERVISION - Failure of a parent or adult perpetrator to responsibly provide adequate supervision, care, guidance, or protection for a minor child in their absence; while present; or, within close proximity. The minor child is without adult supervision or other arrangement appropriate for their age, maturity, developmental level or mental/physical condition; and, is unable to care for their own needs or the needs of another. They are also unable to exercise sufficient judgment in responding to a physical or emotional crisis. It places a child in situations beyond his ability to cope; or, at risk of physical harm or exploitation.

Lack of supervision ranges from a blatant disregard for a child's needs, care and/or supervision during an absence to an incident of short term poor judgement with arranging supervision. Blatant disregard for a child's needs means an incident where the real, significant, and imminent risk of harm would be so obvious to a reasonable parent or adult perpetrator that it is unlikely they would have exposed the child to the danger without exercising precautionary measures to protect the child from harm.

It includes leaving a child responsible for siblings or other children for periods of time and in situations which are beyond his age, maturity, developmental level; or mental/physical condition or judgement to handle safely; and, they are unable to care for their own needs or the needs of another

Teens are considered competent to supervise younger siblings, unless there is evidence to the contrary. Children 10 years old or younger are considered to be too young to care for themselves and/or others for extended period of time (i.e. all day or all night).

There are currently no laws that detail at what age children can be left unattended or alone. There are also no established timeframes for how long children of any given age can be left alone. These are primarily parental decisions and, as such, each situation MUST be assessed individually, focusing on:

a. The specific child, caregiver(s), and incident factors given the child's, age, maturity, developmental level, or mental or physical condition;

b. The child's ability to care for his/her own needs or another's basic needs;

c. The child's ability to exercise sufficient judgment in responding to any physical or emotional crisis; and,

d. The age, number of child victims, circumstances and length of parental absence

This definition excludes "latchkey children" who may be younger than 10 years old who have been assessed focusing on the criteria above, through parental arrangement, are left alone for short periods of time during the day with the ability to handle emergency situations that should arise. Also excluded are single accidental incidents such as poison ingestion or a fall unless it is reported that a young child was left alone; left with an inappropriate parent/adult perpetrator or, the incident is one of a series of incidents that indicates a pattern of parental absence or inattention to the child's needs for care and supervision. This includes an inadequate latchkey arrangement.

Examples Include but are not limited to:

a. Parent/adult perpetrator who intentionally ignores or fails to monitor the child's whereabouts and actions on an ongoing basis and as a result the child is without care, supervision and guidance appropriate for his age and maturity to the extent the circumstances threaten the safety of the child.

b. Leaving a child under the age of six at home alone and without a caregiver for a short period of time, or older child alone for an extended time (e.g. overnight or longer).

c. Child over the age of six left alone in a situation which could have resulted in harm and was a one-time incident, the result of brief inattention and/or poor judgment.

d. Leaving a child with an appropriate caregiver but failing to resume care of the child, as agreed, with no apparent intent to abandon the child and the caretaker can no longer care for the children.

e. Deadly weapons are readily accessible to a child but no injury or harm occurred.

f. Parent is present or in close proximity but fails or refuses to supervise the child on an ongoing/frequent basis resulting in minor harm or injury.

g. Failure to supervise resident(s) of a residential facility that directly results in significant harm or injury to the resident(s).

Lack of supervision also includes Domestic Violence. Domestic Violence in regards to the adult perpetrator of the violence is an incident and/or multiple incidents of violence when it creates an imminent and substantial risk of harm to the child's health and/or well-being. Domestic Violence in regards to the adult victim of domestic violence is **only** used when more than one incident (pattern) of violence creates an imminent and substantial risk of harm to the child's health and/or well-being; **and** the adult victim either has not or will not exercise reasonable precautionary measures to prevent or mitigate the risk of harm to the child. When the parent or adult perpetrator is the victim in the pattern of Domestic Violence, those precautionary measures include but are not limited to reporting the abuse to law enforcement, filing for a protective order or restraining order, separating from the perpetrator, entering a shelter to escape the perpetrator, applying for services from a domestic violence program, reporting the abuse to a medical care provider, and/or filing for other legal relief to prevent the continuation of the abuse in the presence of the child. The parent or adult perpetrator shall be deemed to have not exercised reasonable precautionary measures if precautionary measures were initially taken, but the parent or caretaker failed to maintain them, resulting in further risk of harm to the child.

FINDING: The determination may be from at least one of the following: medical professional or records, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

The severity determination referenced in Appendix 4-B.1 are to be used when determining the tier level for this allegation. These allegations require a determination of Severe (Tier 2), Moderate (Tier 3), or Mild (Tier 4) and must be approved by a supervisor.

MALNUTRITION/STARVATION

Malnutrition - Failure or inability to provide food in a diet and amount which is adequate to maintain age-related physical and social activities and to prevent nutritional deficiencies, significant or continuing illnesses, developmental delay or impairment of physical and mental functioning.

ALLEGATION USAGE CRITERIA: Shall be reported by mandated or other professional reporter.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the condition was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

Starvation - Long continued deprivation of food.

ALLEGATION USAGE CRITERIA: Shall be reported by mandated or other professional reporter.

FINDING: A diagnosis or verification by a physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required. The determination as to whether the condition was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, victim statement, confession of the perpetrator, or witness statement.

MEDICAL NEGLECT - Failure to seek necessary and timely medical, dental or mental health treatment for a health problem or condition which, if untreated, could become severe enough to constitute a serious or long-term harm to the child.

Examples include but are not limited to:

a. A lack of follow-through on a prescribed medical or mental health treatment plan for a condition which could become serious enough to constitute serious or long term harm to the child.

b. A failure to authorize or withholding of necessary medical treatment in life threatening situations.

c. A failure to participate in the necessary specialized medical care or treatment plan due to parental substance abuse or other limitations or impairments when the current condition of the child indicates that the lack of specialized care is likely to result in substantial risk of harm to the child.

Excluded from this allegation is a report of a missed medical appointment unless there is likely to be a severely detrimental consequence for the child.

FINDING: Verification by physician, physician assistant, nurse practitioner, or other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required.

RE-HOMING - Defined as any of the following:

1. A transaction or any action taken to facilitate such transaction, through electronic means or otherwise by a parent or any individual or entity with custody of a child who intends to avoid or divest himself of permanent parental responsibility by placing the child in the physical custody of a nonrelative, without court approval unless specified by CPS Policy 4-405-B. Actions include but are not limited to transferring, recruiting, harboring, transporting, providing, soliciting or obtaining a child for such a transaction.

2. The selling, transferring, or arranging for the sale or transfer of a minor child to another person or entity for money or anything of value or to receive such minor child for such payments or thing of value.

3. Assisting, aiding, abetting or conspiring in the commission of any act described in Paragraph 1 or 2 above by any person or entity, regardless of whether money or anything of value has been promised to or received by the person.

FINDING: Law enforcement concurrence is needed if they are present at the initial contacts with the child victim and parent/adult perpetrator or they have additional information regarding the circumstances of the family and report. Shall be from at least one of the following: other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; victim statement; parent/ adult perpetrator statement; Child Advocacy Forensic Interviewer; LCSW; LPC; LMFT; or witness statement.

SHELTER-INADEQUATE - Periodic or continuing failure to provide shelter which is minimally safe, healthy, sanitary and/or which protects the child from the weather or elements.
Examples may include but are not limited to:

a. Living conditions which present a serious and immediate health or safety hazard because of infestations of rodents, roaches, other insects or animals, animal or human feces and/or urine, rotten or spoiled food and/or garbage or environmental hazards in the home or on the property.

b. Serious overcrowding in a house to the extent of clear and immediate harm to the child.

c. Inadequate sleeping space which presents a clear and immediate harm to a child.

This category excludes an allegation that a house is dirty unless it clearly poses an immediate threat to the child. Possible or pending eviction from a residence is also excluded from this allegation.

Infants under the age of six months may especially be at risk of serious harm of unintended suffocation if they are sleeping with adults who are abusing drugs and/or alcohol. It does not include infants sleeping with adults which do not present a clear and immediate harm to the child.

DEATH

Death is the permanent cessation of all vital bodily functions which include: irreversible cessation of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system, and the final and irreversible cessation of perceptible heartbeat and respiration.

DEATH/ABUSE - The cause of death may be alleged or known to be the result of child abuse by the parent or adult perpetrator. It also includes child deaths thought or alleged to be of a suspicious origin. An allegation of death/abuse shall also include an additional allegation type, (i.e., Brain Damage, Subdural Hematoma, Whiplash-Shaken Infant Syndrome, etc.).

FINDING: Verification of a death by a physician, physician assistant, nurse practitioner, coroner, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; or law enforcement is required. The determination as to whether the death was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, confession of the perpetrator, or witness statement. If a death allegation is substantiated the additional allegation which caused the death shall be substantiated also.

DEATH/NEGLECT - The cause of death may be alleged or known to be the result of the failure of the parent or adult perpetrator to provide basic necessities such as food, clothing, shelter, and/or adequate supervision. An allegation of death/neglect shall also include an additional allegation type, (i.e., Lack of Adequate Supervision, Food Inadequate, Malnutrition, etc.).

FINDING: Verification of a death by a physician, physician assistant, nurse practitioner, coroner, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; or law enforcement is required. The determination as to whether the death was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, confession of the perpetrator, or witness statement. If a death allegation is substantiated the additional allegation which caused the death shall be substantiated also.

LIFE THREATENING INJURY/NEAR FATALITY

Life Threatening Injury/Near fatality is an act that, as certified by a physician, places the child in serious or critical condition.

LIFE THREATENING INJURY/ABUSE - The cause of the life threatening injury may be alleged or known to be the result of child abuse by the parent or adult perpetrator. It also includes child injuries thought or alleged to be of a suspicious origin. An allegation of Life Threatening Injury/abuse shall also include an additional abuse allegation type, (i.e., Brain Damage, Subdural Hematoma, Whiplash-Shaken Infant Syndrome, etc.).

FINDING: Verification of a life threatening injury by a physician, physician assistant, nurse practitioner, coroner, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; or law enforcement is required. The determination as to whether the life threatening injury was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, confession of the perpetrator, or witness statement. If a life threatening injury allegation is substantiated the additional allegation which caused the life threatening injury shall be substantiated also. If the child dies as a result of the Life Threatening Injury an allegation of death shall be added to the investigation. If the Life Threatening Injury allegation is substantiated, the death allegation shall also be substantiated.

LIFE THREATENING INJURY/NEGLECT - The cause of the life threatening injury may be alleged or known to be the result of the failure of the parent or adult perpetrator to provide basic necessities such as food, clothing, shelter, and/or adequate supervision. An allegation of Life Threatening Injury/neglect shall also include an additional neglect allegation type, (i.e., Lack of Adequate Supervision, Food Inadequate, Malnutrition, etc.).

FINDING: Verification of a life threatening injury by a physician, physician assistant, nurse practitioner, coroner, other medical or mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding; or law enforcement is required. The determination as to whether the life threatening injury was the result of child abuse and/or neglect shall be from at least one of the following: medical diagnosis, coroner verification, law enforcement verification, confession of the perpetrator, or witness statement. If a life threatening injury allegation is substantiated the additional allegation which caused the life threatening injury shall be substantiated also. If the child dies as a result of the Life Threatening Injury an allegation of death shall be added to the investigation. If the Life Threatening Injury allegation is substantiated, the death allegation shall also be substantiated.

MALTREATMENT

EMOTIONAL MALTREATMENT - Behavior by a parent or adult perpetrator which results in observable and substantial impairment of the child's psychological, intellectual or emotional well-being and functioning. It may include the failure or inability to nurture, to protect or to provide appropriate guidance as well as actions or statements which result in a substantial impairment. The maltreatment must be a chronic or severe pattern of behavior by the parent or adult perpetrator that causes an observable and substantial impairment of the child.

ALLEGATION USAGE CRITERIA: Emotional maltreatment may be reported by a non-medical or mental health/counseling professional only if the report includes serious behavioral indicators of emotional maltreatment and an allegation that the parent/adult perpetrator responsible is contributing to the problem through his/her action or inaction. Behavioral indicators of emotional maltreatment may include but not be limited to the following:

a. the child appears overly compliant, passive, undemanding;

b. the child is excessively fearful and the fears are not age-appropriate;

c. the child is experiencing interrelationship problems such as extreme sibling rivalry, self-imposed isolation, open defiance to all authority figures, lacks friends or peer relationships;

d. the child is experiencing sleep or feeding problems, rocking, enuresis or excessive masturbation;

e. the child is exhibiting behavior or mood extremes such as appearing overly compliant; extremely passive or aggressive, very demanding or undemanding, or very dependent; excessive temper tantrums and testing behavior; rapid extreme mood changes; withdrawal, extremely low self-esteem, poor self concept, constant depression or self hatred, and damaged self concept.

The following are examples of parent/adult perpetrator behavior which might be considered emotionally harmful to a child if they are chronic or present to a severe degree:

1. the parent/adult perpetrator seldom responds to, stimulates or shows affection toward an infant, and rarely, if ever, holds the child during feeding;

2. the parent/adult perpetrator constantly blames, ridicules, degrades, shames, intimidates, shouts or curses at a child;

3. for latency age and adolescent children, the parent/adult perpetrator punishes, ostracizes or condemns when the child does not achieve far above normal abilities in areas such as school, arts, sports and social status;

4. the parent/adult perpetrator consistently singles out the child to criticize and punish, to perform most of the household chores and to receive fewer rewards.

FINDING: Evaluation by a psychiatrist or psychologist may be needed. If no evaluation is obtained, an assessment by a LCSW level social worker, LPC, LMFT, or other mental health professional whose license allows for the assessment, evaluation, diagnosis, and/or treatment of such finding is required for confirmation. If a mental health professional outside DCFS/Child Welfare must be used, this should be one with expertise in the areas of

children's services and family dynamics assessment. The assessment shall be documented in writing and confirm that the child has suffered substantial harm as the result of the behavior of the parent/adult perpetrator. The evaluation or assessment must be conducted with a face-to-face contact with the alleged child victim and may not be only a review of the investigation information.

COERCED ABORTION - When any person knowingly engages in the use or threatened use of physical force, control, or intimidation against a pregnant woman with the intent to compel the pregnant woman to undergo an abortion against her will, whether or not the abortion procedure has been attempted or completed.

FINDING: Law enforcement concurrence is needed if they are present at the initial contacts with the child victim and caretaker or they have additional information regarding the circumstances of the family and report. Statement of the victim and caretaker shall be considered when determining the finding. Whenever a worker has knowledge that a medical or mental health provider is involved, their statement shall be required.

LABOR TRAFFICKING

LABOR TRAFFICKING (OTHER THAN SEXUAL) - Knowingly recruiting, harboring, transporting, providing, soliciting, obtaining, or maintaining, the use of a child through fraud, force, or coercion to provide services or labor by a parent or adult perpetrator. It also includes situations where any person would knowingly benefit from and/or knowingly facilitates human trafficking. Facilitation human trafficking includes, but is not limited to helping, aiding, abetting, or conspiring, regardless of whether a thing of value has been promised to or received by the person.

ALLEGATION USAGE CRITERIA: Situations as defined by LA R.S. 14:46.2.A, Human Trafficking, is also included.

FINDING: This is a form of Human Trafficking.

SAFE HAVEN

SAFE HAVEN - An infant, who was not subjected to abuse or neglect and not more than 60 days old as determined within a reasonable degree of medical certainty by an examining physician, relinquished by a parent into the care of an emergency medical service provider. If the infant was admitted to a neonatal intensive care unit upon birth and has not been discharged from the hospital, then the 60 days shall commence from the date of initial discharge as defined in LA Children's Code Article 1150, with the intention to forego all parental responsibilities.

The allegation differs from an abuse or neglect allegation in that the parent lawfully relinquishes the infant under the provisions of the Louisiana Safe Haven Law (Louisiana Children's Code, Chapter 13 of Title XI Safe Haven Relinquishments). Investigation confirmation of a lawful relinquishment is not an investigation finding of abuse or neglect.

The finding is substantiated when a court continues a child in custody at the continued custody hearing as a Safe Haven relinquishment. However, the parent should be listed as unknown in the investigation as this is only for tracking purposes.

REFERENCES

La Children's Code Articles 1149 et seq., Title X1, Chapter 13, Safe Haven Relinquishments
La R.S. 14:81.1 Child Sexual Abuse Material
La R.S. 14:82 – 86 Offenses Concerning Prostitution
La R.S. 14.89 Crime against Nature
La R.S. 89.1 Aggravated Crime against Nature
La R.S. 89.2 Crime against Nature by Solicitation
La R.S. 14:46.2.A Human Trafficking
Louisiana Children's Code 603 (27) Definitions
La Children's Code Article 610 Reporting procedure; reports to the legislature and the United States Department of Defense Family Advocacy Program