Screening Of Child Maltreatment Claims In Kentucky

Legislative Oversight And Investigations Committee

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Foreword

Legislative Oversight and Investigations Committee staff appreciate all those who provided assistance with this report. We are grateful to the staff of the Department for Community Based Services in the Cabinet for Health and Family Services. Their assistance was instrumental in understanding operations and procedures related to the child abuse intake process, providing data, and giving staff feedback on process interpretations.

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Screening Of Child Maltreatment Claims In Kentucky

On December 10, 2025, the Legislative Oversight and Investigations Committee (LOIC) asked staff to conduct a limited scope study to outline the process for screening child maltreatment claims. The Cabinet for Health and Family Services (CHFS) receives and processes reports of alleged child maltreatment, including neglect, abuse, dependency, human trafficking, and female genital mutilation (FGM).[a] The committee specifically asked staff to review how the process operates and to compile summary statistics on report volume and outcomes.

CHFS has designated the Department for Community Based Services (DCBS) as responsible for processing and screening reports of child maltreatment. This study's scope begins when DCBS receives a report. It covers the intake worker's screening of the allegation against the statutory criteria for dependency, neglect, or abuse (DNA), human trafficking, or FGM. Its scope ends once DCBS has determined whether those criteria are met, accepts the report, and determines the appropriate response, including how quickly DCBS should make contact with the victim to gather additional facts about the incident or to assess the family's needs. Maltreatment processes falling outside the scope include how a caseworker conducts an investigation or family needs assessment, whether a child is removed from the home, and how Kentucky's foster care system handles placement, permanency, and case closure.

Many concepts referenced in this memorandum are commonly associated with later stages of case management rather than the initial intake stage but are used differently during intake. For example, "investigation" and "assessment" are used to describe the track a report is assigned as a result of the intake process, not the substantive casework that follows once that assignment is made. The Safety and Risk Assessment tools DCBS applies to open cases are separate tools from the Structured Decision Making Intake Assessment examined here, despite the similar names. A report being "accepted" at intake is not the same as a case being "substantiated," a finding that only comes after an investigation has been completed.[1]

Mandatory Reporting Of Suspected Child Maltreatment

Under KRS 600.010(2) and KRS 620.030, every child has basic rights the state must protect, including being provided enough food, clothing, and shelter; safety from physical, sexual, or emotional harm or exploitation; the chance to grow to their full physical, mental, and emotional potential; access to education; and a stable, secure family.[2] To help protect those rights, Kentucky imposes a duty on every person to report suspected child maltreatment to proper authorities.[b] Anyone who knows or has reasonable cause to believe that a child is dependent, neglected, or abused, or that the child has become the victim of human trafficking or FGM must report it to either the CHFS or its designee, the Kentucky State Police, or local law enforcement, or to the Commonwealth's or county attorney.[3] Statute treats CHFS, law enforcement, and the

[a] This research memorandum uses the term "maltreatment" as shorthand for all five categories collectively.
[b] Professionals such as physicians and school personnel have additional reporting requirements per KRS 620.030(2).

attorney's offices as interchangeable entry points for such reporting, and a report to any one of them satisfies the requirement.

Cross-Agency Notification Requirements

When local law enforcement, Kentucky State Police, or a Commonwealth's or county attorney is the recipient of the initial report, each must notify DCBS.[4] If the allegation names a caretaker as the perpetrator, or alleges trafficking or FGM, the report recipient must also notify the other agencies; if it alleges only dependency, notifying DCBS alone is sufficient. Once notified of a case, law enforcement and prosecutors act under their own independent investigative and charging authority, which exists apart from Chapter 620, but that process does not substitute for the fact-finding and case-disposition role statute mandates of CHFS.

Reports To The Department For Community Based Services

Reports of alleged child maltreatment made directly to DCBS can arrive by telephone through its 24-hour Child/Adult Abuse Hotline or in writing through its online non-emergency reporting system.[5] Claims that arrive through mail, emails, faxes, or other methods are sent to intake staff for review.[6] When DCBS is the recipient, the same categorization step applies: the intake worker determines whether the allegation names a caretaker as the perpetrator, or alleges trafficking or FGM, each triggering immediate notification to law enforcement and the Commonwealth's or county attorney; if the allegation alleges dependency only, no outside notification is required.[7] Separately, DCBS must send a written report to the Commonwealth's or county attorney and to local law enforcement within 72 hours, excluding weekends and holidays, describing the action taken on the report.[8] In 2025, DCBS received 175,796 reports of maltreatment; of those reports, 126,886 claims (72.2 percent) were routed to child protective services (CPS).[9]

Statutory And Regulatory Basis For Acceptance Criteria

For DCBS to accept an allegation as a CPS report, law requires the following threshold criteria be met:

- The child victim must be less than 18 years old.
- Sufficient information must exist to locate the child.[10]
- The alleged conduct must meet the statutory and regulatory definition of dependency, neglect, abuse, human trafficking, or FGM.[11]
- For every category except human trafficking and FGM, the alleged perpetrator must also be a caretaker, defined as a parent, guardian, fictive kin, person in a position of authority or special trust, or other person exercising custodial control or supervision of the child.[12]

Age Requirements

As defined in KRS 600.020, DCBS generally investigates cases where the victims are under the age of 18.[13] The narrow exception for youth 18 to 20 years of age comes from a separate line of statute governing extended or reinstated commitment to the cabinet; a court may extend a youth's commitment up to age 21 on the youth's motion and the cabinet's agreement, or reinstate a prior

commitment up to age 21 if the youth requests it before turning 19.[14] If the victim is 18 years old or older, DCBS may instead change the case into an Adult Protective Services (APS) case if the person meets the separate statutory definition of an adult in need of protection: someone 18 or older who, because of mental or physical dysfunction, is unable to manage their own resources, carry out daily living activities, or protect themselves from neglect, exploitation, or a hazardous situation without assistance.[15] APS cases are outside the scope of this memorandum.

Ability To Locate The Child

When a report is taken, cabinet staff are required to elicit as much information as possible from the reporter, including the location of the child and family.[16] A CPS response is not required if the report does not provide sufficient detail to locate the child or to explore leads to locate the child.[17] "Unable to locate" is defined by regulation as either insufficient identifying information about the family, or a family that has moved to an unknown location.[18]

Caretaker Requirement

For every maltreatment category except human trafficking and FGM, DCBS authority is limited to reports where the alleged perpetrator is a caretaker, defined by regulation as a parent, guardian, fictive kin, a person in a position of authority or special trust, or another person exercising custodial control or supervision of the child.[19] A report of abuse by someone who does not meet that definition falls outside DCBS's authority to accept as a CPS case; the cabinet must instead refer the matter to local law enforcement or the Commonwealth's or county attorney.[20]

These above criteria determine whether DCBS has the authority to act on a report. However, even where all three criteria are satisfied, DCBS cannot accept the report unless the alleged conduct meets the statutory and regulatory definition of one of the maltreatment categories itself. The following section details the definition for dependency, neglect, abuse, human trafficking, and FGM, and the specific criteria each requires.

Child Maltreatment Types And Criteria

Kentucky law and regulation set specific criteria DCBS must apply before accepting a report of dependency, neglect, abuse, human trafficking, or FGM. Each maltreatment term is defined in statute, and 922 KAR 1:330 establishes the criteria DCBS applies at intake to determine whether a report indicates a category of maltreatment.[21]

Abuse And Neglect. An abused or neglected child is a child whose health or welfare is harmed, or threatened with harm, by a parent, guardian, person in a position of authority or special trust, or other person exercising custodial control or supervision over that child. The harm or threat of harm can range from physical injury, to failure to provide essential care for the child. Additionally, in cases of sexual abuse, exploitation, or prostitution regarding children under 16 by a person 21 or older, the adult need not have the role of a caretaker for the child to be considered an abused or neglected child under statute.[22] 922 KAR 1:330 translates that single statutory definition into four separate acceptance tracks, each with its own criteria:

- **Physical Abuse.** DCBS accepts a report when an injury observed and allegedly inflicted non-accidentally by a caretaker; physical abuse where no current observable injury is seen; a child struck in a critical area of the body such as the head, neck, genitals, abdomen, or back; a physical injury resulting from an altercation between the child and caretaker, which DCBS evaluates for the child's age, precipitating factors, the degree of force used, and the need for further services; a situation where a child is likely to be physically abused; or physical injury to a child involved in a domestic violence incident.[23]
- **Neglect.** DCBS accepts a report alleging caretaker-perpetrated neglect that may harm a child's health or safety in nine areas: hygiene, supervision, food, clothing, environmental hazards, education, medical care, a caretaker's drug or alcohol use (covering both infants born exposed to substances and a caretaker facilitating a child's access to drugs or alcohol that is posing a life-threatening risk), and exploitation.[24]
- **Sexual Abuse.** DCBS accepts a report alleging sexual abuse committed or allowed by a caretaker, and may investigate without a specific allegation if the child has a sexually transmitted disease or exhibits physical or behavioral indicators of sexual abuse.[25]
- **Emotional Injury.** DCBS accepts a report alleging emotional injury or risk of emotional injury to a child by a caretaker. KRS 600.020(26) requires a qualified mental health professional to testify to a substantial impairment in the child's ability to function within a normal range of performance and behavior, after considering the child's demographics and environment.[26]

Dependency. Statute defines a dependent child as any child, other than an abused or neglected child, who is under improper care, custody, control, or guardianship for reasons that are not due to an intentional act of a parent, guardian, or person exercising custodial control or supervision.[27] The regulation's acceptance criterion does not add operational detail beyond the statute itself; rather it directs DCBS to investigate or conduct an assessment "upon the receipt of a report that alleges dependency if the report alleges that a child is dependent pursuant to KRS 600.020(20)."[28] DCBS's Standards of Practice manual lists examples such as a caretaker's death or incapacitation with no alternative caretaker, a caretaker unable to meet a child's special needs after exhausting available resources, an unaccompanied minor with no adult to care for them, or a minor re-entering the community from a Department of Juvenile Justice commitment without a safe home.[29] DCBS officials stated that these items are included as illustrative examples and are not intended to be an exhaustive list.[30]

Human Trafficking. Human trafficking is the criminal activity in which one or more persons are subjected to forced labor or services, or to commercial sexual activity obtained through force, fraud, or coercion. For victims under 18 years of age, commercial sexual activity meets the definition regardless of whether force, fraud, or coercion is shown.[31] DCBS investigates upon receipt of a report alleging human trafficking of a child, whether the alleged perpetrator is a caretaker or not, covering child sex trafficking (a sex act involving a child performed, offered, or intended in exchange for something of value) and child labor trafficking (forced labor or services, or a child subjected to involuntary servitude, debt, or slavery).[32] DCBS's Standards of Practice manual requires trafficking investigations to be conducted jointly with law enforcement and consulted with the local multidisciplinary team.[33]

Female Genital Mutilation. Female genital mutilation is a procedure involving the partial or total removal of the external female genitalia, or any other procedure harmful to the female genitalia performed for a nonmedical reason, including a clitoridectomy; partial or total removal of the clitoris or prepuce; excision; infibulation; or pricking, piercing, incising, scraping, or cauterizing the genital area.[34] Unlike the other four categories, FGM has no dedicated acceptance-criteria paragraph in Section 2(4) of 922 KAR 1:330. The regulation instead addresses it procedurally: an anonymous report alleging FGM must be accepted "whether the person alleged to have caused it is a caretaker or not"; this language mirrors the same non-caretaker-inclusive treatment given to human trafficking.[35] DCBS's Standards of Practice manual places FGM operationally within the physical abuse acceptance category and states that FGM reports are "always investigated jointly between the Cabinet for Health and Family Services (CHFS/Cabinet) and law enforcement."[36]

Any report meeting the threshold criteria and meeting one or more of the statutory definitions of maltreatment must be accepted by DCBS as a CPS case. This is often referred to as a case being "screened in" – cases not meeting the criteria are "screened out."

DCBS Response Time Requirement

KRS 620.040(1)(b)1 sets a broad response-time requirement, tied to physically locating the child rather than the tiered risk framework found in administrative regulation. Once DCBS makes its initial determination that a child faces risk of harm and immediate safety concerns, it must physically locate the child within 14 days of that determination.[37] That window decreases to 5 working days if the child is under 5 years of age, has a developmental or cognitive delay, or has a significant medical or mental health condition.[38] If DCBS fails to locate the child within the deadline, it must request assistance from local law enforcement.[39] This requirement applies identically to dependency reports as it does to abuse, neglect, and human trafficking reports, under a parallel provision using the same language.[40]

922 KAR 1:330 sets a separate response-time requirement tied to how quickly DCBS must have face-to-face contact with the child; the requirement is scaled to four tiers based on the risk level found in the report. A report indicating the highest level of risk requires face-to-face contact within 4 hours if a report of child abuse, neglect, human trafficking, or dependency meets several criteria. The report must include a child who is the alleged victim of a fatality or near fatality or a surviving child in the care of the alleged perpetrator of a child fatality or near fatality. A 4-hour deadline is also required if there is an immediate threat to the child and the child is either less than 4 years of age or the reporting source states the child is unable to communicate their needs. An *immediate safety threat* is when there is physical abuse, supervision neglect, or sexual abuse where the perpetrator has access to the child or the reporter is unsure if the perpetrator has access to the child.[41]

A report that indicates the presence of safety threats and risk factors to the child, alleges the child is the victim of human trafficking or FGM, or otherwise does not meet the criteria for the 4-hour response time must receive a response within 24 hours. A report indicating a moderate level of

risk requires contact within 48 hours. A report indicating a low level of risk requires contact within 72 hours. Regulation does not expand on what is a moderate or low risk.[42]

Initial Determination Of Child's Safety And Risk Of Harm

Once a report is accepted as a CPS case, statute requires DCBS to "immediately make an initial determination as to the risk of harm and immediate safety of the child." Statute does not prescribe a method or criteria for making the initial determination of risk of harm but does require DCBS to minimally consider the child's age and vulnerability, especially for children 5 years of age or younger. [43] DCBS must automatically accept a report for investigation if a professional, as used in KRS Chapter 620, reports the same or a similar allegation that another professional reported within the past 30 days. Finally, DCBS must automatically accept a report for investigation when it comes from a court that either alleges a child is abused or neglected, or identifies the child as an alleged victim of domestic violence or sexual assault in an active emergency protective order or temporary interpersonal protection order case.[44]

Table 1 shows the number of maltreatment claims by reporting source for 2025. Professional reports provided more than 75 percent of claims, with law enforcement and school staff the most common reporters within that group. Within the smaller group of non-professional reporters, approximately a third of those reports were provided anonymously.

Table 1
Source Of Maltreatment Claims, By Reporter Type
2025

Reporter	Claims	% Claims
Professional	97,176	76.6%
Law enforcement	25,731	20.3
School personnel	22,850	18.0
Social services personnel	17,477	13.8
Mental health	10,789	8.5
Medical	8,195	6.5
Court personnel	7,753	6.1
Social service worker	1,076	0.8
Law enforcement or court personnel*	1,074	0.8
Daycare provider	861	0.7
Department of Juvenile Justice	411	0.3
Nursing or care facility	374	0.3
Psychiatric or residential facility	359	0.3
Office of Inspector General	102	0.1
Critical incident reporting systems	70	0.1
Fair Team	39	<0.1
Animal Control Officer	8	<0.1
Financial institution	7	<0.1
Non-professional	29,710	23.4
Anonymous	10,097	8.0
Relative	5,632	4.4
Parent or custodian	5,371	4.2
Friends, neighbors, non-relative	5,100	4.0
Blank**	2,387	1.9
Self	808	0.6
Foster parent	217	0.2
Guardian (adult)	68	0.1
Babysitter	20	<0.1
Prospective adoptive parent	10	<0.1
Total	126,886	100.0%

* DCBS divided the combined "law enforcement/court personnel" reporter type into two separate fields partway through 2025. The cases listed under the original combined heading reflect reports entered before that change. Cases recorded under the newly separated "law enforcement" and "court personnel" categories represent reports entered after the agency implemented the distinction.
** These cases reflect a reporter's relationship to the victim is optional on DCBS's online reporting portal.
Source:Department for Community Based Services, Cabinet for Health and Family Services *TWS292 Management Report*. Aug. 7, 2026. Email from Elissa Fochtman to Christopher T. Hall, Aug. 7, 2026.

The child's safety and risk determination govern the method and timeliness of the response. First, it decides how the case proceeds. Based on the level of risk found, statute requires DCBS to either investigate the allegation or accept the report for an assessment of family needs, and if appropriate, may connect the family to community-based services to reduce risk and provide support. A report of sexual abuse or human trafficking is automatically treated as high risk and can never be diverted to a community agency instead of a DCBS response.[45] DCBS recognizes four types of responses to an accepted report:

- **Investigation**: "a process of gathering facts and collecting information to evaluate risks and determine a finding pursuant to Section 10 of this administrative regulation."[46]
- **Assessment**: "the collection and analysis of information to determine the strengths and needs of a family in order to provide appropriate services."[47]
- **Alternative response**: "a preventive, proactive approach through which the cabinet engages with a family and connects a family to community-based services as an alternative to conducting an investigation."[48]
- **Non-investigatory response**: There is no formal definition for a non-investigatory response in statute or regulation.[49]

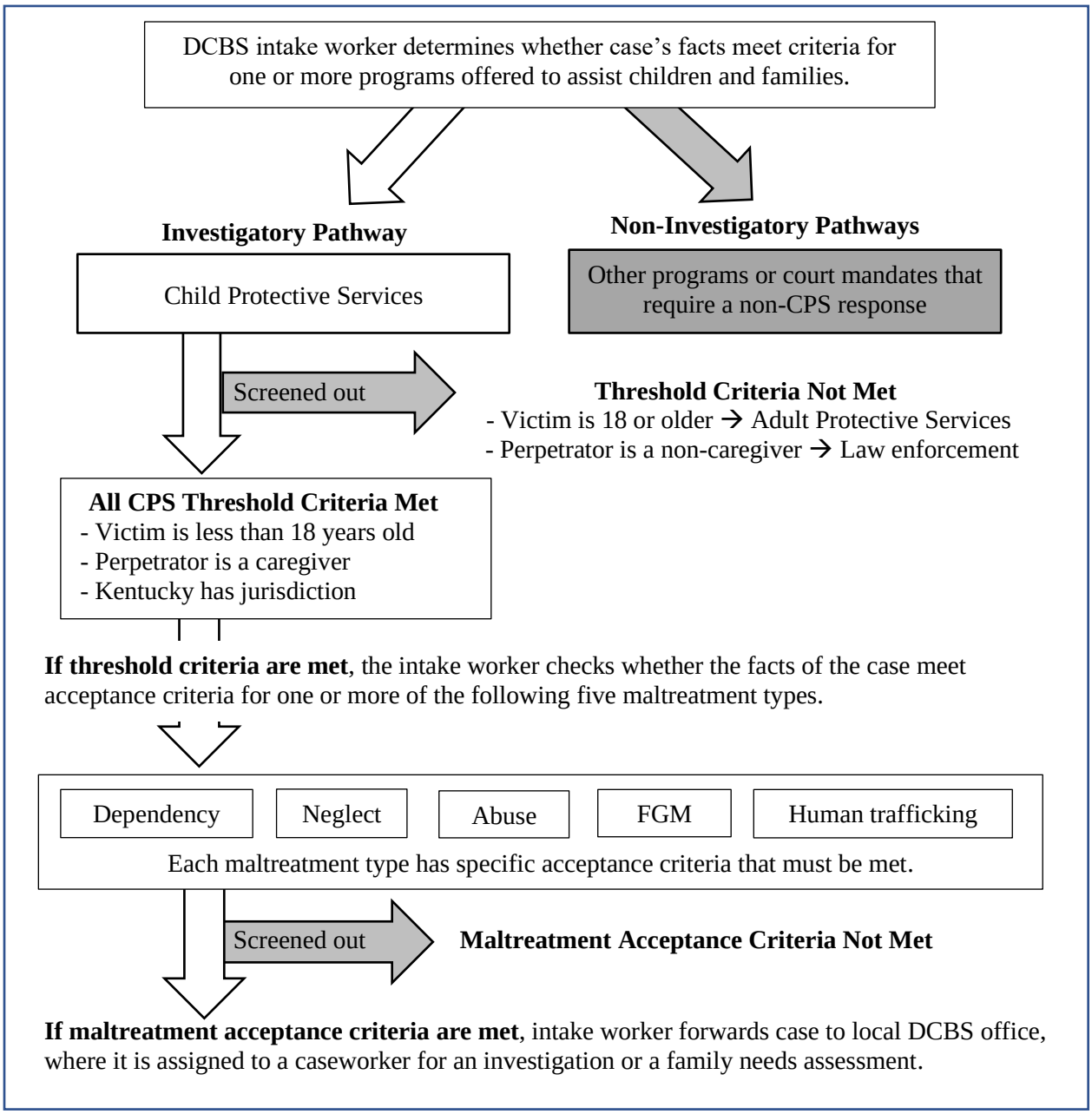
Neither statute nor regulation lay out the safety and risk assessment scoring system and how it relates to whether a case is investigated, receives an assessment, or is diverted to an alternative response. When asked how the Cabinet for Health and Family Services decides on a path, a representative stated

> the Cabinet reviews the information provided by the referral source alongside historical records contained within The Worker Information System (TWIST), in order to determine whether there is a suspicion of maltreatment and to establish the necessary response urgency. An investigation is assigned when safety threats, high risk of harm, or immediate urgency are identified (922 KAR 1:330, sec. 3(2) to (5)). Within the assessment pathway, a case proceeds as an alternative response when there is minimal urgency for a response and the family does not meet any of the established exclusion criteria in [Standards of Practice] C2.5 Completing the CPS Intake, under the Alternative Response Ineligibility Criteria paragraph.

The representative also clarified that alternative responses can be changed to an investigation if the safety threats, risk of harm, or urgency increase.[50]

Figure A places the threshold criteria and maltreatment acceptance criteria discussed above within DCBS's actual intake workflow, showing where each fits in the sequence a worker follows to determine whether DCBS has authority to act on a report. The figure also serves as a key for what follows: the section below walks through each step of this workflow in detail, explaining how DCBS operationalizes it using the SDM Intake Assessment tool.

Figure A
Department For Community Based Services Intake Process
For A Child Protective Services Case



Note: DCBS = Department for Community Based Services; CPS = Child Protective Services; FGM = Female genital mutilation.
Source: LOIC staff analysis of KRS Chapter 620 and 922 KAR 1:330; Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. "C2.1 Receiving And Assigning The Report," "C2.2 Reports Not Accepted For Assessment/Investigations," "C2.3 Acceptance Criteria," "C2.4 Non-Investigatory Response," "C2.5 Completing The CPS Intake." DCBS Standards of Practice Online Manual. May 30, 2025. Web; Lesa Dennis, commissioner, Department for Community Based Services; Melanie Taylor, director, Division of Protection and Permanency; Cliff Bryant, assistant director, Division of Protection and Permanency; and Wesley Duke, general counsel, Cabinet for Health and Family Services. Aug. 20, 2026. Interview.

Structured Decision Making Intake Screening Tool

In 2016, a federal review of Kentucky's child welfare system found the state out of conformity with federal safety practice requirements under Titles IV-B and IV-E, requiring the state to submit a Program Improvement Plan (PIP) addressing the deficiency.[51] In its 2019 PIP, CHFS committed to adopting a new, more structured system for how reports of child maltreatment are handled, and selected Evident Change's Structured Decision Making (SDM) tool after evaluating it against a competing system with input from family court judges and other stakeholders.[52] Before selecting the tool, DCBS tested it directly against the problem identified by the 2016 review, checking whether different caseworkers reached the same conclusion on identical sample cases, and began using SDM to aid intake decisions in 2020.[53]

SDM tools operate by structuring the intake worker's professional judgment around risk and safety factors rather than replacing that judgment. Because every worker answers the same defined questions, two experienced workers presented with identical facts are more likely to reach the same conclusion. The SDM Intake Assessment tool is completed by the intake worker as soon as possible when processing the report, no later than the end of the worker's shift. If criteria are satisfied according to the intake assessment, CPS intervention is triggered and the required timelines of that intervention is also determined.[54]

Reports are routed to the caller's nearest Centralized Intake office; but if that office's lines are busy, the call is forwarded to another region's office rather than leaving the reporter on hold.[55] When Centralized Intake receives a report, the worker first explains two facts to the reporter: they are immune from liability under KRS 620.050, and their identity will be kept confidential unless a court orders otherwise. Anonymous reports are accepted, though staff encourage reporters to leave contact information in case a follow-up is needed. The worker attempts to elicit from the reporter as much information about the child's circumstances as possible, including

- the identity of the reporting source and his/her relationship to the child or situation;
- specific information about the nature and extent of the abuse, neglect, or dependency;
- the suspected cause of the abuse, neglect, or dependency;
- the current location of the child and family/caretaker;
- identifying information regarding any witness to the alleged incident;
- the condition of the child;
- knowledge or suspicion of a previous occurrence of child abuse or neglect;
- whether the reporting person or any other person, has taken any action;
- whether there are any immediate safety threats for the child;
- whether there are any safety threats for the investigative worker; and
- general information regarding the perpetrator including name, location, and relationship to the child.[56]

Pre-Screening

The intake worker must document the reporting party's name, time and date of the report, and assigns it a unique intake identification number. The SDM tool then prompts them to document whether the alleged victim is 17 years old or younger, or 18- to 19-year-olds seeking

recommitment.[c] If the victim falls into either category, the case is routed to CPS. If they are 18 or older, the tool routes the case to APS. This matches the statutory line closely, with KRS 600.020(9) defining a child as under 18 years of age. KRS 610.110(6) and KRS 620.140(1)(d) to (e) extends CPS jurisdiction to age 21 for youth with an extended or reinstated commitment, and KRS 209.020(4) defines APS eligibility as age 18 or older combined with a functional or cognitive impairment.

Automatic Screen Out

Next, the SDM tool prompts the intake worker to consider two conditions that automatically indicate that DCBS does not have the statutory authority to accept the report as a CPS case; at which point the case is screened out. First, it asks whether the alleged perpetrator was a caregiver, meaning a person responsible for, given access to, or entrusted to care for the alleged child victim(s). Alleged abuse by non-caregivers will still be accepted if it involves human trafficking or FGM. A *caretaker* can be defined as

- the child's parent;
- the child's guardian;
- the child's foster parent;
- an employee of a public or private residential home, agency, or institution;
- any other person legally responsible for the child's welfare in a residential setting;
- any staff person providing out-of-home care, including child daycare, family daycare, or group daycare; or
- any person given access to a child by a person responsible for the health, welfare, or care of a child for the purpose of providing education, child care, spiritual guidance, coaching, training, instruction, tutoring, or mentoring.[57]

Second, the SDM tool asks whether the report meets jurisdiction for Kentucky. DCBS's Standard Operating Procedures manual notes that "reports will not meet the jurisdiction of Kentucky if the alleged victim resides out-of-state, the child is not found in Kentucky, and the incident of alleged abuse or neglect did not occur in Kentucky[58]

Non-Investigatory Response

Not every report made to DCBS alleges abuse or neglect. Courts sometimes direct the cabinet to act on a family's behalf. Such actions include interviewing parties in a custody dispute, negotiating visitation, or conducting custodial assessments. Other agencies and other states can also make requests of DCBS which do not necessarily require investigatory responses. These fall under what DCBS calls non-investigatory response: a worker response is still required, but no finding of abuse or neglect is being made and none of the SDM tool's maltreatment assessment applies. The same underlying rule still governs here as everywhere else in intake: regardless of reporting source, the report must meet acceptance criteria before DCBS acts on it.

[c] *Recommitment* refers to individuals who were in the custody of CHFS and request to return to custody of the cabinet.

When a report does not meet the statutory definition of abuse or neglect but still calls for a response, the worker sorts it into one of seven pathways. DCBS defines each of these in its Standards of Practice (SOP) manual:

- **Safe Infant Path** – The safe infant path is based on the parameters of the Kentucky Safe Infants Act.[d] This path is selected by the intake [social service worker (SSW)] when there are no other indicators of abuse or neglect, and a child(ren) less than 30 days old that is not otherwise abused or neglected is abandoned or relinquished at an appropriate safe place, such as an emergency medical provider, hospital, police station, fire station, or a participating place of worship.
- **Safety Net Path** – The safety net path is selected by the [central intake (CI)] SSW when family support staff report a discontinuance from the [Kentucky Transitional Assistance Program] and refers a family to DCBS for a needs assessment and potential distribution of safety net funds.[e]
- **Status Offender Path** – The status offender path is selected by the CI SSW when a report involves a child who has been adjudicated as a status offender by a court of competent jurisdiction and referred by the court to DCBS for a status offender assessment. This report can be opened for services and requires a worker to complete a court report. The safety check and review path/court ordered path cannot be moved to the ongoing function and should not be selected for status offender reports.
- **Safety Check And Review Path/Border Agreement** – The safety check and review path/border agreement path is selected by the intake SSW when a state with a current border agreement requests an emergency assessment of a relative's home for possible placement.
- **Safety Check And Review Path/Court-Ordered** – The safety check and review path/court-ordered is selected by the CI SSW when a relative/fictive kin caregiver is being assessed for placement of a child or when the court orders an assessment of a relative/fictive kin caregiver's home. The safety check and review path/court-ordered path cannot be moved to the ongoing function.
- **Non-Specific Court Order/Court-Ordered Activity Path** – The non-specific court orders/court-ordered activity path is selected by the CI SSW when a court orders a specific action other than a safety check and review path/court order, a status offender case, or a guardianship action. Petitions, motions, and court actions that are sent to DCBS should be screened for possible acceptance for dependency, abuse, or neglect. Entering a referral on this path is not necessary unless there is a court order for DCBS to perform a specific task, and the report does not meet the criteria under another path. The court-ordered assessment and home evaluation path cannot be moved to the ongoing function and should not be selected for status offender reports.
- **Out-Of-State Requests For Assistance Path** – The out-of-state requests for assistance path is selected by the CI SSW when a request from another state is made for KY DCBS to conduct a walkthrough of a home, interview a child/individual, or provide service referral information to a family.[59]

[d] According to KRS 405.075(8), KRS 211.951, 216B.190, 405.075, 620.350, and 620.355 are known as "The Representative Thomas J. Burch Safe Infants Act."

[e] Kentucky Transitional Assistance Program, also known as KTAP, provides financial and medical assistance to need dependent children in Kentucky and the caregivers with whom the children live.

Two other outcomes, dependency and law enforcement assist, do not appear on this initial list and arrive at a non-investigatory result differently. Rather than being directly selected, they are reached by a worker documenting an override in the SDM intake assessment itself.

Most non-investigatory responses do not have the initial response time requirements of a standard investigation. Dependency cases are automatically assigned a 72-hour timeframe, or a faster response if conditions in the report call for it. Every pathway, dependency included, carries the same 45-working-day completion window instead of the hours-based tiers used in intake.

Allegations And Screening Decisions

Once a report clears the threshold checks, the tool turns to the substance of the allegation. In this section, the worker evaluates the reported facts against specific maltreatment criteria; decides whether those facts justify treating the report as abuse, neglect, sexual abuse, human trafficking, or emotional injury; and whether aspects of the case change how it should be assigned. Unlike the threshold checks in the prior section, the worker's professional judgment about the alleged conduct enters the process, determining whether the report meets criteria or should be screened out.

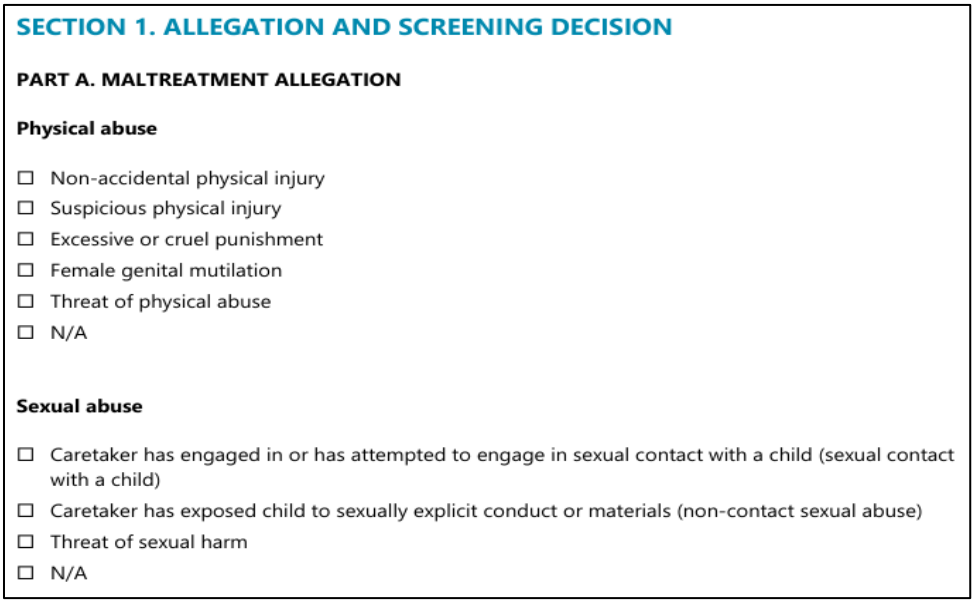
Maltreatment Allegations

The worker selects specific items describing the reported conduct, organized under five categories:

- **Physical abuse**: including non-accidental injury, suspicious injury, excessive punishment, FGM, and threat of physical abuse;
- **Sexual abuse**: including direct contact, non-contact exposure, and threat of sexual harm;
- **Human trafficking**: includes sex and labor trafficking by caretaker and non-caretaker perpetrator;
- **Neglect**: includes failure to thrive, hygiene, clothing, shelter, food, medical care, supervision, abandonment, education, substance-affected infants, and exploitation; and
- **Emotional injury**: includes rejecting or degrading the child, withholding affection or cognitive stimulation, failing to express care for the child, terrorizing the child, isolating the child, or encouraging the child to develop self-destructive or antisocial behaviors.[60]

If any criteria is selected, the worker also flags whether the report involves a fatality, a fatality or near-fatality with other children present, facility- or placement-specific allegations, or a second incident. Figure B displays a portion of the SDM Intake tool that shows the criteria for physical abuse and sexual abuse; the other maltreatment types are presented similarly, with their own corresponding criteria.

Figure B
Intake Assessment Physical And Sexual Abuse Screening Criteria



SECTION 1. ALLEGATION AND SCREENING DECISION

PART A. MALTREATMENT ALLEGATION

Physical abuse

- ☐ Non-accidental physical injury
- ☐ Suspicious physical injury
- ☐ Excessive or cruel punishment
- ☐ Female genital mutilation
- ☐ Threat of physical abuse
- ☐ N/A

Sexual abuse

- ☐ Caretaker has engaged in or has attempted to engage in sexual contact with a child (sexual contact with a child)
- ☐ Caretaker has exposed child to sexually explicit conduct or materials (non-contact sexual abuse)
- ☐ Threat of sexual harm
- ☐ N/A

Source: Evident Change. "SDM Intake Policy And Procedures Manual, Child Protective Services." Kentucky Cabinet for Health and Family Services, Feb. 2025, p. 1. Web.

The criteria found in Part A of the "Allegation And Screening Decision" section meet the requirements outlined in 922 KAR 1:330 which provides more detailed criteria than those offered in KRS 620.030 to 620.40. While language differs from the regulatory assessment criteria, the intake assessment criteria is generally more expansive than the requirements in 922 KAR 1:330. For example, the intake assessment includes exposing a child to sexually explicit materials as a criterion for sexual abuse despite regulation not specifically indicating that such an event would qualify. A side-by-side view of intake assessment maltreatment criteria and regulatory criteria can be found in Appendix A.[61]

If any maltreatment criteria were selected, this section of the SDM asks the intake worker to document whether any of the following facts apply:

- Child fatality—no other children in the home
- Child fatality/near fatality—another child(ren) in the home
- Allegations are only in a facility, foster home, placement, or daycare
- Second incident [62]

Preliminary Screening Decision

In this section, the SDM tool autopopulates a recommended screening decision based on the maltreatment criteria selected above: if any criteria were selected, it recommends the report be screened in; if none were, it recommends screening out.

Consultative Decisions

In this section, the intake worker and supervisor review the SDM tool's preliminary screening decision and consider whether additional facts of the case warrant a different outcome. The tool prompts the intake worker to "consider policy related situations which may support an alternative decision" to the preliminary decision. If no alternative decision is appropriate, the intake worker indicates that "no consultative decisions apply," and the preliminary decision stands.

If an alternative decision is warranted, the tool presents three options:

- **Screen in for non-investigatory response**: This option is selected when no abuse or neglect type was present, but the report will nonetheless be screened in and assigned to one of three paths: a law enforcement assist path, a dependency path, or a recommitment path.
- **Screen out**: This option is selected when one or more abuse or neglect types were selected, but the referral will be screened out because of one of the following: insufficient information to locate the child; a duplicate referral, in which case the information from the current report is included with the referral already assigned for investigation; or a prior investigation of the same allegations by DCBS with no new information.
- **Discretionary consideration to screen out**: This option is selected when one or more abuse or neglect types were selected, but the report will be screened out following supervisory approval and documented reasoning.[63]

LOIC staff asked DCBS to provide examples of when this last option was actually used, since it is not immediately obvious from the SDM tool's language alone what situations would fall under this category. A DCBS official stated that the agency

> maintains this as a discretionary consideration protocol intended to accommodate unique, complex situations that fall outside the standard definitions covering insufficient information, duplicate referrals, or cases already investigated with no new allegations.[64]

DCBS also provided screening decision data for calendar year 2025, with discretionary screen-outs under this provision applied to only 0.02% of all CPS intake reports statewide. The most common reason involving the time-limit constraint built into the duplicate referral definition. DCBS characterized this low rate as evidence that its standardized screening definitions "capture nearly all incoming cases," with the discretionary option reserved for genuine outliers.[65]

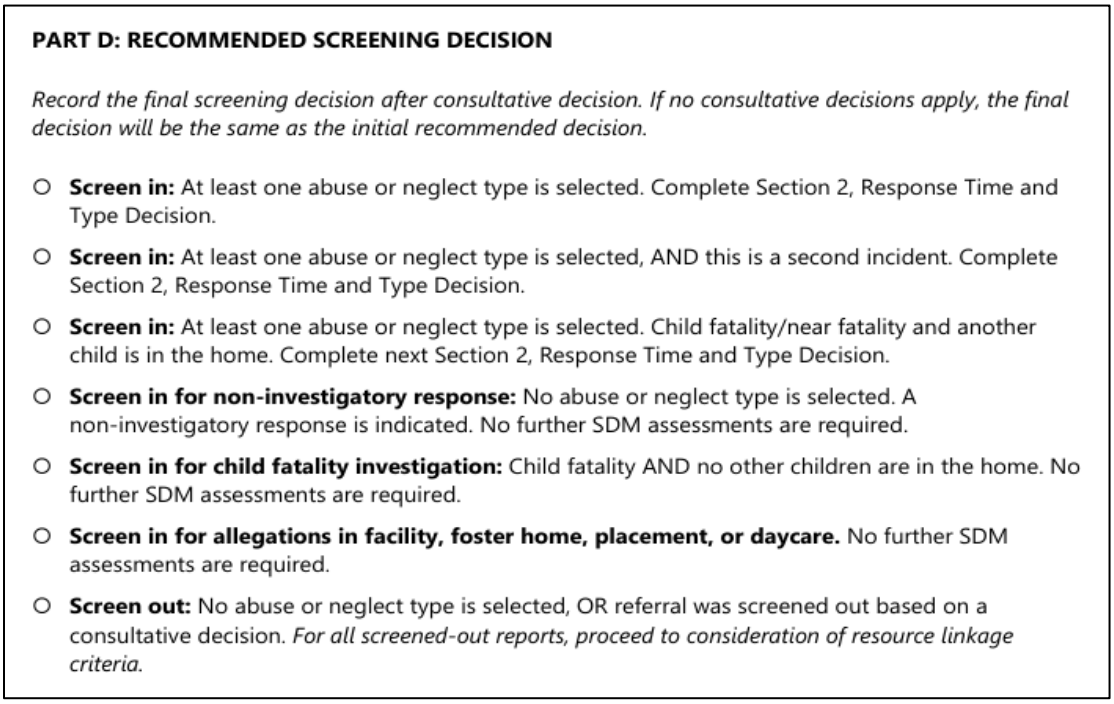
Final Screening Decision

This section of the SDM serves as a link between the final screening decision and how quickly DCBS must respond in-person, if at all. This section presents all the final screening options from the consultative decisions and then directs the worker how to proceed. While the SDM lists seven possible final screening decisions, they can be collapsed into three functional groups, based on the next steps.

When at least one abuse or neglect type was selected, the worker has three options: screen in, screen in and note this is a second incident, and screen in and note there was a child fatality or near fatality while another child is in the home. These all route to the Response Time step.

A second group ends the assessment immediately, with no response time calculated at all: screening in for a non-investigatory response; screening in for a child fatality investigation when there are no other children in the home; and screening in for allegations in a facility, foster home, placement, or daycare. The remaining outcome, screening out, applies when no abuse or neglect type was selected and no consultative override changed that decision. This outcome routes the case to resource linkage. Figure C shows how these individual selections appear in the SDM.

Figure C
SDM Intake Assessment Automated Screening Decision Recommendations



PART D: RECOMMENDED SCREENING DECISION

Record the final screening decision after consultative decision. If no consultative decisions apply, the final decision will be the same as the initial recommended decision.

- ○ **Screen in:** At least one abuse or neglect type is selected. Complete Section 2, Response Time and Type Decision.
- ○ **Screen in:** At least one abuse or neglect type is selected, AND this is a second incident. Complete Section 2, Response Time and Type Decision.
- ○ **Screen in:** At least one abuse or neglect type is selected. Child fatality/near fatality and another child is in the home. Complete next Section 2, Response Time and Type Decision.
- ○ **Screen in for non-investigatory response:** No abuse or neglect type is selected. A non-investigatory response is indicated. No further SDM assessments are required.
- ○ **Screen in for child fatality investigation:** Child fatality AND no other children are in the home. No further SDM assessments are required.
- ○ **Screen in for allegations in facility, foster home, placement, or daycare.** No further SDM assessments are required.
- ○ **Screen out:** No abuse or neglect type is selected, OR referral was screened out based on a consultative decision. *For all screened-out reports, proceed to consideration of resource linkage criteria.*

Source: Evident Change. "SDM Intake Policy And Procedures Manual, Child Protective Services." Kentucky Cabinet for Health and Family Services, Feb. 2025, p. 3. Web.

Response Time And Type Decision

Previous sections of this report established statutory and regulatory requirements for response time, the tiered structure based on risk level, and the specific hours attached to each tier. This section describes how the SDM tool implements requirements for face-to-face contact with the child. Regulation sets time requirements and directs the cabinet to have face-to-face contact.[66] For every screened-in report, the response time section presents the intake worker with a series of yes/no decision points that tie the screening decision to how quickly DCBS must respond, working through the criteria in order until one set applies.

4-hour. Five conditions each independently trigger this fastest response: a fatality or near-fatality; a child unsupervised, abandoned, or dependent and needing immediate care; an inflicted or suspicious injury to a child under 5 years of age, a developmentally vulnerable child of any

age, or a non-mobile child; sexual abuse allegations with an unknown or still-accessible perpetrator; or human trafficking or FGM allegations with the same access concern.

24-hour. If none of the above apply, six further conditions are checked: a same-day medical or mental health need the caretaker will not address; an injury with an unknown or still-accessible alleged perpetrator; inadequate supervision creating near-term risk; an extremely hazardous physical environment; likely exposure to violence with no protective caretaker present; or a substance-affected infant needing a safe hospital discharge plan.

48-hour. If none of the above apply, the report defaults to a 48-hour response.[67]

Response Time Consultative Decisions

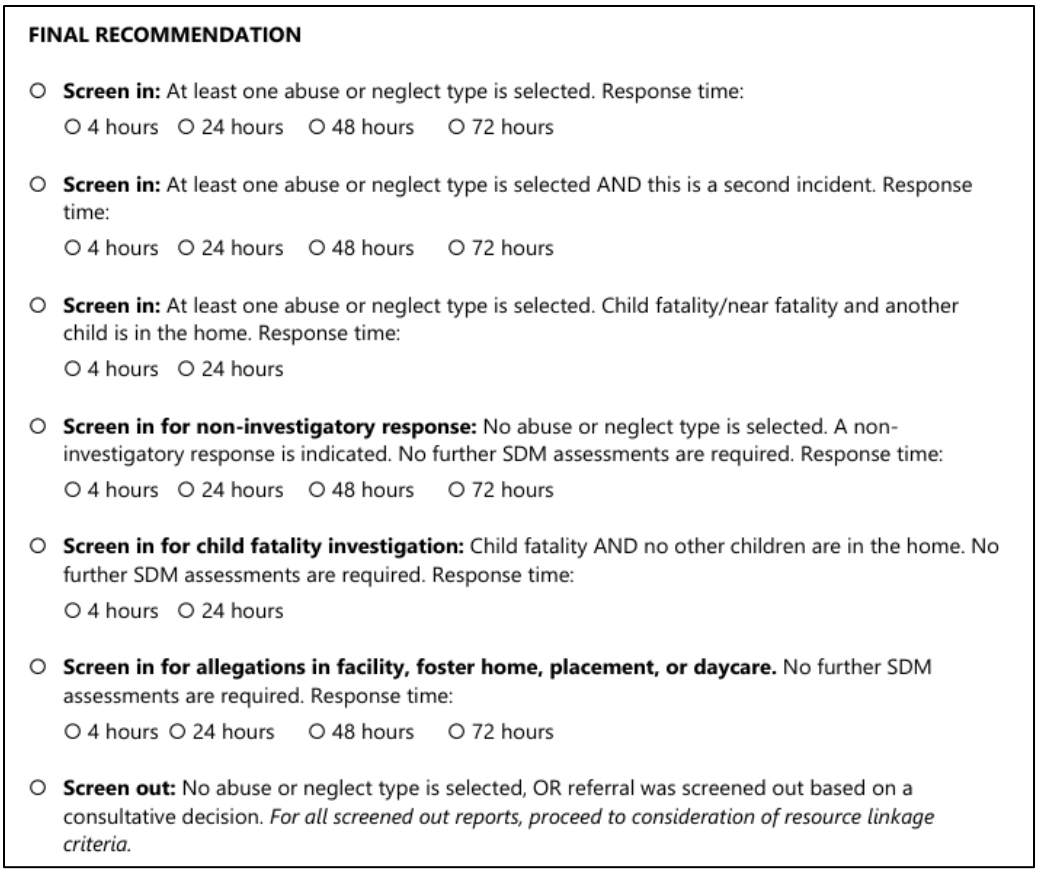
A worker and supervisor can adjust the preliminary response time. The response time is accelerated to 4 hours for reasons including an unknown or newly-accessible perpetrator, a suspected active meth lab, a life-threatening medical condition, a law enforcement request, or a flight risk. The response time can be slowed by one level for reasons like a caretaker demonstrating protective action, an education-neglect-only allegation, strategic timing concerns, or incident occurred more than 6 months ago with no claims in the intervening time. Any adjustment requires written rationale and supervisory approval. The response can also be slowed to 72 hours if the case would normally result in a 48-hour response and then the worker identifies a reason to slow the case.[68]

Final Response Time And Recommendation

The tool records the final response times of 4, 24, 48, or 72 hours (72 hours being reachable only through the slowing mechanism above, not as a direct outcome), alongside the final screening recommendation.

The SDM Intake Assessment concludes with a list of seven options that can be selected for the intake workers final screening and response time recommendations as shown in Figure D.

Figure D
SDM Intake Assessment Response Time Consultive Decisions



FINAL RECOMMENDATION

- ○ **Screen in:** At least one abuse or neglect type is selected. Response time:
  ○ 4 hours ○ 24 hours ○ 48 hours ○ 72 hours
- ○ **Screen in:** At least one abuse or neglect type is selected AND this is a second incident. Response time:
  ○ 4 hours ○ 24 hours ○ 48 hours ○ 72 hours
- ○ **Screen in:** At least one abuse or neglect type is selected. Child fatality/near fatality and another child is in the home. Response time:
  ○ 4 hours ○ 24 hours
- ○ **Screen in for non-investigatory response:** No abuse or neglect type is selected. A non-investigatory response is indicated. No further SDM assessments are required. Response time:
  ○ 4 hours ○ 24 hours ○ 48 hours ○ 72 hours
- ○ **Screen in for child fatality investigation:** Child fatality AND no other children are in the home. No further SDM assessments are required. Response time:
  ○ 4 hours ○ 24 hours
- ○ **Screen in for allegations in facility, foster home, placement, or daycare.** No further SDM assessments are required. Response time:
  ○ 4 hours ○ 24 hours ○ 48 hours ○ 72 hours
- ○ **Screen out:** No abuse or neglect type is selected, OR referral was screened out based on a consultative decision. *For all screened out reports, proceed to consideration of resource linkage criteria.*

Source: Evident Change. "SDM Intake Policy And Procedures Manual, Child Protective Services." Kentucky Cabinet for Health and Family Services, Feb. 2025, p. 6. Web.

DCBS Routing Of 2025 Maltreatment Claims

To better understand how claims of maltreatment are processed, the final classification of all 2025 claims were reviewed. Table 2 shows the initial assessment of claims, with almost half being routed to investigations or assessment for potential maltreatment. Of those determined to not meet criteria, almost 24,000 (70.3 percent of those in the *Did Not Meet Criteria* group) were because they did not meet minimum requirements while other claims were rejected for being duplicates or having insufficient information and some claims were rerouted to law enforcement assistance or kinship support. Of those routed to non-investigatory responses, there were 4,792 claims associated with court orders or border agreements (72.8 percent of those in the *Non-investigatory* group).[69]

Table 2
DCBS Initial Assignment Of Maltreatment Claims
2025

Screening Route	Claims	% Claims
Investigation or assessment	58,778	46.3%
Did not meet criteria	33,827	26.7
Resource links	27,695	21.8
Non-investigatory	6,586	5.2
Total	126,886	100.0%

Source: Department for Community Based Services, Cabinet for Health and Family Services. *Intake Process and Flow*. Aug. 7, 2026. Email from Elissa Fochtman to Christopher T. Hall, Aug. 7, 2026.

Table 3 shows more specifics on claims that were assigned to investigative or assessment paths. Almost all investigations or assessments are considered to be potential abuse or neglect (95.3 percent). Within abuse, physical abuse is the most common type investigated, though sexual abuse is still more common than dependency or human trafficking.

Table 3
Maltreatment Claims Assigned
To Investigations Or Assessments
2025

Investigation Or Assessment Route	Claims	% Claims
Abuse	28,074	47.8%
Physical	22,270	37.9
Sexual	4,286	7.3
Emotional	1,518	2.6
Neglect	27,961	47.6
Dependency	1,980	3.4
Extended commitment or recommitment	450	0.8
Trafficking by non-caretaker	273	0.5
Sexual	271	0.5
Labor	2	<0.1
Trafficking by caretaker	40	0.1
Sexual	32	0.1
Labor	8	<0.1
Total	58,778	100.0%

Source: Department for Community Based Services, Cabinet for Health and Family Services. *Intake Process and Flow*. Aug. 7, 2026. Email from Elissa Fochtman to Christopher T. Hall, Aug. 7, 2026.

Common Critiques Of DCBS Intake Process

While performing data analysis to identify problems with the intake process was beyond the scope of this study, staff reviewed legislative testimony, advocacy organization reports, and news coverage to identify recurring concerns. From that review, staff identified three common critiques and requested that DCBS respond to each.

Screening Criteria Narrower Than Statute

One critique is the SDM intake tool excludes conduct that meets Kentucky's statutory definitions of abuse or neglect, causing legally qualifying reports to be screened out. For example, a Barren County Family Court Judge testified to the House Standing Committee on Families and Children that the screening tool's questions omit conduct the statute itself covers, including allowing abuse or creating a risk of it and caretaker incapacity due to substance use disorder, and a Shelby County Judge told the same committee that referrals are screened out by the tool.[70]

In response to this criticism, DCBS stated that:

> The Department disagrees with the perception that the SDM tool excludes maltreatment that meets the statutory definitions. The Department has conducted comprehensive crosswalks between the SDM intake tool and KRS 600.020. The systemic validations confirm that the tool does not narrow statute; rather, it operationalizes broad statutory language into objective screening criteria. The SDM tool consists of radio buttons (the term radio button refers to a graphic or "button" on a screen that lets a user pick only one option from a group) that the central intake worker completes, the SDM intake manual is the criteria that is utilized by the worker and supervisor to apply the radio buttons on the tool. The final intake decision, guided by the SDM intake tool, is determined by the intake worker and supervisor using their expertise along with the available information.[71]

Repeated Reports Not Linked

Another critique is that reports that are screened-out or that "did not meet criteria" are not reliably connected to active cases involving the same family, creating gaps in case history. For example, a Court Appointed Special Advocate from Lexington testified that in a case she was assigned following a child fatality, agency records showed the family had multiple prior calls for service, each independently determined not to meet criteria before the fatality occurred.[72]

In response to this, DCBS replied that:

> The Department maintains protocols within The Worker Information SysTem (TWIST) designed specifically to prevent information gaps and ensure continuity of a family's case history. Department practice is that intake staff enter all reports involving allegations of maltreatment into TWIST. When a referral source provides sufficient identifying information, intake workers will link to the family's historical/active case. When an intake is screened out for a maltreatment investigation or assessment but involves a family with an open, active case (whether in the investigation, assessment, or ongoing function), the intake worker will share the referral information with the assigned active case worker. This is included in DCBS Standards of Practice, C2.2 Intakes Not Accepted

> for Assessment/Investigation, which guides a notification be sent to the active worker for any risk factors to be addressed in the ongoing case. This is often addressed through contact with the family and collateral contacts to assess risks. [73]

Neglect Screening Fails To Distinguish Poverty

The final critique staff identified was that intake decisions for neglect allegations often hinge on whether a family has already sought help, not on whether the condition reflects willful disregard of the child. Senate Bill 8 from the 2022 Regular Session amended KRS 600.020's definition of "abused or neglected child" to require that a caretaker be financially able or has been offered the means to provide the child's needs before not fulfilling the needs is considered neglect. Despite that statutory change, Kentucky Youth Advocates reported in 2024 that neglect still accounts for nearly 90 percent of substantiated maltreatment cases, and that DCBS continues actively working to train staff and community partners on distinguishing the two.[74]

In response, DCBS stated that:

> The Department disagrees with the perception that neglect screening decisions are based on seeking out resources versus allegations of maltreatment. The agency's intake standards of practice are designed to make screening decisions strictly based on the explicit allegations of maltreatment reported by the caller. Socioeconomic factors, such as systemic poverty, are typically unknown to the call screener at the point of initial intake. Consequently, poverty-related needs and household resource deficits are intended to be identified later during the formal investigative or family assessment process. At that stage, field caseworkers leverage found poverty indicators to connect families to concrete economic resources and ensure findings accurately reflect safety threats rather than financial hardship. [75]

Across all three responses, DCBS did not agree that any critiques reflect a weakness with the intake process. On screening criteria, DCBS characterized the concern as a misperception, stating that internal validation confirms the tool does not narrow the statute. On linked reports, DCBS pointed to an existing TWIST protocol and SOP requirement it says addresses the concern. On the poverty distinction, DCBS argued that socioeconomic information generally is not available to a screener at the point of intake, and is instead addressed later in the investigative or assessment process.

Conclusion

DCBS's process for screening reports of child maltreatment is governed by statute and by acceptance criteria established in regulation. KRS Chapter 620 defines the categories of dependency, abuse, neglect, human trafficking, and FGM, and 922 KAR 1:330 translates those definitions into the specific criteria DCBS must apply before accepting a report. The SDM Intake Assessment tool applies that framework in practice, walking an intake worker through a structured sequence of threshold checks, maltreatment-specific criteria, and response-time determinations, intended to bring consistency to decisions that would otherwise depend on individual worker judgment.

Whether a report is screened in or screened out determines everything that follows. A screened-in report moves forward as a CPS investigation, an assessment of family needs, or a non-investigatory response, triggering the safety and risk determination, response-time obligations, and any applicable cross-agency notification requirements discussed throughout this memorandum. A screened-out report receives no formal DCBS response, though it may be forwarded to the responsible agency, such as law enforcement or the prosecutor, or the family may be connected to services outside DCBS through a resource link; either way, no case is opened, and no further contact with the family is required.

Appendix A

Intake Tool And Regulation Comparison

The Structured Decision Making (SDM) intake tool was compared against 922 KAR 1:330, "Child Protective Services," to determine if the tool accurately includes all required types of dependency, neglect, and abuse. The tool appropriately translates requirements from the regulation, though it presents female genital mutilation in a different group. Female genital mutilation appears as a type of physical abuse, whereas the regulation does not go into detail regarding what constitutes the offense.

Structured Decision Making Criteria	922 KAR 1:330 Requirement
Physical Abuse: • Non-accidental physical injury • Suspicious physical injury • Excessive or cruel punishment • Female genital mutilation • Threat of physical abuse	Section 2. (4)(a) Investigate or conduct an assessment upon the receipt of a report of physical abuse if the report alleges: 1. An injury that is, or has been, observed on a child that was allegedly inflicted non-accidentally by a caretaker; 2. Physical abuse if no current observable injury is seen; 3. A child being hit in a critical area of the body, such as the head, neck, genitals, abdomen, or back; 4. Physical injury to a child, as defined by KRS 600.020(49), that is the result of an altercation between the child and the caretaker. The cabinet shall explore the following: a. Age of the child; b. Precipitating factors; c. Degree of appropriateness of force used by the caretaker; and d. Need for further services to assist in eliminating violent behavior in the home; 5. A situation in which a child is likely to be physically abused; or 6. Physical injury to a child involved in an incident of domestic violence.
Sexual Abuse: • Caretaker has engaged in or has attempted to engage in sexual contact with a child (sexual contact with a child) • Caretaker has exposed child to sexually explicit conduct or materials (non-contact sexual abuse) • Threat of sexual harm	Section 2. (4)(c) Investigate or conduct an assessment upon the receipt of a report of sexual abuse if the report alleges sexual abuse of a child committed or allowed to be committed by a caretaker. An investigation may be conducted without a specific allegation if a child: 1. Has a sexually transmitted disease; or 2. Exhibits physical or behavioral indicators of sexual abuse.

Structured Decision Making Criteria	922 KAR 1:330 Requirement
Human Trafficking: • Child sex trafficking, and caretaker is alleged perpetrator • Child sex trafficking, and non-caretaker is alleged perpetrator • Child labor trafficking, and caretaker is alleged perpetrator • Child labor trafficking, and non-caretaker is alleged perpetrator	Section 2. (4)(e) Investigate upon the receipt of a report that alleges human trafficking of a child pursuant to KRS 620.029, whether the alleged perpetrator is a caretaker or not. This shall include: 1. Child sex trafficking when the report includes a sex act involving a child performed in exchange for something of value or the offer or intent to exchange a sex act involving a child for something of value; or 2. Child labor trafficking when the report includes: a. Forced labor or services provided by a child, as defined in KRS 529.010(5); or b. A child being subjected to involuntary servitude, debt, or slavery.
Neglect: • Omission of an act resulting in failure to thrive • Inadequate clothing or hygiene • Inadequate shelter/exposure to unsafe home and immediate environment • Inadequate food/nutrition or malnutrition • Inadequate medical, dental, and/or mental health care • Inadequate supervision • Caretaker absence or abandonment • Educational neglect/truant child • Substance-affected infant • Exploitation	Section 2. (4)(b) Investigate or conduct an assessment upon receipt of a report that alleges neglect of a child perpetrated by a caretaker that may result in harm to the health and safety of a child in the following areas: 1. Hygiene neglect if: a. A child has physical symptoms that require treatment due to poor care; or b. The child's physical health and safety are negatively affected due to an act or omission by the caretaker; 2. Supervision neglect if the individual reporting has reason to believe that the physical health and safety of the child is negatively affected by lack of necessary and appropriate supervision; 3. Food neglect if a child shows symptoms of: a. Malnutrition; b. Dehydration; or c. Not having been provided adequate food for a period of time that interferes with the health needs of the child, based on height or weight norms for the child's age; 4. Clothing neglect if a child suffers from: a. Illness; b. Exposure; or c. Frostbite due to inadequate clothing provided to the child or the clothing provided is insufficient to protect the child from the elements; 5. Environmental neglect, if a serious health and safety hazard is present and the caretaker is not taking appropriate action to eliminate the problem;

Structured Decision Making Criteria	922 KAR 1:330 Requirement
	6. Educational neglect if the: a. School system has exhausted its resources to correct the problem and complied with its duties pursuant to KRS 159.140; and b. Caretaker's neglect prevents the child from attending school or receiving appropriate education; 7. Medical neglect, in accordance with 42 U.S.C. 5106a(b)(2)(C), if a child has not received a medical assessment or is not receiving treatment for an injury, illness, or dis-ability that if left untreated may: a. Be life-threatening; b. Result in permanent impairment; c. Interfere with normal functioning and worsen; or d. Be a serious threat to the child's health due to the outbreak of a vaccine preventable disease, unless the child is granted an exception to immunization pursuant to KRS 214.036; 8. Neglect due to a caretaker's use of drugs or alcohol that results in: a. A child born exposed to drugs or alcohol, as documented by a health care provider pursuant to: (i) 42 U.S.C. 5106a(b)(2)(B)(ii); and (ii) KRS 620.030(2); b. A child's facilitated access to and use of drugs or alcohol that may result in a life-threatening situation for the child; or 9. Exploitation neglect if the caretaker has: a. Used a child or child's financial resources for personal gain; or b. Enticed a child to become involved in criminal activities.
Emotional injury • Caretaker action has caused or is likely to cause emotional injury to the child	Section 2. (4)(d) Investigate or conduct an assessment upon the receipt of a report that alleges emotional injury or risk of emotional injury to a child by a caretaker pursuant to KRS 600.020(26), for which the cabinet may contract directly if necessary to meet this requirement in a timely manner.

Source: Legislative Oversight staff analysis of 922 KAR 1:330 and Evident Change's Structured Decision Making Intake Policy and Procedures Manual for Child Protective Services, Feb. 2025 version.

Endnotes

[1] Lesa Dennis, commissioner, Department for Community Based Services; Melanie Taylor, director, Division of Protection and Permanency; Cliff Bryant, assistant director, Division of Protection and Permanency; and Wesley Duke, general counsel, Cabinet for Health and Family Services. Aug. 20, 2026. Interview.
[2] KRS 600.010(2) and KRS 620.030.
[3] KRS 620.030(1), 620.030(3), and 620.030(4).
[4] KRS 620.040(1)(a) and 620.040(2)(a).
[5] KRS 620.030(6).
[6] Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. *Intake Process and Flow*. Aug. 7, 2026. Email from Elissa Fochtman to Christopher T. Hall, Aug. 7, 2026.
[7] KRS 620.040(2)(a).
[8] KRS 620.040(1)(d).
[9] Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. *Intake Mapping*. Aug. 7, 2026. Email from Elissa Fochtman to Christopher T. Hall, Aug. 7, 2026.
[10] 922 KAR 1:330, sec. 2(4) and sec. 2(5)(b).
[11] 922 KAR 1:330, sec. 2(4) and sec. 2(5).
[12] 922 KAR 1:330, sec. 2(2).
[13] KRS 600.020(9).
[14] KRS 600.020(24); KRS 610.110(6); KRS 620.140(1)(d) to (e).
[15] KRS 209.020(4).
[16] 922 KAR 1:330, sec. 2(1)(b).
[17] 922 KAR 1:330, sec. 2(5)(b).
[18] 922 KAR 1:330, sec. 1(20).
[19] 922 KAR 1:330, sec. 1(4) and sec. 2(2).
[20] KRS 620.040(1)(e) and KRS 620.040(1)(3).
[21] KRS 508.125(1); KRS 529.010(7); KRS 600.020.
[22] KRS 600.020(1)(a), (1)(b).
[23] 922 KAR 1:330, sec. 2(4)(a).
[24] 922 KAR 1:330, sec. 2(4)(b).
[25] 922 KAR 1:330, sec. 2(4)(c).
[26] 922 KAR 1:330, sec. 2(4)(d).
[27] KRS 600.020(20).
[28] 922 KAR 1:330, sec. 2(4)(f).
[29] Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. "C2.4 Non-Investigatory Response." *DCBS Standards of Practice Online Manual*. July 15, 2024. Web.
[30] Lesa Dennis, commissioner, Department for Community Based Services; Melanie Taylor, director, Division of Protection and Permanency; Cliff Bryant, assistant director, Division of Protection and Permanency; and Wesley Duke, general counsel, Cabinet for Health and Family Services. Aug. 20, 2026. Interview.
[31] KRS 529.010(7).
[32] 922 KAR 1:330, sec. 2(4)(e).
[33] Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. "C2.15 Investigations Of Human Trafficking." *DCBS Standards of Practice Online Manual*. Oct. 19, 2022. July 15, 2024. Web.
[34] KRS 508.125(1).
[35] 922 KAR 1:330, sec. 2(1)(d)2.b.
[36] Kentucky. Department for Community Based Services, Cabinet for Health and Family Services. "C2.3 Acceptance Criteria." *DCBS Standards of Practice Online Manual*. May 30, 2025. Web.
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[38] KRS 620.050(1)(b)2.
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