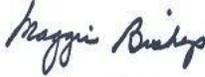


1152 CHILD PHYSICAL ABUSE	
Chapter: Child Protective Field Services	Section: CPS Central Intake
	New Hampshire Division for Children, Youth and Families Policy Manual Policy Directive: 11-01 Effective Date: January 2011 Scheduled Review Date:
	Approved:  Maggie Bishop, DCYF Director
Related Statute(s): RSA 169-C , RSA 173-B , RSA 631 , RSA 632-A , RSA 633 , RSA 634 , RSA 635 , and RSA 644:4 . Related Admin Rule(s): Related Federal Regulation(s):	Related Form(s): Form 2203(a) Bridges' Screen(s) and Attachment(s):

Purpose

To establish a list of the conditions that constitutes child physical abuse, the criteria for determining, whether referrals meet DCYF standards for child abuse assessment and to determine when a report to law enforcement or the Department of Education is required.

Definitions

"Physical Abuse" means a child who has been intentionally physically injured or injured by other than accidental means or psychologically injured so that said child exhibits symptoms of emotional problems. When a parent or caregiver does not control his or her reaction by stopping the punishment before it causes injury, this constitutes an abusive act.

Policy

- I. The Intake CPSW uses the following physical abuse conditions in the [Screen-In Criteria SDM SECTION 1: CHILD ABUSE AND NEGLECT SREEN-IN CRITERIA](#) to assist in determining if a referral meets DCYF criteria for child abuse assessment.
- II. The following are conditions of child physical abuse:
 - A. Human Bites
 - B. Bone fractures
 - C. Brain damage, skull fractures, retinal hemorrhage or cerebral hemorrhage
 - D. Burns or scalding
 - E. Cuts, bruises or welts
 - F. Internal injuries
 - G. Sprains and dislocations
 - H. Subdural Hematoma or skeletal injuries
 - I. Torture

- J. Tying and close confinement
- K. Poisoning or ingestion of noxious substances
- L. Wounds
- M. Psychological abuse
- N. Death

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

A. BITES:

1. "Bite" means a wound, bruise, cut, or indentation in the skin caused by seizing, piercing, or cutting the skin with human or animal teeth.
2. Referrals of bite marks are referred to the District Office Assessment Supervisor when:
 - (a) A caregiver allegedly inflicted the bite marks:
 - (b) The caller reports that the cause of the bite mark is suspicious and possibly not consistent with the caregiver's explanation;
 - (c) The bite marks are allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) Bite marks are alleged to have been a result of physical abuse but the perpetrator is not yet known; or
 - (e) An animal has caused bite marks and the parent is refusing to obtain treatment or to protect the child.
3. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who is alleged to have suffered or has suffered human bite marks as the result of physical abuse, and the caregiver is protecting and the offender has no access (out of home perpetrator).

B. BONE FRACTURES:

1. The most common bone fractures include:
 - (a) "Simple" means the bone is broken, but no external wound;
 - (b) "Compound" means the bone is broken, and an external wound leads down to the site of fracture or fragments of bone protrude through the skin;
 - (c) "Complicated" means the broken bone has injured some internal organ, such as a rib piercing a lung; and

- (d) "Spiral" means twisting causes the line of the fracture to encircle the bone.
2. Examples include but are not limited to:
 - (a) Violent twisting or wrenching of a young child's limbs; and
 - (b) Forceful punching or purposeful application of pressure on a young child's rib cage.
 3. The Intake Unit refers reports of bone fractures to the District Office Assessment Supervisor when:
 - (a) The bone fractures are alleged to have been a result of physical abuse by the caregiver;
 - (b) The caller reports that the cause of the fracture is suspicious and possibly not consistent with the provided explanation;
 - (c) A medical professional reports a discovery of old, healed or healing fractures which went untreated and appear suspicious;
 - (d) Someone other than the caregiver allegedly causes bone fractures and the caregiver refuses to protect the child from the alleged perpetrator, See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (e) Bone fractures are alleged to have been a result of physical abuse but the perpetrator is not yet known;
 - (f) Bone fractures are alleged to have occurred because the child was not properly supervised by the caregiver, See LACK OF SUPERVISION in [DCYF Policy 1151](#);
 - (g) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of fracture. Medically significant injuries need not be present if there is a threat of harm to the child.
 4. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffered or is alleged to have suffered a bone fracture as the result of alleged physical abuse and the caregiver is protecting and the offender has no access.

C. BRAIN DAMAGE, SKULL FRACTURES, RETINAL HEMORRHAGE AND CEREBRAL HEMORRHAGE:

1. "Brain damage" means an injury to the large soft mass of nerve tissue contained within the cranium or skull. See SUBDURAL HEMATOMA, SKELETAL INJURIES
2. "Skull fracture" means a broken bone in the skull.
3. "Retinal Hemorrhage" means small hemorrhages on the back of the eye commonly associated with shaken baby syndrome.

4. "Cerebral Hemorrhage" means bleeding from a ruptured blood vessel in the brain.
5. Examples include but are not limited to:
 - (a) Banging a child's head into a wall or floor repeatedly and forcefully striking a child in the head;
 - (b) Shaking an infant,
 - (c) Shaking a child over age 2 repeatedly and forcefully; and
 - (d) Striking the head with an instrument.
6. The Intake Unit refers reports of these injuries to the District Office Assessment Supervisor when:
 - (a) Brain damage, retinal hemorrhaging, or skull fractures are alleged to have been a result of physical abuse by the caregiver;
 - (b) The caller reports that the cause of the injury is suspicious and possibly not consistent with the provided explanation;
 - (c) Brain damage, retinal hemorrhaging and/or skull fractures are allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) Brain damage, retinal hemorrhaging and/or skull fractures are alleged to have been a result of physical abuse but the perpetrator is not yet known;
 - (e) Brain damage, retinal hemorrhaging, or skull fractures are alleged to have occurred because the child was not supervised by the caregiver; See LACK OF SUPERVISION in [DCYF Policy 1151](#); or
 - (f) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of brain damage, retinal hemorrhaging, or skull fracture. Medically significant injuries need not be present if there is a threat of harm to the child.
7. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203a) any child who suffered or is alleged to have suffered brain damage, a skull fracture, retinal hemorrhage or a cerebral hemorrhage as the result of physical abuse and the caregiver is protecting and the offender has no access.

D. BURNS AND SCALDING:

1. "Burns" mean a tissue injury resulting from excessive exposure to thermal, chemical, electrical, or radioactive agents. The effects vary according to the type, duration, and intensity of the agent and the part of the body involved. Burns are usually classified as:

- (a) First degree means superficial burns with damage limited to the outer layer of skin, i.e. scorching or painful redness of the skin.
 - (b) Second degree means the damage extends through the outer layer of the skin into the inner layers. Blistering will be present within 24 hours.
 - (c) Third degree means the skin is destroyed with damage extending into underlying tissues, which may be charred or coagulated.
2. "Scalding" means a burn to skin or flesh caused by moist heat and hot vapors, such as steam. A scald is deeper than a burn from dry heat and must be treated as a burn.
 3. Examples include but are not limited to:
 - (a) Purposely holding a child near an open flame;
 - (b) Applying a hot instrument against a child's skin; and
 - (c) Cigarette burns.
 4. The Intake Unit refers reports of burns to the District Office Assessment Supervisor when:
 - (a) A referral is received alleging burns or scalding to a child are a result of physical abuse or neglect by the caregiver;
 - (b) The caller reports that the cause of the burns or scalding is suspicious and possibly not consistent with the provided explanation;
 - (c) Burns or scalding is allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator. See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) Burns or scalding are alleged to have been a result of physical abuse but the perpetrator is not yet known;
 - (e) Burns or scalding is alleged to have occurred because the caregiver did not supervise the child. See LACK OF SUPERVISION in [DCYF Policy 1151](#); or
 - (f) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of burns or scalding. Medically significant injuries need not be present if there is a threat of harm to the child.
 5. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203a) any child who suffers or is alleged to have suffered burns or scalding as the result of physical abuse and the caregiver is protecting and the offender has no access.

E. CUTS, BRUISES, WELTS, AND SWELLING:

1. "Cut" means an open incision or break in the skin made by a sharp object or a weapon.
2. "Bruise" means an injury resulting in bleeding within the skin, where the skin is discolored but not broken. Bruises are usually classified by size and some information can be determined by their appearance:
 - (a) "Petechiae" means very small bruises caused by broken capillaries that may be the result of trauma or may be caused by clotting disorders.
 - (b) "Purpura" means petechiae that occur in groups or a small bruise up to a centimeter in diameter.
 - (c) "Ecchymosis" means a larger bruise.
 - (d) Multiple bruises on various parts of the body and in various stages of healing must receive particular attention. One way to determine the approximate age of a bruise is by the color. The following lists the color of bruises and associated age:

<u>Age of Bruise</u>		<u>Color</u>	<u>Age of Bruise</u>	<u>Color</u>
0-2 days	>	swollen, tender	7-10 days	> yellow
0-5 days	>	red, blue, purple	10-14 days	> brown
5-7 days	>	green	2-4 weeks	> clear

- (e) Typical sites of inflicted bruises to infants and children include:

Buttocks	Cheek (slap marks)
Lower back	Earlobe (pinch marks)
Lateral thighs (padding)	Upper lip and frenulum (forced feeding)
Genitals	Neck (choke marks)
Inner thighs	
3. "Welts and swelling" means an elevation on the skin produced by a lash, blow, or allergic stimulus. The skin is not broken and the mark is reversible.
4. Examples include but are not limited to:
 - (a) Punching a child with a closed fist;
 - (b) Striking a child in the head;
 - (c) Shaking an infant;
 - (d) Kicking a child;
 - (e) Pushing a child into a wall or down stairs;
 - (f) Choking a child; and
 - (g) Continuously and forcefully striking a child with a hand or an object.

5. The Intake Unit refers reports of these injuries to the District Office Assessment Supervisor when:
 - (a) The bruises, cuts, or welts are allegedly a result of physical abuse of a child by a caregiver;
 - (b) The caller reports that the cause of the bruise, cut, or welt is suspicious and possibly not consistent with the provided explanation;
 - (c) Bruises, cuts, or welts are allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#); or
 - (d) Bruises, cuts, or welts are alleged to have been a result of physical abuse but the perpetrator is not yet known.
 - (e) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of bruises, cuts, or welts. Medically significant injuries need not be present if there is a threat of harm to the child.
6. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered serious bruises, cuts, or welts or swelling as the result of physical abuse and the caregiver is protecting and the offender has no access.

F. INTERNAL INJURIES:

1. "Internal Injury" means an injury not visible from the outside of the body, such as injury to the organs occupying the thoracic, abdominal, or cranial cavities and can be the result of a direct blow. A person so injured may be pale, cold, perspiring freely, and appear semi-comatose. Pain is usually intense at first and may continue or gradually diminish; however, pain may not always be present.
2. Examples include but are not limited to:
 - (a) Punching or kicking a child in the abdominal or chest area; or
 - (b) Pushing a child into a blunt object.
3. The Intake Unit refers reports of a child's internal injuries to the District Office Assessment Supervisor when:
 - (a) The internal injuries are allegedly a result of physical abuse or neglect by the caregiver;
 - (b) The caller reports that the cause of the injuries is suspicious and possibly not consistent with the provided explanation;
 - (c) The internal injuries are allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);

- (d) Internal injuries are alleged to have been a result of physical abuse but the perpetrator is not yet known;
 - (e) Internal injuries are alleged to have occurred as a result of improper supervision by the caregiver; See LACK OF SUPERVISION in [DCYF Policy 1151](#); or
 - (f) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of internal injuries. Medically significant injuries need not be present if there is a threat of harm to the child.
4. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered internal injuries as the result of physical abuse and the caregiver is protecting and the perpetrator has no access.

G. **SPRAINS AND DISLOCATIONS:**

1. "Sprain" means trauma to a joint that causes pain and disability depending upon the degree of injury to ligaments. In a severe sprain, ligaments may be completely torn. The signs are a rapid swelling, heat, and disability, often discoloration and limitation of function are present.
2. "Dislocation" means the displacement of a bone from its normal position in a joint. Types include:
 - (a) "Closed" means a simple dislocation;
 - (b) "Complete" means a dislocation that completely separates the surfaces of a joint;
 - (c) "Complicated" means a dislocation associated with other major injuries;
 - (d) "Compound" means dislocation in which the joint is exposed to the external air.
3. Examples include but are not limited to:
 - (a) Violent yanking or pulling on a young child's limb; and
 - (b) Pushing a child down stairs.
4. The Intake Unit refers reports of these injuries to the District Office Assessment Supervisor when:
 - (a) The caregiver allegedly inflicts the sprains or dislocations;
 - (b) The caller reports that the cause of the sprain or dislocation is suspicious and possibly not consistent with the provided explanation;
 - (c) Sprains or dislocations are alleged to have been the result of physical abuse caused by someone other than the caregiver and the caregiver refuses to

protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);

- (d) Sprains or dislocations are allegedly a result of physical abuse but the perpetrator is not yet known; or
 - (e) A referral is received alleging behavior toward a child by a caregiver that is known to cause sprains or dislocations. Medically significant injuries need not be present if there is a threat of harm to the child.
5. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered a sprain or dislocation of bones as a result of physical abuse and the caregiver is protecting and the perpetrator has no access.

H. SUBDURAL HEMATOMA AND SKELETAL INJURIES:

1. "Hematoma" means a swelling or mass of blood, usually clotted, confined to an organ, tissue, or space and caused by a break in a blood vessel. Subdural means beneath the dura matter, the outer membrane covering the spinal cord and brain. A subdural hematoma is located beneath the membrane covering the brain and is usually the result of head injuries or from shaking an infant or small child. It may result in loss of consciousness, seizures, mental or physical damage, or death.
2. "Skeletal injury" means an injury to the bony or cartilaginous framework supporting the soft tissues and protecting the internal organs.
3. Examples include but are not limited to:
 - (a) Banging a child's head into a wall or floor;
 - (b) Shaking a child under the age of 2; and
 - (c) Striking the head with an implement forcefully or repeatedly.
4. The Intake Unit refers reports of these injuries to the District Office Assessment Supervisor when:
 - (a) The caregiver allegedly inflicts a subdural hematoma;
 - (b) The caller reports that the cause of the injury is suspicious and possibly not consistent with the provided explanation;
 - (c) A hematoma and/or skeletal injuries are alleged to be caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) A hematoma and/or skeletal injuries are alleged to have been a result of physical abuse but the perpetrator is not yet known; or

- (e) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of subdural hematoma. Medically significant injuries need not be present if there is a threat of harm to the child.
- 5. An Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered a subdural hematoma or skeletal injuries as a result of physical abuse and the caregiver is protecting and the perpetrator has no access.

I. TORTURE:

- 1. Torture means deliberately or systematically inflicting unusual or cruel treatment that results in suffering.
- 2. Examples include but are not limited to:
 - (a) Hanging a child by their feet;
 - (b) Dunking a child under water;
 - (c) Forcing a child to kneel on concrete or uncooked rice; and
 - (d) Killing or torturing a pet in front of a child.
- 3. The Intake Unit refers reports of torture to the District Office Assessment Supervisor when:
 - (a) A caregiver has allegedly tortured or terrorized the child;
 - (b) The caller reports concerns/suspicious that the child may be experiencing torture by a caregiver;
 - (c) A child is allegedly tortured by someone other than the caregiver and the caregiver refuses to protect the child from the perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) A child is alleged to be tortured but the alleged perpetrator is not yet known; or
 - (e) A referral is received alleging behaviors toward a child by a caregiver that is known to constitute torture. Medically significant injuries need not be present if there is a threat of harm to the child.
- 4. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered torture and the caregiver is protecting and the perpetrator has no access.

J. TYING AND CLOSE CONFINEMENT:

- 1. "Tying" means unreasonable restriction of a child's mobility, actions, or physical functioning by tying the child to a fixed or heavy object, duct tape to face, arms and feet, tying limbs together.

2. "Close Confinement" means forcing the child to remain in a closely confined area that restricts physical movement.
3. Examples include, but are not limited to:
 - (a) Locking a child in a closet, for any period of time;
 - (b) Tying one or more limbs to a bed, chair, or other object; and
 - (c) Tying a child's hand behind his or her back.
4. The Intake Unit refers these reports to the District Office Assessment Supervisor when a caregiver had allegedly tied the child to a fixed object or closely confined the child to an area that restricts physical movement.

K. POISONING OR INGESTION OF NOXIOUS SUBSTANCES:

1. "Poison" means a substance taken into the body by ingestion, inhalation, injection, or absorption that interferes with normal physiological functions. Virtually any substance may be poisonous if consumed in sufficient quantity; therefore, the term more often implies an excessive degree of dosage rather than a specific group of substances.
2. "Noxious" means harmful, injurious, and not wholesome.
3. Examples include but are not limited to:
 - (a) Pouring poisonous chemicals on a child's skin; or
 - (b) Forcing a child to ingest a dangerous substance not meant for ingestion (mothballs, urine).
4. The Intake Unit refers these reports to the District Office Assessment Supervisor when:
 - (a) Poisoning or ingestion of noxious substances are alleged to have been a result of the caregiver administering such substances;
 - (b) A medical professional reports the cause of the poisoning or ingestion of noxious substances is suspicious and possibly not consistent with the provided explanation;
 - (c) A medical professional reports repeated episodes of poisoning or ingestion of foreign objects;
 - (d) Poisoning is allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (e) Poisoning is allegedly a result of a non-accidental incident, but the perpetrator is not yet known;

- (f) Poisoning has occurred because the child was not properly supervised by the caregiver; See LACK OF SUPERVISION in [DCYF Policy 1151](#); or
 - (g) Acts toward a child by a caregiver may cause a risk of poisoning or ingestion of noxious substances. Medically significant injuries need not be present if there is a threat of harm to the child.
5. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who suffers or is alleged to have suffered poisoning or who has ingested noxious substances as the result of physical abuse and the caregiver is protecting and the perpetrator has no access.

L. WOUNDS:

1. "Wound" means an injury to the child's body caused by a knife, gunshot, or other object, in which the skin or other tissue is broken, pierced, cut, or torn.
2. Examples include but are not limited to:
 - (a) Stabbing a child with scissors, knife, or glass; and
 - (b) Shooting a child with any weapon.
3. The Intake Unit refers reports of wounds to the District Office Assessment Supervisor when:
 - (a) The caregiver allegedly inflicted the wounds;
 - (b) The caller reports that the cause of the wound is suspicious and possibly not consistent with the provided explanation;
 - (c) Wounds are allegedly caused by someone other than the caregiver and the caregiver refuses to protect the child from the alleged perpetrator; See FAILURE TO PROTECT Item [DCYF Policy 1151](#);
 - (d) Wounds are alleged to be caused by intentional or non-accidental behavior abuse but the perpetrator is not yet known;
 - (e) Wounds are alleged to have occurred because the child was not properly supervised by the caregiver; See LACK OF SUPERVISION in [DCYF Policy 1151](#); or
 - (f) A referral is received alleging behavior toward a child by a caregiver that is known to cause a risk of wounds occurring. Medically significant injuries need not be present if there is a threat of harm to the child.
4. The Intake CPSW must report to law enforcement via the "Referral to Law Enforcement" (Form 2203(a)) any child who has or is alleged to have received wounds due to physical abuse and the caregiver is protecting and the perpetrator has no access.

- M. PSYCHOLOGICAL ABUSE: Psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect. The following are conditions of psychological abuse:
1. 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 mental 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 withdrawn behavior in a child.
 2. Munchausen's Syndrome By Proxy:
 - (a) "Munchausen's Syndrome by Proxy" means a caregiver who relates fictitious illnesses in their 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.
 3. Threatening or Menacing Behavior:
 - (a) "Threatening or menacing behavior" means a caregiver threatens to harm a child or threatens to harm themselves 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 themselves in the in the presence of a child;

- (2) A caregiver states that he or she cannot cope with the child and fears hurting the child;
 - (3) An individual other than the caregiver is threatening to harm the child and the caregiver refused to protect the child from the alleged perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (4) A caregiver attempts to harm a child or themselves, but no injury results.
- (c) 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;
 - (2) The caregiver attempts suicide in front of the child;
 - (3) Cruel or bizarre treatment of a child.
4. 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.
 - (7) Harassment as defined in RSA 644:4.
 - (b) Reports that allege domestic violence will be referred to the District Office as Neglect as the primary allegation for the referral. And if the child has been physically injured, the secondary allegation will be referred to the District Office as physical abuse.
 - (c) 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.

N. DEATH:

1. "Death" means the permanent cessation of all vital functions; or total irreversible cessations of cerebral function, spontaneous function of the respiratory system, and spontaneous function of the circulatory system; or the final and irreversible cessation of perceptible heartbeat and respiration.
2. The Intake Unit refers reports of a child's death the District Office Assessment Supervisor when:
 - (a) The death is allegedly a result of physical abuse by the caregiver and the parents or caregiver involved has access to other minor children in their custody or control;
 - (b) The caller reports that the cause of death is suspicious and possibly not consistent with the caregiver's explanation and the parents or caregiver involved have other minor children in their custody or control;
 - (c) Death is allegedly caused by someone other than the caregiver and the caregiver refuses to protect his or her other children from the perpetrator; See FAILURE TO PROTECT in [DCYF Policy 1151](#);
 - (d) Death is allegedly a result of physical abuse but the perpetrator is not yet known and the caregiver has access to other minor children; or
 - (e) Death is alleged to have occurred because the caregiver did not supervise the child and the caregiver has other minor children. See LACK OF SUPERVISION in [DCYF Policy 1151](#).
3. The Intake Unit must immediately report by telephone the death of a child to law enforcement, the Attorney General, and the Child Protection Administrator at State Office and the appropriate law enforcement agency.

PROCEDURES

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

- A. Report to local law enforcement, the following types of serious physical abuse of a child by an out of the home perpetrator and the caregiver is protecting and the perpetrator has no access to the child:
 1. Bites;
 2. Bone Fractures;
 3. Brain Damage, Skull Fractures, Retinal Hemorrhage and cerebral hemorrhage;
 4. Burns and Scalding;
 5. Cuts, Bruises, Welts, and Swelling;
 6. Internal Injuries;

7. Sprains and Dislocations;
 8. Subdural Hematoma and Skeletal Injuries;
 9. Torture
 10. Tying and Close Confinement
 11. Poisoning or Ingestion of Noxious Substances
 12. Wounds;
 13. Death
- B. Report a child's death immediately by telephone to the Child Protection Administrator at State Office, followed by a referral to law enforcement
 - C. Report a child's death immediately by telephone to the Attorney General's Office
 - D. Complete the [Screen-In Criteria](#) and the [Response Priority](#) screens on NH Bridges for all credible reports;
 - E. Contact appropriate District Office staff to advise of all Level 1 reports.
 - F. Complete the Referral screens on NH Bridges; and
 - G. Forwards all reports to the Intake Supervisor for approval.
- II. The Intake Supervisor forwards credible referrals electronically to the District Office Assessment Supervisor for assessment.