



NH Department of Health & Human Services
Division for Children, Youth & Families

DCYF Standard Operating Procedure

1150.4 NEGLECT ALLEGATION TYPES

Policy Directive: **22-43**

Effective Date: **July 2022**

Implements Policy: **1150**

Approved:

Joseph E. Ribsam, Jr., DCYF Director

This SOP defines neglect allegation types.

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. Central Intake staff will consider 2 factors when screening reports of neglect:
 - A. Parental or guardian actions or inactions; **and**
 - B. The impact the action or inaction has on a child.
- II. **Parent or guardian actions or inactions:**
 - A. **Abandonment.** A credible report alleges the caregiver left the child without making provisions for substitute care, there is no evidence that caregiver intends to resume responsibility for care, **and** the reason is not hospitalization or incarceration of the caregiver nor caregiver physical, mental, or cognitive impairment;
 - B. **Incapacitated caregiver.** A credible report alleges the caregiver:
 1. Is temporarily unable to care for the child due to the caregiver's hospitalization, incarceration, or physical, mental, or cognitive impairment; **and**
 2. Has made no other plans for childcare;
 - C. **Inadequate supervision.** A credible report alleges the caregiver does at least one of the following:
 1. Leaves the child in the care of an individual who cannot adequately care for the child based on the individual's physical, mental, or cognitive abilities;
 2. Leaves the child in the care of an individual who is unwilling to provide supervision and care; or
 3. Has created a plan for supervision, but that plan is no longer available;
 - D. **Failure to protect.** A credible report alleges another person is causing or has caused actual harm or presents a serious threat of harm to a child **and** the

caregiver has knowledge (or can reasonably be expected to have knowledge) of the harm or threat **and** the caregiver does not act to protect child;

E. **Substance-exposed infant.** A credible report alleges substance use in the following circumstances (substance refers to any illegal drug (e.g., cocaine, opiates, heroin, marijuana), alcohol, and any prescription or over-the-counter drug when not used as prescribed or directed):

1. **Prenatal exposure to substance:**

- (a) Applies to child until first birthday; and
- (b) Parent of an infant used substances during pregnancy, based on one or both of the following:
 - (1) Child indicators: Positive toxicology, withdrawal symptoms, features of fetal alcohol spectrum disorders, other medical complications from prenatal substance misuse; or
 - (2) Birthing parent indicators: Self-report, other credible report, positive toxicology, other indications of substance use by birthing parent at time of birth;

2. **Breastfeeding or breast milk exposure to substance.** Applies to breastfed child of any age and at least one of the following is included in a credible report:

- (a) Breastfeeding caregiver uses non-prescribed substances, other than alcohol, while breastfeeding a child;
- (b) Breastfeeding caregiver uses alcohol in a way that alcohol is likely to be transmitted to the child through breast milk (e.g., breastfeeding within 3 hours of drinking a single serving of alcohol [i.e., 12 ounces of beer, 5 ounces of wine, one and a half ounces of a distilled beverage] or within 12 hours of larger amounts); or
- (c) Breastfeeding caregiver uses prescribed substances while breastfeeding against medical advice to do so (i.e., caregiver may have a prescription and be following the prescription, but a medical professional has advised against breastfeeding while taking the prescription);

3. **Consider for harm and harm was (or is) likely (substance-exposed infant only)** - Additional indicators of impact on the infant raise concern that the caregiver will be unable to safely care for the infant upon discharge from the hospital;

- F. **Endangering the welfare of a child (excluding domestic violence).** A credible report alleges a child is not injured, however, the caregiver disregards child safety while engaging in dangerous actions near child in such a way that the child is likely to be physically injured **and** this is a pattern or a single severe event;
- G. **Medical care neglect.** A credible report alleges medical care neglect under the following conditions:
1. Medical care includes physical, dental, vision, physical therapy, and mental health care; and
 2. All of the following are included in the report:
 - (a) The child has a need for medical care;
 - (1) This may include diagnosis or treatment for chronic or acute conditions; and
 - (2) It does not include well-child checks, preventive care, or immunizations;
 - (b) The caregiver knows or is reasonably expected to know about the need;
 - (1) This typically requires information that the caregiver was explicitly told about the child's need for care, or the child's condition would prompt a significant majority of caregivers to seek care;
 - (c) The caregiver does not obtain or follow through with medical care for the child;
 - (1) The caregiver is doing nothing for the child, is not following a plan of care, or is providing non-prescribed intervention instead;
 - (d) As a result, the child has experienced harm (e.g., significantly increased pain or suffering, prolonged illness, impaired growth, or significantly impaired functioning) or high likelihood of such harm; and
 - (e) It is reasonable to expect that providing the medical care will reduce or eliminate the harm;
- H. **Educational neglect.** A credible report alleges a caregiver does not provide education as required by law for a child age 6 or older and eligible for first grade. This includes:

1. A child age 13 or younger (or a child otherwise incapable of being responsible for their own attendance) who is not enrolled or whose school absence has adversely affected the child;
 2. A child age 14 or older who is not enrolled or whose school absence (e.g., refusing to go to school) has adversely affected the child **and** the child's actions are not a significant or sole factor in their absence;
 3. There is no explanation for child's absence that would refute caregiver neglectfulness (e.g., child's absence is related to need to attend medical appointments, or there is a hostile school environment for child); and
 4. The school's documentation demonstrates that school personnel have exhausted the necessary steps to remedy the concern prior to reporting, which include the following:
 - (a) School attendance report reflecting unexcused absences for 25% or more days that school has been in session to date;
 - (b) Letter to caregiver after 5 to 10 absences;
 - (c) Meeting requested and/or held with caregiver;
 - (d) Attempted phone contacts with caregivers to discuss reasons for excessive absences;
 - (e) Home visits by truant officer, school personnel, or local law enforcement; and
 - (f) Attempts by school personnel to comply with RSA 193:1 (I)(h) for children ages 16 and 17 (regarding alternative learning plan); and
 5. Documentation should be provided to DCYF within 48 hours. If not received, the report will be screened out; and
 6. For any child age 14 or older whose absences are a result of their action or inaction refer to SOP 1150.6 Request for Voluntary CHINS – Intake.
- I. **Inadequate physical care.** A credible report includes allegations the caregiver does not provide clothing, hygiene, food, nutrition, or shelter, **and** there is a single severe situation or a pattern that has already had, or is likely to have, serious impact on the child in the following ways:
1. **Inadequate clothing or hygiene.** The child's daily activities are or will be seriously affected **or** there are or will be medical consequences (e.g., sores,

infection, physical illness, serious harm, hypothermia, or frostbite) because caregiver does not provide necessary care or provisions for care;

2. **Inadequate food or nutrition.** The child is without food or water, or nutritional needs are severely or consistently overlooked **and** as a result, the child is experiencing, has experienced, or is likely to experience malnourishment, dehydration, growth delay, unmitigated hunger, consistently impaired concentration in school, or other health complications related to nutrition; or
3. **Hazardous or no shelter.** There is no shelter, or the living situation is dangerous or unhealthy (based on child's age and developmental status).

III. **Impact on the child** - A credible report includes allegations of neglect due to:

- A. **Physical injury** - A child experiences bodily harm as a direct or indirect result of any form of neglect;
- B. **Physical illness** - A child becomes ill, or has an existing illness become worse, as a direct or indirect result of any form of neglect;
 1. **Non-organic failure to thrive** - A medical professional has diagnosed a child with non-organic failure to thrive, AND caregiver's parenting is consistent with known contributing factors for non-organic failure to thrive;
 2. **Substance-affected newborn** - A medical professional reports that a newborn has experienced:
 - (a) Physical harm from prenatal substance exposure (e.g., withdrawal symptoms); or
 - (b) Medical complications or symptoms consistent with prenatal substance exposure;
 3. **Other** - A child has become ill, or symptoms of an existing illness are exacerbated related to one or more caregiver actions or inactions;
 - (a) This is based on a medical diagnosis **or** if child has not had medical assessment, child has symptoms of illness (e.g., infected wounds, severe rash, nausea and vomiting, diarrhea, difficulty breathing);
- C. **Psychological harm** - A child is diagnosed with or has indications of emotional harm, impaired functioning, or significant developmental delay that appear to be connected to the specific form of neglect the child experiences;
- D. **Sexual harm** - A child experiences sexual abuse or other troubling sexual experiences related to being unattended or left with an inappropriate caregiver; or

E. **Harm was or is likely** - If there is no report of any specific harm, harm was or is likely if either of the following are reported:

1. In a reported incident, the child was not harmed, but the caregiver action or inaction was likely to have caused harm. Consider the caregiver’s specific action or inaction and the child’s age, vulnerability, and preparedness. Examples include the following:
 - (a) A child was about to be harmed, but an unexpected intervention prevented harm; or
 - (b) A child narrowly escaped harm; or
2. Based on the pattern of past incidents, it is likely that the neglect will continue **and** the degree of neglect means it can reasonably be expected to cause significant harm when repeated over time.

Frequently Asked Questions

Q1. Are there guidelines for appropriate child supervision levels?

A This table provides additional guidance, however, please remember to account for each child’s unique capabilities:

EXAMPLES OF CIRCUMSTANCES AND APPROPRIATE SUPERVISION LEVELS	
Oldest Child’s Age/ Developmental Age	Safe Circumstances
0-3	<ul style="list-style-type: none"> • Should not be left alone for any length of time without adult supervision • Visual observation should be maintained with minimal interruption, other than times a child is asleep in safe situation or in close proximity in a safe situation
4-6	<ul style="list-style-type: none"> • Should not be left alone for any length of time without adult supervision • Supervision may become increasingly indirect with the adult at least within hearing range • Visual observation may become less frequent if child is in a safe situation (e.g., sleeping, safely playing indoors) • During waking hours, visual observation of child by a responsible adult should occur periodically
7-9	<ul style="list-style-type: none"> • May be left alone for up to about one hour if: <ul style="list-style-type: none"> ➢ The environment is safe ➢ Child has demonstrated ability to be left alone safely for shorter periods of time ➢ Child demonstrates ability to follow safety instructions when adult is nearby but not directly supervising child ➢ Child knows how to make emergency phone calls

	<ul style="list-style-type: none"> ➤ Child is not responsible for other children (multiple children may be together, but each is responsible only for themself) ➤ Child is not a danger to self or others; and ➤ There is a backup responsible adult available to child who can be physically present if needed within minutes
10-12	<ul style="list-style-type: none"> • May be left alone for up to about 2 hours if: <ul style="list-style-type: none"> ➤ The environment is safe ➤ Child has demonstrated ability to be left alone safely for shorter periods of time ➤ Child knows how to manage emergencies ➤ Child has been given instructions and demonstrated ability to follow instructions related to safety ➤ Child is responsible for other children only within their capability to watch over ➤ Child is not a danger to self or others and ➤ There is a backup responsible adult available to child who is accessible, on call, and able to assist for periods up to 2 hours
13-15	<ul style="list-style-type: none"> • May be left alone for increasing lengths of time up to about 24 hours if: <ul style="list-style-type: none"> ➤ The environment is safe ➤ Child has demonstrated ability to be left alone safely for shorter periods of time ➤ Child knows how to manage emergencies ➤ Child knows how to handle daily routines that occur during the time child is alone ➤ Child has been provided with meals within child's capability of preparing ➤ Child has been given instructions and demonstrated ability to follow instructions related to safety ➤ Child is not a danger to self or others and ➤ There is a backup responsible adult available to child who is accessible
16-17	Assess safety based on child's capacity to live independently
Child with a disability	Assess safety based on the level of disability and the nature of the child's care needs

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

For the Purpose of this Document:

"Superficial Injury" means transient minor pain or redness, minimal scratch, or slight bruise.

Document Change Log

PD	Modification Made	Approved	Date
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