

DCYF Standard Operating Procedure

1150.1 REPORT TYPES, SCREENING DECISIONS, OVERRIDES, AND RESPONSE PRIORITY LEVEL

Policy Directive: 22-43

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Approved:

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This SOP outlines report types, screening decisions, overrides, and response priority levels for calls to Central Intake.

Procedure

The following information is to support the implementation of the above referenced policy. This document shall not preclude staff from using their professional judgement based on individual circumstances, consistent with the requirements of the policy.

- I. For calls received, Central Intake staff should:
 - A. Encourage the caller to provide all information about the situation under consideration;
 - B. Ask questions of the caller until the response becomes clear or the caller has no further information;
 - 1. If the answer to a question is not known, the response should be documented to support the most protective effect;
 - Obtain accurate and complete information concerning the specific, descriptive facts
 of the situation under consideration and enter the data on the referral screens in
 the DCYF electronic information system;
 - D. Attempt to ascertain as much information as possible about the whereabouts and identity in regards to a potential absent parent;
 - E. Determine the reporter type according to:
 - 1. **Anonymous** the reporter does not identify themselves;
 - 2. **Victim of an allegation** the reporter is a child who alleges abuse or neglect;
 - Self-Referral (alleged perpetrator) the reporter is the perpetrator of abuse or neglect;
 - 4. **Third-party** the reporter has no direct involvement with the allegation such as a relative, neighbor, or family friend; or

- 5. **Professional source** the reporter is a CPSW, JPPO, Law Enforcement, medical staff, education staff, or stakeholder;
- 6. All reporter types may request their name be kept confidential from the family;
 - (a) When confidentiality is requested, Central Intake staff will explain the reporter's name will be disclosed if the report becomes a law enforcement or court matter; and
- F. Classify reports as follows:
 - Information and Referral the call is determined to be a request for information about the availability of a service or criteria that may qualify a person to receive a service;
 - 2. **Request for Voluntary Services** the call is determined to be a request (either for their own family or on behalf of another family) for Voluntary Services;
 - 3. **Request for CHINS** the call is a request (either for their own family or on behalf of another family) for a Child in Need of Services case through Juvenile Justice Services;
 - 4. **Screen Out** the call includes an allegation of abuse or neglect but does not meet screen-in criteria, and one or more of the following are present:
 - (a) The victim cannot be identified;
 - (b) The victim's address is unknown;
 - (c) The facts do not meet screen-in criteria for abuse/neglect; or
 - (d) The facts show an allegation falls under the jurisdiction of another agency;
 - 5. **Credible Report of child abuse/neglect** the call includes a credible report of harm or threat of harm to the life, health or welfare of a child due to physical abuse, sexual abuse, trafficking, psychological abuse, child death, or neglect; or
 - 6. **Formal complaint of an RSA 126-U violation** the call concerns a possible violation of the restraint and seclusion law for the state juvenile secure treatment facility, a residential facility, or a foster home.
- II. In determining abuse/neglect screening decisions, Central Intake staff should consider overrides based on call-specific circumstances and the specific allegation reported.

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- A. Override to accept for assessment applicable when after consultation between the Intake CPSW and the Intake Supervisor, there is consensus a screening decision applies due to unique circumstances reported.
- B. Override to assign for assist- applicable when there are outside agencies requesting assistance or other circumstances including, but not limited to:
 - 1. Law enforcement;
 - 2. A NH court;
 - 3. Another state;
 - 4. Child Care Licensing;
 - 5. An administrative request from a government official or administration;
 - 6. The person causing harm is not a household member and the caregiver's protectiveness is unknown; or
 - 7. The report is from a state-run juvenile facility (including secure treatment facilities and inpatient mental health facility) and the NH Attorney General's office has decided this should be investigated when the SDM Screen-In Criteria is not met.
- C. Override not to accept for assessment applicable when:
 - 1. There is an open assessment and the allegation has already been reported or addressed with the family;
 - 2. The alleged abuse occurred in the past, AND no children are likely to be unsafe now;
 - 3. The child and caregiver cannot be identified by name or location; or
 - 4. The report is from a state-run juvenile facility (including secure treatment facilities and inpatient mental health facility) and the NH Attorney General's office has decided this should not be investigated when the SDM Screen-In Criteria is met.
- III. Response Priority Level: Credible reports will have a Response Priority Level established and communicated to the DO receiving the allegation according to the Division's structured decision making tool for determining response priority and reflective of these examples:

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Response Priority	Sexual Abuse -	Physical/ Psychological Abuse –	Neglect	Medical/ Psychiatric Neglect
Level 1 – immediate/ within 24 hours	Offender has access to home and non-offending caregiver response is not appropriate and protective of the child	 Physical injury evident or medical or psychiatric care required and child is under 7 or limited by disability Child under 3 Severe or bizarre disciplinary measures, alleged offender will have access in the next 48 hours or child is afraid to go home 	 Home situation is immediately dangerous or child currently unsupervised is under 7 or limited by disability Any child is under 11 or limited by disability and there are Alcohol or Drug Abuse (AODA) or Domestic Violence (DV) issues present AODA or DV issues present and child of any age is afraid to go home 	Child appears seriously ill or injured and in need of immediate care
Level 2- within 48 hours	 Offender has access to home and non-offending caregiver response is appropriate and protective of the child Offender does not have access to the home and non-offending 	 Physical injury evident, or medical or psychiatric care required, and offender will have access to child in next 48 hours Severe or bizarre disciplinary measures were used and child is not afraid to go home Prior assessed reports of abuse 	 Any child is under 11 or limited by disability and there are no AODA or DV issues present and there are prior founded reports of neglect AODA or DV issues present and child of any age is not afraid to go home 	Not applicable

	caregiver is unaware of abuse or their response to the abuse is unknown	involving any child in the household		
Level 3- within 72 hours	Offender does not have access to the home and non-offending caregiver is aware of abuse, or their response to the abuse is known	No prior assessed reports of abuse involving any child in the household	AODA or DV issues are not present	Child does not appear seriously ill or injured and in need of immediate care

Glossary and Document Specific Definitions

A-B C-D E-F G-I J-L M-N O-Q R-S T-V W - Z

Document Change Log					
PD	Modification Made	Approved	Date		

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