

1151 CHILD NEGLECT	
Chapter: Child Protective Field Services	Section: CPS Central Intake
	<p>New Hampshire Division for Children, Youth and Families Policy Manual</p> <p>Policy Directive: 17-51</p> <p>Effective Date: July 2017</p> <p>Scheduled Review Date:</p>
<p>Related Statute(s): RSA 169-C, RSA 169-D, RSA 170-E, RSA 173-B, RSA 193, RSA 631, RSA 632-A, RSA 633, RSA 634, RSA 635, RSA 639-A, and RSA 644</p> <p>Related Admin Rule(s):</p> <p>Related Federal Regulation(s):</p>	<p>Approved:</p>  <p>Christine Tappan, Interim DCYF Director</p> <p>Related Form(s): Bridges' Screen(s) and Attachment(s):</p>

DCYF is committed to the support of families to ensure the protection of children and the communities in which they live. The DCYF's Central Intake serves the critical role of determining whether reports of alleged neglect meet DCYF criteria for an Assessment (i.e. protective investigation) of those allegations to determine if a child is safe. We recognize that true safety extends beyond the physical sense and must include emotional safety as well. Based on what the agency has determined constitutes neglect of a child/youth, Central Intake will identify when a report should be accepted in order for a Child Protective Service Worker to engage with the family to assure the child/youth.

Purpose

To establish a list of the conditions that constitute child neglect, the criteria for determining whether reports meet DCYF standards for an assessment of child neglect and to determine when a report to law enforcement or the Department of Education is required.

Definitions

"Caregiver" means a person responsible for a child's welfare as defined in RSA 169-C:3 XXII as 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. (45 CFR 1340.2).

"CPSW" or **"Child Protective Service Worker"** means an employee of DCYF who is authorized by the Division to perform functions of the job classification Child Protective Service Worker.

"DCYF" or the **"Division"** means the Department of Health and Human Services' Division for Children, Youth and Families.

"Neglect" means a child who has been abandoned by his or her parents, guardian or custodian; or who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for the child's physical, mental, or emotional health, when it is established that the child's health has suffered or is likely to suffer serious impairment; and the deprivation is not due primarily to the lack of financial means of the parents, guardian, or custodian; or whose parents, guardian or custodian are unable to discharge their responsibilities

to and for the child because of incarceration; hospitalization or other physical or mental incapacity.

"Person Alleged to Have Caused Harm" means an individual, who is alleged to have psychologically abused, physically abused, sexually abused, or neglected a child/youth, regardless of age or family relationship to the victim.

"Serious Impairment" pursuant to RSA 169-C:3XXVII-a means a substantial weakening or diminishment of a child's emotional, physical, or mental health or of a child's safety and general wellbeing. The following circumstances shall be considered in determining the likelihood that a child may suffer serious impairment:

- A. The age and developmental level of the child.
- B. Any recognized mental, emotional, or physical disabilities.
- C. School attendance and performance.
- D. The child's illegal use of controlled substances, or the child's contact with other persons involved in the illegal use or sale of controlled substances or the abuse of alcohol.
- E. Exposure to incidents of domestic or sexual violence.
- F. Any documented failure to thrive.
- G. Any history of frequent illness or injury.
- H. Findings in other proceedings.
- I. The condition of the child's place of residence.
- J. Assessments or evaluations of the child conducted by qualified professionals.
- K. Such other factors that may be determined to be appropriate or relevant.

"Substance Use" means the ingestion of alcohol, misused prescription/over the counter medications, inhalants, and illicit drugs (cannabis, hallucinogens, opioids, stimulants, sedative hypnotics) See practice guidance for definitions from the NIDA Drugs of Abuse and DSM-V for the specific identified substances.

Policy

- I. The Intake CPSW uses the following conditions of neglect in their [screen in criteria](#) to assist in determining if a referral meets DCYF criteria for child neglect Assessment.
- II. The following are conditions of child neglect:
 - A. Abandonment;
 - B. Parental incapacity;
 - C. Educational neglect;

- D. Failure to protect;
- E. Lack of supervision;
- F. Medical or Dental neglect; and
- G. Inadequate basic care.

III. The following are definitions and examples of the conditions of child neglect:

A. ABANDONMENT:

1. "Abandonment" means a child has been left by his or her caregiver without provision for the child's care, supervision or financial support although financially able to provide support, or if the caregiver is eligible for TANF or other assistance but refuses to seek assistance to support the child. (Child Protection Act, RSA 169-C:3, I)
2. See Section E "LACK OF SUPERVISION" of this policy to see differences from abandonment.
3. The Intake Unit refers referrals of abandonment to the District Office Assessment Supervisor when:
 - (a) The child is abandoned with no apparent caregiver and is without provisions for his or her care; or
 - (b) A child is homeless or is locked out of his or her home by a caregiver and the Intake CPSW cannot be assured the caregiver will provide shelter and care (time period varies with age and developmental stage).
4. If a referral alleges a child is in semi-permanent or permanent living situation with a non-related caregiver arranged by a parent or guardian, the Intake CPSW or Supervisor must contact both families, parent or guardian and where child is residing, and inform them that a non-related caregiver must obtain a foster family care license pursuant to RSA 170-E.
 - (a) The Intake CPSW or Supervisor must then contact the appropriate Foster Care Worker for follow-up.

B. PARENTAL INCAPACITY: A child's caregiver is unable to discharge his or her responsibilities due to the following:

1. Substance use:
 - (a) Substance use by a caregiver in and of itself does not constitute child abuse or neglect. However, circumstances resulting from a caregiver's substance use may constitute a threat of harm to a child.
 - (b) The Intake Unit refers referrals of substance use to the District Office Assessment Supervisor when:

- (1) The caregiver's substance use has led to the child being abandoned with no apparent caregiver and is without provisions for his or her care;
- (2) A health care provider or medical professional reports that an infant has been born with and identified as being affected by substance use or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.
 - (i) If the health care provider or medical professional reports that the mother was using a prescribed medication under the direction of a medical professional, is to their knowledge compliant with treatment, and there are no other allegations the Intake CPSW shall inquire and document that:
 - A Safe Care Plan has been put in place with the mother to ensure the safety and well-being of the infant upon release from the health care provider;
 - The plan addresses the health and substance use treatment needs of the infant and the affected family or caregiver;
 - Appropriate referrals have been made for the services needed; and
 - Safe Sleep Practices have been discussed with the mother/family.
 - (ii) If all of the above criteria in (i) are in place at the time Central Intake is informed of the condition of the infant, the Intake CPSW must request a copy of the Safe Care Plan be sent to Intake and advise the reporter that the report will be screened-out;
- (3) A medical professional reports that an infant is born with congenital defects due to its mother's substance use during pregnancy;
- (4) A breastfeeding mother is regularly using substances, such as cocaine, that are known to be passed to the infant through breastfeeding;
- (5) A child is consuming substances at the insistence or involvement of the caregiver;
- (6) A caregiver is reported to be unable to care for the child (incapacitated) as a result of the caregiver's substance use and the child is not receiving supervision and/or there is no alternative plan for supervision. Caregiver does not attend to child to the extent that the child's need for care goes unnoticed or unmet;
- (7) A caregiver regularly administers alcohol or adult sedatives to a child;
- (8) A child is found riding in a vehicle driven by a caregiver operating under the influence of substances and the caregiver was arrested on the scene by law enforcement or an accident occurred as a result; or

- (9) A law enforcement officer contacts Intake about a [methamphetamine](#)-related crime involving children (RSA 639-A: 4I).
 - (c) Medically significant injuries need not be present if there is a threat of harm to the child.
2. Mental Health Conditions:
- (a) "Mental health conditions" means a caregiver or child is experiencing documented emotional, psychological, or psychiatric symptoms.
 - (b) The Intake Unit refers these referrals to the District Office Assessment Supervisor when:
 - (1) The caregiver's mental health condition has led to the child being abandoned with no apparent caregiver and the child is without provisions for his or her care;
 - (2) A caregiver is clearly incapable of giving a child proper parental care and protection and a mental health professional provides written documentation to DCYF indicating the caregiver's inability to care for the child;
 - (3) A child is believed to be suicidal or is expressing suicidal thoughts and the child's caregiver is refusing to seek or allow treatment or evaluation;
 - (4) A medical professional, mental health professional, or school psychologist documents the need for mental health treatment for a child and the child's caregiver is refusing to seek or allow treatment and without treatment a threat of harm to the child exists; or
 - (5) A non-professional describes behaviors generally recognized as requiring mental health treatment and the caregiver is refusing to seek treatment for the child.
3. Incarceration:
- (a) "Incarceration" means a caregiver is unable to discharge their responsibilities to and for the child as they are imprisoned.
 - (b) The Intake Unit refers these referrals to the District Office Assessment Supervisor when:
 - (1) The caregiver's incarceration has led to the child being abandoned with no apparent caregiver and the child is without provisions for his or her care.
4. Hospitalization or Physical Incapacity:

- (a) "Hospitalization or Physical Illness" means that a caregiver is unable to discharge their responsibilities to and for the child, as they are physically incapacitated due to illness or injury.
- (b) The Intake Unit refers these referrals to the District Office Assessment Supervisor when:
 - (1) The caregiver's hospitalization or physical incapacity has led to the child being abandoned with no apparent caregiver and the child is without provisions for his or her care.
- (c) If, due to parental incapacity, any of the above exists and the parent or guardian have made arrangements for a caregiver to provide for the child, the Intake Unit refers referrals to the District Office Assessment Supervisor when the temporary caregiver:
 - (1) Cannot and will not care for the child at this time;
 - (2) Are reported to be abusing or neglecting the child;
 - (3) Are reported to present a threat of harm to the child's physical, sexual or emotional safety;
 - (4) Allege the parent or guardian will pose a threat of harm to the child when the parent resumes parental care and control of the child; or
 - (5) The child needs medical attention and the temporary caregivers cannot secure guardianship to obtain medical care.

C. EDUCATIONAL NEGLECT:

- 1. "Educational Neglect" means any parent or guardian who has a minor child, age 6 to 18, that is not meeting mandated educational requirements of NH RSA 193:1 Duty of Parent; Compulsory Attendance by Pupil as a result of the behavior of the parent or guardian and not the truant behavior of the child.
 - (a) Educational neglect exists only after multiple and meaningful remediation attempts have been made and documented by school personnel, school resource officers, truant officers/school liaisons or designee, court and school social workers.
 - (b) School personnel must provide written documentation to the Intake Unit of their attempts to have parents or guardians comply with RSA 193:1 and their efforts to identify and exclude other causes for non-attendance other than neglect.
- 2. School personnel need to clearly identify, if possible, the harmful impact to the child of the unexcused absences.
- 3. Refusal to consent to educational testing or to sign an individual education plan (IEP) as provided for under federal and NH special education laws, does not constitute educational neglect.

4. The Intake Staff shall not screen in alleged Educational Neglect for youth 14 years of age and older unless there is information to support other allegations of abuse and or neglect, except when a Juvenile Probation and Parole Supervisor has assessed Voluntary CHINS and determined in consultation with the Child Protective Supervisor that there is cause to assess educational neglect.
 - (a) Youth 14 years of age and older will be considered truant and be assessed for Voluntary CHINS if there are no other allegations.
 - (b) Intake Staff requires the school reporter to submit a written report of the child/youth's attendance within 48 hours of the oral report as authorized by RSA 169-C:30.
 - (c) If supporting documentation is not received within 48 hours the report will be screened out due to insufficient information to support the concern for truancy.

5. The Intake Staff could screen out allegations of educational neglect unless school personnel submit adequate documentation of their remediation attempts. Some or all of the following documentation is required for Intake Staff to make a decision to accept an educational neglect report or to screen it out:
 - (a) School attendance report for identified child;
 - (b) Letter to parent(s) or guardian(s) after 5-10 absences;
 - (c) Meeting(s) requested and/or held with parent(s) or guardian(s);
 - (d) Attempted phone contacts with the parent(s) or guardian(s) to discuss reasons for excessive absences;
 - (e) Home visits by truant officer, school personnel or local law enforcement;
 - (f) School social worker/guidance counselor contacts with the parent or guardian seeking explanation as to the cause of excessive absences;
 - (g) Attempts by school personnel to comply with RSA 193:1I.(h) for children 16 and 17 years old; and
 - (h) Attempts to have face-to-face contacts with parent(s) or guardian(s).

6. The Intake Unit refers reports of educational neglect to the District Office Assessment Supervisor after receiving written documentation from school personnel of:
 - (a) Remediation attempts; and
 - (b) Attempts to exclude other causes for non-attendance from school personnel or documentation of Parent(s) or guardian(s) preventing or interfering with NH RSA 193:1 Duty of Parent; Compulsory Attendance by Pupil.

D. FAILURE TO PROTECT:

1. "Failure to protect" means any action or lack of action by a caregiver that fails to protect a child from actual physical abuse, sexual abuse or neglect, or a substantial risk of this abuse or neglect being perpetrated upon the child by another adult or child.
2. The Intake Unit refers a report of failure to protect to the District Office Assessment Supervisor when it is alleged that the child is experiencing any of the abuse or neglect conditions, defined in this policy, and the caregiver fails to take actions to protect the child from this abuse or neglect or a substantial risk of this abuse or neglect.

E. LACK OF SUPERVISION: Lack of supervision includes the following categories:

1. Lack of supervision by caregiver:
 - (a) "Lack of supervision" means failure to oversee and manage the child although the caregiver is present.
 - (b) The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (1) A child is unsupervised and the lack of supervision is causing a threat of harm to the child, e.g: young child playing in traffic;
 - (2) A medical professional observes a serious injury or a series of injuries that the medical professional suspects occurred because the child was not being properly supervised;
 - (3) Law enforcement knows of a serious incident or a series of incidences that cause risk of injury to a child and which law enforcement suspects are due to inadequate supervision;
 - (4) A child is left with an individual who presents a threat of harm to the child's physical, sexual, or emotional safety; or
 - (5) A child is repeatedly unsupervised with another child, and the absence of proper supervision leads to inappropriate physical contact between the two (2) children, which may include sexual contact.
2. Lack of supervision, no caregiver
 - (a) "Lack of supervision, no caregiver" means failure to oversee or to arrange for supervision of a child.
 - (b) The Intake Unit refers these reports to the District Office Assessment Supervisor when a child is left alone for any length of time and one or more of the following conditions are present:
 - (1) Developmentally or emotionally unable to care for himself or herself even if only left alone for short periods of time;

- (2) Engaging in harmful or dangerous activities while left alone and having access to weapons while alone, for example: loaded guns, knives;
- (3) Displaying disruptive behaviors while left home alone, for example: destroying property, hurting other children, and the caregiver has done nothing to stop this behavior;
- (4) Abused or neglected by a sibling in charge;
- (5) Caring for an inappropriate number of children or for very young or disabled children;
- (6) Lack of supervision is causing a threat of harm to the child, for example: young child plays with stove, lighter, electrical outlets, has access to liquor;
- (7) Left alone with no food or money available for food;
- (8) Left alone in a home with no heat or electricity in the winter months; or
- (9) A serious injury or a series of injuries occurred which the reporter suspects occurred because the child was not being supervised.

F. MEDICAL OR DENTAL NEGLECT:

1. "Medical or Dental Neglect" means the lack of medical, psychological or psychiatric or dental treatment for a health problem or condition which, if untreated, would become severe enough to represent a danger to the child's health, or failure to follow through on a prescribed treatment plan for the child.
2. The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (a) A medical professional observes that the child's health is likely to suffer and documents the attempts made to assist the caregiver in rectifying the medical neglect;
 - (b) A caregiver is failing to seek, obtain, or follow through with medical attention for a specific injury or illness, including the failure to use physician-prescribed drugs which could endanger the overall health of the child if not taken;
 - (c) A child is reported to be suffering ongoing pain or injury as a result of medical neglect;
 - (d) A medical professional observes the [withholding of treatment from disabled infants](#); or

- (e) A caregiver is unable or unwilling to obtain mental health services and intervention for a child in need of treatment or evaluation, including suicidal threats or attempts and severe emotional disorders.

G. INADEQUATE BASIC CARE: Inadequate basic care includes the following:

1. Failure to Thrive

- (a) "Failure to thrive" means a medical condition most often seen in children under 2 years of age, when the child's weight, height, and motor development fall significantly short of the average growth rates of normal children, as determined by a medical professional.
- (b) The Intake Unit refers reports of failure to thrive to the District Office Assessment Supervisor when:
 - (1) A credible referral is received alleging that a child looks "emaciated" or underfed and DCYF is unable to locate a medical professional, such as a visiting nurse, who has recently seen the child or who can examine the child without DCYF intervention; or
 - (2) A medical professional reports failure to thrive not resulting from organic causes in the child.

2. Inadequate Hygiene or Clothing:

- (a) "Inadequate clothing" means a child's clothing is consistently dirty, torn, too small, or too large, worn thin, or is not suitable for weather conditions.
- (b) "Inadequate hygiene" means a child is consistently dirty with a strong body odor, not having been bathed for an extended period of time, and may include medical indications, such as sores or infections.
- (c) The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (1) A child's clothing is regularly insufficient to protect the child from the weather, for example: no shoes during winter;
 - (2) A child is regularly unable to perform normal and necessary activities, for example: not going to school as a result of inadequate clothing;
 - (3) A child has not been bathed for a substantial period of time and the child emits a strong body odor or when it affects the child's social interactions and has medical indications such as sores or infections;
 - (4) A school makes a contact about consistent poor hygiene and the school has documented ameliorative attempts with the caregiver; or
 - (5) A caregiver has failed to meet a child's basic needs for hygiene to the extent that it impairs the child's functioning or has medical

indications such as sores, infection, of physical illness (includes severe, untreated diaper rash).

3. Inadequate Shelter or Exposure to Elements:

- (a) "Inadequate Shelter" means failure by the caregiver to provide or seek to provide shelter that is safe, healthy, and sanitary, and which protects a child from the weather.
- (b) The Intake Unit refers these reports to the District Office Assessment when:
 - (1) Housing conditions, lack of heat or lack of shelter, are hazardous to the safety of a child or that a threat of harm exists and the conditions could lead to injury or illness of the child if not resolved;
 - (2) A child is living out of doors during the winter or summer months, for example: in a car, tent, street, exposed to the weather;
 - (3) A child is residing in a house with no heat or other utilities during the winter months; or
 - (4) A law enforcement officer contacts Intake about a [methamphetamine](#) -related crime involving children (RSA 639-A: 4I).

4. Malnutrition:

- (a) "Malnutrition" means lack of necessary or adequate food substances in the body that may be caused by inadequate food, quality or quantity of food substances.
- (b) The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (1) A medical professional observes that the child is malnourished as a result of commission or omission by a caregiver; or
 - (2) The behavior of a caregiver is creating malnutrition or a substantial risk of malnutrition of a child.
- (c) Examples include but are not limited to:
 - (1) Withholding food on a continual basis;
 - (2) Allegations that there is no food in the house and no other provisions have been made for the child's nutrition; or
 - (3) Feeding children rotten or moldy food.

5. Threatening or Menacing Behavior:

- (a) "Threatening or menacing behavior" means a caregiver threatens to harm a child or threatens to harm himself or herself or another household member in the presence of the child.
 - (b) The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (1) A caregiver is threatening harm to a child or to himself or herself in the presence of a child;
 - (2) A caregiver states that he or she cannot cope with the child and fears hurting the child; or
 - (3) An individual other than the caregiver is threatening to harm the child and the caregiver refuses to protect – see section III-D "Failure to Protect" of this policy - the child from the person alleged to have caused harm;
 - (c) A caregiver attempts to harm a child, himself, or herself, but no injury results. Evidence of injury need not be present.
 - (d) Examples include but are not limited to:
 - (1) Threatening a child with a gun, knife, or other weapon; or
 - (2) The caregiver attempts suicide in front of the child or in the household.
 - (e) The child is present during an incident of domestic violence as defined and described below in section III-G:8 (a) through (f) of this policy.
6. Emotional or Psychological Maltreatment:
- (a) "Emotional or psychological maltreatment" means injury to the intellectual or psychological capacity of a child as evidenced by observable impairment in the child's ability to function within a normal range of performance and behavior."
 - (b) The Intake Unit refers reports of this maltreatment to the District Office Assessment Supervisor when:
 - (1) A psychological health professional provides a written report documenting the child's impaired functioning and directly relates it to psychological or emotional maltreatment by a caregiver; or
 - (2) Alleged behavior toward a child by a caregiver is generally recognized as leading to psychological or emotional injury.
 - (c) Examples include by are not limited to:
 - (1) Berating and name-calling that leads to child's suicide ideation; and

- (2) Constant berating and name-calling that leads to acting out aggressive behavior or withdraw behavior in a child.
- 7. Munchausen's Syndrome By Proxy:
 - (a) "Munchausen's Syndrome by Proxy" means a caregiver who relates fictitious illnesses in his or her child by either inducing or fabricating the signs or symptoms. The caregiver presents the child for medical care persistently, often resulting in multiple and extensive medical procedures and hospitalizations.
 - (b) The Intake Unit refers these reports to the District Office Assessment Supervisor when a medical or mental health professional reports a suspicion of Munchausen's syndrome by proxy and the reporting professional provides written documentation supporting the allegations.
- 8. Domestic Violence:
 - (a) Domestic violence according to RSA 173-B means the commission or attempted commission of one or more of the following acts by a family or household member or current or former sexual or intimate partners:
 - (1) Assault or reckless conduct as defined in RSA 631:1 through RSA 631:3;
 - (2) Criminal threatening as defined in RSA 631:4;
 - (3) Sexual assault as defined in RSA 632-A:2 through RSA 632-A:5;
 - (4) Interference with freedom as defined in RSA 633:1 through 633:3;
 - (5) Destruction of property as defined in RSA 634:1 and RSA 634:2;
 - (6) Unauthorized entry as defined in RSA 635:1 ad RSA 635:2; or
 - (7) Harassment as defined in RSA 644:4.
 - (b) According to the National Council of Juvenile and Family Court Judges, domestic violence is defined as a pattern of assaultive and coercive behaviors, often including physical, sexual and psychological attacks, as well as economic coercion, that adults and adolescents use against their intimate partner
 - (c) The Intake Unit refers reports of domestic violence to the District Office Assessment Supervisor when:
 - (1) The child is reported to be residing at the site of the domestic violence and has suffered or is likely to suffer an injury or physical contact as a result and their physical, mental or emotional well-being has suffered or is likely to suffer as a result of exposure to the domestic violence in the home;

- (2) A credible referral is received of ongoing domestic violence in a household where infants or children reside as substantiated by law enforcement or others with specific details of frequency and severity;
 - (3) The child is reported to be emotionally harmed and unable to function at normal developmental age, or unable to perform daily activities (regressive change in daily functions such as eating, sleeping, or toileting) as a result of the domestic violence, and the reporter can describe the specific emotional or physical behaviors exhibited by the child;
 - (4) The use of guns or knives in the domestic violence incident, with children present;
 - (5) Law enforcement officials request DCYF assistance with a domestic violence situation due to harm or a threat of harm to a child; or
 - (6) Ordered by superior court or district court, pursuant to RSA 173.
- (d) Potential indications ("red flags") of domestic violence may include:
- (1) Coercive, controlling behaviors;
 - (2) Extreme possessiveness or jealousy;
 - (3) Obsession with partner or family;
 - (4) Isolation;
 - (5) Consistent degradation and devaluing of partner;
 - (6) Property destruction;
 - (7) Pet abuse; or
 - (8) Withholding financial or physical resources (e.g. automobile used to obtain necessities such as food or medical care).
- (e) Reports that allege domestic violence will be referred to the district office as Neglect: Threatening/Menacing Behavior as the primary allegation.
- (f) If Intake staff determines that the call does not meet the criteria for a child abuse and neglect Assessment, no referral is made to the Assessment Supervisor. However, if the caller indicated an awareness of domestic violence in the family, Intake staff must ensure that the caller is aware of available resources as appropriate, including at minimum, the phone number for the statewide domestic violence hotline or the local crisis center.

Procedures

I. The Intake CPSW must (after the Intake Supervisor's review):

A. Make collateral contacts as necessary to determine if a referral is credible;

- B. Complete the [Screen-In Criteria](#) and the [Response Priority](#) screens on NH Bridges for all credible reports;
 - C. Complete the Referral screens on NH Bridges;
 - D. Report to local law enforcement any type of neglect where it is indicated that a crime may have been committed by an out of home perpetrator;
 - E. Report a child's death immediately by telephone to the Bureau Chief of Field Services at State Office, followed by a referral to law enforcement;
 - F. Report a child's death immediately by telephone to the Attorney General's Office;
 - G. Refer all credible reports to the Intake Supervisor; and
 - H. Call District Office staff with all referrals that are identified as a Level I.
- II. The Intake Supervisor forwards credible reports electronically to the District Office Assessment Supervisor for Assessment.

Practice Guidance

The Children's Bureau Information Memorandum ACYF-CB-IM-16-05 has provided the following guidance:

- Section 503 of the Comprehensive Addiction and Recovery Act (CARA) of 2016 (Infant Plan of Safe Care) aims to help states address the effects of substance abuse disorders on infants, children, and families. Section 503 also adds the following requirements to CAPTA:
 - Requires the Secretary of Health and Human Services (the Secretary), through the national clearinghouse established under CAPTA, to maintain and disseminate information about the CAPTA state plan and best practices related to safe care plans for infants born and identified as being affected by substance abuse or withdrawal symptoms or a Fetal Alcohol Spectrum Disorder.
 - Modifies the CAPTA state plan requirement at 106(b)(2)(B)(ii) for the state to apply the policies and procedures to address the needs of infants born with and identified as being affected by all substance abuse (not just illegal substance abuse as was the requirement prior to this change).
 - Modifies the CAPTA state plan requirement at 106(b)(2)(B)(iii) for plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder to add requirements for the state to:
 - Ensure the safety and well-being of infants following the release from the care of health care providers, by (1) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and (2) monitoring these plans to determine whether and how local entities are making referrals and delivering appropriate services to the infant and affected family or caregiver (in accordance with state requirements); and
 - Develop the plans of safe care for infants affected by all substance abuse (not just illegal substance abuse as was the requirement prior to this change).