

1150 CHILD ABUSE AND NEGLECT INTAKE	
Chapter: Child Protective Field Services	Section: CPS Central Intake
 <p>New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 11-01 Effective Date: January 2011 Scheduled Review Date:</p>	<p>Approved:</p>  Maggie Bishop, DCYF Director
Related Statute(s): RSA 21-B:2 , RSA 169-B , RSA 169-C , RSA 169-D , RSA 170-E , RSA 463 , and RSA 639 Related Admin Rule(s): Related Federal Regulation(s): 42 CFR Part 1340 , 42 CFR 5101 , 45 CFR	Related Form(s): FORM 2200 , and FORM 2203(a) Bridges' Screen(s) and Attachment(s):

DCYF is committed to the support of families to ensure the protection of children and the communities in which they live. The Intake Unit serves the critical role of determining whether reports meet DCYF criteria for child abuse and neglect assessment. Intervention, at times, becomes imperative to prevent possible further abuse or neglect and to promote functional behavior by families and individuals.

Purpose

This policy establishes the Intake Unit's responsibility responding to initial contacts and determining whether reports meet DCYF criteria regarding suspected child abuse or neglect. It also establishes how these contacts are to be classified, documented, and referred for further action or services, if appropriate.

Definitions

"Absent Parent" refers to a non-household parent who has not maintained regular contact with the child.

"Caregiver" means a person responsible for a child's welfare, including the child's parent, guardian, or custodian, as well as the person providing out-of-home care of the child, if that person is not the parent, guardian, or custodian. For this definition, "out-of-home care" includes child care, a foster parent, an employee of a public or private residential home or facility or other person legally responsible for the child's welfare in a residential setting, or any staff person providing out of home care. (Child Protection Act, RSA 169-C: 3, XXII and 45 Code of Federal Regulations, 1340.2).

"Child" means any person who has not reached his or her 18th birthday (Child Protection Act, RSA 169-C: 3, V) and any person with whom DCYF has a legal, extended jurisdiction relationship pursuant to RSA 169-B, RSA 169-C, RSA 169-D, or RSA 463.

"Contact" means a telephone call, oral information provided in person, or written information received by DCYF regarding concerns about the care or maltreatment of a child.

"Custodian" means an agency or person, other than a parent or guardian, licensed pursuant to RSA 170-E to whom legal custody of the child has been given by court order. (RSA 169-C:3, X).

"Guardian" means either natural parent or a person appointed by a NH probate court or the court of similar jurisdiction in another state to have responsibility for the care, custody, and educational needs of the child. (RSA 463)

"Out-of-Home Perpetrator" means the offender has no access to the child and the caregiver is protecting the child.

"Parent" means mother, father, step parent, adoptive parent, but the term shall not include a parent as to whom the parent-child relationship has been terminated by judicial decree or voluntary relinquishment. (Child Protection Act, RSA 169-C: 3, XXI)

"Person Responsible for the Child Abuse or Neglect" or **"Perpetrator"** means a person who has or is alleged to have physically abused, sexually abused, or neglected a child, regardless of age or family relationship to the victim.

"Threat of Harm" means the presence of circumstances that constitute a substantial risk of harm to the child's life, health, or welfare. (42 CFR Part 1340 and [in re: Ethan H.](#), Supreme Court case)

"Withholding of Medically Indicated Treatment" means the failure to respond to an infant's or child's life-threatening conditions by not providing treatment which, in the treating physician's or physicians' reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment to an infant or child when, in the treating physician's or physicians' reasonable medical judgment:

1. The infant or child is chronically and irreversibly comatose,
2. The provision of such treatment would merely prolong dying; not be effective in ameliorating or correcting the infant's or child's life-threatening conditions; or otherwise be futile in terms of the survival of the infant or child,
3. The provision of such treatment would be virtually futile in terms of the survival of the infant or child and the treatment itself under such circumstances would be inhumane. (Child Abuse Prevention and Treatment Act, 42 United States Code 5101, Section 113 (10)).

Policy

I. Responsibility for Intake

- A. All contacts are referred to the Central Intake Unit in Concord at 1-800-894-5533 or (603) 271-6556.
- B. A Child Protective Service Worker (Intake CPSW) or Supervisor must be available during work hours to receive contacts regarding abuse and neglect. DCYF work hours are Monday to Friday, 8 AM to 4:30 PM.
- C. Local law enforcement agencies provide coverage for contacts made after DCYF work hours, on weekends, or on holidays.

II. Sources of Contacts:

- A. "Anonymous" means the person who initiates the contact does not identify himself or herself. The source is encouraged to provide sufficient identifying information to allow the contact to be reviewed or to permit the Intake or Assessment Units to re-contact the source for further information.
- B. "Victim" means the child of the suspected abuse or neglect.
- C. "Self-referral" means the person who initiates the contact is the alleged perpetrator of the suspected abuse or neglect.
- D. "Third party" means the person who initiates the contact has no direct involvement with the incident that is suspected to be abuse or neglect. The source is encouraged to disclose the names of other persons who may have direct knowledge concerning the child or the incident in question.
- E. "Professional source" means the person who initiates the contact is a DCYF or DJJS staff person, a member of law enforcement, or a professional in the fields of medicine , psychotherapy, education, or social work, and all other professions, described in RSA 169-C: 29. The person must follow an oral report with a written report within 48 hours, if requested. The professional source may be advised to inform the family that a contact has been initiated unless this information could increase the threat of harm to the child, may cause a caregiver to destroy evidence, or cause persons with knowledge to be unavailable to DCYF for assessment.
- F. "Any other person " means those who have reason to suspect that a child has been abused or neglected, for example, neighbor, friend, or relative.
- G. "Confidential sources" mean persons who identify themselves but request withholding that identity from the family. They are advised that the family may identify the reporter due to circumstances in the child's statements.
- H. "DCYF Staff" must report within one workday child abuse and neglect that is suspected, personally observed, or shared with them by family members or others.

III. Types of Contacts

- A. "Information and Referral" means a request for information about the availability of a service or criteria that may qualify a person to receive a service.
 - 1. This contact does not constitute a referral of suspected abuse or neglect.
 - 2. An attempt is made to refer the source to the local, county, state, federal, or private agency for services.
- B. "Inquiry" the caller provides information about a suspected incident of child abuse or neglect, but, after completion of the Child Abuse and Neglect Screen-In Criteria this information does not meet DCYF criteria for child abuse and neglect assessment, no further assessment will occur because intervention by DCYF would cause an intrusion into family life that is not warranted by the child's need for protection and the presence of one or more of the following factors:

1. The alleged victim cannot be identified or the location of the child's residence is not known;
 2. The facts do not suggest a cause to believe that a threat of harm to a child exists. Example: A 5-year old child, playing in the yard, falls off a slide and breaks a leg. Mother was in the home. Mother is appropriately concerned and tells the doctor that the child will never be left unsupervised on the slide again. No previous credible reports.
 3. The facts show an incident committed that is the jurisdiction of law enforcement or another agency in which DCYF is not required by law to intervene. Example: A 17-year old girl is the victim of a date rape. Parents are supportive of the victim. Local rape crisis center is involved.
 4. No contact is considered an inquiry solely because the alleged perpetrator may not be a caregiver.
- C. "Credible Report" means the reporter provides information that identifies a child or children by name or location and allegations, which if true, constitutes harm or a threat of harm to the life, health or welfare of the victim of the report. The information needs only to be within the range of possibility or probability and to appear to be grounded in fact.
1. Credibility of a referral is not determined based on the possible finding or on the results of court action.
 2. A contact alleging one or more of the following incidents or conditions in the presence of circumstances that show harm or a threat of harm to a child constitutes a credible report:
 - (a) Child Physical Abuse. ([DCYF Policy 1152](#)).
 - (b) Child Sexual Abuse. ([DCYF Policy 1153](#)).
 - (c) Child Neglect. ([DCYF Policy 1151](#)).
- D. "Additional Information" means if the incident or circumstance is not one of abuse or neglect but a DCYF or DJJS referral or case is open, then information is sent to the District Office as an associated referral.
- E. "[Voluntary Services](#)" means that a parent requests DCYF services or short-term child placement.
- F. "CHINS Intake". See [DCYF Policy 1325](#).

IV. Contact Requirements

- A. For all classifications of contacts, the Intake CPSW must:
 1. Encourage the caller to provide all information about the situation under consideration;

2. The Intake CPSW should ask questions of the caller until the response becomes clear or the referent has no further information. If the response to a question is not known, the Intake CPSW must respond in the most protective way.
 3. Obtain accurate and complete information concerning the specific, descriptive facts of the situation under consideration and enter the data on the referral screens on NH Bridges;
 4. The Intake CPSW should attempt to ascertain as much information as possible about the whereabouts and identity in regards to a potential [absent parent](#).
- B. All contacts must be processed according to the classification assigned by the Intake CPSW.
- C. A Child Protective Service Worker (CPSW) and Supervisor must review all information received, obtain prior history on NH BRIDGES, apply the screen-in criteria, and determine the [response priority level](#).
- V. Classification of Contacts
- A. For contacts classified as Information and Referral, the Intake CPSW must:
1. Respond to the request for information and refer the source to the local, county, state, or federal agency with jurisdiction or another service to respond to the need for service; and
 2. Complete the "Intake and Referral Log" (Form 2200).
- B. For contacts classified as Inquiry, the Intake CPSW must:
1. Respond to any request for information;
 2. Encourage the reporter to identify themselves, or facts which would identify the child in question in order to enable a further review of the situation and for the Intake Unit to re-contact the reporter for additional information;
 3. If the contact does not require DCYF assessment, inform the reporter of this and consider the following:
 - (a) Refer the reporter to the local, county, state, or federal agency with jurisdiction to respond to the need for service; and
 - (b) Notify law enforcement by telephone with a written report to follow, pursuant to RSA 169-C: 38, via the Referral to Law Enforcement Letter (Form 2203(a)); and
 - (c) Complete the referral screen on NH Bridges and forward the referral electronically to the Intake Supervisor for review and approval.
- C. For contacts classified as Inquiry, the Intake Supervisor must:
1. Review the report;

2. If appropriate, approve the referral decision;
 3. If not appropriately classified or if further information is required, refer the referral back to the CPSW; and
 4. Document any formal complaint received regarding a contact not classified as meeting DCYF criteria for a child abuse or neglect assessment. A complaint is considered "formal" if the reporter asks to review the contact with a Supervisor and submits a written request to review the intake classification.
- D. For credible reports the Intake CPSW must:
1. Encourage the reporter to provide all information about the situation;
 2. Encourage the reporter to identify him or herself. If asked, consult with the caller about informing the family unless this would pose a threat to the child or reporter's safety or could result in the destruction of evidence or the removal of the child from the jurisdiction;
 3. Encourage the reporter to identify the family's and the child's race and ethnicity, ask if there is any known native American affiliation;
 4. Inform the reporter that their name will be kept confidential, if requested, however, that this information may be disclosed if court proceedings are initiated or the family may identify the reporter through a child's disclosure or circumstances of the abuse or neglect;
 5. Make collateral contacts as necessary to verify the credibility of the referral and to determine the response priority level;
 6. If the caller is a professional obtain details regarding the nature of their contact with the identified victim and ascertain whether contact will continue. Request that a written report be sent to the D.O. Intake and/or D.O. Assessment Supervisor within 48 hours;
 7. When law enforcement is reporting a child was present, regardless of location e.g. home or any other site, during the:
 - (a) Manufacturing or attempting to manufacture methamphetamine;
 - (b) Storage of any chemical substance related to methamphetamine; or
 - (c) Storage or disposal of any methamphetamine waste products or paraphernalia;
 - (1) The Intake CPSW must refer this report to the district office for an assessment to be completed per RSA 639-A:4 I & II
 8. If requested, advise the caller about the DCYF assessment process that may include:

- (a) Information is forwarded electronically to the D.O. and D.O. staff determines how to respond to the assessment in order to determine the safety of the child.
 - (b) Individuals in the home of the alleged child victim are interviewed regarding the allegation;
 - (c) Medical services must be sought if a child requires assistance;
 - (d) Collateral contacts must be made for the completion of the assessment;
 - (e) Family members may be referred to community resources for assistance in strengthening the family and resolving problems; and
9. Obtain previous case history and family information from NH BRIDGES and New Heights as needed;
 10. Complete the referral screens and review the [Response Priority](#) screen on NH BRIDGES to determine the level of risk and forward all information to an Intake Supervisor within 24 hours.
 11. If the referral constitutes a Level 1 response, immediately after discussion with the Intake Supervisor, notify the D.O. Assessment Supervisor by telephone and provide the information verbally with the complete referral to follow.
- E. For Credible Reports, the Intake Supervisor must:
1. Review each report's information and approve or request Intake CPSW to contact the reporter for additional information.
 2. Assist the Intake CPSW in making determinations regarding level of response, credibility of reports, and collateral contacts required to clarify allegations and other information received; and
 3. Forward the referral electronically to the District Office
- F. Subsequent Reports
1. Subsequent reports about a child who has been the subject of a previous referral must be documented and classified by the Intake CPSW in the same manner as other contacts.
 2. Intake staff reviews the referral to determine if it is a new incident, allegation, or identifies a new victim.
- G. Reports regarding NH Residential Care Facilities, Institutions, or DCYF Employees
1. Contacts reporting abuse or neglect of children in NH residential care facilities or institutions must be classified and documented in the same manner as other contacts.

2. The Intake Supervisor must forward any credible referral electronically to the Supervisor of the Special Investigations Unit.
 3. Residential care facilities and institutional units include:
 - (a) John H Sununu Youth Services Center;
 - (b) Health Facilities, such as Hospitals;
 - (c) Group homes and Residential Treatment Facilities;
 - (d) Foster Family Care Homes;
 - (e) Shelter Care Facilities; and
 - (f) Any other residential care facility, whether licensed or unlicensed or subject to licensure.
 4. Reports involving a DCYF or DJJS employee must be documented in the same manner as other contacts, but identifying information is protected. The Intake CPSW must immediately notify the Intake Supervisor. The Intake Supervisor must forward the referral to the Supervisor of the Special Investigations Unit who will immediately notify the child protection administrator who will make the appropriate contacts.
- H. Determination of D.O. Assessment:
1. Credible reports must be forwarded to the Assessment Supervisor via NH Bridges to the District Office covering the residence of the child and the caregiver, if they reside together at the time of the report.
 2. If the caregiver and the child reside or are found in different D.O. areas, the credible referral must be referred to the District Office covering the area where the caregiver resides. Assistance may be requested from the District Office in which the child is found if needed to complete the assessment.
 3. If no caregiver is available or if a caregiver resides out-of-state, is incarcerated, or committed to an institution, the referral must be referred to the District Office covering the area where the child is found.
 4. When a current open assessment or family service case exists, subsequent reports are forwarded to the District Office currently providing services.
- I. Reports to the Department of Education and the Bureau of Child Care
1. Reports involving teachers or other school personnel are referred to law enforcement and the Department of Education.
 2. Allegations of abuse or neglect occurring at childcare facilities not meeting criteria for Special Investigations Unit are reported to the Bureau of Child Care. Intake CPSW completes the referral on NH Bridges and forwards it to the appropriate District Office as requested.

J. Reports of Abuse or Neglect in Another State

1. Credible reports that have occurred in another state must be immediately reported by telephone to the other state's Child Protective Services (CPS) Intake. A letter must follow reports.
2. The following credible reports are forwarded to the D.O. Assessment Supervisor when:
 - (a) A child is found in NH and intervention is necessary to prevent his or her return to a situation in another state that constitutes a threat of harm to the child;
 - (b) A referral is received from another state's child protective services agency alleging that a family now found in NH had fled the other state before the other state's CPS assessment could be completed;
 - (c) A referral is received that abuse or neglect has occurred in another state and the perpetrator has access to the child in NH;
 - (d) A child now in NH is alleged to have been abused or neglected during court ordered visitation with a caregiver who resides in another state; and
 - (e) A child, now in NH, is alleged to have been abused or neglected during visitation with any related or non-related individual who resides in another state and the caregiver continues to allow access to the alleged perpetrator. See FAILURE TO PROTECT in [DCYF Policy 1151](#).

K. Child Custody or Guardianship Disputes

1. Custody dispute means legal action initiated through a superior, district, family, or probate court in NH or another state by one party against another for obtaining custody of or visitation with a child now in this state. The legal action may seek divorce, legal separation, or protection from domestic violence between adults, with the related request for a court order determining the guardianship or legal custody of a child.
2. The Intake Unit forwards child custody or guardianship disputes to a District Office when:
 - (a) Ordered by a superior, district, family, or probate court during the litigation of the legal dispute; or
 - (b) A credible referral is received naming one or more of the parties involved in a child custody or guardianship dispute as a perpetrator of abuse or neglect upon a named child.

L. Emancipated and Unaccompanied Minors

1. An emancipated minor is a person under the age of 18 years, who has documentation to support that they have been emancipated in accordance with the

laws of the state in which they previously had been residing. NH gives recognition to these proceedings and treats the person as an adult. (RSA 21-B:2)

2. Unaccompanied minor is a person under the age of 18 years, previously from another state or country, living independently in NH with the knowledge and consent of their parent or guardian.
 3. The Intake Unit refers credible reports to a District Office when an unaccompanied minor is found in NH and may be the subject of physical abuse, sexual abuse, or neglect.
 4. A married minor is considered to be an adult for the purpose of this policy.
- M. Domestic Violence Reports:
1. Reports that allege [domestic violence](#) will be referred to the District Office as Neglect: Threatening/Menacing Behavior as the primary allegation for the referral.

Procedures

- I. The Intake CPSW must:
- A. Document all collateral, information and referral and inquiries on the "Intake and Referral Log" (Form 2200);
 - B. Make collateral contacts as necessary to determine if a referral is credible;
 - C. Complete the [Screen-In Criteria](#) and the [Response Priority](#) screens on NH Bridges for all credible reports;
 - D. Complete the Referral screens on NH Bridges;
 - E. Fully complete the demographic screen on NH Bridges and indicate cultural/ethnic background (if known);
 - F. Forwards all reports to the Intake Supervisor for approval;
 - G. Notifies law enforcement, the Department of Education, the Bureau of Child Care or the Special Investigations Unit when a referral involves these units; and
 - H. Contact appropriate District Office staff to advise of all Level 1 reports.
- II. The Intake Supervisor must:
- A. Assist in determining a report's credibility or a report's response priority;
 - B. Provides supervisory review of SDM such as [Screen-In Criteria](#) and the [Response Priority](#) screens on NH Bridges for all credible reports;
 - C. Request the CPSW to obtain more information from reporters or others, if necessary; and
 - D. Review all reports that allege child abuse and neglect and forwards all credible reports electronically to the District Office Assessment Units.